

**Draft report on a
Women RISE workshop on
'Learnings from the field'
held in Cintsa West, Eastern Cape, South Africa
on 22-26 May 2023**

1. Introduction

A workshop to consider learnings from the field was convened in Cintsa West, Eastern Cape, South Africa, by the Human Sciences Research Council (HSRC) with its partners in a “Women RISE” project sponsored by the International Development Research Centre (IDRC) of Canada; McGill University in Canada; Walter Sisulu University (WSU) in the Eastern Cape; and the Eastern Cape Socio-Economic Consultative Council (ECSECC).

Attended by the project’s principal investigator and co-investigators; fieldwork coordinators and research specialists; and administrative and communications support staff, the workshop:

- Reviewed the latest fieldwork findings produced by the Women RISE project;
- Described the data activities associated with the project;
- Considered how the project was promoting women’s voices;
- Discussed the policy implications and plans emerging from the project; and
- Presented feedback on the fieldwork undertaken so far, and considered the next phase of the project’s implementation accordingly.

2. Project progress overview

2.1 Anthropology for health care¹

Medical anthropology findings can be used to foster plans and policies that respond to people’s lived daily experiences. In this regard, the ethnography that is produced offers a rich source of qualitative data. The question then is: How to frame the data so that it is readily comprehensible by, and useful for, policymakers and clinicians, whose worldview is shaped by a particular training trajectory, without losing what is most valuable?

There used to be a widespread perception in the field of health care that qualitative research was secondary to clinical practice. Accordingly, working with medical doctors who were quite closed to the insights that social theory can provide could be frustrating. But there has been a change in this respect in the past decade in Canada. Increasingly, it has been acknowledged that most of the health issues that are observed in a clinical context are rooted in the way the political and health systems are organised, as well as in prevalent forms of economic precarity. In large part, the shift may be attributed to a considerable change in urban demographics, as refugee and immigrant communities have tended to find themselves ghettoised in lower income communities. As a result, doctors and nurses now increasingly face people from a wide range of social contexts – and the importance of understanding these contexts holistically when offering care has increasingly been acknowledged. More recently, the impacts of Covid-19 and the official responses to the pandemic were found to correspond closely to structural inequalities in society. Against this background, there is more openness to what social science can contribute to medical practice – in particular, to the contributions that may be made by

¹ This section is based on comments made by Dr Kathleen Rice, McGill University, at the workshop.

holistic forms of ethnographic practice that ascribe a proactive role to the subjects of the study within the research process so that their needs, views and interests are presented accurately.

A key concern for scholars in this field is how to communicate the outputs of their research so that they are easily understood by politicians and medical professionals, while at the same time preserving the integrity and complexity of the findings with the goal of shifting the terms of the broader discourse around health care. In order to communicate, scholars should avoid using jargon and should be clear about what they are trying to say. They should not assume that their audience already understand key concepts that they may deploy. For example, in relation to the current project, it is important to explain what “people’s science” means because most people don’t know what it means. In general, when people are addressed in ways that make sense, they will acknowledge that they understand.

In this regard, scholars may frame their findings in different ways for different audiences: briefs for policymakers and health professionals will be couched in different terms to those used when writing an academic paper for social scientists. In this regard, the collaboration with the Eastern Cape Socio-Economic Consultative Council (ECSECC) as a co-principal investigator on the present project should facilitate the integration of the research findings into official plans and policymaking. At the same time, there will need to be further discussions about how to frame the research findings to make them more useful, including, for example, to members of the community who are not going to sit down and read an academic article or a policy brief. A key measure of the project’s success will be the extent to which its research outputs can be made useful and actionable in South Africa.

It should be borne in mind that effective communication with health care professionals and policymakers may entail navigating their egos. In Canada, the medical field is changing significantly. Those who are recruited now tend to be humbler and more community-minded than a generation ago. However, medical professionals and political leaders are generally intelligent people who have been selected for their jobs through competitive processes and so may not take kindly to comments that are perceived as personal criticism. Accordingly, the approach for scholars should be to describe as objectively as possible the problems that have been encountered in the field and, ideally, to present clear, tangible suggestions for how the situation can be improved.

2.2 The ethnographic imagination: A provocation²

Ethnography can produce a reimagination of the world by accessing the mundane – by encountering the everyday through proximity and closeness. It moves between reason and passion, beyond narrow ideas of rigour and precision, and confounds the opposition between science and art/culture.

The anthropological method accesses an intimate understanding to reveal new possibilities for cohesion and change. In this regard, it can foster a people’s science, which entails sharing local knowledge and co-producing solutions.

Intimacy and aggression

Sigmund Freud considered the dynamics of family relationships particularly in relation to the affection and anguish produced by paternal roles, exposing the establishment of “terror” inside the house. In African societies, intra-family violence can result in “occult aggression” or “witchcraft” and is expressed through interpersonal and gender-based violence (GBV), which is pervasive in South Africa. There is a normative acceptance and belief in many rural areas that marriage can contain violence and predatory male sexuality. Such violence is thus not the consequence of a “crisis

² This section is based on a presentation made by Prof Leslie Bank, Human Sciences Research Council (HSRC), at the workshop.

of identity” or the result of “thwarted masculinities”, but is a normative phenomenon that is guarded and often hidden by those who are the victims.

Normativity

Sociological theory typically contrasts “community” with “society”. In this regard, urbanity has been defined as a state of estrangement, in which individuals are disaffected. By contrast, ritual in rural spaces, including in relation to death, has been framed as creating opportunities for cohesion. In this regard, there is a view that the rural features custom and order, producing a normativity that does not seem to exist in the city.

But norms are not fixed, they are changing and flexible. They are undone by desire, by structures of inequality and by changing everyday social practices. Normative thinking can also appear in places where established norms have been broken. For example, the counter culture can reproduce established norms and roles – such as in the form of transgender marriages.

New norms emerge and are needed to sustain and preserve life, to maintain order, hierarchy and power. In this regard, people’s science is about creating new norms that are derived from the mundane and from the everyday adjustments made by people in an effort to cope – such as in relation to the Covid-19 pandemic.

Death, norms and ritual

In cities, there is a modern aversion to death – a way of discounting death by turning it into something impersonal and technocratic. In these places, people seek distance from death. They do not touch or embalm bodies; they do not open coffins; they even avoid talking about death. It often comes and goes with little fuss.

In rural areas and the cultural heartlands, death is taken more seriously. It is elaborately ritualised and acknowledged as a time of passing from one state to another. The rituals comprise accepted practices that are supposed to be passed down through time in an unchanging way, although these are not written down. Failing to acknowledge phases or stages in a ritual can lead to misfortune for the family, and threaten cultural reproduction.

But death is not what it used to be, especially not after a pandemic. Changes have generated new norms. In this regard, the challenge is to identify and describe how the ritualisation of death is changing in the cultural heartland of the Eastern Cape in the wake of Covid-19.

The ritualisation of death entrenches mourning and is patterned to deflect trauma. Once the rituals have been performed, death has supposedly been dealt with by the families and individuals concerned. But this can create a false sense of closure as the pain and trauma of death often lingers and can be even more difficult to manage given the assumption of closure. This seems to have been the case with the pandemic. So, a number of existential questions may arise, such as in relation to individual mortality, as well as collective death. For example, in some cultures, death raises questions not only about the end of life but about the end of the world.

Amplifying possibility

In a time of multiple crises, many people seek certainty and trust. To this end, open debate may be closed in the name of security and belonging, as has been seen in the rise of populism and ethno-nationalism. Walls and boundaries are built both literally and figuratively – but such closures do not offer a collective future. At the same time, amid pandemics and death, there is still great vitality and possibility. In this regard, the post-industrial and post-pandemic landscapes contain narratives for renewal, diversity and openness; an imagination of the world that charts different paths, and of a

future that is not shaped primarily by destruction and death. Accordingly, this project has an ethical and political obligation to propel the possibilities embedded in such narratives – and to create vitality and alternatives through the ethnographic imagination.

An openness can come from the mundane, from an insistence that things can still be otherwise. Accessing the density of everyday experience through participant observation can be key to accessing such possibilities. In this context, it has been argued that certain forms of encounter can have lasting effects. However, visceral encounter without imagination/engagement and external points of reference limits the room for change. A key goal for those conducting the fieldwork should be to make themselves open to the possibility of the multiple paths that may present themselves. Such is the space of “people’s science” – a science that can present many, different ways of solving problems.

3. Fieldwork findings

3.1 Tuba village, Kwelerha³

The village, which is modern and relatively close to East London and the main N2 highway, has a community hall, satellite clinic, primary school and high school. It is divided into four sections. When there are traditional celebrations in a particular section, the people from the other sections may offer to help although they are not required to do so. Everyone may attend such events. The village has a township vibe. There is always something going on, especially at weekends, and people move around until early in the morning.

The local people don’t open up to strangers easily. Land in the village is not given to outsiders, only to people who were born in the village or around Kwelerha, and to those who are related to the villagers. A number of land claim processes entailing compensation are currently underway in the area.

The community faces significant challenges relating to a lack of clean water, widespread drug use and a high crime rate. Local water taps have been taken, allegedly by young people wanting to sell the metal for scrap so that they can buy drugs. These youth are generally referred to as “amaphara” in the community. So, there has been no steady supply of reticulated water since 2019. Under Covid-19, a number of Jojo tanks were stationed around the community but these were no longer filled with water after lockdown came to an end. Subsequently, some people bought Jojo tanks for their households; other fetch water from the river or dam, although this may be dirty. Although clean water is supposed to be supplied by a water truck, delivery is unreliable and many people only have clean water when it rains.

Drugs are sold in the community, including at the primary and high schools, by local dealers who are well-known. There is a popular drug called “tsuf” (crystal meth), Most local young men are addicted to *tsuf* and some girls also smoke it. Those who smoke drugs commit crimes, according to the residents. Meanwhile, there are quite a number of taverns in Tuba, including several unlicensed shebeens and three registered ones. Youth hang around the taverns. Young men and women from the village are also keen on sport, including rugby, cricket and netball. The coaches who established the teams say that they did so to keep the children away from drugs and alcohol.

Local people say that the crime rate rose under Covid-19, with *amaphara* terrorising and robbing people in order to get the money to buy drugs. The area is not safe, especially at night and during loadshedding. I was warned that I should not walk around at night. During loadshedding, electricity cables are stolen, burglaries are committed and people are robbed under cover of darkness. The police station in Kwelerha is quite far away and there is no public transport – so, few crimes are reported. In

³ This section is based on a presentation made by Women RISE researcher Tukela Anelitha at the workshop.

addition, those that are reported are rarely investigated in a timely manner, if at all, according to the villagers. Offenders are not arrested and known rapists and murderers live in the community. Accordingly, the community is addressing the issue of crime through mob justice, which is, reportedly, bringing down the crime rate. At one point, the new station commander of Bluewater police station came and introduced himself to the villagers with promises that the police would better serve the local community.

Local women

All the spaza-shop (informal-store) and tavern owners are women. Other self-employed women include street vendors; vendors at school; and the owners of a local creche. Working-class women include teachers, farm workers, domestic workers, NGO workers and community health-care workers. Unemployed women included pensioners and church leaders.

A number of local *amaxhewukazi* (grandmothers) mounted a “clinic strike” demanding that the Department of Health provide adequate medical equipment and employ at least two nurses at the local satellite clinic, so that it can operate properly three or four days a week.

At a meeting which was held to introduce the present study, the women in attendance separated themselves from the men. Even when the space was full on their side, they squeezed themselves together.

Covid-19 impacts and prospects for recovery

It was reported that, prior to the pandemic, people had jobs, and business was good. There were no health issues other than chronic illnesses; and the mobile clinic operated well and was staffed by two nurses. The main challenges were unemployment, crime and violence. Women generally acted as the care-givers in households.

Under Covid-19 lockdown, people lost their jobs and were deprived of incomes. Vendors could no longer trade and businesses struggled. The villagers became increasingly dependent on social/pension grants. Although women remained the care-givers, they had to take on additional responsibilities and deploy their social networks in order to maintain households. There was an increase in domestic violence.

There was a stigma associated with Covid-19 – those who contracted the virus had to isolate themselves and others avoided them. Meanwhile, mental health issues that may have arisen as a result of the pandemic were not identified as such by those who were suffering. Indeed, it seemed that women were embracing their own pain as they prioritised care for others over care for themselves.

During the pandemic, the mobile clinic in Tuba became unreliable and people were forced to travel to Jongilanga village to collect their medicine. People were not allowed to visit their loved ones in hospitals, depriving them of an important source of support. There were conspiracy theories that people were being infected with Covid-19 in hospital which is why they were dying once they had been admitted.

Great trust was placed in home remedies, including *umhlonyane* for pain and fever; boiled lemon and garlic tea for flu; steaming with gum tree and eucalyptus oil to ease breathing; and raw onion for dry coughs and blocked sinuses. Some said that drinking alcohol brandy and whisky prevented Covid-19 by sanitising the body from the inside. Meanwhile, a number of people who didn't believe in home remedies and traditional medicine prayed in order to protect themselves from the virus.

In the wake of the pandemic, husbands increasingly became care-givers in the household. Meanwhile, there was a decline in the number of people attending church, depriving these individuals of an important source of emotional healing. A number of women reported having been traumatised by their experiences as victims of crime. In terms of livelihoods, some businesses expanded while others struggled and/or closed. People remained dependent on grants in the absence of an income.

There was widespread use of drugs and alcohol as a coping mechanism due to the aftermath of the pandemic. The satellite clinic was found to be unreliable and lacked the equipment to undertake check-ups.

In terms of the prospects for rebuilding, many villagers have not fully recovered physically from sicknesses contracted during the pandemic. A significant number of businesses haven't recovered and those businesses which are operating are struggling to make a decent profit.

3.2 Gwaba village, Kwelerha⁴

In Gwaba, there are households living in poverty and others which seem to have plenty. The community has one primary school. The nearest high school is in Jongilanga. There is one old Anglican church and a number of other Christian denominations which are not housed on a permanent basis.

Villagers in Gwaba use outside toilets. There has been no running water since the shared taps were stolen by *amaphara* and many of the homes are without electricity because *amaphara* have stolen the cables. Women are a particular target of the *amaphara*. Female-headed households where there is no adult male to offer protection or threaten the youth tend to be the ones without electricity. When a man is present, they can also help with collecting water in wheelbarrows, although women are usually the ones who are expected to collect water in buckets which they carry on their heads.

The young men and boys also force elderly women, including their grandmothers (*makhulu*), to hand over the money from their old age grants, which is often spent on buying drugs. According to local women, many children who had been attending private schools in town came to live with their elderly relatives in the village after their parents lost their jobs during the pandemic – and many of them still stay in the village. Although some of the children adjusted well other are quite disobedient. In addition, many of young people started experimenting with drugs and alcohol during the pandemic and became addicted. Some respondents noted that the problem of alcohol abuse was exacerbated by traditional celebrations which take place almost every weekend, at which it is expected that those attending should drink. Other noted that there were parents who are addicted to drugs and alcohol and who do not take care of their children.

In relation to the violence perpetrated by young people in the village, many of the women said that they suffer in silence and that such is their lot in life. They said that other women in the village suffered more than they did – and that the abuse they bore was not particularly extreme. They also said that they had little faith in the power of the police to remedy the situation, citing cases of alleged perpetrators of violence being released back into the community a day after their arrest. One woman said that the police had failed to track down a man who had raped her grandmother even though they knew he had fled to a neighbouring village; and her grandmother had died without getting justice. Other women reported that they did not feel safe in the community because there was no local police station.

There is a high level of unemployment in Gwaba, which has a large population of retired old people who support themselves by farming livestock and tending gardens. The women look after the pigs and

⁴ This section is based on a presentation made by Women RISE researcher Nombulelo Shinta at the workshop.

chickens, while the men look after the cows, goats and sheep. Those women who work tend to live in town close to their workplaces, with some women who work in town as domestic workers only returning to the village at weekends.

Meanwhile, in the context of great unemployment in the village, a number of parents seemed to rely on child grants as a source of income and also reckoned that the more children they had, the better they would be looked after in old age. Many women use their child grant money for everything that they need. Other homes rely on old-age grants. “Black tax” – that is, money provided by the child or children who are deemed responsible for supporting their parents and siblings – is a further common source of income in the village.

Other sources of income include the takings from the local licensed and unlicensed taverns in the village which are run by women; wages earned by women working in pre-schools; profits from a local women-owned beading business; and wages earned by women from seasonal work on nearby farms. Many of the women husband their income through local stokvels. At the same time, a number of local older women who do not know how to count money have been short-changed when receiving grants. It should also be noted that there is significant under-use of local land.

Many women in the village struggle with chronic illness, including diabetes, HIV and high blood pressure. In addition, there are clear indications of mental-health challenges among many of them. Most of the old women are on some form of medication, although they cannot always fill the particular prescription at the nearest clinic which is supposed to service more than 10 local villages and informal settlements. Many people complained about the poor service at the clinic, including a lack of nursing care. The nurses at the clinic said that it was under-staffed. Meanwhile, there are mobile clinics which are supposed to visit the village, but these are unreliable.

During Covid-19

During the pandemic, women who had been working and living in town were forced to come back to the village. People who lost their jobs went hungry; and many young boys started stealing, even from their own families. Many women running spaza shops lost their businesses at this time, which presented an opportunity for outsiders to take a share of this market, opening their own spaza shops which offered food on credit – although this was soon withheld after it became clear that some of their customers had no intention of paying what they owed.

Gender-based violence rose during the pandemic. This could take the form of young men extorting money from old women, including their own relatives. In addition, a number of widows were raped. In general, men who were bored demanded sex from women.

Some women reported that the lockdown measures introduced in response to the spread of Covid-19 had provided them with some relief from the work of cooking and serving at traditional ceremonies, without even having an opportunity to eat themselves. In this regard, the reduced numbers at funerals had significantly reduced their workload.

Those suffering from chronic illnesses said that their physical and emotional health had deteriorated during the pandemic. Some noted that they were particularly hard hit by the news that people with pre-existing conditions were more likely to die if they contracted the virus. One woman described how she had lived in constant fear of her relatives in Cape Town dying – and that the fear and uncertainty created during the pandemic had persisted. At the same time, she said that the experience had taught her the importance of keeping in contact with the people she loves.

Post Covid-19

Traditional events, including funerals, can now be held. But those who buried their loved ones during the pandemic as if they were animals continue to live with trauma. A number of women whose husbands died said they will remember the period as the most traumatic time of their lives. One woman talked of how she had lost her job and her husband had lost interest in her. She said that her children had been forced to leave the private school that they had been attending because it had become unaffordable. She said that she was now divorced and was trying to rebuild her family.

Another woman who had been widowed before the pandemic said she had never felt as lonely as she had during the pandemic. At the same time, she said she had learned how to manage money more wisely as a result of the experience. She said she now belonged to two stokvels (saving clubs) and a clinic committee which provided her with a R500 stipend. She also sells sweets from her house.

Many of the youth who came to stay in the village under Covid-19 face limited prospects of returning to town in the present uncertain climate, particularly given the lack of jobs – and have accordingly lowered their expectations of what life may hold for them. At the same time, the experience of lockdown seems to have taught residents, including young people who were separated from their friends, the value of relationships. Some young people also said that they had come to appreciate their teachers more than before.

Meanwhile, many boys who are using and selling drugs have become “zombies” and a number of girls have become pregnant and have dropped out of school. Some of these girls said they had not been able to prevent pregnancy due to the difficulty in accessing contraceptives during the pandemic. A number of local men have promoted sport in an effort to address the problems faced by the youth. In addition, local non-profit organisations have visited the village with the aim of uplifting local young people.

3.3 Mhlakulo village, Tsolo⁵

The villagers reported that during the pandemic they had noticed that Covid-19 tended to claim the lives of the wealthier residents rather than the indigent. One interviewee suggested: “It was as if [the virus] was checking the bank balance of people and then deciding who qualifies as the rich.” Some people associated the pandemic with evil spirits – *ishwangusha* in Xhosa.

Most people protected themselves against the virus by self-administering *umhlonyane* and/or gumtree leaves through steaming or as tea whenever they experienced cold symptoms. Others relied on a mixture of garlic, onion, ginger and lemon to alleviate flu symptoms and headaches and ease breathing. Still others drank Old Buck gin, locally referred to as *mamboyi*, or Jägermeister (which was viewed as akin to syrup) to treat sore throats and help flush the pandemic out of their systems. Some churchgoers sought to ward off the virus through prayer, while traditional healers deployed *impepho* against Covid-19 which was seen as moving like an evil spirit. One interviewee said that after she had been out in public, she would remove the clothes she had been wearing in a special cubicle inside her house before entering her home further, so that the virus could not be transmitted to her children via her garments.

Most of the women in the village are unemployed and rely on social grants to buy their groceries and to take their children to school. Others earn incomes as teachers, health care workers at the local clinic and elsewhere, or government employees. Some women are employed on a casual basis as security guards, care workers or kitchen staff. Some run local non-governmental organisations from the local clinic. Some families receive remittances from relatives working in the city. Some women have

⁵ This section is based on a presentation made by Women RISE researcher Bonelwa Nogqaza at the workshop.

established their own businesses. One who grows maize is trying to find a market for her maize scones and muffins and is teaching a group of young women, *omakoti*, how to farm maize so that they also can generate alternative sources of income. It seems that many of the women continue to receive the R350 unemployment grant introduced during the pandemic, which they use to buy groceries or alcohol.

A number of the women who depend on quite small social grants seem to persevere in abusive relationships because of their financial reliance on men. In some cases, unemployed women seek multiple partners in the hope of gaining a financial benefit, making themselves more vulnerable in the process.

In the quest for community, some churchgoers migrated to online platforms such as WhatsApp and Facebook during the pandemic. Congregations used these platforms to administer their churches, gather for prayer sessions and update each other on events, including funerals. Some churchgoers continued to visit each other during the pandemic. Meanwhile, younger (and middle-aged) residents gathered in secret at each other's houses over a bottle of alcohol (bought with their pandemic unemployment grants) to discuss Covid-19 and when the pandemic was likely to end.

Although some associations, such as food associations were temporarily suspended during the pandemic, others, such as burial societies, continued via online platforms and/or phone conversations and messaging. In the case of burial societies, members would be contacted by phone for contributions whenever one of them died – and the society's executive would collect the contributions and take them to the home of the deceased.

Under lockdown, some took advantage of the break from an 8-to-5 routine to become closer to their families. In others, however, the necessity of sharing the same space exacerbated past conflicts and created tension.

Accessing health care services and medication during the pandemic was a struggle, particularly for those suffering from chronic illnesses such as tuberculosis (TB) and HIV/Aids who were expected to attend clinic on particular days to collect their medication. (In this regard, some may have recruited nurses who lived in the village to bring them their medication so that they could avoid the long queues at the clinic.) In general, there was a stigma attached to those who visited the clinic during the time of the pandemic, as if this made them more likely to have contracted the Covid-19 virus.

It was also reported that contraceptive injections which had been available at the local clinic were discontinued during the pandemic. Instead, local women were advised that they could buy these injections at the pharmacy for R70 for a three-month shot, which was unaffordable for many. Meanwhile, there was little appetite to use condoms as an alternative form of contraception. As a result, and despite a number of secret abortions, many "Covid-19 babies", locally referred to as *nocorona* (no corona virus) babies, were born. Exacerbating the situation, those who conceived during the pandemic faced significant problems accessing proper peri-natal care at Malizo Hospital in Tsolo town, where the treatment of "sick" patients was prioritised over the delivery of babies. One mother who failed to receive timely care there remains uncertain to this day about whether it contributed to her baby being still-born. This is an issue that should be investigated further.

Under Covid-19, the dead were buried, in the words of one woman, "like dogs". In particular, the practice of wake-keeping in the home so that the deceased can commune with their ancestors was banned – coffins were not allowed inside the house on the grounds that this could lead to the virus spreading.

For a number of women, the concept of gender-based violence concerned only women being murdered by men. Other violence by men was deemed a normal aspect of relationships – an effort on the part of the man to exert control over, or punish disobedience in, the woman with whom he is obsessed.

When asked about their mental state, women referred to *umgowo*, which refers to the rough patch that can be experienced when facing particular problems. When talking about their mental state under Covid-19, most of the ladies would say *bendigowa* and talk about their concerns in relation to debt; unemployment; hunger in their households; and the difficulty of managing their children. Many said that they had resorted to alcohol as a coping mechanism to address these stresses.

3.4 Misty Mount, Libode⁶

I arrived at Misty Mount in the middle of a thunderstorm which downed trees onto power-lines, leading to an electricity outage that lasted two weeks. My host was Canon Msengi, a 78-year-old retired clinical psychologist living in a large family homestead staffed by a domestic worker; a personal assistant; a gardener; and a watchman.

Misty Mount is a rural area located on the R61 road between Mthatha and Libode. It features a shop called Thandie's; a local junior secondary school which is attended by most of the children in the area; a number of churches including a Methodist Church; a sewing school which is also a women's empowerment project; and a dilapidated petrol station structure which houses a general store, a liquor store where people drink, an adult basic education and training (ABET) facility and the local ward councillor's office. I was told that *amaphara* frequent this area. The village features a number of drinking spots: Sis' Nomvelo's place; Misty Mount View; Misty Mount Liquor Store; and Chillas. Sis' Nomvelo's place and Misty Mount View are owned and run by women and are also sites where young men sell marijuana.

Mam' Zandile Mapipa is the local *uSibonda* (headwoman) as well as a leading member of the Anglican congregation in the village. *uSibonda* is typically a male role, so it is worth delving into Mam' Zandile Mapipa's experience as a woman in this role. Mr Mzamo, commonly known as Sigidane, is the local councillor. Both leaders offered me their support, inviting me to attend community meetings with them – and I was able to introduce myself at a large community meeting. Aside from the local traditional and political leadership, there is also a community police forum (CPF) in the area which works with the headwoman to address issues of crime. CPF members are supposed to act as first responders when incidents occur, collecting information and handing it to the police as necessary.

The process of collecting life histories has been slow. The community seem disillusioned with government and research workers. When I visited residents door-to-door, people would comment on my pleasant disposition and wish me luck but would not volunteer to participate in the study. Many of them asked what benefit would accrue to them from participating in an interview. I was often told *andiphehanga zi* food parcels, meaning that since I was not delivering food parcels, people would be less inclined to talk to me. In this context, it is worth noting that jobs were lost during the pandemic depriving households of bread-winners.

There have been two deaths since my arrival. In both cases the dead were Manyano women, that is, members of the Methodist Women's Prayer and Service Union in South Africa. The proceedings in the week leading up to the day of the funeral were quite similar for both women. On the previous Sunday, church folk would come and pray at the home of the bereaved home. From Monday to Friday different groups of mourners including colleagues and relatives of the deceased would come to the home. In

⁶ This section is based on a presentation made by Women RISE researcher Thandokazi Silonisi at the workshop.

the middle of the week, a representative of the community burial society would come to the home and present the contributions of the society's members to the bereaved family. There was also a day when local men would go to the home to dig the grave. On Thursday, local Methodist women would gather for a service to commemorate the deceased. On the eve of the funeral, on Friday, there would be a night vigil (*umlindo*), although this practice, which was banned under Covid-19 lockdown, is not as common as it was. For example, one of the two families which were bereaved held a spontaneous night vigil and the other did not hold. Saturday is the day of the funeral. I observed that the funeral process entailed a lot of preparation, including helping with the cooking at the home of the bereaved. This work was undertaken by the community as part of a shared effort which also strengthens relations among the villagers. In this context, those who fail to attend local events and funerals can find themselves being estranged from the larger community. This was made evident during the preparations for one of the funerals when one of the younger women who was praised by an older woman for her efforts responded that she helped those who would do the same for her in her home.

When I arrived in the village, I was constantly told to mind my safety and watch out for *amaphara*. In this regard, a number of interviewees linked excessive use of alcohol and drugs to youth depression and unemployment. Sigidane said that high youth unemployment had created despondent, apathetic youth who drank heavily and also took *tsuf*.

Although many of those I interviewed said they came from big families and had been raised with many siblings as part of an extended family, it seemed that such families had now been thinned. Some homes were occupied by the adult children of deceased parents. Some extended families clustered together in neighbouring homes.

I found that gender-based violence had occurred quite widely before the pandemic. At the same time, I was told that, during lockdown, it was mainly women who were abusing their husbands, refusing to serve them food or perform other household duties in order to "punish" them.

There is no local clinic in Misty Mount. People go to the clinic in Gxulu and/or Ntaphane, which means taking a taxi. In this context, a number of interviewees said that, during the pandemic, it had actually been easier for those who were chronically ill to access their medication, since this was delivered to their homes by nurses or care workers, saving the patients the cost of travelling to the clinic.

3.5 Mtshazi village, Mount Frere⁷

Mtshazi is a large village a few kilometres from town. One section features newly built homesteads, which is where the traditional authority leader (*ubhodi*) lives. In addition, people from Pondoland (*qawukeni*) live in this section, having either built or purchased homes here. In general, most of the adult population in the village are either approaching or over 60 years of age. Many of the younger generations have left to work in the city, in some cases leaving their children behind to be looked after by their grandparents. In some cases, entire families have left the village, only returning during holidays. These absent families sometimes employ "home-keepers" from other areas in the belief that their home should not be closed while they are away, particularly if ancestors are buried there.

Both Mr and Mrs Kondile, with whom I am staying, are members of the local Wesile church. When I arrived in early March, Mrs Kondile expressed concern that Mr Kondile had not returned to their church since the churches had reopened. However, she said she did not want to ask him to go; instead, she would let him decide when he was ready to return. During this period, I would watch football with Mr Kondile every Sunday until, a few weeks before Passover, he started attending church again. One week before Passover, when Mrs Kondile was away, Mr Kondile invited me to go to church with him

⁷ This section is based on a presentation made by Women RISE researcher Anelisa Ndamase at the workshop.

and introduced me to his friends there. Now, he goes to church every Sunday with his wife. My hosts treat me as if I were their son, which given that Mrs Kondile is a central figure in the community due to her involvement in a number of stokvels, has meant that I have been afforded a warm welcome.

The couple live alone, although they both have children from previous marriages. Mr Kondile has hired a man to tend his livestock on the veld, which allows him to attend traditional ceremonies and church without having to worry about his animals. Mrs Kondile works as a seamstress, repairing school uniforms and tracksuits and making dresses for local women, who are required to pay a deposit so that she can purchase the necessary fabric in town. She also has a large garden where she grows vegetables. She and her husband and the man who looks after the livestock harvest the garden together.

I have used snowballing as a key technique for making new contacts to interview in the village. I started with Mrs Kondile and asked her to introduce me to other women in her stokvels, which she did. As a result, women whom I approached to interview already knew who I was. In some cases, women even came to Mrs Kondile's home to ask when I would be visiting them. I encourage all my informants to inform their neighbours about my presence in the village. When conducting interviews, I have found that I need to emphasise the principle of confidentiality to reassure my respondents, explaining that pseudonyms are used to protect their identity and that my interest relates solely to what is said rather than who says what.

In compiling kinship diagrams, I have found that I need to take account of how families may raise as their own "borrowed" children who have been sent to the school in the village – and that these children may, when they are grown, financially support the adults who raised them.

Key research findings

I found that the families in the village are patriarchal. Older women seem to derive satisfaction from working or cooking for their husbands – and such tasks are seen as acts of love. In one household, a husband who had fallen ill asked someone else to look after his livestock because he did not want to over-burden his wife who was already caring for the garden alone and cooking for the family. In another household, the grandchildren of an old woman wanted to leave to find work elsewhere, but she had refused to countenance the move because it would have meant abandoning her husband's grave. During the pandemic, this woman had to live with an aunt for a while after being discharged from hospital – but she insisted on returning to her home on her own as soon as she could so that she could be near the ancestral graves.

I learned that a number of conspiracy theories had circulated in the village during the pandemic suggesting that vaccination against Covid-19 had led to people contracting the virus and dying as a result. In fact, the theory seems to have started with claims made by those promoting vaccination, that the first jab infected the person and the second one removed the virus from the body. So, the rumour had spread that some people died from the virus after receiving the first dose, which promoted resistance to vaccination locally.

In relation to funeral rites, one respondent noted that restrictions on night vigils had prevented loved ones from sharing their experiences and memories of the deceased, impeding acceptance of the finality of their death. Another respondent described how she had been saddened by the rapid burials undertaken during the pandemic, when the bodies of heads of families were taken to the grave site immediately upon arrival and quickly interred – "as if they were children". This interviewee noted that this practice had continued.

I also heard of the financial struggles faced by the villagers during the pandemic. Mrs Kondile said that her sewing business, which specialises in producing church uniforms and traditional attire, had nearly closed when the churches were shuttered and traditional ceremonies were banned under lockdown. The family was left to survive on money from social grants. Another seamstress, a former teacher, said she had been forced to withdraw her savings so she could support her grandson. She said she would never recoup the savings, given that her business had still not recovered, but comforted herself with the thought that savings are meant to be used in times of emergency and “Covid-19 had qualified as one”.

Women RISE!

In terms of the prospect for economic recovery among local women, it is noteworthy that the many local women who are seamstresses and have sewing qualifications are missing opportunities, such as producing school uniforms on an official basis, because their enterprises are not formally registered as businesses. In this regard, they could be encouraged to collaborate and register their businesses, which is a relatively cheap process. This could help them recoup the losses that they suffered during the pandemic and create new economic opportunities in the community.

3.6 Chithwa village, Mount Ayliff⁸

Chithwa which is about a 3km walking distance to town comprises RDP (Reconstruction and Development Programme) houses, some of which have been renovated and enlarged. In other cases, the plots have become the site of additional houses. During the pandemic, women owning these houses, many of whom had been making a living as street vendors in town, moved out of their RDP houses as their livelihoods fell away – either moving to rural areas or building shacks in a nearby settlement – so that they could rent their now-vacant properties. At present, many of the working-class residents of Chithwa are renting the RDP houses in which they live, which are cheaper than other rented accommodation nearer town.

A large proportion of the present population of the village are women who head their households, including my own host who is a 35-year-old woman. The village boasts two primary schools, a high school, a library and a lot of churches.

As a way of making connections with local women, I joined my home church where I was given an opportunity to introduce myself and the research project one Sunday. The church is led by elderly women, while the men act as church wardens and lay ministers, and conduct the choir. In an effort to contact younger women, I joined a hike organised by the Anglican Youth of Southern Africa (AYSA) which was attended by 50 or 60 young people from the area as part of an environmental initiative.

While seeking to establish local connections, I embarked on some research to ascertain the availability of sanitary towels for women, as a measure of the attention paid to women’s reproductive health in the area. I visited seven local spaza shops. Three of these were run by women, who had moved into what had been a male-dominated retail sector in response to financial hardships suffered during the pandemic. None of the shops sold tampons. However, there was stock of sanitary towels at the spaza shops run by men, which were larger than those run by women. In two cases, the owners said they did stock sanitary towel but were waiting for a new order to arrive; in one case, the owner was selling sanitary pads which had passed their expiry date; and in another, sanitary pads were on sale for R30 for a packet of 10. In addition, I learned that free sanitary pads provided by the government could be bought for R6 at local stores.

⁸ This section is based on a presentation made by Women RISE researcher Zikhona Asanda Mtwa at the workshop.

Main findings

Public health care is quite inadequate in Chithwa. In one case, hospitals in Mount Ayliff, Mount Frere, Mthatha and Kokstad were unable properly to examine a woman who had been involved in a car accident and she had to travel Pietermaritzburg in KwaZulu-Natal to seek medical treatment. In another case, a woman suffering from cancer was misdiagnosed at two local hospitals before the disease was detected at a gateway clinic in Mthatha. Both women reported a particular lack of care at Bedford hospital in Mthatha where the staff only attended to a relatively small number of patients. Care within households during the pandemic, including in relation to looking after sick family members, was provided by unmarried daughters, which is in line with cultural expectations that girls and young women, especially those who are unmarried, should look after their parents in times of need.

Under Covid-19, households depended on incomes derived from old age grants; child-support grants; the R350 Covid-19 relief grant; and takings from businesses such as spaza shops. In general, additional income to support households was provided by girls and young women rather than boys and young men.

Local burial stokvels were criticised for making late payments in support of funerals in the area. In one case, the stokvel only paid out more than a year after a local woman had died. The stokvel committees blamed the delay on a backlog of payments to bereaved families which had accrued during the pandemic, when many members of the local stokvels were unable to make sufficient contributions given the relatively high number of funerals being held at this time.

Many women lack the education and qualifications, as well as the connections, to enter the formal job market. Many dropped out of school before they could acquire their National Senior Certificates. In one case, a local woman shared her fears of being unable to find work after her present contract as a security guard comes to an end. She said it had always been difficult for her to find work since she had not matriculated. Meanwhile, the population of Chithwa seems to be expanding, with many people migrating there from surrounding rural areas in search of formal and informal work in town.

Most of the young women are living apart from their own fathers and the fathers of their children, and, in some instances, do not want to acknowledge these men and their sides of the family as kin.

Post-Covid rebuilding

Small businesses such as spaza shops can provide families with livelihoods, creating jobs and incomes that can help to uplift local communities more broadly. Women should therefore be equipped with entrepreneurial skills in order to run businesses successfully. In addition, young women need to be equipped with the necessary skills and social capital to be able to enter the job market.

3.7 Cwebe village, Dwesa-Cwebe⁹

Cwebe is one of seven villages that comprise the Dwesa-Cwebe administrative area. According to the scholar Derick Fay (2002), the Dwesa-Cwebe administrative area is a community formed through struggle. These seven villages were established by a group of people who were displaced from their original homesteads when the government established a nature reserve in the area in the 1960s. Cwebe village is next to the ocean on the Wild Coast. Local livelihoods are derived from welfare grants; migrant labour remittances; a limited number of tourism-based jobs; and crops, livestock and other farming, although this is no longer such an important source of livelihoods. This is also an area with a

⁹ This section is based on a presentation made by Women RISE researcher Zipho Xego at the workshop.

history of popular organisation where people have established committees to address land issues and women have co-operated to work the land.

However, the Covid-19 pandemic and associated lockdown measures and the longer-term impacts of the crisis have severely damaged society and the economy in the area, particularly affecting the rural poor and working class. The villagers said that gatherings had been disrupted under lockdown, and individuals and communities had been cut off from each other. Structures were unable to meet and discuss burning local issues. Meanwhile, the death rate and poor health spiralled in part because of a rise in poverty. Even though most residents now receive grants as a result of the introduction of the Covid-19 relief grant, people still complain that food prices have risen, cancelling any benefits that they may otherwise have derived from the relief grant.

Such employment as exists is usually precarious. For example, local supermarkets, many of which are not owned by South Africans, are a major source of employment – and these employers are largely unregulated. People complained that they had been dismissed without reason because the owners know that there are plenty of job-seekers willing to take their place. Employment in the security sector is also precarious. Educational assistance (EA) is a new form of employment that was introduced during the pandemic. At first, the educational assistants' main task was to sanitise pupils. After the pandemic, their duties were expanded to helping teachers with marking and teaching. However, only individuals with higher educational qualification are employed as EAs, so few people from the village, where educational levels are low, benefit. In addition, EA contracts run for only a year, at which point there is a new intake and those who were employed as EAs have to return to job hunting.

It was found that people have encountered a number of challenges in relation to the dispensation of grants. For example, there is an obligation to renew the Covid-19 relief grant, which can be difficult for people who no longer have the cell phone that they previously used to register for the grant. In addition, if the authorities find that other money has been deposited in the bank accounts of the grant beneficiaries, regardless of whether this comprises remittances from relatives, they will not approve the renewal of the grant, on the basis that the individual has an alternative source of income.

Meanwhile, late payments of child support grant can create problems for young mothers who have gone into town to collect the money and may not now be able to pay for their return journey – and may even have borrowed the money to pay for the original journey into town. In this regard, the many people who cash their grants at the local shops are better placed, although internet connectivity problems can delay payment at these places by a day or more.

The two shops in the area, which are owned by non-South Africans, sell a range of household essentials, from food to building materials. I learned that there had been shops owned by local people but that these had closed down in the face of competition because the owners could not buy stock in bulk and also failed to offer goods on credit. Meanwhile, the foreign-owned shops offered credit, holding people's grant card as assurance that they would be paid back. Once the grant money arrived, the shop owner would deduct the money owed and pay the remainder to the grant recipient. Over the years, the system has evolved so that the grant cards remain at the shop, providing funds to pay for old debts and buy groceries in a continuous cycle. On grant pay-out day the main local shop is usually packed with villagers clearing their debts, buying groceries and just hanging out.

Later on grant day, the taverns buzz with activity. There are more taverns than shops in the area. Some sell home-brewed alcohol and others sell store-bought alcohol. One tavern selling home-brew, which serves mainly older women, opens as early as 6am and only closes when the last person leaves.

There is a division of labour at traditional events which allows women to gather and talk while, for example, cooking, serving and washing up. Women use these spaces to share knowledge and ideas and to chat about their lives. The conversation usually moves from one thing to the next in an unstructured way. The topics may be triggered by what is happening or what someone heard, or may arise from curiosity. At one ceremony that I attended in the company of relatively young women, the conversation concerned boyfriends and I eventually had to join in to win trust. The conversation moved from how boyfriends were control freaks, to teenage pregnancy, work, sport and the poor condition of the local roads.

Given that the local roads are in a state of disrepair, the local trip to and from town by van usually takes about two hours, during which time a variety of conversations are held. Again, conversations are not regulated in this space and just about anything goes, although the conversations are usually respectful and mostly entail information-sharing. One time when I was at the back of the van, a woman was asking for advice about how to help a child who had been coughing for a while. She said she had tried medication from the pharmacy but none of the medicine seemed to be working. In response, one woman suggested either giving the child donkey milk or else cooking a crab alive and making the child drink the crab gravy. The whole van broke out in laughter at the suggestion. During another recent trip to town when the van stopped to take on passengers, a young woman next to the door was hailed by some young men who were calling for her to come to them. She refused. So then, one of the elderly women in the van said that maybe the young woman was missing an opportunity to meet her soulmate: "We know you are not married, so why don't you go and listen to what he has to say." Then, amid laughter, some of the older women told the younger ones: "We must coach you because we see that you are failing to find people who will marry you."

There are two primary schools in the area, but the nearest high school is some distance away. So, rather than bearing the unaffordable expense of paying for their children to commute back and forth, some parents opt to place their children in rented accommodation near the school. However, this, they say, gives rise to other problems, including teenage pregnancies which can lead to girls dropping out. In some cases, if the girls give birth, the infants are given to their grandparents to raise. In response, there has been a move in the community to push the local education authority into converting one of the local primary schools into a high school, but the engagement has come to nothing.

Many local people believe in their ancestors and undertake ceremonies called *itea* at which they break bread with their ancestors. These small ceremonies which are relatively inexpensive involve only a few people. One respondent said that traditional ceremonies and rituals have been a part of local life for as long as she can remember. She said that more people believe in the ancestors than go to church. In this regard, there is no church building in the area and those who do attend go to one of the churches in the nearby villages for their Sunday service. Even then, unlike in other rural places, it is noticeable that Sundays in Cwebe are much like any other day. People go to the tavern, hang out at the shop or do their laundry, while the children roam or go to the beach for a swim if it is hot.

In terms of security, I was told upon my arrival that the village is very safe. For example, when my host family goes to town, they do not even close the upper door even though someone in the yard could enter. Which is not to say that there have not been incidents. Three years previously, a group of boys reportedly broke into a house although they were caught. Since then, however, no incidents of this kind have been reported.

4. Research and analysis to address complex problems¹⁰

In considering how to analyse and address complex socio-economic problems so that appropriate interventions may be forged, it is important to acknowledge that there can be no one-size-fits-all solutions. The problems faced may be complicated for a number of reasons, such as the need to work with a number of different players from both the private and public sectors in an effort to address them and the volatility of human behaviour which can confound the best-laid plans.

In this context, the Cynefin Framework offers a useful tool for reaching an understanding of complex problems and how they may be most effectively addressed. Under this framework, the first step is to sense or assess the situation. Then there is a process of analysing what is known, which informs the response that is then developed to address the situation. The process bears continuous repetition, given that every intervention that is undertaken changes the situation.

In the current post-Covid-19 context, the present study represents an important effort to interrogate what is taking place on the ground – to probe and make sense of the situation so that a blueprint for addressing it may be produced (with this cycle repeating itself). Such an approach is particularly relevant in the wake of crises, such as pandemics – after the urgent scramble to take action amid chaos, which can produce unintended consequences, has given way to some reflection.

For example, in the early stages of the HIV outbreak, when AIDS produced different ailments and there was initial confusion about their cause, there was a push to isolate those who may have contracted the virus. However, such efforts at isolation led to stigmatisation; so that, by the time it was understood that it was no longer possible to isolate the disease, the problem had become a "wicked" one, with a range of actors being engaged and a number of mixed messages being generated – all of which only added to the confusion. In general, the rush to action can lead to the adoption of inappropriate "solutions" – and when such occurs in a broken system it exacerbates the problem and can leave people mired in a difficult situation.

In fact, a quite comprehensive blueprint for managing the HIV/Aids was developed once there was a clear understanding of how it was transmitted. There was medication that was prescribed and there were management practices that were adopted to address the disease and its impacts. And there was further analysis to understand the unintended consequences of initial responses which had caused exclusion and had impeded access to medication, which was quite expensive at first. Even so, there continued to be unintended consequences in relation to the transmission and management of the disease. Discrimination in relation to access to the health system and in terms of prejudice among nurses and doctors at clinics still discourages people living with HIV/Aids from picking up their medication, which can lead to them not following their medication regimen.

When undertaking research, it is important to remember that the findings should lead to efforts to address the apparently large, intractable problems encountered. In this way, researchers may avoid becoming too despondent. A key goal is to find an entry point for an intervention that can have a relatively great impact.

This study represents an effort to understand a particular problem more deeply in order to address it, going to the people and interrogating their lived experiences and their understanding of those experiences. In this regard, it is necessary to deploy a common language that is shared with those on the ground – in order to conduct the research effectively and in order to implement subsequent interventions so that they have impact.

¹⁰ This section is based on a presentation made by Ziyanda Xaso, Jika Uluntu, at the workshop.

The Covid-19 pandemic, like that of HIV/Aids, was characterised by infection, an official response and then a number of consequences, a number of which may be described as unintended. Responding to the outbreak in 2020, the government took the view that the pandemic was a national disaster and imposed stringent conditions on the population in an effort to control it.

Now, a number of patterns in relation to the longer-term impacts of the pandemic and the official response to it appear to have emerged, particularly in relation to mental health and gender-based violence. Accordingly, there is a need to interrogate the connections between the impacts of the pandemic and these phenomena, so that the nature of the patterns can be identified, which may inform future interventions.

In addition to examining the emergence of new patterns in behaviour and states of mind, the researchers should also consider the structural drivers that are in place in the areas where they are working, such as the health system and local cultural systems. These drivers may need to be reformed, depending on the entry point for future interventions. In order to interrogate these, the researchers need to examine underlying social norms and beliefs in an objective way, considering the culture, knowledge and language being deployed locally and the paradigm shifts that may have taken place in relation to these factors.

There is also a need to look at traumas and historical legacies. Memory can be numbed, but the body remembers. Historical issues can exacerbate present problems. Until the legacies are addressed, society will continue along its present trajectory and the widespread use of alcohol and drugs in South Africa will persist, with individuals seeking to numb themselves against the pain of unacknowledged past trauma.

Researchers should also attend to the conditions of the immediate socio-economic environment in which they are operating and how these may be shaped by a number of key role players in the public and private sectors and in civil society. In this context, they should consider existing conditions and inequalities which were exacerbated by the pandemic, including in relation to socio-economic disparities; systemic vulnerabilities; trauma from the past, for example, in relation to land loss; cultural oppression; violence against women; social isolation, which stemmed from lockdown; policy making; and resource allocation.

For example, it has been found that policies in South Africa generally address the middle and upper classes. In this context, the present ethnographic research, which is undertaken with the support of civil society and government stakeholders, can inform how policies may be amended to address another destitute section of the population.

There is also important work to be undertaken in relation to the role of trauma-informed therapies, support groups and points of dialogue which offer safe spaces for individuals, including women, to be able to process their experiences and develop coping strategies – thus facilitating healing. In this regard, the research may produce significant impacts by identifying the terms that local people use in relation to their mental and emotional well-being – which may then be used in place of an inappropriate psychological discourse imported from the global north.

In general, funding for actions to address the needs of the marginalised is quite thin, so such interventions as are undertaken have to be as effective as possible. In this respect, there is a need to engage and empower local people to drive solutions that are sustainable. Such engagement should protect traditional cultural practices and identities, recognising their inherent significance as well as their value in promoting resilience. In this context, there is a need to support the production of local

cultures that remain authentic in terms of African identity in the modern world. That can only happen by starting from the grassroots.

Community members can promote collective healing by supporting each other, acting together to address challenges and sharing their stories. However, social cohesion and connection at the community level, which is intrinsic to African identity, has been eroded. For example, there has been a change in the nature of the annual return to rural home spaces each December which used to be characterised by villagers and their kin reconnecting with each other at large cultural events. Now, in part as a result of economic issues, the focus has shifted to consuming alcohol. So, new ways of maintaining connections and cultural practices need to be found. In this context, there is a need to organise community events, dialogues and initiatives that facilitate collective healing and support. These may include forums at which experiences are shared and there is collaborative problem-solving, all of which can lead to greater community solidarity – and collective healing as participants learn to be human again.

5. Women's voices and stakeholders¹¹

5.1 Women's voices and empowerment

Women's voices have been historically marginalised and undervalued in various spheres of society. However, there is a growing recognition that empowering women and amplifying their voices is not only a matter of justice and human rights but also a crucial step towards achieving social, economic and political progress.

In the field of politics, women held only 25.5% of seats in national parliaments and led only 22 countries in 2021. They comprised only 8% of mayors in the world's 1,000 largest cities. In business, they hold just 28% of managerial positions.

In relation to education, 132 million girls worldwide are out of school and women represent only 28% of researchers globally. In the workplace, women were earning approximately 20% less than men in 2020.

Meanwhile, in relation to safety and security the World Health Organisation (WHO) estimates that one in three women worldwide has experienced physical or sexual violence in their lifetime.

Barriers to women's full participation in society include:

- Deep-seated gender-based biases and stereotypes;
- Institutional and systemic barriers, such as lack of access to education, health care, and economic resources; and
- Under-representation in leadership positions and decision-making roles.

Strategies to ensure women's full participation in society include:

- Promoting access to quality education and skills training to empower women and enhance their confidence;
- Implementing initiatives to develop women's leadership skills and increase their representation in leadership positions;
- Challenging gender biases, stereotypes, and discriminatory practices through awareness campaigns and training; and

¹¹ This section is based on a presentation made by Dr Nelly Sharpley-Vuyokazi, Walter Sisulu University (WSU), at the workshop.

- Advocating for policies that promote an appropriate work-life balance for all; equal pay; and gender equality.

Women's voices need to be heard in order to achieve gender equality; challenge gender stereotypes; and dismantle discriminatory practices. Women bring unique perspectives, experiences, and insights that can enrich decision-making processes and contribute to more inclusive outcomes. Empowering women's voices also leads to economic growth and prosperity by harnessing their talent, creativity, and entrepreneurial spirit.

The extent and kind of representation of women's voices in the media can be assessed to identify patterns and biases in the public discourse. Such analysis can guide media interventions to ensure that they are as effective as possible in promoting women's voices.

Women's voices describing their experiences, perspectives and stories can be captured using a range of methods and approaches, including:

- In-depth Interviews with key stakeholders;
- Focus groups addressing particular themes. These may, for example, comprise health professionals; social welfare practitioners; women from female led households; and women caucuses;
- Participatory workshops;
- Digital storytelling deploying a range of media, such as videos, podcasts or written narratives, allowing women to share their stories, perspectives, and challenges in creative ways while reaching a large audience via the internet; and
- Cultural forms such as art, photography, music, or poetry, which allow for creative expression, empowerment, and the exploration of personal and social themes.

For this project, women's voices should be promoted in a number of key areas including in: civil society; political and community structures; academia; government and business circles; and the environment, tourism and agriculture sectors.

5.2 Stakeholders supporting women's voices stakeholders

South Africa is a signatory to the Southern African Development Community (SADC) Protocol on Gender and Development which provides "a roadmap to equality" for SADC member states. It is also an associate of Gender Links, a Southern African non-governmental organisation which is committed to promoting gender equality in line with the SADC protocol. Gender Links works to strengthen the capacity of women's organisations; conducts research; and advocates for gender-responsive policies and legislation. South Africa also has the Commission for Gender Equality (CGE), which is a constitutional body that promotes and protects gender equality and addresses gender-based discrimination and inequality through advocacy, research, public education, and policy development. The commission works closely with the Women's Legal Centre, which is a non-profit organization that focuses on advancing women's rights and equality, including in relation to gender-based violence, reproductive rights, and women's access to justice, through strategic litigation, legal advice, and advocacy. Another significant body established by the government is the Gender-Based Violence Command Centre, which provides a 24-hour helpline for survivors of GBV, offering counselling, support and referrals to appropriate services.

Influential civil society organisations undertaking research, conducting advocacy and offering training in the sector include Sonke Gender Justice, which focuses on promoting gender equality, preventing GBV, and engaging men and boys in gender justice initiatives; and Tshwaranang Legal Advocacy Centre, which addresses the issues of GBV; access to justice; and women's economic empowerment.

Meanwhile, Women's Network South Africa provides a platform for collaboration, information-sharing and advocacy among women's rights organisations and gender-equality activists.

Going forward, the present project should coordinate with a range of key officials in the departments of social development and education in the Eastern Cape, including those responsible for women and children; population research; education-management information; efforts to counter GBV; crime prevention and substance abuse in schools; innovation and development; and youth care and development.

Other key bodies with which the project should coordinate include the Eastern Cape AIDS Council; the Eastern Cape House of Traditional Leaders; the Multi-Party Women's Caucus in the provincial legislature; and mental health practitioners in the province, as well as provincial and national representatives of the United Nations Population Fund (UNFPA). It may also be worth making contact with BPESA (Business Process Enablement South Africa) which oversees the global business services sector – a field of employment for more than 220,000 people, most of whom are women, in South Africa.

Noteworthy civil society organisation with which the project may coordinate include: South African Women in Dialogue (SAWID); South African Women Lawyers Association (SAWLA); Mkiva Humanitarian Foundation; Soroptimist International; Sustainable Coffee Bay; Bulungula Incubator; and Jabulani Rural Health Foundation.

6. Policy implications and planning¹²

The Eastern Cape Socio-Economic Consultative Council (ECSECC) is a public entity in the Office of the Premier, which coordinates provincial government. The provincial government has a number of key responsibilities including in relation to education and health. For example, clinics and hospitals are run by the provincial government in coordination with local authorities.

Established in 1995, ECSECC is overseen by labour, business, higher-education and civil-society stakeholders, all of whom are represented on its board. The institution also comprises an executive authority and technocrats who provide research and information; offer advice, planning and strategy development for the province and local authorities, as well as the national government; promote stakeholder participation and engagement; and support the delivery of services.

In a world of growing complexity and contestation, ECSECC addresses the needs of decision-makers in the province seeking scientific and strategic policy advice. In this regard, the council is also viewed as acting as a socio-economic compass for the province, engaging in strategic foresight; providing independent, impartial advice; fostering social collaboration; and promoting the design of innovative solutions, while supporting government and the achievement of the ruling party's mandate in the province.

At present, ECSECC is in transition. There is legislation before the provincial parliament which could provide the council with additional resources and enable it to reconfigure itself so that it can be more effective. There is also a move to ensure that there is implementation aligned to the council's advice. At present, this is a key tension – advice may be given but ignored and there may be no consequences for the poor decisions that are made as a result. So, the council is aiming to be more rigorous in terms of its responsibility for the advice that it provides, including in relation to its implementation. Greater accountability in relation to this function also strengthens the rationale for the council's existence.

¹² This section is based on a presentation made by Ian Assam, Eastern Cape Socio Economic Consultative Council (ECSECC), at the workshop.

ECSECC envisions a prosperous, productive Eastern Cape where all people realise their potential. In its role as a socio-economic compass, it aims to navigate uncertainty; co-create development visions; and put strategic information to work.

It seeks to promote the values of social justice; excellence; learning and innovation, which is important in an era of complexity and uncertainty; and collaboration. It seeks to partner with local government, communities, NGOs, business and labour, co-creating visions for development; producing plans to implement these; and monitoring and evaluating the resulting efforts from an independent perspective.

The organisation comprises units that support the council itself; promote economic governance and human resources development; and offer governance and planning support, including in relation to developing effective strategies and policies. It features a programme management office which supports the development of a range of key catalytic initiatives. The organisation also acts as an umbrella for the multi-stakeholder Eastern Cape Aids Council (ECAC).

The council operates in a context of unprecedented uncertainty and disruptions at the national, provincial and community levels. It encounters turbulence, uncertainty, novelty and ambiguity. Technology is developing at an exponential rate – for example, in the form of artificial intelligence (AI), giving rise to fears of increasing job and livelihood insecurity, which, if realised, would increase the reliance on grants among the population.

So, there is a need to respond differently, to look for the positives in the current climate of change and build on these to foster resilience and, preferable a state of “anti-fragility”, that is a transition to an improved set of conditions.

However, government is generally ill-suited to address the many complexities and uncertainties that it faces, preferring to produce one-size-fits-all plans and hold meetings – although such activity is not necessarily that effective in terms of delivering services and growth.

At the same time, the country is beset by a number of concurrent crises. In particular, the government faces severe budgetary shortfalls, which means less money for service delivery and for the development of human resources. Meanwhile, salary negotiations are held in the context of escalating living costs and resentment among unions that leaders in the private sector are earning billions while workers are offered 1-3 percent increases, if that. On top of the endemic graft in the public sector, the net effects of all this are to make the government even more ineffective, reducing the funds available to deliver services, which can have a major direct impact on communities and also undermine the economy in the Eastern Cape which is quite dependent on the public purse.

ECSECC has responded by trying to find creative ways of addressing the challenges faced. For example, it has identified a number of strategic and operational inefficiencies in government which can be addressed. It has also promoted evidence-based planning and has sought to foster a culture of continuous learning in government.

ECSECC has undertaken a wide-ranging PESTEL (political, economic, social, technological, environmental and legal) analysis in an effort to identify the challenges that are faced more clearly. On the political level, it has identified a number of problems, including trust deficits in government and institutions; corruption; ideological contestation; the oppositional nature of electoral politics; and the absolute instability of local coalition governments in South Africa.

Economically, there is high unemployment, low growth and a cost-of-living crisis. There are high rates of unemployment among those aged 18-34, with youth joblessness touching 70% in some areas. That

means that there are large numbers of young people, many of whom have matriculated or hold degrees, who are confronted by a lack of formal employment opportunities and are being left to just sit and wait for a job. Meanwhile, vested interests have stifled the economy – for example, there are construction mafiosi who demand 30% of every major building or infrastructure project that is launched just to allow the construction company in question to operate. At the same time, the country's public infrastructure is being sold off or vandalised: RDP houses are traded openly; and the cables, components and metal that is used for public amenities is stolen and sold as scrap.

Socially, there has been an increase in the number of vulnerable and marginalised people, as inequalities have increased and poverty has deepened. There is a lack of human development and agency across the Eastern Cape, which is accompanied by stagnant population growth in much of the province and increased growth in other parts. Widespread social ills include gender-based violence; and drinking, gambling and other forms of escape. Amid high, rising crime rates, people in general look to obtain and retain income illegally – for example, by not declaring their income to the South African Revenue Service (SARS). Meanwhile, external crises such as the Covid-19 pandemic and, more recently, load-shedding have undermined and distorted society.

In relation to technology, there is a significant digital divide. Although the price of data has fallen it remains quite unaffordable at present levels of consumption. In addition, the network in the rural Eastern Cape is insufficient even though the government has urged digital providers, which prioritise the provision of services to urban areas, to focus on making sure that they service rural areas.

Environmentally, -the province has experienced droughts and adverse weather events. Legally, it has borne high medico-legal costs as a result of a host of civil suits, which has placed additional stress on budgets and cash flows, and on systems, processes, management and projects.

In general, the province's socio-economic performance is poor. Many people are trapped in a cycle of poverty, which is suffered by generation after generation despite numerous interventions that have been launched to address this problem.

In response, ECSECC's goal is to foster a different kind of cycle. One in which there is growth and development, which should result in increased tax revenues; which should lead to less dependency on national transfers to the province and result in increased public and private investment in local infrastructure (if there is not too much graft); which should boost the economy; which should lead to more growth and development, and so on. At present, however, the province is caught in a downward spiral: decreased growth; less tax revenue; increased dependence on national transfers; deindustrialisation; decreased investment in infrastructure which continuously degrades, damaging the prospects for growth and development, and so on. In the context, the national government continues to be asked to bail out a succession of bankrupt or impecunious local authorities (and state-owned enterprises such as Eskom and South African Airways).

Against this background a number of plans have been developed, seeking to integrate international, regional, national and provincial efforts. In its economic modelling in support of these plans, the ECSECC has proposed four categories of residents according to their levels of agency and the support on offer in terms of properly maintained infrastructure:

- The flourishers, who are embedded in responsive and functioning infrastructure and who have a decent education and the capacity to be economically productive;
- The do-it-yourself (DIY) actors, who have the will and capacity to be economically productive but who are hamstrung by a lack of adequate local infrastructure and a paucity of economic

opportunities – and may, in response, establish their own infrastructural support (by, for example, installing solar panels and going off the electricity grid);

- The “just-a-number” residents who live in relatively well-serviced areas but lack the education and agency to be that economically productive; and
- The destitute who live in poorly serviced areas that lack adequate infrastructure and whose low levels of education and agency render them dependent rather than autonomous in their economic decision-making. Many of those living in the province fall under this category.

Deploying this model, the provincial government aims to provide appropriate infrastructural and social development support so that the individuals in these four groups can improve their prospects. In particular, there is a clear need to provide those in the DIY category with greater infrastructural support. This is particularly important given the increasing number of DIY-ers who are going off the grid, thus effectively depriving municipalities of revenues for electricity provision which have previously boosted their budgetary capacity.

There is also a need to offer improved training and educational opportunities to those in the “just-a-number” category. In addition, improved infrastructure and the provision of appropriate labour can boost the productivity of the flourishers even further. Meanwhile, continual efforts must be made to improve services and infrastructural provision for the destitute – particularly given that these least productive residents of the province are among the most likely to leave for elsewhere.

In this context, the present project’s exploration of the productive potential of women, in relation to livelihoods and their social reproductive roles and networks, may generate findings that can inform the province’s development plans.

7. Rural livelihoods in the Covid-19 era¹³

A White Paper on South African Land Policy which was finalised in 1997 addressed issues of redistribution; restitution, including in relation to minerals and state farms; and tenure. The initial focus on farming was underpinned by notions of communality and ignored or under-resourced peasant farmers in former homelands and rural areas. Subsequently, as government policy has continually shifted, the focus has turned from the poorer to the richer farmers in line with dominant commercial notions of what may constitute agricultural viability. These poses particular challenges to farmers seeking to gain access to commercial value chains on an equitable footing. Meanwhile, official land reform efforts, which are significantly under-resourced, ignore much of the reality on the ground. For example, little attention is paid to non-agricultural livelihoods or to trying to free children from the rural-poverty cycle.

Land use has continuously declined as exploitation and authoritarian policies and practices have eroded the autonomy of those holding land or using it on an individual/household basis. In this respect, communal land has been fenced off; farmworkers have been dispossessed; and large projects have been captured by elite interests. All of which has pitted those who benefit from land reform against those who are excluded from the process. One result has been conflict, leading to the theft or destruction of infrastructure, tools and equipment. Another has been increasing dependence on social grants. In general, the land reform programmes, which are of questionable value and tend to incur long bureaucratic delays, have failed to acknowledge local customs and agricultural practices. Meanwhile, key issues remain unaddressed including: the impacts of climate change; the pursuit of export-driven agriculture; and the absence of any significant reform of agrarian markets and value chains. The trajectory of falling land use among marginalised, poor rural populations has been

¹³ This section is based on a presentation made by Dr Tim Hart, HSRC, at the workshop.

accompanied by increasing migration to towns and significant changes in the prospects and health outcomes of those affected.

One particular impact has been the urbanisation of the rural landscape, as areas close to the rural/urban periphery are developed; an increasing number of large, modern homesteads are built; and ties with family members who moved to cities and town have been strengthened. At the same time, significant amounts of land have been rented or sold to “outsiders” on an informal basis; while rural residents have increasingly turned away from subsistence agriculture to other ways of making a living, such as by working for large firms and retail chains that have moved to rural areas

Against this background the HIV/Aids and Covid-19 pandemics and the official responses to these outbreaks greatly affected rural livelihoods and customs. The spread of HIV/Aids led to a mounting death toll – and the commemoration of the dead and the ancestors through large, inclusive funerals which were held at great cost. During this period, income derived from rural wages was relatively important to families stretched across the rural/urban divide – although many financial arrangements were undermined by the local impacts of global recession from 2008.

Under Covid-19, deaths could not always be attributed to the virus, while the dead and the ancestors were often not properly commemorated as a result of restrictions imposed on funerals and movement (including of mourners coming from urban areas). The restrictions led to the practice of secret burials. Meanwhile, as jobs were lost in urban areas, many people returned to their home spaces, which increased the demand on limited household resources. In response, local backyards and other land was increasingly used for food production as a safety net for households. Meanwhile, restrictions on employment in local firms and retailers led to a loss of jobs and declining job security.

In seeking to interrogate the impacts of recent broad changes in rural (and urban) livelihoods, a number of key questions may be asked:

- Has there been increasing dependency on grants, particularly in terms of people returning to rural areas to access these?
- What has been the role of social networks, including in relation to exchanging labour and food?
- What have been the effects of local business closures?
- Has there been conflict between those who lose jobs and those who replace them in the context of the increasing casualisation of local employment?
- Has there been a turn to privately owned livelihoods, or is there a preference for employment by firms and retail chains?
- Is land being used again as a livelihood source at the household level and beyond?
- How are the main sources of livelihoods changing?

In interrogating the impacts of the Covid-19 pandemic and associated lockdown measures a number of other related questions may be asked:

- What happened to land-reform projects under lockdown?
- What are the current perceptions of these land-reform projects and the effects of Covid-19 on them?
- Have new livelihood opportunities been created in rural areas in the wake of the pandemic?
- Has there been a return to trans-local livelihoods or were the opportunities for such livelihoods reduced or removed under Covid-19?

- Have there been significant changes in gender relationships in relation to livelihoods? If so, what are these?
- Are people more or less integrated as communities or have previous customs and networks been irreplaceably disrupted?
- Does rebuilding in the wake of the pandemic address the issue of new livelihood opportunities? If so, how?

8. Ethnographic encounters: Reflections on some stories from the field¹⁴

Short accounts conveying a sense of place and reporting on what has been seen, heard, and experienced need to be presented as part of the project, including in the form of blobs for the Women RISE! website and articles for the press. In addition, such accounts, which may focus on a particular theme or topic can form the building blocks of longer academic papers and books. Stories are at the core of ethnographic writing and humanities scholarship. Accordingly, the researchers should decide what is central to the narratives that they produce, which would then be available to build bigger arguments. In addition, given the focus of the present project, it is important to be thinking about possibility and the potential of people's science when producing these narratives.

8.1 On methodology: Making a connection

Love letters

The letters Bonelwa created to win the attention of rural women must have a story of their own. This could be a story about methodology and winning trust in the field. Bonelwa could write of her challenges in gaining access to women and the issue of trust in rural communities; and how she sought to introduce herself through letters, perhaps reflecting on how migrant wives and families used to wait for letters from the cities and how these were treasured as tokens of trust and connection with the sender.

Fieldwork in a rural taxicab

In the popular book *The Innocent Anthropologist: Notes from a Mud Hut*, British social anthropologist Nigel Barley provides a humorous account of culture shock on his first trip to Africa. In particular, he writes about the nature of rural taxi transport and how full a car can become on route to the city – which can be quite funny when compared with travelling in a taxicab in London. Zipho told of how rural taxis work and how the cab becomes a public space. The things are cleared to allow everyone to have a good view of each other, then conversation, debate, information-sharing and problem-solving follows. The long and difficult roads mean that there is a lot of time for such chat. In other words, the cabs of these bakkies offer useful fieldwork sites in rural areas.

On becoming kin

Success in the field is about winning trust, which can take time to build. Anelitha talked about the challenge of winning the trust of “stubborn women”. In many cases, this process starts with the host family where the researcher is a tenant. If the relationship is developed in a particular way, the family can become a platform for reaching out to others, including through their kinship and clanship connections (which are of crucial importance in rural places). In the case of Anelisa, a connection, albeit a potentially tenuous one, was established on the basis that he was related to the host's family. Bonelwa, meanwhile, was charged with caring for a problematic youth when the mother left for the city, becoming in the process a de facto member of the household.

¹⁴ This section is based on comments prepared by Prof Leslie Bank, HSRC, from the workshop.

In precolonial times, shipwrecked sailors walked the shores of the Transkei and were greeted and absorbed into local communities, creating several clans and genealogical lines of their own (see Hazel Crampton's book *The Sunburnt Queen*). Such openness might be contrasted to the closure that uncertainty brings; and the exploitation and competition for resources that has bred suspicion and distrust in rural South Africa. It is worth considering the role of kinship in this context.

Joining a congregation

Another way to make connections is through church links and religious groups. Zikhona developed a link through her mothers' involvement in a church in a different area. In other instances, researchers attended church as a way of meeting women. Joining a local stokvel might be another way to get linked to local women. In participating in such groups, the researchers may seek to identify the kind of community that they encounter there, including in relation to the forms of help and solidarity on offer – and how such may have been interrupted by the pandemic, as well as how it feels for the members to be able to congregate again.

Sex talk at Misty Mount

Thandokazi spoke of how becoming involved in two funerals had broken the ice in her efforts to make a connection at Misty Mount. Such commemoration which can entail a seven-day interaction involving much collective labour in line with entrenched gender roles can offer great opportunity for connecting with local women as the busily chat and bond. This is a place where women gossip and update each other on matters public and personal, including in relation to sex and the men they prefer. The enactment of the ritual can also provide insight into how women manage without men at home.

8.2 Some ethnographic issues

The police and vigilantism

In Tuba village, Kwelerha, it was reported that a new police station commander had sought to introduce himself to the community. The arrival brought expectation, especially since the police had previously seemed remote and distant. The commander lamented the fact that the community felt the need to take the law into their own hands. The community, however, insisted that they were overwhelmed by criminality, from people stealing taps to men raping women. Analysis of this contestation could explore the gendered nature of crime in rural areas and how women are more adversely affected than men and may be more vocal in seeking solutions. It may also consider how vigilantism, which has also been evident in Cintsa, is produced by popular notions of justice, punishment and prevention which may collide with liberal constitutional forms of law and order.

Longing for land (restitution)

In Kwelerha, there is a peri-urban community connected to local farms and the city. Families today are urbanised in that they rely on grants and wages. However, there is hope for a return to land in the area through restitution. But what is the meaning of this longing for land (restitution)? Are people looking for access to family graves; plots to farm; or land as source of identity, money, employment and opportunity? In this regard, a restitution claim made by villagers at Chatha in Keiskammahoek, which entailed intervention by external non-government actors; cash payments in place of land redistribution; and damaging community divisions, offers an interesting case study.

Bodies of pain

One of the researchers reported that when a local woman was asked whether she was suffering from depression and anxiety, she looked confused and asked what those terms meant. She said: "Do you mean when your body shakes?" It seems that the categories for anguish and trauma that are on offer through the dominant bio-medical discourse for mental health may not adequately describe the

psychological (and physical) distress experienced by women in the wake of the pandemic – which represents a significant challenge for public health.

More broadly, there are a number of discourses – related to various historical and present systems of power – which are used to describe women’s suffering and which may be interrogated. So, for example, is women’s pain a product of their resilience and/or resistance to domination? Should women’s endurance be seen as a response to the continuing impacts of colonialism or as a way of managing the effects of their own culture and its categories? Do or can women manage trauma through their bodies as a matter of choice? Is there any evidence that rural women carry more pain in their bodies than, say, middle-class white women suffering from depression? And if so, how is the difference made manifest?

Continuing the theme of the personal as political: Are local frames of collective management more effective than the individualised approaches offered by bio-medicine? Do nurses work with women’s categories of pain and anguish or against them? Are rural women’s own do-it-yourself methods for addressing their problems more empowering than other approaches? For example, in this regard, techniques of the body that may be deployed for coping could include walking together; sitting together; talking at rituals; helping a neighbour; cooking together; or sharing food. Are rural women who deploy such techniques trapped in their bodies and enduring pain as an ingrained aspect of their “culture of survival” or are they engaged in producing new responses to new and existing challenges?

The price of reproductive health

Zikhona described how she tracked the availability of tampons in the village in order to learn how issues of reproductive health were being managed, including among young women. In this regard, there has been a government intervention to offer free tampons to rural teenagers. However, as Zikhona reported, the “free” tampons are traded on the black market and are sold at the local village store for R6 (which is still better than paying R36 at the supermarket). The story indicates the commodification of all things “free” in rural areas, including communal land which is now sold for a profit. In terms of reproductive health and social expectations for young women, it is also worth considering the issue of pregnancy among girls and young women and the forms of support available to them in this respect; as well as the issue of marriage and the normative expectations around this.

Gardening together, living apart

Much policy implementation in the former homelands has focused on activating land for production through large-scale planting, as well as household gardening. There has also been a focus on creating cooperatives, especially among women – although many of these have not been particularly successful. So, how do people cooperate on the land outside these schemes – and what can be learnt from such efforts? Anelisa presented a case of his elderly host and her elderly neighbour collaborating to grow produce. Such a narrative may examine how such a household (and the neighbour) have historically relied on home-grown produce – but how their efforts to garden have become increasingly limited by their present infirmity. It could then explain how the garden was reactivated through a partnership – and the nature and terms of this partnership, including within the wider context of such cooperation in the village at large.

Sitting apart, talking together?

In Xhosa culture, gender identities and hierarchies are expressed spatially; and even in times of social change, the old ways of organising, meeting and engaging remain strong. At community meetings, men and women tend to sit apart, crammed in on one side of the hall or sitting on the floor to avoid mixing. Public deliberations are thus highly gendered. But what are the implications of this separation and of local hierarchical and power relations for how matters are discussed and resolved? Does this

lack of integration, which may reflect spatialised gender divisions in the yard and inside the house, make it easier or more difficult for the voices of women to be heard? Does the separation suppress individual women's complaints or foster solidarity in opposition? Do such gendered spaces allow for the possibility of "building back better" for women? And do the old ways which prioritise age and gender hierarchies exclude young people from having a voice? If so, may this be producing destructive attitudes and behaviour among the youth?

Home-keepers

Anelisa spoke of home-keeping as a new "profession" in rural areas. The idea is that families who have largely migrated to urban areas want to keep their rural home spaces open so that they can access their spiritual lives and ancestors. In this regard, the imperative to maintain a rural home can be measured in terms of cost and the effort that the family who own the homestead are prepared to make. So, then the question arises: What is the return on this investment? Is it to satisfy some vague nostalgia? Or is it preserve a place for retirement and/or important rituals and life-cycle transitions?

The other related issue concerns what the home-keepers actually do and how they are identified and employed. In the past, it might have been possible to ask a neighbour to look after the house, but now the task has been turned into a form of employment, for which outsiders may be recruited. So then, the question becomes: What are the performance criteria for such work and the challenges that may be faced in undertaking it? Did such home-keepers mushroom under Covid-19; or do more people now stay in their own rural homes?

Waiting as nostalgia or as a force for change?

The idea of "waithood" has been articulated by Alcinda Honwana (2013) in relation to African youth and their suspended or difficult transitions to adulthood. The pandemic has also created its own discourse of waiting – waiting for things to return to "normal", although it is unclear what the new normal may comprise. In Cwebe, it was reported that local women were waiting for the return of the cottagers so that they could clean their houses and sell them curios. So, what do the women do while they wait? In addition, is such waiting a form of longing for an imagined past when things were better? Or can waiting produce a realisation that for life to continue new strategies are needed?

The language of bees

Bosnian anthropologist Larisa Jasarevic says that in her country bees are believed to be divinely inspired with knowledge and are associated with well-being and sustaining life. As such, they are present in the public imagination at times of death and crisis. In Xhosa (Bomvana) culture, bees appear to have similar spiritual qualities – and their comings and goings are considered meaningful. In one of the case studies submitted by Zipho, she reported that the circling of bees in the kraal in a local homestead had raised existential questions and was interpreted as a sign from the ancestors. There was debate in the family about what the bees had come to say. After some deliberation, they decided that their presence indicated a need to thank the ancestors for the family's recent good fortune.

Rural anaesthetics

The spread of drug and alcohol use in rural areas may be ascribed to how the consumption of these substances can numb and suspend pain and discomfort. Accordingly, the cultures of drug and alcohol use should be examined and described, particularly in relation to whether the pandemic has produced new socio-economic arrangements. For example, an account of grant day in Cwebe village produced by Zipho tells of how the establishment of a local shop and the digital payment of grants have displaced a number of trade-based livelihoods, pushing the women who had depended on these to open shebeens.

Intersectional co-morbidity

Co-morbidity is medically defined as any co-existing health condition, such as diabetes. In the social sciences, the term intersectionality highlights the connections between different factors that can produce disadvantage (or advantage), such as age, gender, race and class. Bringing the two forms of understanding together, ethnography can show how co-morbidities represent another intersectional factor which has had a huge impact on how women have experienced illness and fear since Covid-19 first emerged; and how they now manage their households and rely on their kin to help them cope. This is a crucial area of research for the present project.

Do-it-yourself ruralism

Do-it-yourself urbanism describes the practice of physically altering the urban built environment in informal ways. It generally entails working outside the state to make the city more inclusive and accessible and can include forms of resistance and new avenues for collaboration. In rural areas, such DIY activity generally takes place in people's own yards, with villagers cleaning their kraals and building and modernising their homes without government support. The question then is: Could the drive for improvement extend beyond these sites into public spaces, forming a platform for a new kind of rural politics in a context in which state provision is quite inadequate?

Motherhood and care

In her book, *Death Without Weeping*, American anthropologist Nancy Scheper-Hughes describes how young mothers in a rural informal settlement in Brazil refrained from naming their children in the first two years of their lives because they did not want to become too emotionally involved with them. She argues that this was partly because of the high infant mortality rate in this place. Zipho described the case of an alcoholic mother who had asked an older woman to keep her child, in line with the practice of older women in rural areas routinely looking after the children of their daughters. The suggestion raises the issue of how mothering and motherhood is to be understood in rural areas, given the history of (older) female-headed households and care in these places.

Women and the gifts of nature

Athi spoke about the division in the coastal communities between those who prefer mining and development (jobs) and those who, from their positions as custodians of the land, reject such employment. Such contestation on the Wild Coast was pre-empted by South African author Zakes Mda in his visionary 2000 novel, *The Heart of Redness*. Mda wrote about the historical division between "red" traditionalists and "school" modernisers in rural Kentani, and imagined a future in which that division would produce conflict as foreign investors targeted the Transkei coast. Zipho spoke of the nature reserve and of women mussel pickers in Cwebe. In this regard, local women may be seen as playing a key role in environmental politics which – even as these are shaped by the dichotomy between traditionalists and modernisers – emphasise the importance of natural resources as a sustainable source of livelihoods for rural communities, especially in times of crisis.