Open Access Perspectives

Rethinking Youth Resilience in Africa: The Untapped Role of Intergenerational Care and Indigenous Support Systems in Community Health

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DOI: 10.35898/ghmj-911271

ABSTRACT

Background: Global health narratives on youth resilience predominantly reflect Western-centric models emphasizing individual agency and nuclear family structures, marginalizing the intergenerational care networks and indigenous knowledge systems central to African societies.

Objective: This conceptual paper critically examines the limitations of Western resilience frameworks in African contexts and proposes a reconceptualization grounding youth resilience in indigenous epistemologies, particularly Ubuntu philosophy and intergenerational care practices.

Methods: Drawing on decolonial theory, African-centered psychology, and community resilience literature, we synthesize evidence from ethnographic studies, program evaluations, and regional health data across sub-Saharan Africa to demonstrate the efficacy of culturally grounded approaches.

Results: Indigenous support systems, including grandparent-headed households, traditional healing practices, and community-based care networks, constitute tested resilience mechanisms that have sustained African youth through adversity yet remain systematically undervalued. Successful integration models from South Africa, Senegal, and Uganda demonstrate superior outcomes when indigenous wisdom informs youth development programming.

Conclusion: Repositioning intergenerational care and indigenous knowledge from peripheral supplements to foundational pillars requires substantial policy reform, culturally appropriate research methodologies, and deliberate decolonization of health and social service systems across Africa.

Keywords: *Youth resilience; Indigenous knowledge systems; Community health; African epistemologies; Decolonial theory.*
Received: 31 July 2025 **Reviewed:** 20 November 2025 **Revised:** 10 December 2025 **Accepted:** 13 February 2026.

1. Introduction

The discussion of the resilience of youth in the context of global health has largely been structured by Western-centric models that promote the dominant role of agency, nuclear families, and institutional forms of support (Ungar, 2021). Although these models have provided important insights into human adaptability, they are not enough to explain the collective, relational, and community-based aspects that define resilience in most non-Western situations. There is a sharp gap in the literature about how the indigenous and intergenerational systems of care in Africa foster psychological, social, and communal strength among the youths. This oversight reduces the definition of the concept of resilience and marginalizes the culturally embedded processes that, over many years, have helped African societies to withstand adversity and social cohesion.

Sub-Saharan Africa, with a population of more than 1.3 billion people (around 60 percent of the population is below 25 years (United Nations, 2019), is the source of both enormous demographic potential and tremendous structural fragility. The young people of the continent have massive potential of social and economic change, yet this potential is curtailed by systemic injustices in the healthcare, educational and welfare facilities. Traditional youth development practices and the mental health interventions which are frequently adopted in Western backgrounds do not reflect the African social life. The nuclear family structure of most resilience theories, fails to capture the interdependence of the African kinship systems, where the grandparents, elders, and the community are involved as one in providing care and mentoring. A salient concept of resilience in Africa, then, depends on the paradigm change to African epistemologies that preempt the shared accountable, intergenerational, and indigenous care as a part and parcel of youth and community well-being.

Although there is increased interest in culture in resilience studies, there is an acute absence of translation of African-based epistemologies into practical youth development frameworks. The gap is most acute in three intertwined fields: (1) in the field of public health, where the intervention designs are in large part imported in the Western context without proper cultural adjustment; (2) in the field of medical anthropology, which captures the indigenous conditions but has little impact on the mainstream policy; and (3) in the field of youth development studies, where African relational and communal mechanisms have been systematically underrepresented in the theoretical frameworks. This paper fills the gaps between these by offering a decolonial analytic approach that may benefit culturally based research methodologies, program development, and policy making in health, educational, and social service areas.

This perspective paper suggests that intergenerational care networks, indigenous support systems, are underutilized, yet they form the basis of encouraging youth resilience and community health in Africa. It aims at achieving three major goals:

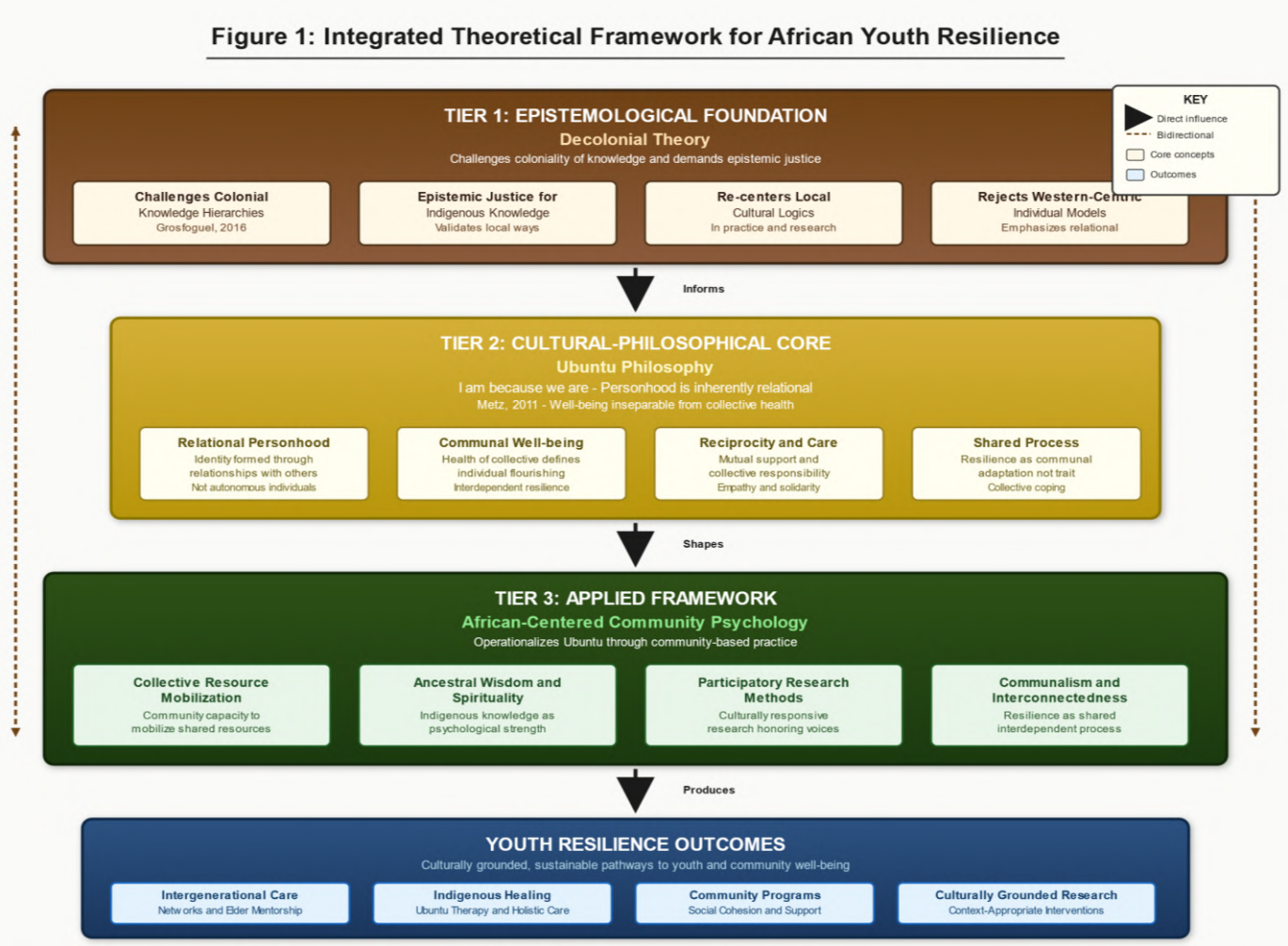
1. To critically analyze how Western-centric resilience frameworks marginalize African indigenous knowledge systems and intergenerational care networks;
2. To reconceptualize youth resilience through African epistemologies, specifically, Ubuntu philosophy and community-based care models, demonstrating their efficacy through existing evidence; and
3. To propose policy pathways and research priorities for integrating indigenous support systems into contemporary youth development and community health programming across sub-Saharan Africa.

2. Theoretical Framework: African Epistemologies of Decolonizing Resilience

This research is supported by the decolonial theory, the philosophy of Ubuntu and African-centered community psychology, which offer the integrated approach to the reconsideration of youth resilience in terms of African epistemologies. The decolonial theory reveals the perpetuation of colonial legacies in privilege to Western knowledge at the cost of native epistemologies, so-called coloniality of knowledge (Grosfoguel, 2016), and requires epistemic justice by putting local cultural logics at the center of research and practice. Ubuntu thought offers an African ontology of relational personhood in the form of a maxim, “I am because we are” to rethink the notion of resilience as a community-based process of mutual care instead of an individual characteristic (Metz, 2011). The perspectives are operationalized in African-centered community psychology by acknowledging the use of wisdom, spirituality, and communalism as valid psychological resources (Azibo, 2014), researched employing the participatory, culturally responsive approaches. Combined, these frameworks present a succinct but comprehensive base on which to decolonize resilience in the African contexts.

The recent scholarship has developed these theoretical bases with the aid of empirical applications. For example, Jansen et al. (2024) show that Ubuntu-based social healing frameworks can help solve the problem of post-genocide trauma in Rwanda by focusing not on individual symptom management but on restoring interpersonal relationships. Equally, Theren et al. (2024) report the mobilization of indigenous relational resources by South African NEET (not in employment, education, or training) youth to withstand structural exclusion which disrupts deficit construction. This new body of evidence confirms that epistemic justice, which acknowledges the African ways of knowing as being as valid, is not just philosophical but has quantifiable effects on the outcomes of youth (Jecker et al., 2022).

Figure 1: Integrated Theoretical Framework for African Youth Resilience



3. The Dynamics of Youth Resilience in Sub-Saharan Africa

Sub-Saharan Africa presents both a vibrant promise and a profound challenge for nurturing youth resilience. The region's youth population remains a demographic dividend: roughly 420 million young people (aged 15-35), with about one-third neither in employment nor in education or training (NEET) and many more in precarious or informal work (Berthe et al., 2025). While youth unemployment (age 15-24) has shown modest declines - reported at about 9.95% in 2024, down from ~12.05% in 2021 - the improvement is fragile and uneven across countries (World Bank, 2024). These economic and labour market constraints are compounded by under-investment in education: Sub-Saharan Africa faces an estimated US$70 billion annual financing gap to meet SDG 4 (quality education) needs (Ozibo, 2025). Regions like Eastern and Southern Africa are particularly affected: as many as 46 million school-aged children are out of school due to conflict, poverty, displacement, and climate emergencies (UNICEF, 2023).

Table 1: Key Indicators of Youth Vulnerability and Resilience in Sub-Saharan Africa

Indicator	Statistics	Source	Year
Youth population (15-35 years)	~420 million	World Bank	2024
Youth unemployment rate (15-24 years)	9.95% (down from 12.05% in 2021)	World Bank	2024
Youth NEET status (% of youth)	~33% neither employed nor in education/training	ILO	2025
Out-of-school children (school-age)	46 million (Eastern/Southern Africa)	UNICEF	2023
Education financing gap (annual)	US$70 billion to meet SDG 4	UNESCO	2025
Adolescent mental distress prevalence	27.3% (anxiety, depression, PTSD symptoms)	Meta-analysis (Tinsae et al.)	2024
Mental health budget allocation	<1% of total health budgets (most countries)	WHO Mental Health Atlas	2021
Population under age 25	~60% of the total population (>1.3 billion)	UN Population Division	2019

***Note: Data reflect the most recent available estimates from primary international sources. Regional variations exist across specific countries and sub-regions.*"**

Recent studies continue to report the ways in which resilient youths in the region are coping with the adversities through local means. Such programs as youth employment in Ghana, supported by vocational training, seed capital, and mentorship, are promising, but coordination and long-term outcomes are rather challenging (Lambon-Quayefio, 2023). There are several interventions available, also in Nigeria. Although studies report that they are usually hindered by a lack of inclusivity, resource shortage, and institutional inefficiency (Omoju, et al., 2023). In East Africa, qualitative studies among displaced youth in Uganda and Somalia document 'hidden resilience' manifesting through reliance on extended kin networks, informal craft and trade economies, and involvement in customary rituals and community leadership, even in cases where formal supports break down.

The state of health and mental health is still disturbing. According to meta-analyses, up to 27.3 percent of adolescents in regions of Africa experience mental distress symptoms of anxiety, depression and PTSDs, particularly with food insecurity or displacement (International Labour Organization, 2025). Formal mental health care is of limited access, and a significant number of countries allocate less than 1 per cent of the health budget to mental health. These strains interact with nutritional deficiencies, chronic disease exposures, and disruptions in education, forming a compound risk environment. Youth resilience is also born at this point, not only as adjusting to adversity, but innovatively improvising and marshaling indigenous and community-based resources in the face of structural neglect.

4. Intergenerational Care Networks: The Backbone of African Resilience

Intergenerational care networks are one of the most notable and influential aspects of how Africans organize social aspects, and their contribution to youth resilience has received little coverage in the global health discourse. These networks, which occur between generations based on reciprocated relationships, exist as a source of cultural knowledge, emotional support, and a common set of systems of resources, offering critical resilience-enabling systems for youth (Theron, 2020).

Ethnographic studies on several African societies in recent years have found that the grandparents and elders in the communities have many roles in developing the youth. Grandparents are major caregivers to grandchildren in most African communities, especially those communities where parents have been out to work or those that have been affected by HIV/AIDS (Waterhouse & Bennett, 2024). These grandparent-headed families, instead of being a sign of family breakdown, are survival mechanisms in the face of economic and social pressures while maintaining cultural continuity and emotional stability in children and youth.

The transmission of indigenous knowledge through intergenerational relationships is an unrecognized essential mechanism in building youth resilience. Elders serve as living libraries, holding vast repositories of knowledge regarding the traditional form of healing practices, methods of conflict resolution, farming practices, and survival skills that have helped African communities to survive over millennia (Busia, 2016). Through storytelling, mentorship, and other forms of learning programs that are participatory, this knowledge is normally passed on to the people, especially the youths, in a manner that entirely enders them in intricate cultural initiatives whilst molding them on how best to deal with unfamiliar problems in our modern world.

Literature has also looked at the concept of "relational resilience" as a means of explaining how relationships with important people, especially intergenerational relationships, form adaptive capacity (Jordan, 2023). Relational resilience among African communities is typically defined as "social mothering" or "other-mothering" whereby certain women within a given society are expected to nurture and mentor the young individuals (Collins, 2009). This kind of shared notion of caregiving can ensure that the youths are provided with different resources of support, direction, and role models.

The economic aspects of the intergenerational care networks are also a factor of youth resilience due to sharing resources and co-support. Pre-colonial African economies were characterized traditionally by reciprocity, shared control, and risk-sharing that generated community security in periods of scarcity and crisis - an ethos reflected in contemporary rotating savings schemes like South African stokvels, which continue to be cooperative safety nets premised on Ubuntu (Lukwa et al., 2022). Youth resilience is also related to the economic aspects of the intergenerational care networks because of the resource sharing and co-support. Reciprocity, shared control, and risk-sharing that created community security during scarcity and crisis typified the pre-colonial African economies,

an ethos reflected in contemporary rotating savings schemes like South African stokvels, which continue to be cooperative safety nets premised on Ubuntu (Lukwa et al., 2022).

Although the intergenerational care is a vital resilience resource, these systems face significant contemporary pressures. Older caregivers are more affected by economic stress: grandparent-led families tend to have limited financial means, and older caregivers face poverty, food insecurity, and failing health that reduces the quality of care (Waterhouse and Bennett, 2024). Urbanization and migration have ruined the traditional networks as the young people go to the cities to acquire or work in institutions, and this affects the physical closeness needed in knowledge transfer and day-to-day assistance. The effects of the HIV/AIDS pandemic have overstrained grandparents with orphaned grandchildren in their care, and now households consist of skipped generations as the elders have no energy or resources to offer the best care (Theron, 2020). The clash in values among generations is experienced when the youth are exposed to individualism in the West due to globalization, and tension arises between the traditional expectations of society and the modern desires. It is also associated with gender inequalities in these systems, which disproportionately impose caregiving responsibilities on women of elder age, who are not offered much formal assistance or appreciation of their efforts. It is imperative to identify these vulnerabilities in order to develop policies that support and not romanticize intergenerational care as a resiliency process.

5. Indigenous Knowledge Systems and Community-Based Healing

Indigenous knowledge systems are complex systems of knowing about health, illness, and healing, developed over many years to respond to local conditions of the environment and society. Such systems, commonly portrayed as a more old-fashioned kind of medicine by Western-trained practitioners, have, instead, been embraced as methods that holistically address physical, mental, social, and spiritual aspects of wellbeing (Mpofu, 2011).

The World Health Organization (2019) acknowledges the significance of traditional and complementary medicine on the global health care issues, given that eight in every ten people in developing nations use traditional medicine to provide their primary health care. Implicit in the utilization and practice of indigenous healing in African contexts is the idea that it is a first method of treatment of mental health issues**,** reflecting not only their accessibility and affordability but also their cultural appropriateness and alignment with local worldviews about health and illness.

Table 2: Indigenous Healing Practices and Their Resilience-Building Functions

Indigenous Practice	Primary Function	Resilience Mechanism	Evidence/Example
Herbal medicine	Physical/mental symptom relief	Accessible, affordable treatment; maintains cultural identity	WHO reports 80% of developing nations use traditional medicine for primary care (WHO, 2019)
Ritual ceremonies & rites of passage	Life transition marking: social integration	Provides structured coping guidance; establishes community belonging	Youth initiation ceremonies in East/Southern Africa foster identity and social role clarity
Ubuntu therapy	Relational healing; community reintegration	Restores social harmony; addresses collective trauma	Post-genocide Rwanda programs show improved psychosocial functioning (Jansen et al., 2024)
Ancestral consultation & spiritual healing	Meaning-making; spiritual connection	Addresses existential distress; links past-present-future	Traditional healers address spiritual dimensions that Western biomedicine overlooks (Mpofu, 2011)
Community rituals (seasonal, collective)	Social cohesion; preventive health	Reinforces bonds; provides collective stress regulation	Harvest ceremonies, communal mourning practices maintain solidarity
Story-telling & oral tradition	Knowledge transmission; moral guidance	Teaches adaptive strategies; preserves cultural continuity	Elder-youth storytelling circles transmit conflict resolution and survival skills (Busia, 2016)
Social mothering / other-mothering	Distributed caregiving	Multiple support sources; risk distribution across caregivers	Documented across African societies as an adaptive family structure (Collins, 2009)

The traditional African health systems of indigenous African communities are usually holistic since they consider illnesses as a disturbance in the balance between human beings and social, spiritual and natural surroundings. The process of healing is a way to restore this harmony by many means, some of which are herbal treatment, ritual ceremonies, counseling, and community intervention (Jecker et al., 2022). This strategy especially applies in the context of solving the complicated problems of African youth who tend to be psychologically tormented due to social isolation, alienation from culture, and a lack of spirituality.

The concept of “Ubuntu therapy” has emerged as a culturally suitable intervention to mental health care, which combines Ubuntu philosophy and modern therapeutic methods (Jansen et al., 2024). This model places the notion of healing relationships and community ties as the way of healing, with the realization that personal health can never be independent without the health of the community. The traditional African healing systems also have significant preventive and health-promoting roles based on their rites of passage, seasonal ceremonies, and community rituals that signify significant life transitions as well as strengthening social bonds. They offer systematic chances to the young people to learn coping mechanisms, be inspired by seniors, and establish their positions in society.

6. The Limitations of Western-Centric Resilience Models in African Contexts

Western hegemony of the health discourse has placed significant limitations on the knowledge and approaches of dealing with youth resilience in African contexts. The models that are mostly constructed in individualistic societies, where formal institutions are emphasized, do not usually reflect the communal and relational aspects that determine well-being in African contexts. One of the major weaknesses is the propensity to pathologize cultural practices and family structures that do not comply with Western norms. Such systems as extended family systems are commonly referred to as “complex” or “dysfunctional”, yet they are adaptive in assisting youth to endure economic and social hardships. The healing practices of the indigenous people are often considered “unscientific” or “superstitious” without regard to their effectiveness in practicing healing and their cultural value. Poorly adapted interventions include post-conflict youth-focused psychosocial programs in Sierra Leone and Liberia, in which Western-style individual therapy was not widely accepted and effective due to failure to consider local caregiving networks and community-based coping strategies (Betancourt et al., 2012).

Some of the Western measures of resilience, such as the Connor-Davidson Resilience Scale (CD-RISC), do not effectively capture the culturally personalized expressions of adaptation and well-being. Such constructs as "emotional regulation," problem-solving skills, and social competence are explained by a Western concept, which may not be indicative of collective coping, intergenerational support, and communal problem-solving at the heart of African youth experiences (Ungar, 2021). Consequently, youth capacities can be misstated by resilience scores created with the help of these tools, where the strengths inherent in local practices are underestimated, and the weaknesses are overrepresented.

Several studies record adverse consequences in cases of Western intervention implementation in Africa without cultural adaptation. Western-inspired individual therapy that employed cognitive behavioural techniques with a strong emphasis on exposure to traumatic experiences led to a reduction of symptoms in war-affected young people in post-conflict Liberia by only 8% (Western vs. culturally sensitive group-based interventions that focused on reintegration into the community) (Betancourt et al., 2012). In the same vein, parenting programs in the West that encouraged nuclear family independence in rural Uganda resulted in escalating family antagonism and dropout of more than 60 percent of students because the programs were against communal child-rearing practices (Malindi and Theron, 2010). Systematic false identifications of collective grief expressions and spiritual experiences as pathology through mental health screening with Western depression scales in township areas in South Africa led to inappropriate referrals to medications and distrust in formal services by the community (Liebenberg et al., 2014). Most notably, Ghana and Nigeria, programs on youth employment that focused on personal job-seeking skills without considering the family economic needs sustained less than 20% of the employment success, unlike the 30 percent of the success rates of successful youth in job-seeking, due to immediate pressure to redistribute earnings across kinship networks that the western model of individual-focused views did not predict (Lambon-Quayefio et al., 2023; Omoju et al., 2023). Such failures highlight both the material implications of epistemic violence and the necessity of prompt alternatives based on culture.

There are serious ethical consequences of enforcing such models. The use of interventions and measures that are not compatible with the local realities may lead to disempowering communities, strengthening colonial knowledge hierarchies, and stigmatizing native practices. It emphasizes the importance of context-specific, Africa-based resilience models which acknowledge local epistemologies, incorporate intergenerational support systems, and emphasize participatory methods in designing and evaluating programs.

7. Case Studies: Successful Integration of Indigenous Systems

There are creative programs in Africa that incorporate systems of indigenous knowledge and intergenerational networks of care into modern youth development programs. These case studies have important insights into the ways in which cultural resources could be used to facilitate resilience and tackle contemporary challenges. Sibindi programme in South Africa, which is a form of community care developed by the National Association of Child Care Workers, is a national model of care that incorporates Western principles of child development with the practices of local care. Isibindi provides prevention and early intervention to vulnerable children in their community through the implementation of trained community-based child and youth care workers, forming collaborative communal circles of care, which enhance psychosocial wellbeing and educational retention (Visser et al., 2015). The effectiveness of the program has been attributed to its appreciation of the extended family systems as strength providers and its focus on augmenting the available community resources.

The Tostan Community Empowerment Program in Senegal presents an interesting youth empowerment model that is based on a combination of the traditional leadership framework and indigenous culture with the participatory decision-making process. The program uses a three-year non-formal curriculum to bring together the elders, youth, and community members to engage in dialogue, build consensus, and find common ground based on the local values and human rights principles. The program employs the oral traditions of storytelling, theater, dance, and debate to give a cultural framework to a learning process and solve youth-related problems, like early marriage, violence, and school dropout (UNESCO Institute for Lifelong Learning, 2017).

The Nyaka Grandmothers Program is a strong example of the mobilization of the old women in Uganda to aid in the development of the youth and community health. The initiative equips grandmothers with children who look after the orphaned and vulnerable children, child development, nutrition, health education, psychosocial support, and household income strategies. Grandmothers help in facilitating youth education, emotional stability, and community cohesion through structured peer groups and training sessions, making them key actors (Nyaka Global, n.d.).

8. Policy Implications and Pathways Forward

Implementing the indigenous knowledge systems and intergenerational care networks in the youth development and public health programme requires transformative policy shifts across health, education, and youth sectors. Ministries of Health should sanction and legalize traditional healing practices by putting up licensing systems, formal training of health workers on cultural competence, and the establishment of referral and collaboration mechanisms between traditional and biomedical providers. Indigenous knowledge, local languages, and cultural practices should be included in the curriculum by the Ministries of Education, and elders must have a chance to become mentors and teachers, and other learning pathways, which reflect various ways of knowing. Youth ministries are advised to develop programs that intentionally assist in intergenerational mentorship, community-based interaction, and youth involvement in the maintenance of cultural heritage, whereby policies are made to capture the extended family and community care provision.

The examples of policy integration can be found in many African countries. As an illustration, the Isibindi program in South Africa entails combining community mentors with established care systems to help vulnerable children; the Tostan Community Empowerment Program in Senegal entails the combination of local knowledge and formal schools to enhance youth development; the Nyaka Grandmothers Program in Uganda entails the use of the elderly in care-giving in addition to its connection to the social services. These are illustrations of the importance of programs that are culturally aligned and how they can be scaled under government control and community ownership, which can serve as practical blueprints in other settings.

Sustainability would not be possible without financing strategies. Governments and contributors can set specific budgets on training of traditional practitioners, facilitating the intergenerational mentoring schemes, and incorporating the indigenous methods into institutional service delivery. Community-based initiatives can be assisted by public- private partnerships and grant funding, whereas results in culturally responsive youth development can be incentivized by performance-based financing and social impact bonds. The models of research and evaluation must use culturally relevant measures of well-being and resilience that get beyond Western-derived measures and reflect the diversity and efficacy of indigenous systems. With the focus on recognition, funding, and institutional integration, policymakers can create sustainable channels that can make African cultural knowledge central, in addition to training the youth to succeed in modern environments.

The incorporation of indigenous systems needs to be done with modest yet significant investments in various sectors:

Training traditional practitioners: A national certification system of traditional healers would require about $2-5000 dollars on each practitioner (including curriculum development, standard assessment, and active supervision), and an estimated 50,000-100,000 practitioners in a mid-sized African country would need training, totaling $100-500 million in 5 years or $20-100 million per year.

Cultural competence training for formal health workers: Workshops cost $500-1000 per healthcare worker; 20,000 formal health workers in the country would cost $10-20 million.

Establishing referral systems and collaborative infrastructure: Electronic health record integration, community health worker liaison roles, and coordination offices cost between $5-15 million a year per country.

Supporting intergenerational mentorship programs: Community-based elder mentor stipends ($50-100/month), training, and coordination would cost about 10-30 million/year to implement nationally-based programs with 100,000 youth.

Total estimated annual investment: $45-165 million dollars per nation, or 1-5% of average national health expenditures, that is, the same as a single disease vertical program but with greater benefits on populations. More importantly, the costs will be addressed, as people will buy less expensive tertiary psychiatric care, pay less for medication, and seek improved health-seeking behaviors. The Isibindi program implemented in South Africa demonstrates cost-effectiveness at $400–600 per child annually, substantially lower than residential care ($3,000–5,000 per child) while achieving superior psychosocial outcomes (Visser et al., 2015).

9. Challenges and Implementation Barriers

Although there are advantages to the integration of the indigenous knowledge systems and intergenerational care networks in the youth development program, there are overriding challenges and barriers that need to be handled in order to have a successful implementation. These impediments are at various levels, ranging from personal attitudes to structural and institutional limitations. One of the strongest obstacles is the continuation of colonial mindsets and philosophies that undermine native knowledge and cultural ways. Many African professionals in health, education, and social services have been trained in Western institutions and may be skeptical about traditional practices, which pose an opposition to integration. There are also political obstacles that make it even more difficult, as the participants of political life affected by Western donors might be interested in the promotion of externally-oriented agendas rather than locally-based programs, leaving institutional backing on local strategies.

Laws and regulations are other factors that hinder execution. Formal acknowledgment, certification or licensing of traditional healers and practitioners is different in different countries and generates doubts and constrains the validity of indigenous practices in the formal system. Furthermore, indigenous knowledge is not documented or standardized, which makes it difficult to integrate: unlike Western therapies, indigenous ones are typically shared orally and vary among communities, and have a higher risk of being misinterpreted or left out when adapted into official programs.

Other obstacles, such as resource limitations, urbanization, and modernization, are also part of the implementation barriers. A lot of African nations have extreme constraints on financial means to finance health and social services, and the assimilation of local practice might involve investments in training, infrastructure, and support systems. The youth in the city are usually not that much exposed to the older people and the ancient ways,

and this may decrease their interest and the perceived understandability. Another risk is that, once it is incorporated into formal systems, it may be co-opted or commodified as indigenous knowledge, and thus it may compromise cultural integrity and ownership. To overcome these challenges, there is a need to incorporate culturally sensitive approaches, political activism, legal esteem, and cautious protection of the indigenous knowledge when they are to be eased to form part of the modern youth development initiatives in an ethical and productive manner.

10. Future Directions and Research Priorities

Development of indigenous youth and African community health needs culturally-specific research and innovation, especially how Africa-created, Africa-based resilience measurement tools can be designed to represent local values and capture the distinct methods of how indigenous practices can lead to the maturity of the youth and well-being of the community. Participatory action research, ethnography, and mixed-methods designs have been suggested methodologically to make sure that the studies are participatory, locally relevant, and community-sensitive. The longitudinal methods are particularly required to determine the long term effects of the intergenerational and indigenous practices on adolescent development because the majority of the studies are short-term and cross-sectional methods, which restrict the interpretation of the developmental patterns over time.

Comparative studies involving different African settings can bring out some common values as well as local differences in the systems of indigenous knowledge and provide insights to implement more efficient policies and interventions. South-South knowledge sharing, in which countries with common social and developmental problems are able to share lessons, best practices, and culturally compatible program designs are also on the increase. Another worthwhile area of innovation is digital technologies. It is proposed to research the way that youth-elder collaborations can be facilitated using digital platforms, allowing the documentation of traditional knowledge, enhancing mentorship, and supporting community programs in adaptive and scalable ways. Also, with the increased impacts of climate change, it is crucial to examine how environmental disturbances impact a traditional practice and community resilience, and how digital and technological interventions could improve the adaptive capabilities of indigenous systems. Together with these guidelines, participatory, contextually based, and technologically informed practices are highlighted, which may enhance culturally relevant youth resilience in Africa and intergenerational transfer of knowledge.

11. Conclusion

This paper suggests redefining African youth resilience to place intergenerational care and indigenous supporting systems in the role of primary support systems in promoting well-being and adaptability. There is growing evidence of an emergent resilience of grandparent-headed households, traditional knowledge-transfer patterns, and indigenous healing regimes, indicating that African communities can withstand adversity in a systematically undervalued manner by models based on Western centrality. The philosophical systems like Ubuntu and the idea of collective resilience highlight that well-being cannot be defined separately on an individual level and flourishing on the communal level, and they provide a culturally-based perspective that demands challenging individualistic methodologies. The examples of successful programs in South Africa (Isibindi), Senegal (Tostan Community Empowerment Program), and Uganda (Nyaka Grandmothers Program) demonstrate that culturally appropriate intervention based on indigenous knowledge is an effective approach to enhancing youth development.

The urgency of this reconceptualization is amplified by Africa's demographic reality: with roughly 60% of the population under 25, innovative, culturally grounded strategies are essential to prepare youth for contemporary challenges. Policymakers, educators, public health practitioners, and community stakeholders must recognize indigenous systems as legitimate and integral, incorporating them into social protection, educational curricula, and mental health programs. Urbanization, resource constraints, and lingering colonial legacies present challenges, but these are surmountable through commitment, cultural awareness, and interdisciplinary collaboration across public health, anthropology, education, and psychology. Embracing intergenerational care and indigenous wisdom offers not only culturally responsive pathways to resilience but also the opportunity to create sustainable, inclusive systems that honor Africa's heritage while equipping youth to thrive in the modern world.

This redefinition has been advanced by the demographic situation of Africa: with roughly 60% of the population under 25, innovative, culturally grounded strategies are essential to prepare youth for contemporary challenges. Indigenous systems should be considered by policymakers, educators, and practitioners in the field of public health, as well as by community stakeholders, integrating them into social protection, education programs, and mental health programs. Urbanization, resource constraints, and lingering colonial legacies present challenges, but these are surmountable through commitment, cultural awareness, and interdisciplinary collaboration across public health, anthropology, education, and psychology. Both intergenerational care and indigenous wisdom provide not just culturally responsive avenues towards resilience, but also the possibility to build sustainable, inclusive systems that help Africa preserve its history and, at the same time, prepare youth to succeed in the contemporary world.

Conflict of Interest

There is no conflict of interest. Nothing to disclosure.

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Cite this article as:

Gasa, V., & Kpum, M. M. (2026). Rethinking Youth Resilience in Africa: The Untapped Role of Intergenerational Care and Indigenous Support Systems in Community Health. *GHMJ (Global Health Management Journal)*, *9*(1), 38–48. https://doi.org/10.35898/ghmj-911271