Exploring the processes of parenting in the context of multidimensional poverty when children demonstrate behavioural problems: A single case study in post-1994 South Africa

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Abstract

Background: Families are acknowledged in South African and international policy as the cornerstone of a healthy society, with parenting increasingly becoming the focus of occupational therapy intervention for children's behavioural problems. However, emerging literature from the South suggests pervasive structural and situational challenges in which parenting unfolds and must be navigated. Current conceptualisations of parenting within and beyond occupational science are left wanting with regards to understanding how parenting unfolds in these challenging contexts. Different knowledge(s) about how parenting might unfold in diverse contexts are required to inform more responsive support of families in the margins. **Aim:** This study sought to explore and describe the occupation of parenting when children demonstrate behavioural problems in the context of multidimensional poverty in post-1994 South Africa. This context presents with complex challenges that align well with the study's intention to contribute knowledge from the Global South. **Methodology:** Drawing upon a post-structuralist paradigm, the study adopted a qualitative single, intrinsic case study design. Data was collected over a 6-month period with two families, recruited purposively. They resided in the same geographical community, where many experienced several markers of poverty, and self-identified as having children with behavioural difficulties. Individual, in-depth narrative interviews served as the primary data collection method, in conjunction with several secondary data sources. Data was analysed using a narrative analytic process and direct interpretation of data sources. **Findings:** One overarching assertion comprising of two core assertions emerged, revealing that parenting unfolds dynamically as a process of relational emergence. This process is more and less consciously, intergenerationally and contextually enmeshed as caregivers engage with and through iterative relational complexities. Caregivers wrestle with their enmeshment in dominant discourses and practices as they work to resist and adapt these, but also often reproduce them. This wrestling shapes and is shaped by the relational agency of caregivers, children and community members as they influence and respond to everyday parenting situations. Children's behavioural problems did not emerge as a determinant of parenting practices, functioning rather as part of the relational context in which parenting unfolds. **Discussion and Conclusion**: Parenting as a process of relational emergence is discussed as a possible lens for understanding parenting in the margins, drawing on theories of collective occupation and occupational choice to unpack how intentionality and practical sense might operate within this process. Parenting's complexities demand further research to understand how it truly unfolds in diverse contexts and should be a focus area in undergraduate occupational therapy programmes. Parenting may be further supported in practice through appreciating plurality in parenting knowledge and experiences, and considering parenting's complexities in how support services are developed and appraised.

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CPD – Continuous Parental Development (occupations)

ECD – Early Childhood Development

LMIC – Low- to middle-income countries

NPC – non-profit company

PHC – Primary Health Care

POP – Parenting Occupations and Purposes (framework)

USA – United States of America

WHO – World Health Organisation

Definition of terms

Activities:

Participation in a task (Christiansen & Baum, 2005) or series of tasks. These can be performed individually or with others. When subjectively experienced within a unique context, one or more activities may form part of an occupation (Pierce, 2001).

Behavioural problems:

Behavioural problems in children are defined as patterns of behaviour that interfere with/ impact negatively on learning, development and/or relationships (Dunlap et al., 2006). Behavioural problems influence, are influenced by, and find expression through children's occupational engagement with others.

Caregiver:

Considerable diversity exists in the structure of South African families (Ward et al., 2012). As a result, the people involved in parenting may constitute people other than, or in addition to, biological parents. The term caregiver is therefore used to acknowledge this diversity and refers to any person who is involved in the everyday care and stimulation of the child (Meintjes & Van Belkum, 2013). The terms 'caregiver' and 'parent' are used interchangeably in this thesis.

Global North / Global South:

Broadly, the Global North describes Europe and North America, while the Global South includes Africa, Latin America, Asia and Oceania. Unlike terms such as core / periphery and First World / Third World, the Global North and Global South aim to focus not on the extent of countries' (under)development, but by their geopolitical relations of power (Dados & Connell, 2012). The Global North and South as terms therefore acknowledge countries' histories of colonialism, shaping how countries have developed and how this maintains pervasive inequalities around the world (Dados & Connell, 2012).

Multidimensional poverty

This term is used to describe forms of deprivation that span across several dimensions relating to education (school enrolment and years of schooling), physical health (nutrition and child mortality) and everyday living standards such as cooking, sanitation, water, electricity and assets (Finn, Leibbrandt, & Woolard, 2013). A person whose lived experience is persistently challenged by deprivation, or the threat of deprivation, across some or all of these dimensions may be experiencing

multidimensional poverty. This term is used in this thesis to appreciate that inequalities present in everyday circumstances beyond income poverty (Frame, De Lannoy, & Leibbrandt, 2016).

Occupation:

Occupations are forms of activity that occupy people's attention, interests, and/or expectations (Cutchin & Dickie, 2013). Rather than a mere link between people and their environments, occupations themselves create or recreate people's relationships with their worlds (Cutchin & Dickie, 2013) and are continuously being both co-created by and recreated through the transactional relationships between people within their contexts (Cutchin & Dickie, 2013; Lavalley, 2017).

Parenting:

Parenting is an occupation which shapes and is shaped by everyday interactions amongst caregivers, and between caregivers and children in context. Parenting, which constitutes different practices, may be engaged in collectively by any and all caregivers who have a relationship with a child and can be understood as unfolding transactionally (Schermerhorn & Cummings, 2008).

In this thesis, the word 'parenting' refers to parenting in the context of multidimensional poverty when children demonstrate behavioural problems.

Post-1994 South Africa

The description of 'post-1994 South Africa' recognises the geo-historical context of South Africa beyond political relinquishment of power in 1994 (Zuma, 2015), in which several shifts have occurred while the legacy of apartheid persists. This is reflected in the coloniality that manifests in this context, namely the pervasive remnants of colonialism represented in relations of power, knowledge, being (Ndlovu-Gatsheni, 2013) and doing (Ramugondo, 2018). These relations can reflect in perpetuated hegemonies across systemic and everyday practices (Ramugondo, 2018) and persistent inequality and poverty as these relate to intersectional positioning (Peters & Galvaan, 2018).

Practices:

Actions taken with or without others, independently or in response to people and/or circumstances (i.e., situations), which are, more and less consciously, formulated and modified in-action.

Relational agency:

The concept of relational agency appreciates that agency, rather than an individual's response to structure, "emerges from our emotional relatedness to others as social relations unfold across time and space" (Burkitt, 2018, p. 322). Understanding structure as being constituted of many different

social relations, individuals are always both interactants and interdependent (at relational and intrapersonal levels) as they respond to situations (Burkitt, 2018).

Situations:

Within a transactional perspective of occupation, situations refer to the complex environments immediately experienced in everyday life (Dewey, 1938), sometimes referred to as temporal-relational contexts (Emirbayer & Mische, 1998; Burkitt, 2018). Situations can arise or change within everyday occupations and may demand and facilitate reflection and/or different action when these changes are problematic (Fritz & Cutchin, 2017).

Structural factors:

Geo-political, historical and/or socio-economic factors operating in and through everyday engagement in context. These factors are formed through, and themselves shape, social relations of power (Burkitt, 2018). Structure therefore comprises of continuously changing social relations, which may include officially recognised social relations as well as less formal, or interpersonal ones (Burkitt, 2018).

Preface

I remember paging through a parenting book for the first time when I was around 9 years old. I think I had initially been drawn by the quirky illustrations but found myself stopping (and returning to) a short section written on discipline for toddlers.

I can recall several other instances of my interest in parenting throughout my life, in quite a different way to my friends, I soon realised. Parenting seemed to 'show up' everywhere for me, making memories of observed parenting incidents almost as vivid and poignant as my own. I think this intense interest perhaps developed from my need to make sense of my own experiences.

The intersection of this preoccupation with my professional path of occupational therapy has led me, I believe, to this thesis. Following my community service year in the West Coast, in the Western Cape province of South Africa, which involved considerable clinic-based work with families and children frequently being referred for 'behavioural problems', I found my lifelong questions piqued; what was I supposed to think and feel about these lived and observed experiences? Why do families, in practice and my personal life, so often seem challenged or unwell, and what is there to be done? How is this thing called parenting 'supposed' to happen? Though my thinking has matured and become more nuanced over the last few years, and continues to do so, it was my wrestling with these kinds of questions (along with guidance from my supervisors in helping me identify my true research interest, which helped me be brave!), that shaped the development and pursuit of this study.

My parenting experiences have occurred within a 'nuclear' family structure in a white, middle-class, Christian, Afrikaans-English household in Cape Town, South Africa. I am a female occupational therapist in my late twenties, working with children but myself single and childless. My home would have functioned in ways largely congruent with Western parenting perspectives which, along with specific experiences particular to my family and vicarious experiences in my communities, have shaped my perceptions and assumptions around how parenting does, could, and should unfold. Rather than a straightforward allegiance with my socio-cultural experiences, however, this shaping has involved a complex interplay of belief in, criticism of, and uncertainty around my parenting exposures both lived and observed, as well as my exploration of alternative but still Western parenting models (in the form of personal reading and TikToks!) to form my knowledge of, my ignorance around, and my deepest yearnings for families.

I journal avidly and thus juggled several journals during the research process. This included allotted time for reflection and intentional journaling around my own parenting experiences (for the purposes of interrogating, conscientizing and documenting that which would shape how I engaged with and

within this research), my researcher journal of my thoughts and feelings throughout the research process, as well as sporadic bouts of writing to manage the cognitive and emotional load of the grappling that would unfold within and alongside this thesis.

I think one's assumption may be that the primary challenge of this thesis resided in my identities and subsequent privilege, relative to that of the participant families, and perhaps disillusionment around the realities that are faced by families outside my realm of experience. This indeed manifested as frustration, hopelessness, admiration, judgement, respect, concern, and an array of other feelings that needed time and processing. I was challenged in the way I had thought about parenting - my personal beliefs (and my privileged position that allows for this thinking), my assumptions about how parenting unfolds in multidimensional poverty, and the congruence and contrasts of this thinking with what I encountered in participants' stories.

But, while this was significant, it feels important to note also - for the sake of transparency and to prepare you, as the reader, in case this is helpful – that the biggest struggle of the above for me (and what I was least prepared for) was its proximity, the intimacy of discussing a topic that is as familiar and relevant to my personal life as it is to anyone else's. I cried for triggers of my own or observed experiences and my subsequent fears for participants and/or their children. I cried for the beautiful moments shared within these families, as moments I may have wanted for myself, or desire deeply for other families. And, along with some difficult moments I myself had in practice over this time, I cried for our resolve to do our best in the wounded ways in which we are able, and the simultaneous despair and immense power that lies in this reality. Parenting is intimately familiar to us all, and it was often this shared humanity that moved and challenged me.

And so, this research is my best attempt, at this point in my life, to portray honestly and transparently, the voices and realities of this case as I was witness to it.

Chapter 1: Introduction

This chapter positions this study within the context of multidimensional poverty in post-1994 South Africa by describing the state of families and parenting in relation to South Africa's socio-historical and policy landscapes. The subsequent challenges experienced by families are considered in the context of children's behavioural problems, and parenting difficulties arising from the confluence of these challenges are explored. Considering this in relation to current occupational therapy practice, I question health professionals' understanding of how parenting unfolds in challenging contexts when children demonstrate behavioural problems, as well as the influence of, and implications for research in this area.

1.1 Families and parenting in South Africa

South Africa's policy and contextual landscape

South African and international policy frameworks describe families as the cornerstone of a healthy society (African Union, 2004; Republic of South Africa, 2013). By facilitating "loving, supportive and safe environments" for children (Republic of South Africa, 2012, p. 462), families aid population development while fostering cohesive values (Patel, Hochfeld, & Englert, 2018; Republic of South Africa, 2012). Internationally, supporting parenting has been identified as key to caring for young children, due to caregivers' potential to provide the nurturing environments necessary for children to thrive (World Health Organisation [WHO], United Nations Children's Fund, & World Bank Group, 2018). Similarly, in South Africa, the National Development Plan 2030 (Republic of South Africa, 2012) and the National Integrated Early Childhood Development (ECD) Policy (Republic of South Africa, 2015) emphasise support for caregivers as an essential family service.

In South Africa, 12,2% of the population are vulnerable to multidimensional poverty (United Nations Development Programme, 2023). Supporting families is especially relevant given the potential impact of systemic and contextual challenges on how parenting unfolds. In many countries, like South Africa, poverty and inequality create challenging conditions that can make responsivity to children's needs more complex (Gould & Ward, 2015; Ward, Makusha, & Bray, 2015). For example, caregivers with reduced resources are more likely to experience mental and physical health difficulties (Gould & Ward, 2015; Tomlinson, 2013) and engage in harsher parenting practices (Gould & Ward, 2015; Meinck,

Cluver, Boyes, & Mhlongo, 2015). The prevalence of challenging contextual and structural conditions therefore shapes how and why everyday occupations are carried out in particular ways. Despite this, the White Paper on Families in South Africa promotes 'ideal' family structures informed by international perspectives that reflect middle class, heteronormative views (Martin, Hall, & Lake, 2018). Consequently, and rightly so, this has been criticised for its limited alignment with our social reality in South Africa (Martin et al., 2018).

South Africa's socio-historical legacy and its impacts on parenting

Underlying these realities are broader systemic and historical factors shaping present-day contextual challenges and parenting practices for many families. The global legacy of colonisation and the apartheid regime in South Africa, have had long-lasting effects on families through socio-economic disadvantage, systemic and legislated racism and associated structural inequalities, and 'invisible' effects such as trauma, systemic humiliation and the normalisation of violence (Snodgrass & Bodisch, 2015). This has compromised families' access to basic services (e.g., food security, housing, education, and healthcare), disrupted family structures and threatened socio-cultural practices through the dominance and promotion of Western norms (Hall & Richter, 2018). These histories continue to find expression through coloniality, the remnants of colonialism that perpetuate dominant Eurocentric discourses and practices (Ndlovu-Gatsheni, 2013) and disregard other ways of doing as problematic or lesser (Ramugondo, 2018). This coloniality manifests in continued systemic violence and racism towards black people, persisting inequality relating to intersectional positioning, such as racial and spatial inequality (Lake et al., 2019) and resultant limited opportunities to do differently (Galvaan, 2015; Peters & Galvaan, 2018).

In South Africa, structural factors intersect with patriarchal discourse around masculinity (Kiguwa & Stevens, 2021) and the authority of men over women and children (Mathews et al., 2016), to perpetuate interpersonal violence and harsh punishment, making children vulnerable to becoming victims or future perpetrators of violence (Lake et al., 2019, Mathews et al., 2016). From his ethnographic fieldwork at a mental health organisation in a South African township, McIsaac (2019) reported how historical dispossession and the relocation and separation of families impacted on parenting in the present. Coining this 'apartheid syndrome', one participant shared that, "you don't know how to parent a child because you have never been in that setting before…because at that time we were not allowed to look after one another" (McIsaac, 2019, p. 204).

These realities are reflected in psychology literature, which states that adverse parent-child experiences, through their longitudinal neurological and psychological impacts, may shape children's parenting practices as adults (Dekel, Abrahams, & Andipatin, 2018; Ziv, Capps Umphlet, Olarte, & Venza, 2018). In a study exploring associations between violence, victimisation and parenting quality in a sample of black South African mothers, regression analyses found that women who experienced sexual and physical abuse or emotional abuse as children, reported lower levels of parental involvement and poor parent-child relationships in their own parenting respectively (Goodrum, Felix, Self-Brown, De Veauuse-Brown, & Armistead, 2019). Dominant discourses defining 'good' parenting, in light of the structural inequalities encountered in pursuing them, may further constrain caregivers in their limited appreciation for families' socio-historical experiences and subsequently different ways of doing (Cannon, Ferreira & Buttell, 2019; Cilliers, 2021).

The potential power of responsive parenting support

Research in low- to middle-income countries (LMICs) has found that 'responsive parenting', understood as having warm relationships with children and offering consistent discipline and age-appropriate supervision (Gould & Ward, 2015), protects children against contextual challenges, promoting cognitive (Gould & Ward, 2015; Walker, Chang, Powell, & Grantham-McGregor, 2005; Ward & Wessels, 2013) and socio-emotional development (Gould & Ward, 2015; September, Rich, & Roman, 2016). Children who have been exposed to more emotionally available caregivers also demonstrate greater competency in social behaviour (Ziv et al., 2018).

Parenting beliefs and practices may therefore have the potential to shift how parenting typically unfolds in challenging contexts. For example, Pachter, Auinger, Palmer and Weitzman (2006) suggest that contextual factors may influence children's behaviour differently across different cultural groups, namely white, black and Latino families, presumably due to the norm of sharing childcare responsibilities in black communities and the higher levels of parental involvement in Latino families (Pachter et al., 2006). South African research indicates that social support for families, as well as good friendships and family relationships may act as protective factors against children's exposure to violence (Mathews et al., 2016). Socio-cultural supports may therefore mediate the effects of structural challenges on children's difficulties and subsequent behaviour, alluding to the value that may lie in understanding and honouring cultural knowledge and experiences of parenting. This provides impetus for understanding how parenting occurs and evolves across different contexts.

1.2 Parenting children with behavioural difficulties in challenging contexts

Behavioural problems in children have been shown to be contextually and relationally embedded. Several factors infiltrate the everyday, intimate spaces where caregivers and children are expected to live, learn, and play, by shaping cultural norms, familial and home circumstances, and subsequent psychosocial challenges (Setlhare, Wood, & Meyer, 2016). Approximately 43.8% of three to four-year olds in Sub-Saharan Africa experience cognitive and socio-emotional delays which may compromise their ability to manage emotions, resulting in aggressive behaviours (McCoy et al., 2016). In South Africa, these delays are often accompanied by children's significant exposure to violence (Flisher et al., 2012) and school-based aggression (Malcolm-Smith, Woolley, & Ward, 2015; Pileggi, 2017). Behavioural problems in childhood are related to long-term, adverse outcomes such as mental health difficulties, substance use (Dunlap et al., 2006; Liu, Lewis, & Evans, 2013; Mason et al., 2004), intimate partner violence (Fergusson, Horwood & Ridder, 2005), gang-membership and criminal behaviour (Dunlap et al., 2006). These are perpetuated by and may perpetuate existing challenges in LMICs and necessitate the prevention, early identification of, and intervention in behavioural problems (Arbesman, Bazyk & Nochajski, 2013; Fergusson et al., 2005; Huang, Bornheimer, Dankyi, & de-Graft Aikins, 2018; Liu et al., 2013).

Although responsive parenting could mitigate against the potential outcomes of behavioural difficulties, externalising behaviours seem to be a particular source of overwhelm for caregivers, sometimes leading to less helpful parenting practices and less healthy caregiver-child relationships (Hendricks, Lansford, Deater-Deckard, & Bornstein, 2014; Serbin, Kingdon, Ruttle, & Stack, 2015; Stone, Mares, Otten, Engels, & Janssens, 2016). Parenting studies suggest that children's externalising behaviours are associated with caregiver stress (Serbin et al., 2015; Stone et al., 2016; Tiberio et al., 2016) through augmenting parenting demands (Baker et al., 2003; Pardini, 2008; Tomlinson, 2013). Furthermore, caregivers experiencing socio-economic challenges reportedly struggle more to manage children's behaviour than families without these challenges, regardless of how problematic the behaviour is (McConnell, Savage, & Breitkreuz, 2014).

The above suggests that structural challenges shape both caregivers' and children's everyday experiences, whose subsequent actions then impact on one another. Within psychological literature, several quantitative studies across high-income countries in Europe, the United States of America (USA) and Canada have found that children's behaviour appears to impact on caregivers' responses to children and vice versa (Norona & Baker, 2014; Serbin et al., 2015; Stone et al., 2016). Pardini (2008) argues that, while parent-child relationships are considered bi-directional, this bi-directionality is

often theorised from only one perspective, namely the impact that the parent has on the child's wellbeing. However, behaviours of the child exert as strong an influence on parents' mental health and parenting practices (Pardini, 2008). These bidirectional influences manifest in caregiver-child interactions; according to Biringen (2009), the child's interactions with the caregiver often reveal the pair's emotional connection, as a child carries and reflects the history of their relationship. This is significant in situating child behaviour within the realm of relationship and everyday engagement with their caregivers.

Expanding on this, parenting is gradually being considered and explored from a transactional perspective. Schermerhorn and Cummings (2008) propagate a transactional family dynamics framework, collating their research with existing psychological literature to argue that family relationships and their influences are more complex than unidirectional or bidirectional pathways. Their framework acknowledges interparental, parent-child (mother-child and father-child), and sibling relationships and the ways these relationships can impact on one another and in different directions. Individuals in a family may therefore be included in dyad and triad relationships, which are positioned within the broader family, resulting in many different pathways of influence. These dynamics unfold both in momentary interactions and evolve gradually over time. This may involve members taking deliberate action to influence family members or members influencing one another unintentionally (Schermerhorn & Cummings, 2008). This suggests that parenting, as it unfolds transactionally among children and caregivers, may be dynamic and complexly relational in nature.

Given the contextual and relational situatedness of behaviour problems, parenting is considered significant in mediating children's aggressive behaviour (WHO, 2009) and is increasingly becoming the focus of behavioural intervention for children (Watts, Oburu, Lah, Hunt, & Rhodes, 2016).

1.3 Do health professionals fully understand how to support families of children with behavioural difficulties in challenging contexts?

Literature informing practice largely positions parenting as actions taken by caregivers to nurture children's health and development, informing individual-focused, child-specific and/or parenting interventions. Aligned with the unidirectional focus of caregivers' impact on child outcomes (Pardini, 2008), research evaluating parenting interventions often focus on caregivers' acquisition of professional knowledge, including developmental milestones (McMillin et al., 2015; Meintjes & Van Belkum, 2013; September, Rich, & Roman, 2017; Zand et al., 2015) and positive parenting practices (Cluver et al., 2017; Lachman et al., 2017; Ward et al., 2020). Through this predominant focus on

caregiver competence, the potentially transactional nature of parenting may not always be duly appreciated in the research that informs work with families.

Congruent with this focus, current interventions with caregivers within and beyond occupational therapy, aim to improve behaviour management (Bloomfield et al., 2004), through advice around routine and consistency (Beck, Barnes, Vogel, & Oxford Grice, 2006), how parents' behaviours influence children (Bloomfield et al., 2004) and positive behaviour modification strategies (Beck et al., 2006; Dekel et al., 2018; Lachman et al., 2016). Considerable psychological literature in LMICs has focused on group-based parenting programmes, which aim to reduce children's aggressive behaviour (WHO, 2009) by teaching positive parenting strategies and allowing practice of these strategies (WHO, 2013), while considering external stressors (Dekel et al., 2018; WHO, 2013).

Within occupational therapy, particularly within the private practice model, there seems in my view to be a dominant focus on sensory processing difficulties, as shaping children's sensory and emotional experiences and subsequent behaviour and the consequent provision of support through caregiver education and collaboration (South African Institute for Sensory Integration, 2024). In my experience, occupational therapists working within Primary Healthcare (PHC) services or at non-governmental organisations, may also offer parenting support at their facilities, including work with the child, caregiver, and/or group-based talks and programmes.

There has however been increasing acknowledgement that family-centred care is needed in practice, not only to achieve child outcomes but to meet the family's needs (Dunlap et al., 2006; MacKean, Thurston, & Scott, 2005; McKerrow et al., 2019; Williams, 2020). While this approach is generally viewed positively across disciplines, caregivers have reported limited control over (Jeglinsky, Autti-Ramo, & Brogren Carlberg, 2011), and insufficient provision of information within, the therapy process (Raghavendra, Murchland, Bentley, Wake-Dyster, & Lyons, 2007; Wang, Petrini, & Guan, 2014). Canadian caregivers expressed that family-centred care placed greater responsibility for effecting change on them, while decisions around how this should be done resided with the health professional (MacKean et al., 2005). Bloomfield et al. (2004) found that caregivers differed from health practitioners in their primary concerns. While practitioners emphasised boundary-setting, caregivers sought to understand their child while maintaining some control and discipline. Therefore, while interventions are intended to enhance family involvement (Dunlap et al., 2006), they may instead implicate caregivers in children's behavioural problems while compromising the caregiver-therapist partnership (MacKean et al., 2005). My experience of this was a sense that I as the professional do not always understand what families really need from me and/or their environments. Families are perhaps not being appropriately or sufficiently partnered with in practice.

1.4 A case for pursuing greater understanding of parenting within the challenging contexts of the Global South

The often-restricted focus of parenting research and practice may inhibit the insights to be gained from exploring indigenous knowledge, experiences and ways of doing within parenting. This risks promoting a single narrative of 'good' parenting which is generally consistent with the colonial and Western norms that inform theory and practice (Cannon et al., 2019). While parenting programmes in South Arica demonstrate potential to increase responsive parenting (Ward et al., 2020) and reduce the risk of child abuse (Lachman et al., 2017), such programmes need to make provision for the structural factors affecting parenting (Lachman, Cluver, Boyes, Kuo, & Casale, 2014). Parenting support may therefore warrant a broader focus than intervening in children's skills or caregiver responses.

In 2021, I published an opinion piece suggesting that parenting experiences in the Global South could differ significantly from those predominantly described in Global North theorising (Cilliers, 2021), arguing for further exploration of how parenting unfolds in the margins. My opinion was informed by my previous work with young children within PHC clinics in the Western Cape province of South Africa. Children were frequently referred for behavioural problems and I felt ill-equipped to assist, particularly in the face of the many pervasive, relational and situational challenges that families were navigating. It seemed that something was missing, both in my understanding of how parenting truly unfolded for these families and what forms of support they would find meaningful.

Given what is known about parenting and supporting it (described above) as well as the need to provide appropriate parenting support in context, research is needed that appreciates parenting's complexity in challenging contexts. While research has investigated caregiver-child and familial dynamics and the influence of these over time (Biringen, 2019; Huang et al., 2018; Sherr et al., 2017), little attention has been given to the ways in which multiple caregivers and children continuously construct their parenting realities together (Schermerhorn & Cummings, 2008), within broader structural and interpersonal challenges. This is significant considering parenting's transactional dynamics (Pardini, 2008; Sethi, 2020) and the diverse family structures and circumstances that may constitute a South African household (Ward et al., 2012).

Dominant professional discourses related to parenting, which have been largely delineated through practice in the Global North, may offer limited parenting perspectives, compromising the available theory to inform work with families. Emerging southern literature suggests a particular confluence of challenges that complicate parenting practices, especially in the presence of children's behavioural

difficulties. This may hold implications for how parenting could be understood and demands the pursuit of southern epistemologies to appreciate how parenting might unfold in the margins (Cilliers, 2021).

1.5 Problem statement

Traditionally, occupational therapy theorising has been situated within the academy (Frank, 2012), drawing from and upholding Western knowledge and culture (Ramugondo, 2018). Advocated parenting norms are generally Eurocentric and potentially inappropriate for other cultures and contexts (Cannon et al., 2019). These professional and macro-level discourses and governmentalities impact not only on occupational therapy practice, but also on the knowledge pursued through research. The white, middle-class positioning of professional occupational therapy discourse (Whalley Hammell, 2011) may restrict the theory that informs occupational therapy intervention (Cilliers, 2021). The sections above describe the relatively limited exploration of the cultural and experiential knowledge of families in the margins in research and practice (Cannon et al., 2019). This exploration holds value for parenting support (Lachman et al., 2016), particularly when occupational therapists work with families where children demonstrate behavioural challenges and daily life is complicated by the oppressive nature of challenging contexts. This study therefore intends to contribute by exploring parenting in such a context, as outlined in the aims and objectives that follow.

1.6 Research question, aim and objectives

Research question

How does the occupation of parenting unfold in the context of multidimensional poverty in post-1994 South Africa when a child demonstrates behavioural problems?

Aim

To explore and describe the occupation of parenting when a child demonstrates behavioural problems in the context of multidimensional poverty in post-1994 South Africa.

Objectives

- To explore and describe the activities and everyday situations that form part of the occupation of parenting in the context of multidimensional poverty.
- To describe and explain the processes and practices associated with parenting when a child displays behavioural problems.
- To describe and explain the structural factors influencing the situations, activities, and practices of parenting when a child displays behavioural problems.
- To explore and describe the relational agency enacted by caregivers and children within and through parenting when a child displays behavioural problems.

1.7 Purpose

Working with families holds particular significance as South Africa prepares to roll out the National Health Insurance (Republic of South Africa, 2019), which relies on successful implementation of re-engineered PHC (Naidoo, Van Wyk, & Waggie, 2017). Within this, allied rehabilitation professionals must address individuals' and families' main health problems (Republic of South Africa, 2019). This requires occupational therapists to consider social and occupational determinants of health (van Stormbroek & Buchanan, 2018) while sustaining collaborative relationships with families (American Occupational Therapy Association, 2014) in their provision of ECD services. Attending to problems in the South African context will require contextually relevant theory that values indigenous knowledge (Ramugondo, 2018) and the experiences of those whose realities reflect these problems (Peters & Galvaan, 2018). A deeper understanding of parenting and its influences may contribute towards more appropriate engagements with families and more relevant support for caregivers of children with behavioural problems. The study thus has the potential of widespread benefit for South African families through shifting thinking around how parenting unfolds, possibly enhancing the alignment of occupational therapy services with families' needs.

Chapter conclusion

This chapter described the state of families and parenting in South Africa, as influenced by socio-historical and everyday challenges. Behavioural problems in children were framed as being shaped by and shaping these challenges, complicating how parenting unfolds. I argued that health professionals may not fully understand parenting and its practices in the margins, and that there is a need and opportunity to understand parenting differently as an occupation, with implications for more responsive work with families. The professional conceptualisations of parenting to date, and their limitations when considered alongside the structural challenges faced in the margins, are discussed in the following chapter.

Chapter 2: Literature review

Introduction

This chapter aims to provide an overview of how parenting is conceptualised within occupational science and occupational therapy. As this study is positioned within the context of multidimensional poverty, this review also highlights the systemic, structural and situational realities that may characterise everyday life for families in the margins, and within which parenting perspectives, practices and situations develop and unfold. Research for this section draws upon psychological literature, where the relationships between context and parenting have been richly explored, as well as publications documenting the living conditions and concerns of South African families. Emerging southern epistemologies within occupational science that may hold relevance for understanding human occupation in the margins were also consulted.

A variety of search terms and search term combinations were used to support optimal results while bounding the review within the parameters of this study. In preliminary searches, this included variations of 'parenting' (mothering, caregiving) or 'parents' (mothers, caregivers), and 'occupation', 'poverty', and 'behaviour problems', searched for across several databases and journals. Studies on existing parenting programmes and indigenous knowledge of parenting beliefs and practices were researched for the insights to be gained about families' documented support needs and priority parenting concerns. South African publications, such as South African Child Gauge[1] publications and population-specific research studies, were intentionally sought to offer contextual background on parenting and its challenges. While research studies within the last 5-10 years were prioritised, older literature was included if it contextualised, deepened or expanded understanding of parenting knowledge or experiences. The reference lists of research papers were consulted as additional potential sources of relevant data.

[1] "The South African Child Gauge is an annual publication of the Children's Institute, University of Cape Town. It aims to report on and monitor the situation of children in South Africa, in particularly the realisation of their rights. The publication focuses on a different theme each year" (University of Cape Town Children's Institute, 2024, para. 1).

2.1 Conceptualising the occupation of parenting: An occupation or a role?

Parenting has traditionally been considered an occupation performed by caregivers towards or in response to children (Harris, Gibbs, Mangin-Heimos, & Pineda, 2018), or a role assumed by caregivers which consist of several occupations and tasks relating to childcare (Gibbs, Boshoff, & Lane, 2010). This section describes the strides that have been made in the nature and extent of thinking about parenting within occupational therapy and occupational science, as well as the ongoing contention around its 'rightful' conceptualisation.

The most recent and intentional effort to collate and illustrate current conceptualisations of parenting was conducted by Lim, Honey and McGrath (2022), who completed a scoping review of parenting literature within occupational therapy research. Their review included peer reviewed texts published between 1981 and 2021 which focused specifically on the occupation of parenting positioned within, or with reference to, occupational therapy or occupational science. From this, they developed a Parenting Occupations and Purposes (POP) conceptual framework (see Figure 1), which describes caregivers as constantly monitoring their child and the environment, through ten parenting occupations (seen in the first image of Figure 1, named the 'occupations frame'). They argue that parenting occupations are influenced by other underlying occupations which complement rather than constitute parenting – these they coined Continuous Parental Development (CPD) occupations (described in the second image of Figure 1, the 'purposes frame'). The papers they reviewed described socio-cultural factors as shaping available resources, parenting beliefs and perspectives. The socio-cultural context is therefore positioned in this framework as an overarching influence on all aspects of parenting. They also acknowledge that factors relating to caregivers (e.g., disability, challenging social situations) may demand finding alternative ways to meet children's needs (Lim et al., 2022). They conclude that parenting evolves over time, and that the same parenting occupations, or the same purpose within parenting, may be carried out in different ways.

It is interesting to note that the framework seems to perceive parenting occupations, the 'doing' of parenting (Lim et al., 2022), as the occupations that unfold directly for or with the child. Although they acknowledge other influences and demands on parenting, these are framed as distinct from parenting itself.

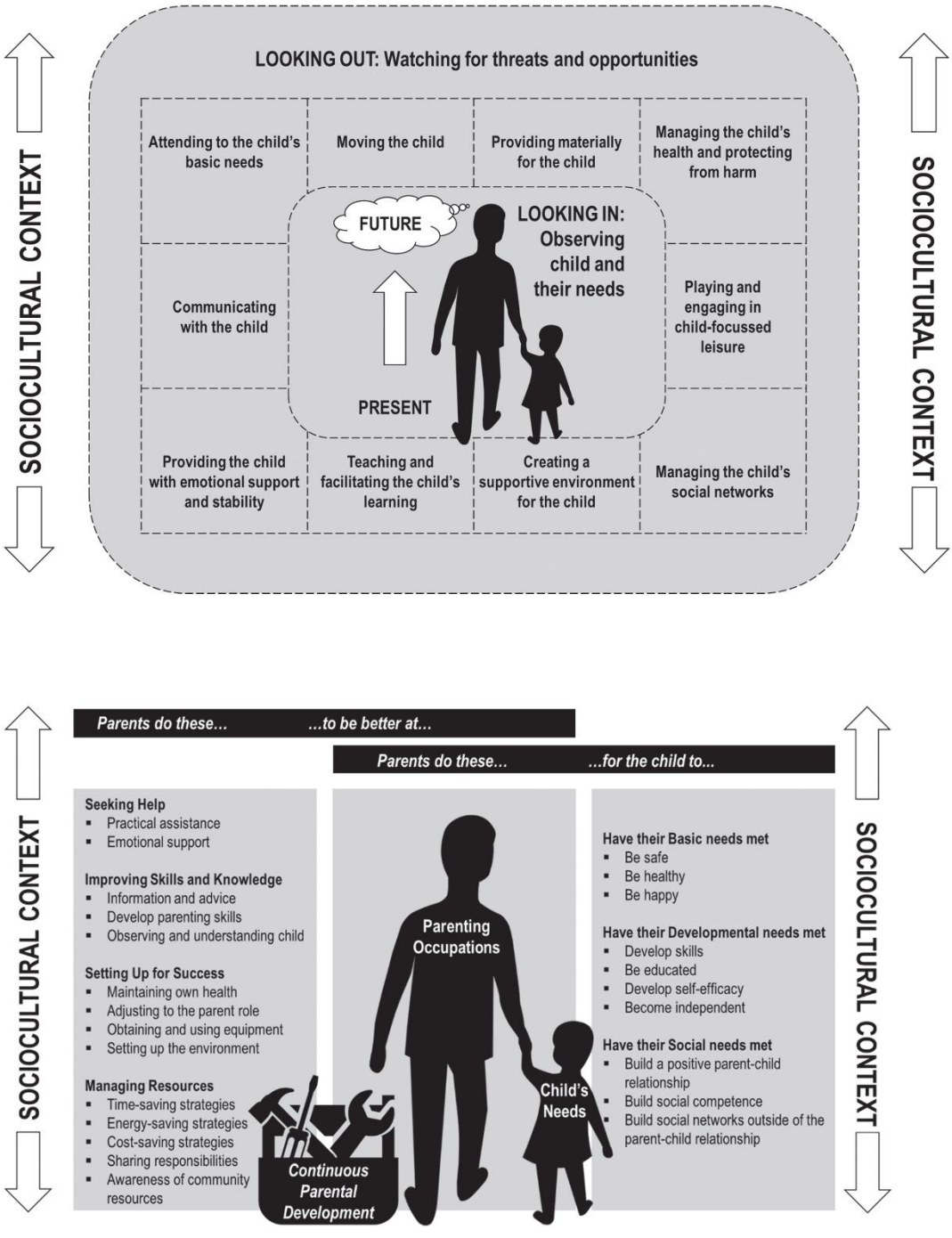

Figure 1. The Parenting Occupations and Purposes (POP) framework (reproduced from Lim et al., 2022, p. 104).

A recent occupational therapy study from the USA, included in the above review, framed parenting slightly differently, arguing that the many occupations constituting parenting delineate parenting as a complex role. Sethi (2017) conducted semi-structured interviews within a grounded theory methodology, with twelve mothers of varied socio-economic backgrounds (with regards to race,

education and annual household income) to explore the parental decision-making that informed their parenting practices. Her subsequent transactional framework of parental decision-making describes that mothers' decision-making was influenced by their past parenting and life experiences, present identity and circumstances, and hopes for the future. Decision-making was a partly conscious and unconscious process of exploring whether it's necessary to intervene in children's behaviour, deciding how to accomplish the desired outcome, embodied action and deciding whether the action was successful, with contemplation occurring to varying degrees throughout this process. Sethi (2017) argued that mothering is a relational role, shaped by family values and socio-cultural influences and that, given the many occupations that form part of mothering, within their roles as caregiver, nurturer, educator, protector and learner, parenting should also be viewed as a complex role comprising of many occupations. This, she argued, would assist a more transactional view of parent-child relationships and avoid the individualistic perspective in which people are considered separate from their environment, culture, and past experiences (Sethi, 2017).

While Lim et al. (2022) worked to consider the many facets of parenting as separate occupations, Sethi (2017) considered these facets together as constituting and finding expression through the role(s) of mothering. The idea that parenting may be best understood as many occupations and/or a role, had also been put forth in earlier studies. In a study on first-time motherhood, Horne, Corr, and Earle (2005) used a concurrent nested strategy of enquiry to describe the occupational disruption that occurs for first-time mothers, arguing that this role-change to becoming a parent led to a lifestyle of mostly obligational and productivity-focused occupations. Similarly, Gibbs et al. (2010) explored the challenges of family-centred care in neonatal intensive care units, arguing that parents' limited engagements with their infants in certain occupations (e.g., dressing, feeding and bathing their infants) result in a loss of their envisioned parenting role.

There therefore seems to be a growing notion that parenting should not be considered a single occupation, given its seeming complexity. The singular 'occupation' and 'role' have however also been used interchangeably to describe 'doing' parenting and 'being' a parent. For example, Harris et al. (2018), in their study exploring the relationship between maternal distress and parenting confidence and perceptions, framed parenting as an occupation, while sometimes referring to 'the parenting role'. Acharya (2014) described parenting as an occupation in her paper on preparing for motherhood as a potential intervention point for occupational therapists in India, to argue that this could help women with mental illness develop the competencies for the 'role' of motherhood.

The inconsistency in term usage suggests that the role-occupation(s) distinction may not achieve the definitive conceptualisation of parenting that seems to be sought in research. However, the recent

arguments for conceptualising parenting as a role and/or comprising many occupations, as well as the general lack of consensus in this regard, seem to demonstrate a shared recognition of parenting as multifaceted and difficult to capture in its complexity.

2.2 Conceptualising the occupation of parenting as a co-occupation

The different facets of parenting have also been brought together by conceptualising parenting as a co-occupation, an inherently interactive occupational experience that is informed by and relies on the engagement of and with others (Pierce, 2009). Pierce (2009), through her research with mothers and children, likened co-occupation to a back-and-forth dance between an individual's occupations and those of another, shaping both parties' occupations. Co-occupations are therefore often, but not always, symmetrical or face-to-face occupations (Pierce, 2009). For example, co-occupation may unfold through the turn-taking in a peek-a-boo game, but also describes patterns such as toddlers unpacking toys and the caregiver packing them away later (Pierce, 2000). Individuals engaging in a co-occupation therefore do not necessarily share the same intent, meaning, affect, or even space or time. This conceptualisation of parenting seems to emphasise its relational nature, suggesting a possible co-generation of parenting occurring constantly between caregivers and children. This reflects something of the bidirectional influences that have been argued in other disciplines (e.g., Pardini, 2008, described in Chapter 1).

Indeed, Pierce (2009) argued that the concept of co-occupation has the potential to guide exploration of both the transactional nature and individual experience of occupations. Unlike the transactional perspective of parenting, however (of many interrelationships unfolding in and influenced by context), parenting as a co-occupation is generally described interactionally. Furthermore, co-occupation is mostly conceptualised as occurring between only two people (Price & Stephenson, 2009), and is often applied to mother-child interactions (Pierce, 2009). For example, Price and Stephenson (2009) used a narrative analysis of a mother and child with a disability to argue that facilitating co-occupations can improve parent-child relationships and the development of mother and child. Whilst they acknowledged the contribution of support structures in context (which they framed as depicting the transactional nature of parenting), it seems that 'co-occupation' as a concept was ultimately framed as that which transpired between mother and son. The potentially limited application of the term as envisioned by Pierce (2009) may speak to how parenting is generally being researched and perhaps understood as distinct from context in the Global North. This could explain why 'co-occupation' has been considered insufficient in describing parenting's complexities by authors like Sethi (2017).

The concept of 'co-occupation' has been complemented by the idea of 'family occupation', which supports the relational nature of parenting while delineating those occupations that occur amongst more than two people. It recognises that multiple family members may engage together in culturally meaningful family occupations, such as eating or engaging in leisure (Segal, 1999). This concept was drawn upon by Bagby, Dickie and Baranek (2012) when they explored how children with or without autism spectrum disorder may impact on family occupations. They found that families decided which occupations to pursue (and with whom), prepared for these in particular ways, and that different family members could experience different feelings towards, and ascribe different meaning to, the occupation in question. Bonsall (2014), through his ethnographic study of fathers of children with disabilities and their families, found that families developed occupations that built and defined the family unit. Family characteristics (e.g., different interests) and socio-historical factors (e.g., evolving gender norms around participation in sports) shaped the occupations that the family engaged in. More recently, Smith, Ramey, Sisson, Richardson, and DeGrace (2020) used grounded theory methodology with families of school-aged children to develop a 'Family Meal Model', which explained how and why mealtimes unfolded in particular ways in households. 'Family occupation' offers another lens from which to understand parenting's complexities by drawing attention specifically to how the family unit engages in and grows together through occupation.

Aligned with the above, parenting has also been explored in relation to family routines and rituals. Evans and Rodger (2008) conducted qualitative research with middle class, Australian families to explore meal and bedtime routines. They found that routines were developed to ensure completion of tasks, while offering structure and teaching children about social engagement. Routines could develop into rituals if they gained personal significance, such as providing quality time or family connection (Evans & Rodger, 2008). The concepts of family occupations, routines and rituals seem to acknowledge the transactional nature of occupations engaged in by several people and describe a collective element in how parenting may unfold.

It is important to note at this point the limitations of parenting research to date. Lim et al. (2022) noted that occupational therapy parenting literature was mostly qualitative, located in the USA, and limited in its demographic representation, especially gender, socio-cultural background, children's ages, and parental disability. Literature often focused on specific caregiver tasks (e.g., feeding, positioning), caregivers or children with diagnosed conditions or sensory needs, or facilitating children's occupations (e.g., play), rather than exploring parenting itself. This can be seen to an extent through the literature in this review. Within studies' exploration of roles, occupations, co-occupations, and/or family occupations within parenting, limited or ambiguous conclusions must sometimes be drawn about how exactly the authors are conceptualising parenting.

Furthermore, occupational therapy research may still be limited in its appreciation of the transactional nature of parenting. For example, Lim et al. (2022) recommend for research and practice to shift from a child-centric to parent-centric focus, where parents are not merely components of a child's developmental environment, as well as to explore the relevance of their POP framework for developing a parenting assessment tool. While potentially valuable, parent-centric focus and clinical assessment tools may continue to limit the extent to which the transactional dynamics within and beyond the family ecosystem can be fully appreciated in understanding how parenting unfolds.

It seems that there has been an effort within Global North research to understand parenting in structured ways, most recently through frameworks and suggested tools, perhaps for its applicability to practice contexts and cases. This may however carry with it the potential to 'miss' the less structured features of how parenting unfolds across different and especially challenging contexts. The seeming ambiguity in current conceptualisations of parenting may reflect something of parenting's complexity and allude to the need for a plurality in parenting perspectives, which has enjoyed limited consideration in conceptualisations to date.

2.3 Appreciating parenting complexities: Systemic, structural, and situational influences

Amidst the efforts of occupational therapy and occupational science research to conceptualise parenting theoretically, emerging epistemologies outside of these fields, mostly from the Global South, have been exploring the often challenging structural and relational contexts in which parenting unfolds. Literature describes how caregivers' contextual, cultural, and intergenerational norms may shape their parenting beliefs, subsequent practices, and attitudes towards their practices (Lansford & Deater-Deckard, 2012). This knowledge is of particular significance for understanding how parenting unfolds in the margins, given the limited extent to which such contextual challenges and their impact have been acknowledged in the parenting conceptualisations above.

For example, despite the acknowledgement that complex familial structures exist (Sherr et al., 2017; Swartz, Colvin, & Harrison, 2018; Ward et al., 2012), parenting has been largely conceptualised and studied across disciplines with a focus on biological parents or mothers specifically (September et al., 2017) and their actions towards their children. Lim et al. (2022) made similar observations, noting that occupational therapy literature reflect assumptions that do not necessarily represent contemporary parenting and family structures. The parallels drawn by Sethi (2017) between 'mothering' and parenting, for example, appear to liken parenting to a largely individual role engaged in by primary caregivers in context. This contrasts with South African family structures, where approximately 50%

of children do not live with both biological parents (Gould & Ward, 2015; Ward et al., 2012), 36% of children live in 'extended households', including multi-generation households or the inclusion of other caregivers like aunts (Hall & Mokomane, 2018), and children frequently (for socio-economic and other reasons) live with different caregivers for varying periods (Lachman et al., 2016).

Such complex household structures may result from, be embedded in, and/or become complicated by contexts of challenge and complexity. Poverty (Sherr et al., 2017), parental mental health (Huang et al., 2018), homelessness (Rybski & Israel, 2017) and family illness such as HIV/AIDS prevalence (Lachman et al., 2014) may shape parenting practices. While most studies have been correlational in nature, poverty has been found to shade parenting through its influence on caregivers' ability to provide physical resources for their children (Lake et al., 2019; Ward et al., 2012), and the strains placed on caregiver and child mental and physical health (Gould & Ward, 2015; Lake et al., 2019) through the time and capacity needed to meet basic needs (Sherr et al., 2017). This is supported by Watts et al. (2016), whose focus groups with mothers of young children in Kenya, revealed meeting children's physiological needs (e.g., accessing clean water) as an everyday challenge, due partly to low-paying employment. Rybski and Israel (2017) explored the impact of social determinants on a population of American, homeless (residents at homeless support services centres) and 'poor housed' mothers (those whose children met the federal poverty guideline's requirements to receive free lunch at their preschools). They found that homeless caregivers experienced less satisfaction in their sense of competence, as homeless centre rules and lack of privacy made tasks like developing consistent routines and discipline difficult (Rybski & Israel, 2017).

The high prevalence of HIV/AIDS in South African families is associated with increased financial strain and poverty (Lachman et al., 2014), complex household structures due to mortality and orphaning (Naicker, Berry, Drysdale, Makusha, & Richter, 2021/2022), community stigma (Sherr et al., 2017), poor caregiver mental health, and more behavioural problems in children (Lachman et al., 2014), cumulatively compromising the parenting effort. It was found in a cross-sectional study of parent and child outcomes in South Africa and Malawi, for example, that high mortality (e.g., resulting from AIDS) meant that parenting was challenged by family bereavement, non-ideal alternative care arrangements for children, and the burden of caring for additional family members (Sherr et al., 2017).

As alluded to above, strained interpersonal dynamics (often resulting from navigating challenging contexts such as poverty and/or illness) may themselves become a challenging feature of such contexts. This is seen, for example, in the ways children's behaviour may challenge caregivers and influence their parenting practices, and vice versa (e.g., Serbin et al., 2015; Stone et al., 2016, discussed in Chapter 1). Using a mediational mechanism model, Huang et al. (2018) found in a

population of Ghanaian families that caregivers' depression was associated with less nurturing parenting practices (e.g., frequent use of physical punishment, discouragement of negative emotion) and increased child externalising behaviour. Contrastingly, however, Sherr et al. (2017) found that depressed caregivers in South Africa and Malawi were considerably more likely to live with several other adults and, presumably due to the support offered by this household structure, caregiver depression was positively associated with supportive parenting in their study. The variation in this study's findings may indicate potential for seemingly complex household structures to be supportive rather than burdensome.

As a result of their pervasive nature, contextual influences may also shape parenting perspectives. For example, a study conducted in under-resourced areas in Cape Town, South Africa explored caregivers' perceptions of parenting norms amongst the other caregivers at their child's ECD centre. They found that caregivers' perception of contextual norms was associated with self-reports of their own parenting practices (Ganz, Neville, Kassanjee, & Ward, 2020). Lansford and Deater-Deckard (2012) found that caregivers' country of residence explained 27-38% of the variance in their reported belief in the necessity of physical punishment, but that more incongruence was often noted between caregivers' beliefs (against physical punishment) and their (sometimes aggressive) parenting practices in countries less supportive of the practice. The authors suggest that incongruence may be indicative of shifting dominant discourses around appropriate parenting practices, resulting in the seeming incoherence between caregivers' emerging beliefs and past-informed practices (Lansford & Deater-Deckard, 2012). This suggestion is supported by Sethi's (2017) findings that the intergenerational transmission of practices and past experiences shaped mothers' decision-making and subsequent parenting practices.

The influences described above illustrate the emerging evidence within and beyond occupational therapy literature which suggests that parenting comprises a complex interplay of inter-relational, intergenerational, and socio-historical factors. Parenting therefore should not necessarily be regarded purely as a one-way or even interactional exchange between parent and child. Considering this alongside predominant parenting conceptualisations to date, there seems to be limited understanding of, and/or research exploring parenting's transactional complexities.

Chapter conclusion

Parenting has been conceptualised in different ways within occupational therapy and occupational science research. Literature published in languages other than English were inaccessible for this review and it must therefore be acknowledged that further parenting research and conceptualisations may be available in non-English-speaking contexts. However, there seems to be a growing acknowledgement that parenting is complex and encompasses more than individual, parent-child interactions. Structural, contextual, and intergenerational forces influence the parenting experience, shaping the subsequent practices that emerge when children demonstrate behaviour problems. Southern, and particularly African parenting perspectives have been limitedly explored, but emerging literature suggests pervasive and unique contextual and relational complexities in which parenting must unfold.

Beyond the realm of parenting literature, but aligned with the transactional nature of occupation, emerging southern epistemologies within occupational therapy acknowledge and foreground human occupation as inherently relational. Drawing on the African ethic of Ubuntu, Ramugondo and Kronenberg (2013) appreciate human interconnectedness as an integral part of context, with individuals and their occupational engagement continuously being influenced by the wellbeing of the collective. This conceptualisation may hold relevance for parenting, both in its potential alignment with this study's contextual focus, and its relative congruence with emerging literature on the transactional nature of parenting.

There has to date been insufficient exploration of parenting knowledge, experiences and practices as these emerge within challenging contexts. This study will contribute towards expanding the professional knowledge base, which may enhance the support offered to families, by exploring how parenting unfolds within multidimensional poverty in post-1994 South Africa.

Chapter 3: Methodology

3.1 Research paradigm

In choosing a research paradigm, I drew upon my personal and professional experiences of my own and observed parenting, as well as my review of parenting literature, to select a paradigm that would capture the complexities I had noticed. While many truths exist in different communities about parenting, mirroring a constructivist perspective (Guba & Lincoln, 1994), there seemed also to be structural and/or inter-generational power dynamics influencing families and their circumstances, which seemed to impact on their parenting. This, and my hope for the research to guide change (in the form of more responsive family support), suggested the usefulness of a critical theory paradigm (Grant & Giddings, 2002). However, families experiencing similar circumstances or discourses did not seem identically affected by these, which suggested to me that perhaps, in addition to possible within-context differences, there may be different negotiations of power enacted by different subjects in the face of particular challenges. This led me to post-structuralism (Grant & Giddings, 2002).

Post-structuralism acknowledges the hierarchical societal conditions (Creswell, 2007) impacting on everyday life, but also postulates that individuals, as actors, negotiate and exert their own power through enacted agency and in their relations with other actors (Foucault, 1982). This appreciates both structural challenges and how relative agency is enacted in the face of these.

Post-structuralism demonstrated potential to assist the exposure of parenting complexities by drawing attention not only to external challenges, but also how role-players were negotiating their power in response to these. This was an appropriate and useful paradigm for this study, as it encouraged me to consider all circumstances and all actors in how parenting was unfolding in context, recognising the many, visible and more elusive influences that may be shaping this occupation. The paradigm also allowed me to consider the ways that parenting practices may shape these influences, managing and potentially altering them or their impact. Furthermore, this paradigm assisted me to remain aware of the discourses and exposures informing my own subjectivity (e.g., my lived experiences of parenting) and the ways in which power dynamics and their negotiation could influence my engagements with and understanding of the participants throughout the research process.

3.2 Research approach and design

This study employed a qualitative, single intrinsic case study design. Qualitative research was appropriate for exploring parenting, as it allows for the exploration of social and human problems by understanding the meaning people ascribe to these (Cresswell, 2007). At the commencement of this study, I understood parenting as an intricately personal and interactive experience for the people involved, with implications for the wellbeing of individuals and families, potentially communities. This aligned well with a qualitative approach, which facilitates a means to engage with, organise and describe a phenomenon's complexities (Creswell, 2007) within the naturalistic settings where they unfold (Denzin & Lincoln, 2018). Parenting was therefore to be studied by accessing, directly or indirectly, the everyday settings in which parenting happens to understand better how it emerges. Furthermore, caregiver voices have been limitedly heard, while others have been largely unheard in shaping understandings of parenting as an occupation. In-depth qualitative exploration would forefront the voices of the participants, as well as my reflexivity, through how data is analysed and presented (Creswell, 2007). The latter was also important for this study, as I would need to reflect on my presence and potential influence throughout the research process, not only as related to my professional status but my own complex experiences of parenting.

Case study research embraces the complexities of reality as it is experienced, by drawing on cases as exemplars for learning about an issue (Flyvbjerg, 2006). A single case is appropriate for studying a single phenomenon (Yin, 2003) and may generate quality insights by pursuing, in-depth, the processes relating to the issue (Creswell, 2007; Flyvbjerg, 2006). This offered the best opportunity for beginning to understand parenting, by appreciating its inherent complexities through a detailed exploration and explanation of how and why it unfolds (Ridder, 2017).

More specifically, intrinsic case studies are used to understand the intricacies of a case and are valuable in gaining insights into a unique situation (Creswell, 2007; Stake, 1995). Intrinsic case study was appropriate for this study, which sought to explore the complexities of parenting under the particular conditions of multidimensional poverty when children demonstrate behaviour problems. An intrinsic case study was also necessary at this stage since professional understanding of parenting has been relatively under-explored and may therefore be poorly understood, especially for contexts in which Westernised, middle class parenting knowledge holds less relevance. A well-chosen family divergent from this portrayal therefore offered the opportunity to begin understanding how parenting may look and unfold, by confirming or offering alternative knowledge about how it emerges (Flyvbjerg, 2006).

3.3 Selection of case boundaries

Case study research requires the identification of a bounded system with set boundaries that sufficiently contain the case (Creswell, 2007) by determining its depth and breadth (Baxter & Jack, 2008). Determining these boundaries can be challenging (Creswell, 2007) but may be achieved by setting necessary parameters on time, space and/or activity (Harrison, Birks, Franklin, & Mills, 2017). The initial case boundaries that were proposed to determine the bounded system of the case, are described below.

The case of parenting would be situated within the context of multidimensional poverty in post-1994 South Africa. This would allow for studying parenting in a context different to that in which occupational therapy knowledge has largely been generated. Given the diversity present in the nature of contextual challenges and how these manifest across South Africa, the exact contextual presentation was to be determined by the selected case.

I anticipated this context to include several challenging conditions. From my work experience and dominant South African challenges, factors that I considered as potentially characterising this case included:

- Unemployment within the household (Mathews, Jamieson, Lake, & Smith, 2014)
- Social and health challenges that may shape parenting, such as substance abuse, high crime prevalence (Lachman et al., 2016), exposure to community violence, chronic illness (Ward & Wessels, 2013), disability (Baker et al., 2003), and/or aging.
- Complex family structures (e.g., single parenthood, multiple caregivers, etc.) and strained familial relations and/or compromised support structures (Ward et al., 2012)

Purposive sampling, useful in finding the most relevant case for the study purpose (Baxter & Jack, 2008; Creswell, 2007), would be used to select the case family. A single case family would be chosen that was anticipated to enhance understanding of parenting in this context when children demonstrate behavioural problems. Although appropriate exemplars for this case can be found throughout South Africa, this study was to be situated within the Western Cape Province due to feasibility considerations.

At the start of the recruitment process, the following inclusion criteria for family selection applied:

1. The children and caregivers (who were directly involved in the everyday care of the child) had to have grown up in South Africa. This would appreciate the geo-historical influence on the experience of multidimensional poverty for many families in post-1994 South Africa.

2. The family needed to include at least two children of 3 to 6 years old, at least one of whom was receiving intervention relating to the display of frequent aggressive behaviour that impacted on relationships and everyday activities. In my previous work experience, the presence of multiple children made parenting children with behavioural problems exceptionally challenging. The age range would locate this study within ECD practice and the challenges affecting young children, given parenting's predominant influence in this developmental stage (September et al., 2017). The child was to be receiving intervention to ensure sufficient support of the family and any underlying challenges during the data collection process. The research was to focus specifically on those patterns of behaviour that are aggressive in nature, referring to the outward expression of physical, verbal or psychological aggression (Liu et al., 2013). This conceptualisation extends beyond the classification restrictions of specific diagnosed conditions, to appreciate the differential experience of behavioural problems by caregivers in different cultures and contexts (Bevaart et al., 2012). Reported behavioural problems rather than diagnoses would be the focus of this inclusion criterion.

3. A perspective divergent from the 'nuclear' family structure was sought, given the prevalence of divergent families in South Africa. For example, 12% of South African children under 5 years do not live with either biological parent (Shung-King, Lake, Sanders, & Hendricks, 2019). The chosen household had to consist of three or more generations living together, to understand how parenting happens through the intergenerational contributions of multiple caregivers.

4. The family needed to display a readiness and intrinsic motivation to talk openly about parenting.

Due to the need to understand the intricacies of everyday parenting, and the financial and practical implications of employing a translator, the chosen family's parenting engagements had to occur in the languages in which I am fluent, namely English and/or Afrikaans. While this could be a limitation, this was within the practical possibilities of this post-graduate study and would limit the study minimally, provided that the chosen family demonstrated the phenomenon well within the case boundaries. As

proposed by Stake (1995), this case had value as one that was accessible and would contribute towards further understanding of parenting in context.

It was however acknowledged that the case itself may contest conventional assumptions about, and/or demand a rethinking of, these boundaries.

3.4 Searching for the case

At the start of recruitment, the primary data source of the study was to be direct observation of family members, who were part of one family unit, in their home. All family members therefore needed to provide consent to participate in the study.

Potential key informants, specifically occupational therapists, were contacted at hospitals and PHC clinics working directly with families who may meet the inclusion criteria. Due to the COVID-19 pandemic, many therapists had largely suspended their work with families over the 2020-2021 period. A key informant was successfully identified at one of these sites, but only one family could be accessed and approached, and they chose not to participate. A full-service school in the Cape Flats was approached, where three key informants, the learning support teacher, the school counsellor, and one of the Grade 1 teachers, worked together to identify several potential families.

Families often seemed interested in the study in their first meeting and shared readily about their parenting and everyday challenges, but did not sign consent for several reasons. Strained interpersonal relationships meant that certain family members, while living in the same home, interacted minimally or negatively with one another, making initial engagement with all family members difficult. This complicated the consent process by limiting discussion at home around participating in the study, and willing members' perception of the study's feasibility for their family.

Additionally, household compositions were more complex than anticipated. Certain family members (often fathers) were inconsistently present in the family's home (e.g., moving between different living spaces due to shifts in relationships) and could therefore become implicated in the study (and need to give consent) over the course of data collection. Individuals comprising a given household sometimes resided over more than one dwelling, each of which housed different combinations of adults and children. Who resided where, and the role each person played in the family, could change with changing circumstances. This, along with realities such as certain family members abusing substances, complicated the family's perceived capacity to commit to the study. It seemed improbable that consent could be provided by all family members.

An amendment was submitted in June 2022 allowing family members to consent to participating in the research through interviews only. This made direct observation an optional form of data collection, allowing family members to participate even if other household members did not. This however meant that additional families would perhaps need to be recruited to ensure sufficient data collection through interviews. It was decided that a maximum of three families may need to be recruited. These families would each constitute a 'mini-case' family and would together form and inform the single case of parenting in multidimensional poverty when children demonstrate behavioural problems. Rather than selecting a single case family, as is typical of a single case study design, the two or three families would together construct the single case as it is presented in the findings chapter.

While families were followed up with after the amendment was approved, recruitment continued to be challenged by potential participants' social and interpersonal difficulties. Substance abuse and domestic violence made it difficult for potential participants to honour appointments, and changing employment circumstances (due to the nature of contract work and 'piece jobs') needed to be prioritised over participation in the research. Therefore, while many potential families shared transparently about parenting in our initial consultations, their contextual and relational challenges seemed to compromise their capacity and willingness to commit to longer-term, more formalised means of data collection. This illustrates how the complexities to be studied may themselves challenge the feasibility of such a study, and the subsequent need to accept and pursue the opportunities available to gain access to those voices that appear inaccessible.

After approximately 18 months of unsuccessful attempts to recruit families, a local non-profit company (NPC), One Body[2], was approached. This organisation offers family-based services to nearby informal settlements within the City of Cape Town municipality.[3] Their positive relationships with community members and community members' involvement in the organisation, supported successful recruitment of participants. Figure 2 below illustrates the recruitment process, including the challenges encountered and the subsequent modification of the case boundaries.

[2] A pseudonym has been used for the NPC.

[3] "Informal settlements are residential areas that do not comply with local authority requirements for conventional (formal) townships. They are, typically, unauthorised and are invariably located upon land that has not been proclaimed for residential use. They exist because urbanisation has grown faster than the ability of government to provide land, infrastructure and homes" (Western Cape Government, 2013, p. 1).

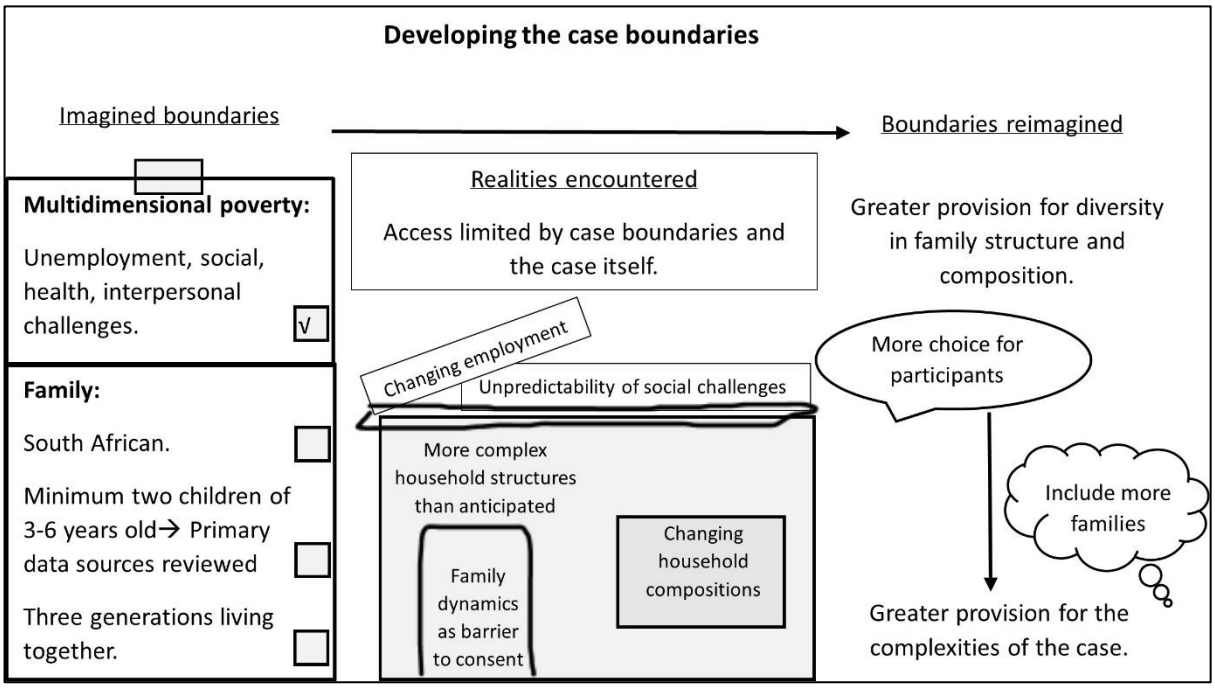

Figure 2. Developing the case boundaries.

3.5 Selection of mini-case families

One Body was identified through connection with an academic colleague, who facilitated contact with the site. The site was chosen for its positioning in contextual conditions that are congruent with multidimensional poverty, as well as the reasonable access to potential participants. Potential families were identified through recommendations made by the occupational therapist and social worker at One Body. The auxiliary social worker, who intervened directly with families in the community through counselling services and the coordination of several programmes, was assigned by staff members to be the key informant and liaison for the study.

I discussed the case boundaries with the key informant, occupational therapist, and social worker to assist in the identification of families. Two potential families were identified and consulted by the key informant. While both families deviated somewhat from the original inclusion criteria, the research was to be guided by the mini-cases available for study, with the understanding that South African families who are available and willing to participate may differ somewhat from the anticipated case boundaries. It was decided that both families held value in their reflection of parenting in the context of multidimensional poverty when children demonstrate behaviour problems. The deviations from the original inclusion criteria are discussed below:

1. The father of one of the families was raised in the Democratic Republic of the Congo and has lived his adult life in South Africa. There are approximately 2,4 million immigrants (around 3% of the national population) currently documented to reside in the country (Statistics South Africa, 2023), with the constitutional position being that South Africa "belongs to all who live in it" (Republic of South Africa, 1996, p. 1). The presence of two nationalities in the household contributed towards distinct interpersonal complexities which complicated parenting, adding to the insights gained into the South African parenting experience.

2. While both families had multiple children, only one child from each household fell within the 3-6-year age group (both families also had two older children, and a toddler between the ages of 18 months and 2 years). The presence of multiple children was prioritised over their respective ages, appreciating the potential impact of their broader age range on parenting and subsequently, how the younger child's behaviour problems were being navigated. While none of the children were receiving direct intervention at the time, both families had received hands-on support from One Body in different circumstances, and were in frequent, close contact with at least one staff member during data collection.

3. While 'nuclear' families were to be avoided due to the high prevalence of diverse family structures in South Africa, both households seemed initially to consist of two parents (mother and father) and four children. Both families however demonstrated clear deviations from the typical presentation of Western nuclear families, due to the fluidity of parenting in their communities, the influence of external social factors and people on how parenting unfolded within their home, and/or the residual impact of late grandparents and other family members on the parenting process. Significantly, it is important to note that the term 'household', in the context of this case, refers not to a single dwelling necessarily, but the grouping of adults and children who participate in the parenting process.

An initial meeting was arranged with the key informant to explain the study purpose and requirements. This meeting included the mothers of each family, Stella and Janine (pseudonyms used), as the fathers were unavailable due to work responsibilities. Both mothers were eager to take part in the study and were given a week to discuss the study with their partners and confirm their own participation. Both mothers signed their consent, but the fathers did not consent to participate in the study. Following pragmatic deliberations, consent from other family members was not deemed essential to develop a sufficient understanding of the case.

3.6 Description of site

One Body is a Christian-based organisation (community members mostly follow the Christian or Muslim faiths) that serves the four informal settlements in, and the surrounding areas of Seebron. It aims to support and empower children and families through interdisciplinary and trauma-informed approaches. Unemployment and substance abuse are pertinent issues in the community, and are associated with challenges such as income poverty, theft and looting, school drop-out, and teenage pregnancy. Domestic violence within the home, interpersonal violence within the community, and child abuse and neglect are also challenges in the area. Further markers of multidimensional poverty include limited access to electricity, water, sanitation, and quality health services. The characteristics of this community context therefore aligned well with the boundaries of the case.

Table 1

Mini-case families in Seebron.

Seebron – 4 informal settlements		
	Family 1: Stella	Family 2: Janine
Settlement, dwelling and residents	Settlement closest to One Body. Single dwelling – Stella, Daddy (Stella's husband), 4 children.	Largest settlement, furthest from One Body. Household is split over 2 dwellings. Dwelling 1 – Janine, Father (Janine's partner), 3 children. Dwelling 2 – Aunty (Janine's sister), Aunty's boyfriend, Janine's eldest child, Aunty's eldest child.
Employment	Stella and Daddy go through periods of short-term, contract-based employment.	Janine is employed at One Body. Aunty is employed. Father and Aunty's boyfriend struggle to find work.
Access to basic resources	Access to electricity box, at an additional expense. Communal taps near their dwelling.	No electricity box, but accesses electricity by paying Janine's in-laws (dwelling next door) to use their box.

	Communal toilets near their dwelling.	Communal taps near their dwellings. Communal toilets near their dwellings.
Social challenges (past and present) of family and community	Homelessness Teenage pregnancy Substance abuse Looting Community violence	Teenage pregnancy School drop-out Substance abuse Domestic violence Theft and looting Community violence Intermittent estrangement between Janine and her in-laws Difficult relationships with Father and Second Aunty at times

3.7 Research process

Data sources

Data sources were considered for their usefulness in uncovering a description of the case, while facilitating different possibilities for how potential families could participate in the study. These included in-depth interviews, field notes of observations on-site, supporting NPC documents, informal consultations of NPC staff, and online resources, with participants able to choose whether direct observation of their home was possible for them.

One-on-one, in-depth interviews were conducted with the two family members who consented to participate in the study and became the primary data collection method. Participants were identified based on family members' willingness and availability; group interviews were not possible as other caregivers were unavailable. Neither family consented to observations in their home and they did not provide reasons for this.

Interviews varied in length depending on participants' work or family responsibilities on the day but averaged 60 minutes in duration. To be guided by the development of the case, as well as the

participants' availability and capacity to accommodate data collection, I considered a flexible timeline that would allow for collecting sufficient quality data to detail the case, rather than predetermining the number of interviews that may be needed. When interviews occurred was codetermined by the participants' and my availability. All interviews took place over a period of six months, between October 2022 and April 2023. Interviews were scheduled every 2-4 weeks, on average, allowing me to remain present in developments and experiences over this period of their lives, and so collect the data necessary to describe the case. One of the mothers participated in four interviews with me over this period (just over 4 hours of engagement), while the other engaged in ten, one-on-one interviews (amounting to 10 hours and 20 minutes). The more extended engagement with the second mother followed a similar interview style, but allowed for greater follow-up on stories shared, clearer observation of parenting shifts in response to changing circumstances, and a greater sense of 'presence' for me in her everyday life. The differing amount of data collected with the two participants was not a concern, as all collected data contributed towards a single case description. The decision to conclude data collection in April 2023 was informed by both researcher and participants' views that sufficient data had been generated to build the case. This was gauged by the increasing parallels emerging within and between the stories shared by participants, and the shared understanding that had developed between us around how their parenting unfolded, indicative of data saturation.

While the participants acted as the primary data sources, several secondary data sources were drawn upon to support the development of the case. Notes were recorded of informal observations made during my visits to One Body, including observations made inside their offices and ECD centre, interactions between community members outside the NPC, and interactions between the participants and their children on-site (one of Janine's children attended the ECD centre, while Stella brought her toddler to two of her interviews). My field notes thus served as an additional data source. Informal conversations were also conducted with the NPC's occupational therapist, in person and via email, to discuss the content and implementation of One Body's parenting programmes, which both participants felt had shaped their parenting.

NPC documents were included as another data source in the research. These were drawn upon as guided by the participants' sharing of what could be valuable in further understanding the case, such as documentation related to the NPC services that families had benefitted from. These documents were publicly accessible on the organisation's website and provided information on One Body's values and goals, services provided, and current projects. The occupational therapist also provided an example of a parenting handout that had been shared with community members at a previous parenting programme.

Furthermore, I drew upon participants' stories to consult newspaper reports on the area (publicly available online) to confirm and better understand the contextual circumstances outlined by participants in their storytelling. This selection of primary and secondary data courses is summarised in Figure 3 below.

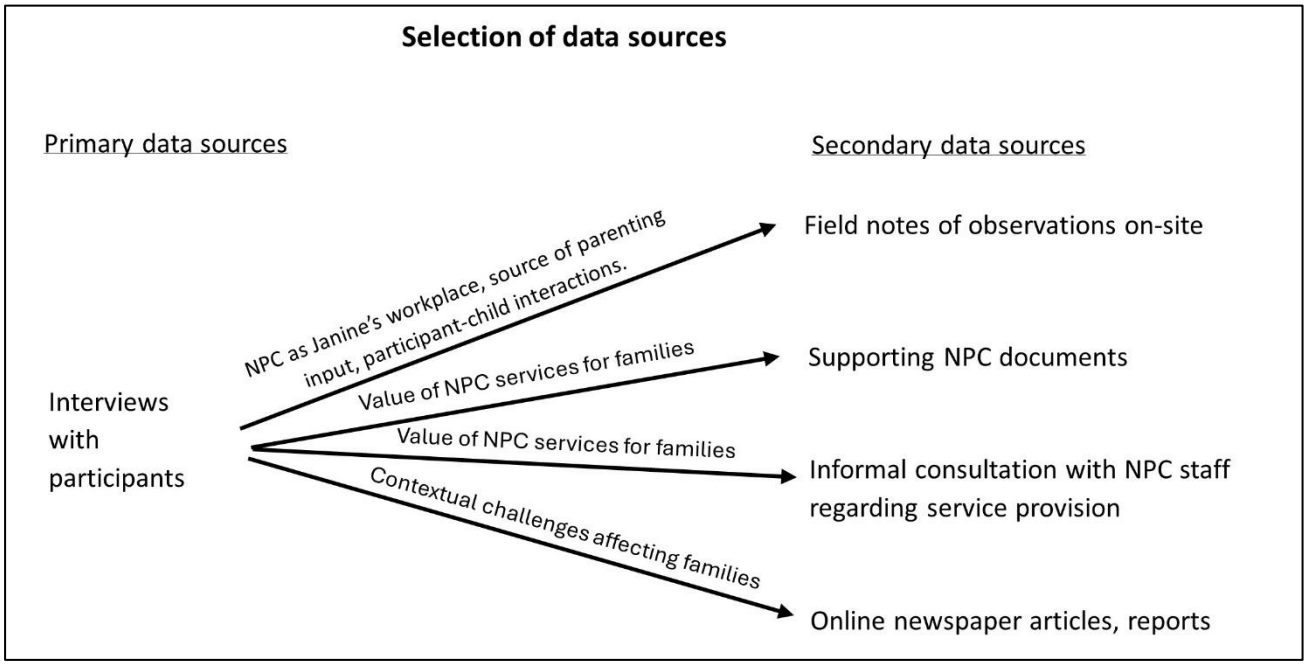

Figure 3. Selection of data sources.

Data generation

Interviewing

Interview appointments were arranged with participants through the auxiliary social worker and the occupational therapist, who communicated with the participants on my behalf. The auxiliary social worker ensured that consultation rooms were booked for mornings when interviews were to take place. Since Janine worked at the ECD centre, I also consulted the ECD centre's principal before confirming interview appointments, to minimise disruption of the school routine and to accommodate any issues that arose (e.g., staff shortages). While both participants shared openly with others (e.g., colleagues, One Body staff) about their participation in the research, the details of the research study were discussed only with the auxiliary social worker and the occupational therapist during recruitment, to facilitate the identification of suitable families.

Interviews took place mostly in English, although participants occasionally chose to express themselves in Afrikaans. I was guided in the initial interview by a broad interview schedule (see Appendix V). Following each interview, I documented reflection points and questions that arose for me during the interview and/or during the transcription thereof, which accompanied me to the next interview. I was, however, also guided by pertinent issues or topics brought forth by the caregiver on a given day, drawing upon my questions from previous engagements only as relevant and useful for deepening the discussion. The absence of direct observations of the family was navigated in interviews by asking questions that would support my visualisation of how parenting unfolds in participants' homes. This included asking about the physical milieu and encouraging a narrative style of describing interactions amongst family and community members, as well as asking questions as needed to enhance the quality of this visual.

My positioning as a white, middle-class professional risked perpetuating a power dynamic with the participants relating to differences in race, class status and/or language. Drawing on my work experience with families affected by poverty, I anticipated that these factors may, for example, shape family members' perceptions of my assumptions about, and subsequent expectations or evaluations of, their parenting. Questions were asked open-endedly for participants to engage with as they wished, with sensitivity to the phrasing to minimise an experience of being evaluated or their parenting being called into question. To manage this, I often chose to suspend my interpretations to avoid offering premature commentary or follow-up questions. I instead reflected on these after interviews and during transcription, to interrogate the potential motivation behind my question or point of confusion. This helped me to determine what should be asked and how this could be done in the next interview. While my positioning sometimes compromised my full understanding of what was being shared, I drew upon my affect and reflected back to participants what they were sharing, to enhance my understanding while contributing towards an empathic interview space. More generally, I worked to be respectful to the participants and the NPC by minimising my interference with the everyday running of the space and households as far as possible.

The engagement in multiple in-depth interviews, along with my transcription and reflection following each interview (and the subsequent questions that accompanied me to the following interview) allowed the data generated in each interview to be revisited, revised, and expanded upon by participants in subsequent discussions.

Document review

One Body's online and parenting documents were accessed and reviewed following participants' sharing around the role of the NPC's programmes in the development of their families and parenting. Review of these documents were followed by informal consultations with their occupational therapist, to learn more about the parenting programmes that she offered on-site and how these were developed. The auxiliary social worker was consulted regarding the rehabilitation programmes described by participants and online documents, as this service had strongly supported one of the participant families. Along with insights shared by participants themselves, the supporting documents and staff engagements confirmed and deepened developing insights into the multiple parenting influences and discourses operating in context, and how participants and One Body navigated these.

Generating field notes

Both participants referred to the ways that One Body and the community differentially affected their parenting. I observed the activities unfolding at One Body while on-site, especially the happenings at the ECD centre (observing a few lessons, activities, and free play time over the data collection period), as this was Janine's workplace and a space that strongly shaped the shifts she was exploring in her parenting at home. I also took note of the physical surrounds of the community and any engagements between community members during my time on-site. This supported my visualisation and understanding of stories shared by the participants, and I occasionally witnessed interactions between community members that supported the stories I had heard in interviews.

Data management

Recorded interviews were transcribed for analytic purposes; I transcribed all interviews manually, to support my familiarisation with and immersion in the research data. Other data sources were also typed and stored electronically, labelled by data type and date, and filed by data type. Data was stored using the participants' pseudonyms. All electronic data was encrypted with password protection to minimise risks to confidentiality and backed up to a secure online storage facility, which only I could access. While data was stored and managed electronically where possible, back-up copies were made in written and electronic form to prevent and account for lost or damaged data. All forms of data are

therefore being recorded and stored on my personal computer, a secure online storage facility and in locked cupboards in my home office, to which only I have access. Written data and data stored electronically will be destroyed after 5 years.

Data analysis

Data analysis required a detailed understanding and description of the chosen case and the setting in which it unfolded (Creswell, 2007). During data collection, I recorded my field notes, updated my researcher's journal, and completed interview transcriptions after each interview, while at times also noting down possible trends and interpretations emerging from the developing data. Upon completion of data collection and transcription, I immersed myself in the data by engaging in a narrative analytic process to develop a narrative configuration of each mini-case family. I embarked on a 're-storying' of participants' stories, which is a process of reorganising stories by collecting the stories told, identifying the key elements of these stories, and rewriting them, through presenting them chronologically or providing causal links between ideas (Creswell, 2007). This was a useful strategy, as the intrinsic case study's focus on the specific case itself has a similar focus to narrative research (Creswell, 2007) and was important in understanding how parenting and its complexities emerged over time. For example, it was noted during this process that stories could not always be ordered chronologically, due to the complex interplay between the past and present as parenting situations unfolded. Instead, stories shared in interview transcripts were identified, reviewed, and similar stories grouped together across transcripts, while also identifying seeming contrasts or complexities in how parenting unfolded. This observation was to become an important finding of the study.

Stories were collated and incorporated into a single narrative for each family (see Appendix VI and Appendix VII). These were written in the first person by drawing mostly upon direct quotations from interview transcripts, and my paraphrasing. Extracts from these narratives are positioned at the beginning of Chapter 4 to introduce the participants' voices as the 'case narrators', whose experiences and perspectives have shaped the assertions drawn about this case.

Following the construction of the narratives, these, as supported by the interview transcripts, constituted the story of the mini-cases. The mini-cases were then placed and analysed in context, by drawing upon the data generated from the secondary data sources and analysing them together. Analysing the different data sources together was important in developing an overall understanding

of the issue (Baxter & Jack, 2008). Data analysis drew primarily upon direct interpretation, a valuable form of data analysis for understanding this intrinsic case's complexities (Creswell, 2007), which may have become lost in an analysis of categorical aggregation (Stake, 1995). Direct interpretation allowed for the data to be taken apart and reconstructed in meaningful ways, while also allowing for drawing meaning from a single instance (Creswell, 2007). Using the mini-cases as a primary reference point, I drew upon the insights arising from primary and secondary data sources, to identify possible assertions about the single case of parenting in the context of multidimensional poverty when a child demonstrates behavioural problems. The concurrent analysis of primary and secondary data sources was also used to develop a thick description of the context of the case, by identifying consistencies and contrasts within and across the stories shared by participants, as supported by the secondary data sources.

It however remained important to identify patterns and correspondence across the data sources (Stake, 1995) and assertions were thus supported by a collection of instances from the data. Upon developing my provisional assertions from the data analysed, I returned to the interview transcripts, reviewing them again in light of these provisional assertions to check that assertions encapsulated and reflected how parenting unfolded in participants' stories. Along with data from secondary data sources and consultation with study supervisors, assertions were condensed or refined, and instances pulled from the different data sources that would support the construction of the assertions for the final report. Chapter 4 thus includes extracts from the mini-case narratives, interview transcripts, and secondary data sources to present the case.

3.8 Trustworthiness

Data triangulation

Multiple data sources are crucial in case study research (Creswell, 2007) to enhance trustworthiness (Yin, 2003) and facilitate in-depth understanding of the phenomenon (Baxter & Jack, 2008) as it exists within the single case. The different primary and secondary data sources drawn upon, and the way these were analysed together to corroborate findings (Creswell, 2007), allowed for data triangulation. Transcription, documentation of field notes and informal communications, and researcher journaling took place soon after each visit, and these forms of documentation were engaged with together to support my developing understanding of, and further questions about, the case. These different data sources were again drawn upon together during data analysis and the synthesis of the case for the

findings chapter. This allowed insights to arise from multiple perspectives and in multiple ways (Baxter & Jack, 2008).

As in Stake's (1995) case study design, the data generation process was collaborative, using data collection methods that foreground collective generation of insights with participants. By reviewing transcriptions after each interview, I could identify questions and clarify points of uncertainty with participants in subsequent interviews. This allowed for a degree of member checking to take place throughout the study, to inform the assertions being made and develop these further as they unfolded in participants' subsequent experiences and stories. Participants could therefore review and feedback on meanings extracted, ensuring that these have been appropriately interpreted and represented (Creswell, 2007). Participants could also expand on or offer new perspectives to insights previously generated (Baxter & Jack, 2008), building on the collaborative approach to data generation. In this way, the narrative of each mini-case was developed with the participants during data collection and confirmed in the member checking phase by having participants read the synthesised narratives. Participants took these home, allowing other family members to be included indirectly in the member checking process by reading and offering feedback on how they and others had been depicted. Participants indicated that the narratives accurately illustrated what and how they had shared about parenting in their interviews, with Stella noting that "It got me giggling, laughing, crying…everything!". The narratives were well-received by the family members they chose to share it with.

Credibility

I used a reflective journal throughout the research process, to encourage on-going awareness of my positionality and subsequent values and assumptions. Ongoing, critically reflexive journaling was paramount, to maintain a continuous awareness of and intentionality towards how I position myself, and so take account of the impact of my presence in the research space as far as possible. For example, I had to account for my potential interference with existing family dynamics by engaging sensitively to uphold these. In interviews, this meant being intentional about how questions were asked and how statements were phrased when seeking to understand more deeply the insights that had been shared. To assist this, I had to be mindful to suspend judgement in my interactions and observations (Clandinin & Murphy, 2007), which proved complex; for example, I noted my frequent use of 'why' questions over the first half of data collection, reflecting later that perhaps a too-frequent request for participants to give reasons for their realities may communicate a disapproval of these, by implicitly demanding their justification. I resolved in subsequent interviews to suspend my 'why' questions and

instead listen more deeply to (and accept) participants' own sense-making of their experiences. I journaled after each interview and during transcription to make conscious my perception of insights shared, and evaluate (and if necessary, adapt in future interviews) the nature of my engagements with research participants. In this way, my researcher journal became a powerful reflexive tool to enhance the study and promote the credibility of the findings.

I also used the researcher journal in acknowledgement of the potential risk for me, as parenting stories that conflicted with my beliefs and values, or resonated too strongly with my own experiences could be challenging for me to hear and discuss. Some of the contextual challenges described and parenting stories shared indeed left me humbled, frustrated, and sometimes overcome by their pervasiveness and complexity. Continuous journaling (straight after interviews, during transcription, and before subsequent interviews) and debriefing with research supervisors were pursued where necessary, to support me through this process and alleviate the impact of these forces on the research or participants.

Documenting my thoughts and feelings in this way therefore helped me remain cognisant of my impact on the research, but also to note how my responses may reveal the consistencies and/or incoherence between research findings and (personal and professional) Global North parenting perspectives. As one example, I noted my own surprise that children growing up in multidimensional poverty had frequent access to money, having previously assumed that children would not have such access in a context of relative lack. This was informed by my underlying middle-class parenting assumption (having never experienced poverty) that financial resources would be assigned to household needs. This journaling, distinguishable from field notes, was therefore an additional support during data analysis.

Additionally, peer debriefing with study supervisors took place to facilitate interrogation of my influence on interpretations made (Lincoln & Guba, 1985), and facilitate other possible perspectives (Connelly, 2016). This was valuable for me to explore my own responses to the data before, during and after data collection, as well as consider what more could be gleaned about parenting from the data collection process. Prolonged engagement in context assisted this process by allowing for a degree of immersion in the family's lives over the 4-6 months of engagement, supporting my vicarious experience of (understanding of, and empathy with) participants' parenting.

Together, the above measures contributed towards greater credibility of the findings.

Transferability, dependability and confirmability

A thick description of the case and context was ensured through a detailed, written representation of the findings (Creswell, 2007), drawing upon data generated through interviews, engagements with One Body staff, observational field notes, and supporting documents. Along with transparency in data collection, analysis and rigor procedures, this contributed towards study transferability (Connelly, 2016). While this study does not aim for transferability, these measures allow readers to evaluate the extent to which findings may resonate with their contexts. The research may therefore represent a helpful exemplar that can be learned from, although the intent is not to be generalisable to all.

A thorough audit trail was kept of the case's construction, including decisions made throughout the study, how different data sources were included and how analyses occurred and progressed (Connelly, 2016). This included documenting insights, questions, and points of concern arising from interviews and other data sources, making written notes of meetings with supervisors and any informal communications, and keeping older drafts of narratives and constructions of the case. This enhanced the dependability and confirmability of the research.

3.9 Ethical considerations

This study abided by the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). Ethical approval was obtained from the University of Cape Town's Human Research Ethics Committee (number 276/2020, see Appendix I).

Beneficence and non-maleficence:

Potential risks & benefits

Participants were affirmed as bearers of valuable knowledge from which I and others may learn. Both mothers shared that the interviews felt comfortable, informal, and offered them respite from everyday responsibilities.

Interviews involved personal sharing, and co-constructing insights risked being experienced by participants as confronting or overwhelming. This was expected given the constant emotional labour

inherent in parenting. Caregivers did not appear to experience overwhelm during data collection and comfortably shared what they were willing to share. How data was collected was negotiated with the caregivers, with respect to when interviews took place and their duration, as well as how they chose to answer questions posed. With regards to the latter, I worked to be sensitive about the extent to which caregivers were willing to engage with my questions, asking follow-up questions if this seemed appropriate but otherwise allowing caregivers to frame their response as they were comfortable doing.

While participants shared fairly openly about their experiences, I drew on my counselling skills and a semi-structured interview format, which offered flexibility for participants to choose what was shared, direct the flow of conversation, and frame (and reframe) their experiences as they saw fit. Any pressing issues in the families' lives, such as recent stressful events or topics of priority for families, were given precedence, and the metaphorical 'agenda' of each interview was therefore codetermined. The final narratives were also negotiated with the participants, who shared that they were happy with the interpretations that would appear in the final report.

The family did not consent to observational episodes, and no children were directly engaged with in the study, although one of the participants brought her toddler with her to two of her interviews (who played, engaged with her mother and One Body staff, and explored the site premises during this time). I observed their interactions but did not engage directly with the child. Janine invited me to observe the happenings in the ECD centre and pointed her younger son out to me from a distance, "so that you can see how he is".

I did not compensate the family financially for their participation but was guided by the mothers to show my appreciation over the course of the study. Participants offered me tea or coffee at each interview and agreed that I could bring biscuits to accompany the warm drinks and make the interview space more comfortable.

This study held the potential for broader benefit to occupational therapy research and practice, by exploring the complexities of parenting within multidimensional poverty and potentially shifting thinking around how parenting unfolds. One Body staff displayed enthusiasm towards the study and the occupational therapist has expressed eagerness to read the study's findings. Participants were informed that staff members would read the study findings and although they enjoyed good relationships with staff, were invited to let me know should they wish to exclude any stories that they would like to keep private. A similar interest was communicated at the full-service school, one of the previous recruitment sites. The study's contribution towards professional understanding of parenting could facilitate reconsideration of, and perhaps more responsive engagement in, work with families.

Privacy and confidentiality

The research involved me listening to and asking questions about familial interactions that could have been considered intimate, perhaps private. I needed to remain keenly aware of my 'guest' positioning and use this consciousness to guide interview engagements. Open communication with participants to co-determine what and how data is collected, interpreted and presented, through regular member checking, was important for the research not to be experienced as overly intrusive.

Regarding confidentiality, identifiable family details were omitted from the research. These details were co-determined with participants, with the mutual understanding that a thorough description of context and family life remain necessary to capture the uniqueness of the case and construct a valuable parenting exemplar. Anonymity was maximised by allocating pseudonyms for data documentation, analysis and reporting; participants' names and the descriptive names of their children (titles colloquially used in the community to denote sibling positioning in the family) were determined in consultation with participants. No field notes included identifying information, and documentation was securely stored for later access. A confidentiality agreement was signed by the key informant (see Appendix IV). Any details from newspaper articles and reports accessed online that may disclose the positioning of the community or NPC have been omitted from the research, as these details may expose participants' identities, through their potential identification by members of their close-knit community.

While I did not visit the family's home and so did not draw the attention of many community members, the interviews conducted at the NPC were noted by some of the NPC staff. As Janine worked at the ECD centre, her colleagues also became aware of her participation. This was not a concern for participants, who were comfortable engaging informally with me in the presence of staff and colleagues. While counselling rooms were made available for the interviews, the participants chose to keep the door open during these meetings, greeting and briefly engaging with those who passed by. One of the participants requested that certain data not be included, to avoid certain family developments from becoming common knowledge amongst One Body staff.

Prior disclosure

I had a legal obligation to report incidents of child abuse. This obligation was discussed with both participants during the consent process, as well as their understanding of what constitutes abuse. A

shared understanding of child abuse was of particular relevance given the most recent ruling on physical punishment, namely that "the common law defence of reasonable and moderate chastisement is constitutionally invalid" (Constitutional Court of South Africa, 2019, p. 27). Physical punishment however remains legal, provided that a child is not injured by a caregiver. Participants' views of abuse reflected behaviours that demonstrate a disinterest in, or that threaten or harm an invested relationship between the caregiver and the child. This included physical and emotional neglect (e.g., not caring about children's feelings) and sexual assault. Both participants had used physical punishment in their homes, before and/or during the data collection process. They however believed that physical punishment was harmful if it was used unfairly (e.g., punishing a child because of caregivers' stressors, not because the child had done something wrong), too frequently (e.g., in response to all and/or minor mistakes), or caused injury.

It was explained to the family during the consent process (refer to Appendix II) that should incidents of abuse occur, I would discuss the matter with the caregivers first and then consult my supervisors regarding how to proceed. The wellbeing of the family would be prioritised, and I would support them through this process. While such incidents did not take place in participants' homes, one participant described observed incidents of child neglect, and verbal and physical assault of children in her community. She had taken up some of these issues with service providers at One Body.

Autonomy

Informed consent & voluntary participation

The study purpose, procedures, potential risks, and benefits were communicated to potential participants in writing and in an initial meeting. Copies of this information were provided, and questions from participants were encouraged. After one week's consideration, voluntary participation was indicated by both participants through signing a consent form (see Appendix III). Both participants were fluent and literate in English, and documents therefore did not need to be translated. Following discussion with the family regarding the issue of prior disclosure, that which had been explained and understood by the family was added to the consent form.

Due to participants' decision not to consent to observational episodes in their home, it was not necessary to explain the research to the children or obtain assent from the older children in the family.

Participants were informed of their right to withdraw from the study at any time, or request that specific experiences be withdrawn from the data. Neither participant chose to withdraw from the study, but one of the caregivers' work circumstances changed 4 months after commencing data collection (leaving her unavailable for face-to-face engagements), while the other declined requests to meet during very busy periods at work or home. It was agreed that, should other family members wish to be part of the interviews, the study purpose and procedures would be explained, and consent to use emerging data would be obtained through a signed consent form.

Chapter conclusion

This study drew upon a post-structuralist paradigm, adopting a qualitive, single intrinsic case study design. Purposive sampling was used to recruit the case families, and after several recruitment challenges, two mini-cases were selected that met the key inclusion criteria, while challenging some of the anticipated boundaries of the case. One-on-one, in-depth interviews were used as the primary data source, accompanied by several secondary data sources to support the construction of the case. Data was collected over a 6-month period, and was then analysed using a narrative analytic process, followed by direct interpretation and supported with member checking.

Chapter 4: Findings

This chapter will describe the assertions about the case as these arose through analysis of the different data sources, in relation to their suggestions of how parenting unfolds. This chapter begins by introducing the mini-cases, the case context and its composition. Thereafter, the two core assertions will be described, followed by an explanation of how these are embedded in and form the overarching assertion about how parenting unfolds in this case.

4.1 Meet the case narrators

Stella

> "Parenting is hard work but it's wonderful at the same time. Because of my drug addiction I neglected a lot of things, but my relationship with my children has changed a lot.
>
> I grew up very poor. We used to sleep on graveyards just to have me be safe, 'cause my mommy wouldn't want to live where the environment is not right. Then she met my stepfather, and we got a house. So I know what it is to have, and to not have.
>
> I was a spoilt brat. When I opened my mouth, I get what I want. My mommy only gave me a hiding like once a year, only when I was totally out of control. She would tell me to find a stick outside and then she would start whipping me with it. It really wasn't nice for me, so I didn't want my children to be punished like that.
>
> I've got four children; Boeta is 14, my daughter Tietie is 11, Boetie is 6 and Nuni is a year and 9 months[4]. Before rehab[5], there was no consistency in my house, but in rehab there was routines and things we can and can't do. So now my children know that it's part of life, and part of being a Christian that if they do something, they will have to stand for what they did.
>
> My mommy used to say, whatever you leave in your children, they can carry on. And God told me you don't have to do much, just live your daily life and be a living testimony amongst these

[4] 'Boeta', 'Tietie' and 'Boetie' are colloquial terms used in the community to describe the older brother, older sister, and younger brother respectively, within a given household. Pet names have been assigned to the youngest siblings.

[5] Stella attended a rehabilitation centre to recover from her drug addiction. This was arranged by One Body, who supported her before, during, and after this transition (e.g., through assigning her a recovery coach). She returned home from the centre approximately 2 years before data collection commenced.

people. It's difficult to live in this place, but we do what we can, to support where we can. And it's not just my family that will change, but many other families that will also change."

Janine

"Parenting is very hard because why, sometimes I also want something. Like I never have time for myself. And it's hard to calm down the children when I'm tired. I can't calm myself down!

I have a 12-year-old, Boeta, a 7-year-old, Tietie, a 5-year-old, Boetie, and a 2-year-old, Baby. With Boeta, I wasn't a mother to him. I was still young, so my parents decided they gonna take him. So when they passed away, like, 2 years ago, he come to me.

When my sister left her husband, she and her children were also staying by me until they got their place. She was the mother of my children, and I was the mother of her children. We have separate houses now but we still make one pot of food. And when we get paid, or if their father or her boyfriend get paid, we will sit and discuss what we gonna do, so there's always something for the children.

Before, if my child was naughty, I hit him. Like my mother and father, if we were naughty they would take the belt and hit us, and that didn't feel for me nice. And if our friends hit us outside, we can't go home crying. Because they will hit us back to that person! 'Didn't we teach you to fight back?' But when I start to work at One Body, I see how they were doing with the children. And then I say, I like this, come let me try it.

Parenting, it don't stay the same the whole time. Like sometimes I hit, if I'm *really* angry. The thing is, they better when they small! All the things start when they start walking. So I'm figuring out what to do."

4.2 The case and its context

In both mini cases, the immediate 'family unit' includes both mothers, their partners, and four children living together in a single dwelling (see Table 1, Chapter 3). In Janine's household, however, the individuals in the family reside across two dwellings but effectively live and participate in parenting together (the people who spend the day or night in Janine's dwelling may also differ depending on changing circumstances). Janine's youngest sister, and Janine's partner's family (her neighbours) are

less involved in parenting but shape the circumstances within which parenting unfolds. Stella and Janine had their eldest son as teenagers with previous partners, and their current partners are the biological fathers of their younger three children. While their own parents have passed away, Stella and Janine spoke of them in ways that describe the powerful influence they had on their parenting. At the commencement of data collection, both families were having difficulty managing the aggressive behaviour of their younger sons, Boetie.

The families live in two of the four informal settlements in Seebron. The population of each settlement is relatively small, last documented in November 2023 as 73 dwellings in Stella's settlement and 125 dwellings in Janine's settlement (occupational therapist at One Body, personal communication, August 22, 2024). The settlements are, however, compact, and shacks (small dwellings made from corrugated iron sheets and other accessible materials – see Figure 4 below) are subsequently closely positioned to one another. The settlements are sandy, due to their relative proximity to the beach, and homes are vulnerable to flooding during bad weather, necessitating holes to be dug by community members to prevent this. Dwellings do not have running water and many do not have direct access to electricity (procuring electricity from others' electricity boxes), but communal water taps and portable (described as 'bucket') toilets are disseminated across the settlements. Janine shared that the toilets are cleaned two to three times a week, but that,

> "some people make it dirty, then you have to come and clean first. So it always give you infections, that toilets" (interview transcript).

According to available statistics, there is one toilet for every one-two households in the area (City of Cape Town, 2017).

Figure 4. Example of an informal settlements in Western Cape, South Africa (Corcoran / IRIN, 2013).

The settlements are positioned within proximity to a public library, PHC clinic, police station, two primary schools and one high school. One Body is located on the fringes of the settlements.

Environmental challenges are accompanied by complex social conditions within which parenting must unfold. One Body provides services to support skills development, work preparation, and financial planning and management, as unemployment is a pertinent issue in the community. This creates a reality in which people may access necessary material resources through illegal acts. For instance, Janine described hiding her groceries in a dustbin to keep shopping trips secret:

> "Cause people mustn't see what did you buy and then tomorrow they come and steal your stuff. They must think I have nothing" (interview transcript).

She also shared that attempts are sometimes made to break in from underneath the shacks (by digging holes) if the locks cannot be broken. On laundry days, people supervise their washing machines outside, as these may be removed if left unattended. Empty shacks are sometimes looted, as Stella's shack had been while she was in a rehabilitation centre, and some community members steal goods during shack fires, under the guise of helping to move valuables to safety (as Janine experienced two years ago).

Shack fires are a relatively frequent occurrence in Janine's area, as described in several newspaper articles. Janine shared that people sometimes burned their own shacks, after emptying it of their valuables, to receive government remuneration. These fires usually also cause damage to other shacks, and Janine's sister requested that a tap be placed near her home, as several of her neighbours abuse substances and tend to set their homes alight. However, while the City of Cape Town had provided families with relocation, flood and enhanced fire kits (City of Cape Town, 2017), funding was substantially reduced in 2020 (Charles, 2022). Janine believed that funding was reduced due to people burning their empty shacks deliberately.

In addition to the sense of mistrust resulting from resource scarcity, domestic violence and physical and sexual assault are relatively common within adults' relationships. During data collection, Stella had to postpone an interview to attend the funeral of a young woman who had been strangled by her intimate partner. Drug and alcohol abuse were also described by Janine, Stella and One Body staff as a major concern. Tensions can build amongst community members because of these complex living conditions and experiences, and there can be expectations for verbal and/or physical violence to be used to resolve interpersonal matters. While I did not become directly privy to this, observed interactions seemed strained or vulnerable to escalation at times.

> "When I arrived at One Body this morning, there was a woman leaving the nearest settlement with a child (the girl looked about 9 years old). The woman was shouting and swearing at another woman, who spoke back once but did not follow her out of the settlement (I couldn't hear what she said, but it caused the first woman to turn back and shout and gesture some more). The child just followed the first woman, turning back when she turned back and walking on when she walked on." – Field notes (18 October 2022)

Child abuse and neglect are also common, and many caregivers are reportedly verbally and physically aggressive towards their children. Stella described the ways contextual and social challenges find expression in caregiver-child engagements:

> "Parenting is terrible here. Here's a lot of drug addicts, so there's hardly food in the house. They speak really bad or swear if the child has done wrong. If the mother don't want to do anything, then the child must do everything. Some people, when they hit their children they don't tell them the reason, or they hit because they stressed out, so now the child has done a certain thing, but it was just the wrong time. So we are constantly in a lot of things here, you have to stay focused in this place." – Stella (narrative, Appendix VI)

Janine shared that caregivers believe "your child is my child, and my child is your child", with both positive and negative implications. Stella noted that there is "a lot of love" in her settlement, and this offers support to caregivers in the way community members redirect children playing in unsafe spaces, or care for children who have been left at home alone. Community members, however, believe that physical punishment is necessary to ensure that children listen to adults. When disputes occur amongst the community's children, other caregivers reportedly often take their child's side, and in Janine's area, may blame and punish others' children as they see fit. Transgressions by children may result in adults swearing at, threatening, or hurting who they suspect were involved.

> "There by us, if your child do something…that person will come and *sommer*[6] hit your child. But they leave their children, they don't hit *their* children…" – Janine (interview transcript)

Alternatively, many caregivers, in defence of their children, become involved in public, verbal and physical altercations with other caregivers that sometimes lead to injury and cases being opened at the police station.

> "Like yesterday…I was sitting outside and then…I saw there was a lot of girls…like Tietie's age children who's playing together and I was like…this is gonna be trouble. 'Cause all the parents

[6] 'Sommer' is an Afrikaans word without a clear English translation, but in the context of this statement, means 'simply / just' or 'for no reason' ('just because').

> are drinking…and then I tell Tietie, please, I think you need to move from here. Not even 5 minutes when I take Tietie away…I saw the children were fighting. And then, one girl go fetch her mother. And the mother just come and smack the other child that was fighting with her daughter. But she smack the child in the face. And this child, go fetch her mother. *Yoh*, and it was like…they [the mothers] fighting with each other…like shouting and swearing…the two parents is now hitting each other. And the children is now watching…and the children is now crying…" – Janine (interview transcript)

Where Stella lives, caregivers would not hurt another's child without expressed permission, as this would reportedly result in major conflict amongst the adults. Caregivers however still offer unsolicited advice and hold expectations of how others should discipline their children.

> "When Boeta does do wrong here outside, the people will stand here and see whether you gonna hit your child. They enjoy that, when they see action. So I call him into the house. They're like '*ja*[7], his mother never hit him, she don't want us to know nothing about him'. But I don't have time for that, I know what I'm doing inside." – Stella (Appendix VI)

The gendered dynamics within the community must also be acknowledged. The available participants for this study were mothers, whose stories revealed the responsibility of mothers and women within parenting. Janine shared about the gendered tasks in the home, leading to frustration from her partner if she did home repairs or interfered with his *braaiing*[8]. She noted that unemployment was hard on him, as he felt unable to provide for his children. These gendered responsibilities also brought frustration for her:

> "At home I feel like it's just me. He fixes the house and stuff, but when I ask him to wash the children then he don't. In the morning he just sleep, so I must get me and the children done. And he come home late, or he's just on his phone. So it feel like when you finish already working hard, now you must go home and do your woman job." – Janine (narrative, Appendix VII)

Janine and Stella noted these dynamics in their children, with Janine's eldest son perceiving cleaning as "a woman's work" and Stella's eldest daughter teasing her brother for helping with the dishes. The occupational therapist at One Body also noted that parenting programmes seem to be interpreted as being directed towards mothers (personal communication, June 19, 2023), and photographs reviewed of such events depict female attendees. The subsequent discourse seems to place the responsibility

[7] Afrikaans for 'yes'.
[8] To 'braai' is "to grill or roast (meat) over open coals" (Collins English Dictionary, 2024)

of everyday parenting activities on female family members, which sometimes seemed burdensome for mothers in their descriptions of the practical and cognitive weight of this responsibility.

The dominant discourses in the community also informed norms and narratives around childhood. Independence generally develops from a young age, and Janine noted her 2-year-old fully toilet training herself, spending money, and wanting to play away from home. Safe play spaces are, however, limited by broken glass hidden in the sand and holes that children can fall into if they are dug too deep. Some of the children like to play in 'the bush', the bushy areas surrounding the settlements (occupational therapist at One Body, personal communication, August 4, 2023), which are secluded and unsupervised.

Reported also was the norm for children to have frequent access to treats and/or money. Janine shared that in her area, several caregivers offer their child support grant money, R480-R500 per grant at the time of data collection (as reported by Janine and confirmed by the South African Social Security Agency, 2023), to their children at the end of each month, allowing them to miss school to spoil themselves with treats other than those they have everyday access to, due to their relatively greater cost (e.g., Lays chips, 2 litre bottles of Coke, etc.).

Relational complexities were also noted amongst the community's children and adolescents. Peer pressure is a key concern for older children, as young teenagers often smoke, initiate romantic relationships, and experiment with substances. Janine's eldest son had difficulty keeping friends as he did not share their interests and values, and Stella mentioned that, while there were many "loving" children in her settlement, some were "not children anymore, 'cause they act like grown people". Inconsistent school attendance, teenage pregnancy, and school drop-out are further challenges. One Body, in addition to its ECD centre, afterschool and learning programmes, supports families' registration of their children to enter or re-enter the formal schooling system. Stella, however, described teachers being impatient towards children from informal settlements compared to those from formal housing:

> "Especially the schools and teachers, they…are very, how can I say…judgemental. Like 'no, you stay in informal settlements, you can wait'." (interview transcript)

One Body must be acknowledged as an agentic force operating within the community. They believe in the power of the family unit and community, and work to strengthen these to address cycles of abuse, trauma, and addiction. Stella and Janine emphasised the ways One Body had supported their families and parenting, through accessing rehabilitation for substance abuse, hands-on support after crises like shack fires, facilitating employment (for both mothers and Stella's husband), educating their

children, offering parenting programmes, and the everyday availability of staff to help navigate parenting and household situations.

> "If I struggle with something with my children…I will always go to OT for advice. Because why, she know her stuff". – Janine (interview transcript)

> "I did a lot of parenting courses and programmes to strengthen families when I was on drugs. So that time I didn't take note of it, but being recovered now, all that bits and pieces, it's like puzzles that's just all fitting in together now and, it helps me a lot." – Stella (narrative, Appendix VI)

From stories shared, One Body seemed to make ways of thinking and doing accessible that deviated from those that dominated in context, which seemed to expand the possibilities available to families. Stella described the community as immensely blessed in this regard, but added that many remained overcome by the pervasiveness of everyday contextual and relational challenges:

> "Some of them [community members] can't see it…when you live in the dark, then you can't see anything." (narrative, Appendix VI)

4.3 Emerging Assertions

The process of data analysis resulted in the emergence of a single overarching assertion, comprised of two core assertions that describe how parenting unfolded in the context of multidimensional poverty when children demonstrated behaviour problems in this case. Drawing upon interview data, field notes, supporting documents, and personal communications, the overarching assertion captures parenting as unfolding through a process of relational emergence. This relational emergence is formed by two key influences (the core assertions), that of families' intergenerational and contextual enmeshment, and family members' engagement with and through iterative relational complexities. Table 2 below captures the overarching assertion, core assertions and sub-assertions. In what follows, the core assertions are unpacked first, and the chapter ends by demonstrating how these come together to form the overarching assertion.

Table 2

Core and sub-assertions describing how parenting unfolds

Overarching assertion: Parenting unfolds through a process of relational emergence	
Core assertions	Sub-assertions
Parenting is, more and less consciously, intergenerationally and contextually enmeshed.	Parenting unfolds through caregivers' simultaneous reproduction, adaptations, and/or resistance of past and dominant parenting practices.
	Parenting unfolds through a wrestling with, and a sense-making of the family's intergenerational and contextual enmeshment.
Parenting unfolds dynamically, as caregivers engage with and through iterative relational complexities.	Parenting unfolds in an iterative, relationally complex space.
	Parenting unfolds dynamically through ongoing shifts in relational agency.

Core assertion 1: Parenting is, more and less consciously, intergenerationally and contextually enmeshed

The term 'enmeshment' in this assertion refers to the ways in which, despite (and sometimes, as part of) efforts to develop their own parenting practices, caregivers remain, consciously and unconsciously, influenced by and implicated in intergenerational ways of thinking and/or doing, as well as dominant discourses and practices in context. In their descriptions of this enmeshment, caregivers shared their ongoing actions of reproducing, adapting, and/or resisting intergenerational practices. They however also shared the ongoing cognitive and emotional load of this praxis, as they wrestled with their past experiences which find everyday expression in their present-day context. Caregivers' intergenerational and contextual enmeshment could therefore be seen both in their everyday actions, and the reasoning (mental and emotional work) informing these, as captured in the two sub-assertions. In overt and subtle ways, it seemed that caregivers were always grappling with the metaphorical grasp of intergenerational and contextual influences, which they could resist but ultimately had to find ways to live with.

The two sub-assertions constituting to this assertion, which have been introduced above, are described in more detail below, to explain how this enmeshment occurs and is navigated.

Parenting unfolds through caregivers' simultaneous reproduction, adaptations, and/or resistance of past and dominant parenting practices

Parenting unfolds partly as a response to caregivers' childhood experiences of parenting discourses and practices, and the ways they, as children, responded to these. Sometimes, this manifested as a resistance of these practices, with caregivers framing aspects of their parenting as distinctly different to the parenting they received as children. Most often, resistance of parenting practices related to caregivers' experiences of harshness, emotional reactivity, or inconsistency, which they intended and attempted to navigate differently.

> "If I did something wrong and my mommy wanted to hit me, then I would get under the bed until my stepfather comes home. I would hide behind his back and he would always tell her, '*jy*[9], this is my child, you're not gonna hit her, speak to her'! And I think I took advantage of that." – Stella (narrative, Appendix VI)

> "When I was small, my mother used to swear and shout at us, and then we run away. So I'm also scared because why, if I shout, maybe they gonna run away." – Janine (narrative, Appendix VII)

Their resistance to the ways they had been parented, demanded that they explore alternative practices that would better serve their families. Often, this resulted in an adaptation of past parenting practices that caregivers felt more comfortable with. Other times, they experimented with 'new' practices observed outside the family and community.

> "When they get older we take away privileges, so you can't go outside, just to go to the toilet. No TV, nothing for a week. 'Cause I had that, so I know it feels bad. But now I just do it for one day. If their behaviour is not better the next day, then they still stay inside." – Stella (narrative, Appendix VI)

> "So I decide I'm gonna try just this thing for one month, I'm gonna be calm. If you talk to the child nicely, then that child will really listen to you. Like Boeta, I didn't want him to go play in the bushes. So one day he went there and I was like, if I find this child, I will hit him! Really.

[9] Afrikaans for 'you'.

> Because I was worried! But then when he come home, I was just telling him, go to your room. Go sleep. And go think, what did you just do." – Janine (narrative, Appendix VII)

To adapt past parenting practices, caregivers often had to resist everyday practices arising from the community's dominant parenting discourses. The (literally and figuratively) close positioning of families in the community meant that both families experienced immense pressure to teach and discipline their children in ways aligned with dominant discourses, and to accept community members being privy to or contributing towards these moments.

> "Sometimes the adults fight over the children that is fighting. Back when I was on drugs that would happen a lot. But now when that happens by us, I tell the parents, if you wanna continue going on, I'm gonna walk away. Until you ready, as a grown person, to speak to me and sort this problem out." – Stella (narrative, Appendix VI)

> "…So when he do something outside, the parents would come and complain. But then I hit him *mos*[10] now, in front of them. But then, they come every time. So I think to myself…no man! If I'm gonna hit this child every time, this people is gonna come every time. So one day, one person come and say you know, your child hit my child. And I say no it's fine, I will sort him out. Later. And I take him inside the house, and then I tell him, go sit there inside, on the chair. Then you must tell me what happened. And then I tell the child's mother also, bring your child. I want to know, there's two sides of the stories." – Janine (interview transcript)

Recognising these dominant discourses, and desiring to resist them, caregivers managed their children's exposure to these and, where possible, took opportunities to parent in ways that offered their children alternatives to the lifestyles and practices that they witnessed. Stella demonstrates alternatives below by seeking to understand what has happened after children's conflict (rather than reacting in the moment), facilitating communication about the conflict (rather than joining the conflict) and encouraging the boys to do differently in future (rather than reinforcing aggressive reactivity to manage conflict).

> "I bring both children together, and I find out what is the story. Either way you still going to be punished 'cause you were told whatever happens, it's for you to walk away. Then I try and sort it out between them and leave them with a message: People that live in brick houses will always look at us differently because we live in shacks, so performing like this doesn't help. If you stand up for each other and love one another, that will be far better. So when people

[10] An Afrikaans word with several meanings and without a clear English translation, 'mos' is generally used in this thesis to communicate a sentiment of 'obviously' or 'of course'.

> come from outside, and they see how *yous* behave, they will be amazed at how you communicate and stick with each other. Even though you live in shacks, you can still stand out." – Stella (narrative, Appendix VI)

In the excerpt above, Stella responds not only to the dominant parenting practices in her community, but also the relational norms amongst young people and the discriminatory discourses experienced at school. She does this by revealing the possibilities available for the boys to challenge others' assumptions about their community, by rejecting the aggressive patterns of engagement often seen amongst young people.

Within these dominant parenting discourses and practices, families need to navigate also the norms around childhood in context. The norm of children having and spending their own money on small pleasures seemed to shape children's perceptions, expectations, and behaviours when it came to money and spending, which caregivers and One Body had to find ways to monitor and manage.

> "And if Boetie don't get what he want, he will throw the chairs around. Or he will cry until he turns blue, then he faint and I must put water on him to wake him up…It was very hard and I was thinking to myself, maybe something's wrong with him. That's why I always take him to the hospital, but they say he's doing this, because why, you are giving him everything he want. So his father stopped giving money, because he was buying packets of sugar and getting sores on his body. I see now he don't ask for money too much, and he forget about the sugar." - Janine (narrative, Appendix VII)

> "I saw a teacher give a child some chips the last time I was here. Apparently, the children bring some treats from home and if they don't have anything, then she buys something for them, because they won't come to school if their friends have a treat and they don't." – Field notes (20 April 2023)

The safety of the physical environment and the contextual norms around children's play, also acted as circumstances that needed to be managed. Caregivers expressed discomfort around their children playing too far from home and worked within this norm to protect their children.

> "So when my kids play outside, I'm sitting outside so that I can watch them. And when they are too long away from the house, I go look for them. But my dad was very over-protective, so most of the time, I was just in the house. So when I could go out and have a party, I came home pregnant. And I don't want that for my children. I don't want to keep them too tight, and when you do give them an opportunity to enjoy themselves, then they like a dog that was locked in a cage." – Stella (narrative, Appendix VI)

Amidst their adaptations and resistance of parenting practices, there were also times when families demonstrated practices that reflect and even honour those of their parents, especially when they perceived value in these practices or had experienced them positively as children.

> "As long as I still have that bonding time. I don't just say I'm stressed, just leave me! No, I can't do that. I think of all my mom's circumstances and the hard days, and she always used to make time for me. She never used to give me tough love, she used to *love* me." – Stella (narrative, Appendix VI)

Janine, however, shared that even the reproduction of hurtful parenting practices can occur, in the real or perceived absence of alternative ways of doing. She described how she used to perceive her childhood experiences as reflecting how parenting should unfold, before she was exposed to alternative discourses and practices that could serve her family. Her stories also revealed the racialised discourse that further informed her authoritarian parenting perspectives.

> "[On teaching children to fight back] So I was thinking, let me teach my children the same, but when I start working here I say, no, the thing I was doing wasn't right. My father used teach us how to fight. He used to say, if you can't fight that person, there's always a stone or a knife somewhere…But I don't want that for my children. 'Cause everywhere me and my sisters go, there was always fighting." (narrative, Appendix VII)

> "His daddy also don't like hitting. 'Cause he was doing what his parents used to do, and I was doing what my parents used to do. And sometimes it was difficult because why, if he want to talk to the children, then I will say, 'no man, this is coloured children! You don't talk to them like this! They know the hitting!'" (narrative, Appendix VII)

Caregivers' reproductions, adaptations, and resistance of past discourses and practices were however not always that definitive or stable and, more and less consciously, caregivers also demonstrated the challenges, conflicts, and inconsistencies in this process.

Parenting unfolds through a wrestling with, and a sense-making of the family's intergenerational and contextual enmeshment

Resisting and adapting known parenting practices was at times challenging for caregivers. Alternative practices (e.g., enacting consistent, measured responses in emotionally charged moments) did not always feel as easily accessible as the ways of doing (e.g., emotionally reactive responses) they had

known growing up. While they often wanted to retrieve and implement different parenting practices, this was difficult to do in the moment, which sometimes elicited feelings of fear or guilt.

> "With the naughty corner or taking things away, it's fine. But with the shouting and hitting, I feel guilty. I'm also thinking if I'm angry, maybe I'm gonna hit them worse, you see. Or I'm gonna say wrong words to them. And how am I gonna feel if that child say those words to me? Or to someone else?" – Janine (narrative, Appendix VII)

> "The new punishment is they can't have their teatime treat with us at night, they must go straight to bed. Like with Boetie when he runs outside after his bath. But it's hard for me because Boetie's face, he looks so sad." – Stella (narrative, Appendix VI)

This ongoing negotiation with past ways of thinking often manifested practically as a back-and-forth wrestling with their parenting practices. Janine described how her past parenting experiences found expression in her current practices, despite her discomfort with it.

> "I tell Tietie always, if Boetie hit you, you take his hand and hit him back. Because he's gonna keep on hitting her! But sometimes I think, why did I just say so? Maybe I was angry when I say so? Because I don't like the hitting, I want to teach them not to fight. And if I tell them hit back, then they gonna do it outside. Like Boetie, if his friends hit him, he hit them back. If he cries, then he will go back to that child later. Because I was the one who was saying hit back!" – Janine (narrative, Appendix VII)

Within this wrestling, and even in their resistance and adaptations of practices, families generally seemed to reproduce the discourses underlying past parenting practices. This occurred either through intentional endorsement of past ways of thinking, or through less conscious reproductions that manifested in the parenting practices they drew upon. Caregivers seemed to work within authoritarian discourses, while exploring alternative practices and their appropriateness for their children, to respond to parenting situations.

> "With Boetie, I never *hit* him hit him, I only give two spanks on the bum if I have really had enough now, just to show him who is boss around here." – Stella (narrative, Appendix VI)

Stella's adapted practices, through shortening the length of time children were grounded for and choosing spanking over beating, demonstrate a kind of 'adapted reproduction' of these practices, by remaining enmeshed in the parenting discourses they reflect. Informing Stella's 'boss' positioning in her home, for example, is the discourse of 'listening' or obedience, noted in the ways both families often implemented punishments to respond to the crossing of a boundary (rule / limit), rather than

reinforcing, or enforcing differently, the boundary itself. Caregivers often seemed particularly frustrated by the disobedience underlying a given behaviour.

> "And Boetie don't want to get up. The one morning he didn't want to go to the toilet. So I put his clothes on and then he wet that, so then I put on another pants, and he wet that too. And the transport was *mos* already there and now they have to wait! So I hit him because he's naughty." – Janine (narrative, Appendix VII)

Stella and Janine's ongoing consideration of effective punishments for their children (moving between physical punishment, withholding privileges, the naughty corner, etc.), with the understanding of punishment as necessary for maintaining discipline, seems itself a subtly reproduced, past discourse. Although caregivers could be sources of safety and comfort for their children, in contrast to aspects of their own upbringings (e.g., through being more emotionally available for their children), this safety seemed, to an extent, conditional, dependent on children's behaviour (and caregivers' perceptions thereof). Caregivers seemed to accept this as appropriate, or sometimes necessary.

> "I always just sit with him first, and then I will tell him why I spanked him…like when Boetie is showing aggressiveness or continuously show attitude to me or his brother and sister, that is a big no for me…I'm teaching Boetie to respect Boeta now already. When I go somewhere and Boeta must look after him, then he must know he won't have any problem with him." – Stella (narrative, Appendix VI)

This sense-making unfolds within a community which, through its relational closeness and subsequent involvement in parenting, strengthens the pervasiveness of intergenerational ways of knowing and doing. This limits the external support available to deviate from these, while also shaping the parenting situations that unfold within and outside the home. Subsequently, caregivers sometimes made choices that aligned somewhat with dominant ways of relating, to manage the impact of contextual realities on their families. For example, Janine and her sisters demonstrated a willingness to reproduce their pasts and the violent ways of doing in the community, if necessary, for the sake of their family.

> "But they [community members] know, if there's a fight, I call my two sisters…We can be angry today with each other, but if they [the sisters] just hear one of our voice, then they there…Or they hear our children is crying somewhere, they there. They don't ask questions." (interview transcript)

It seems that resistance of intergenerational discourses and practices may reinforce other dominant ways of thinking or reinforce them in different ways. This keeps parenting intergenerationally enmeshed, while also potentially shifting the 'dominant' patterns of thinking and doing over time. For

example, while caregivers' ways of thinking and doing revealed their ongoing intergenerational enmeshment, their particular negotiations of this enmeshment influenced how it found expression in their families.

> "The parents here, I don't know how they grew up. Maybe their parent hit them more, now they think they must do the same. Or 'my mother or my father never take my side, come let me do that for my children'." – Janine (narrative, Appendix VII)

> "I've grown a lot with having patience as a parent. When I was on drugs I was very irritable, and I would *skel*[11] if my children are not getting something right with their homework, but I'm a lot more patient with Boetie now. But when I think back on it, it's still heartbreaking for me, and I'm continuously apologising to my older ones, for being so hard on them." – Stella (narrative, Appendix VI)

Caregivers then confidently applied the sense-making they had done within their own families to the community, enacting what they believed should be done differently in context.

> "I try to be that family where the light shines out, so that motivates other people also to change their lives. So when I go visit friends and things happen, then if we are in a close relationship, I will advise them. Not that I wanna tell you what to do, but try this and see how it works." – Stella (narrative, Appendix VI)

> "But you know what, all the children love to be at our house. I will clean the house but then not 5 minutes, and all of them is there. Children that's not even friends with my children! On weekends the other parents are out and about, so if children come play and I am busy with Tietie's hair, I will also wash their hair and plait it." – Janine (narrative, Appendix VII)

> "When the children's friends come over to us, sometimes I will sit with them and make fun, or have a random conversation. Sometimes the child is uncomfortable 'cause they don't know what to expect, 'cause here the mommies say '*jy*, go and play! Don't come sit here in the house'. But by us it's like '*jy*, come get on the bed. Do you wanna watch a movie? There's plenty of movie channels'." – Stella (narrative, Appendix VI)

Intergenerational and contextual influences seemed to occupy caregivers' thinking incessantly as they engaged in parenting and reflected on this engagement. Despite their wrestling and reasoning, these influences continuously shaped caregivers' parenting through the constant effort required to

[11] Afrikaans for 'scold'.

reproduce, adapt or resist it, as well as their (conscious and less conscious) enmeshment with it as they perceive, interpret, and respond to parenting situations in-action.

Core assertion 2: Parenting unfolds dynamically, as caregivers engage with and through iterative relational complexities

Each person in the family, through their relational agency, is part of parenting in the ways they influence the situations, routines, or activities within which parenting unfolds, and the practices that are chosen and enacted. Importantly, caregivers seemed to recognise children's behaviour as expressions of agency; reflecting their learnings or dynamics within a particular relationship, serving their agenda, or mirroring interactions observed between others. Particular to this context is the way relational agency extends beyond the physical home and family microsystem, to include caregivers in the community. This was experienced as invasive and sometimes threatening due to the compromised physical and emotional safety inherent in community engagements. This collective, relationally complex space within which parenting unfolds is encapsulated in the first sub-assertion.

As a result of these relational complexities, many interrelationships exist that are in an ongoing state of flux, as relational agency is expressed in different ways by the many involved in everyday parenting situations. The second sub-assertion describes how these ongoing shifts in relational agency create and characterise a dynamic unfolding of parenting in context.

Parenting unfolds in an iterative, relationally complex space

Parenting was framed as negotiated with, or enacted in relation to, other caregivers. Besides the ways individual caregivers shaped parenting through their thoughts and feelings, current circumstances, and past experiences, those of the other caregivers also needed to be considered and navigated in determining together how parenting would unfold. In both families, this was seen in the ways caregivers recognised the incongruence in their parenting perspectives.

> "He's actually more strict than me, 'cause when it comes to punishment then I'm like, ah just leave them, they're only children. Like I would *skel* them out but then I let it go. But his mommy was very strict with him. So he is very consistent, if they don't listen he will make them do that thing *and* there's a punishment." – Stella (narrative, Appendix VI)

Sometimes, it was possible for this incongruence to lead to an agreed-upon integration of practices, or the development of new, shared practices. The presence of multiple caregivers also allowed for them to draw upon others' support or relationships with the children when they felt they needed it, such as when they were struggling to manage children's behaviour.

> "It was sometimes difficult because she [Janine's sister] have her way to teach hers and I have my way to teach mine. I was talking and she was hitting. So we did sometimes argue, but we lived nicely because she was taking some of my advice. And we decided, let me handle the boys, and she handle the girls. 'Cause the girls is *mos* soft. But if she hit my children, they mustn't come complain to me, and if I hit hers they mustn't go to her." – Janine (narrative, Appendix VII)

> "…sometimes I don't feel like I wanna go lay [on the bed] now with this child [when Boetie's upset]. I just tell his daddy or aunty to sort him out. His daddy will take a walk with him, or he will put him in bed, close him with a blanket, and put on the TV. My sister will take him to her house and then she will make him popcorn." – Janine (narrative, Appendix VII)

Navigating the relational agency enacted by other caregivers could however be more challenging, especially when this related to the particular dynamic shared between a given caregiver and the children.

> "The other day their father was also doing it wrong, because Boetie didn't want to put clothes on and he start to cry, so his father give him R20! But I did tell his father to stop doing that. It's making my work difficult." – Janine (narrative, Appendix VII)

> "He's the calm and collected one, so when he raise his voice then the kids remember, ah my daddy's in the house! He doesn't like spanking, he always says you must talk to the children. But talking doesn't always work!" – Stella (narrative, Appendix VI)

In addition, Janine described how tensions arising from complex family dynamics could affect other relationships within the family. Caregivers expressed concern that discord amongst caregivers could have a negative impact on children and therefore needed to be managed.

> "I don't know if it's his colour, because Boetie's darker like his father, my other children look like me. His family was saying that my other children is not his children because they look different. And now still, at Christmas they buy only for Boetie Christmas clothes! So I tell Boetie he can't go to them anymore. But they always want to be in the middle. So if me and the father fight, then they put my power off! They put it back on for him, but when I come from

> work, the power is off for me! They don't want us to fight, you see." - Janine (narrative, Appendix VII)
>
> "My sister will lock the door from outside so no one can intervene, 'cause sometimes his family want to come, or my baby sister is ready to fight for me! Then she will come back later and sit us down and say, you must think of the children. If you are fighting, do it softly or send them to go play." – Janine (narrative, Appendix VII)

The interpersonal dynamics within adults' relationships could therefore find expression in parenting situations. This also applied to relationships within the community. While all adults were potential caregivers for all children, community caregivers could be protective, threatening, and/or harmful towards children at any given time.

> "And that lady was drunk…Like one day that lady wanted to hit him, but then I asked Boetie now…what happened? Did you do that? He said no mommy, I just stand by the gate and look…So I go back to that lady, I ask her…now what did Boetie do, because he tell me he just looked. Then she say yes, but the other times, he come throw water there. I say yes, the *other* time! Now you gonna hit him now, today for things that happen long time [ago]." – Janine (interview transcript)

Caregivers therefore needed to consider the relational complexities and unfolding interrelationships within and outside their household, between them and other caregivers as well as relationships in which they were not directly involved, to navigate and manage the enactments of relational agency that may affect their families. The people and dynamics outside of the home seemed to carry as much weight in shaping caregivers' practices as the dynamics within their own family structure.

From stories shared and observations made at One Body's ECD centre, the relational dynamics within adult relationships seemed to manifest also in children's expressions of relational agency. Much like interpersonal violence and/or reporting wrongdoers to other parents or the police were described as common ways of resolving conflict amongst the community's adults, children similarly seemed to gain leverage through aggression or seeking support from an authority. Children also imitated adult interactions by reenacting observed altercations or adapting existing games to be physically aggressive. One Body's occupational therapist mentioned developing a course around bullying, as this had become a growing concern amongst community children (personal communication, March 13, 2023). In this way, children's agency was a vehicle through which norms or happenings in the community could infiltrate family life.

> "Like this weekend, two women was fighting. And then just after that the children was like, playing that game. Fighting…like, swearing. But when I go to the children saying 'are you fighting?' They say no, they playing. Like, they saw this two people doing this thing, and then they were making a game out of it. And I don't like that." – Janine (interview transcript)

> "Here by us, the parents swear the children. Ooh! I have to close my ears. My baby's first word was a swear word, and we don't swear! But now if she go to someone and start to swear, they gonna say, 'Oh no! Maybe in their house it's like this, or maybe this child is full of stress'. But by us, it's completely normal." – Janine (narrative, Appendix VII)

While caregivers framed parenting as emerging from the histories, circumstances, and practices of the adults in context, their stories also illustrated how children's (real and perceived) needs, temperaments, circumstances, and subsequent behaviour affected caregivers, with implications for their parenting practices. The ways children exercised their relational agency are depicted in how they appraised and responded to correction, held caregivers accountable for their actions, negotiated what they thought they needed, and accessed comfort or connection with caregivers. These enactments of relational agency also unfolded amongst siblings, creating and influencing parenting situations, and shaping their responses in relation to one another, which caregivers sometimes intervened in.

> "I made a naughty corner on the bed, because it's against the wall, so when Boetie's too wild I tell him 'just go sit there', just relax! And he can see the TV from there, so that calms him down. I used to just take him, shove him down in a place and say 'stay there! You don't move until I say you move'. But when I turn my back he's behind me, like 'what you gonna do?'." – Stella (narrative, Appendix VI)

> "The one day I asked Nuni to pick up her toys and she said no, so Boetie started to pick them up and he kept looking to me. So I pretended I didn't see him, and then finally he threw a doll in front of me, then picked it up. So I was like, 'wow, you go boy!'. And I gave him a hug and kiss." – Stella (narrative, Appendix VI)

> "It's just if the others tease Boetie, then it's back to square one. The one day, he went to the toilet and didn't wipe 'cause there wasn't toilet paper. So they were like 'you got a stink bum!'. Then he was crying and pushing things around and hitting against the wall, like 'they making fun of me!'. So I told them don't, 'cause *yous* all went through this. And they had to apologise and then I pampered him." – Stella (narrative, Appendix VI)

Children's emotionality, such as moments of over-excitement or outbursts of negative feelings, seemed particularly taxing to navigate. Emotional behaviour demanded a reconsideration of how

relational agency was being negotiated in the situation, which could feel unfamiliar or overwhelming. In addition to the relational complexities informing and resulting from these moments, emotional behaviour seemed to challenge a past discourse in which children should enact their agency at the discretion of, or as directed by, the caregiver. For example, Janine disagreed with colleagues about her son's meltdowns, and her perception of these as misbehaviour made it difficult to explore different responses to contain him in these moments. The influence of intergenerational discourses (e.g., her own parents' harshness in response to her distress) intersected with relational complexities (e.g., her fears around his excessive crying, perceived favouring of him by other caregivers) to shape her relational agency in-action.

> "And sometimes, they give him a massage [at school]. I'm like, so you are naughty, then I still must massage you?! This is not me. Or when the children is very wild, the teacher's always calm. They are asking the child questions and talking in a soft voice. And they like, this child maybe have stress. I'm like, hm-mm. This child is not full of stress, this child is naughty." – Janine (narrative, Appendix VII)

Caregivers, children, and community members have and exert agency in ways that together inform how parenting unfolds in context, which in turn shapes the enactment of relational agency in subsequent engagements. The relationally complex ways in which agency is enacted in parenting thus has a reciprocal relationship with how parenting unfolds.

Parenting unfolds dynamically through ongoing shifts in relational agency

The inherence of relational agency within parenting means that any factors relating to any of the children or adults, could directly or indirectly lead to shifts in parenting. These factors may operate in integrated ways, leading to shifts in practices that too are complex and informed by multiple influences. These shifts could be immediate or more gradual, temporary or lasting, subject to shifts in relational agency.

On an everyday basis, households' practical and financial circumstances, often due to external factors, were ever-changing. This necessitated shifts in families' engagement and influenced the roles family members played in the household.

> "When there's nothing in the house, then I sit and think, what are the children gonna eat, or *yoh* this child don't have shoes. Boeta will sell his stuff. 'Mommy, here's a half bread's money'.

> But I tell him, mommy have a work now, I will look after you." – Janine (narrative, Appendix VII)

> "Before bedtime we have a family meeting where we discuss how was your day, is there anything that happened in the house that you didn't like, like that. But we haven't done that for a while, because daddy's working now and he's very exhausted when he comes home. And load shedding[12] is just spoiling everything. When daddy's contract is finished then I'll give him time to rest well and then we can go back to our circle." – Stella (narrative, Appendix VI)

Within changing circumstances, caregivers were also shifting their parenting practices according to their practical sense of what would 'work' for them, the child and/or the situation. Caregivers drew upon their perception of how relational agency was being and needed to be enacted, based on their interpretation of the situation, to determine how they reproduced, adapted and/or resisted past and dominant parenting practices. This often required shifts in how children and caregivers' relational agency was understood and negotiated in the family.

> "The one day Tietie was bathing Boetie and he started throwing the soap in her face, and she spanked him on his bum, like 'hey, why are you fighting with me?!'. But I told Tietie she went a bit too far. I said leave the spanking to me. Where it's a situation that you can't handle, don't take over. Just leave him until I come home." – Stella (narrative, Appendix VI)

When children's agency was enacted in ways that felt challenging, caregivers' interpretation of the child's behaviour as 'naughty' (i.e., as lacking a reasonable explanation), as reflecting a need, or as understandable in context, shaped how they responded with punishment, or shifts in expectations, comfort, or practical support.

> "So if they throw tantrums, I just leave them. 'Cause if they see you take note of this tantrum, then it's going to go on and on. So roll yourself on the ground, bump your head, it's fine. And then it doesn't continue much longer. But when I see no the crying goes too long on, then I tell them to come to me, like 'shhh, it's fine…this money is for electricity and I don't have money now to buy chips and I promise to you, if daddy come tonight and daddy's got money, we gonna buy some chips'." - Stella (narrative, Appendix VI)

[12] "Load shedding is a measure of last resort to prevent the collapse of the power system country wide. Scheduled load shedding is controlled by way of sharing the available electricity among all its customers. By switching off parts of the network in a planned and controlled manner, the system remains stable throughout the day, and the impact is spread over a wider base of customers" (South African Government, 2022).

> "The other day, Boeta was making me angry, and then I just hit him once, and he say, 'but mommy, you never hit us! Why you starting now?'. And then I was just laughing! I say, 'I'm sorry my child, come to me' and we were just laughing because it was funny! And what can I say, I was very angry. But then he say, 'mommy if you angry you always walk away'. But that day, I couldn't walk away!" – Janine (narrative, Appendix VII)

Everyday parenting situations seemed both to reveal shifts that may be needed, and act as the site of these shifts in relational agency, with implications for subsequent parenting situations. In response to caregivers' efforts to shift from emotionally reactive practices, for example, their children could also identify and name these behaviours as harsh when they formed part of their parenting practices.

These shifts took place in the moment and unfolded over time, as caregivers came to perceive their children's agency differently and/or learned what responses are more or less helpful. In this way, patterns of engagement (enactments of relational agency) could also evolve over time. As an example, both Stella and Janine described shifts in how they managed their younger sons' reluctance to get ready in the mornings, gradually perceiving this as a challenge for their boys and subsequently making this easier.

> "But now I pick him up and stand with him at the toilet because he's still sleeping, then I put him back on the bed when he's done. And I wash his face and put his clothes on, while he's laying there. So I do it his way now." – Janine (narrative, Appendix VII)

> "At first I would *skel* him out, but I saw that's not working, so I'm now *maar*[13] more polite in the morning. While he's still sleeping I'm kissing him, 'wake up baby, it's time to go to school', and that's working." – Stella (narrative, Appendix VI)

Through continuous shifts in relational agency, shaping and being shaped by efforts to resist, adapt, and reproduce intergenerational and/or dominant practices, parenting seemed to be in an ongoing state of 'becoming', or emergence.

Overarching assertion: Parenting unfolds through a process of relational emergence

Families' ongoing navigation of and response to their intergenerational and contextual enmeshment, with and through iterative relational complexities, positions parenting as a continuous and complex process of relational emergence. Families are rooted in their histories, which they manage along with

[13] An Afrikaans word typically meaning 'but', but which in this context refers to 'just'.

dominant discourses and practices in context, through everyday enactments of relational agency, to (re)shape parenting within their families. This is an ongoing and integrated process, taking shape within and beyond the family microsystem, to construct the parenting practices that unfold in everyday situations.

Stella illustrates this emergence when she unpacks her and her husband's reasoning around managing Boetie's running out after his bath and how they explained their choice to him. They had reproduced a past parenting practice and relational dynamic but recognised the need for a shift. Due to their perceived seriousness of the issue, they remained rooted in a more punitive relational discourse, but shifted the practice used to enforce this.

> "But we decided we not gonna spank him anymore, because it just makes them more stubborn. He just cries finished, then he's out by the door again. But just having him wash his feet and hands again, it's gonna be too easy. So then he's gonna [be] like, '*ag*, this is nothing, I can do it again'. But having an extra thing that he likes, not having it is gonna make…[him reconsider]. So…he was like, mommy I washed my feet and my hands, can I get on your bed? I'm like *ja*, but then his daddy said, why you wanna sit here? Now he [Boetie] show [points to] …the biscuits. Daddy say no…you not having any. 'Cause we constantly speak to you…whenever you are done bathing, do not run out, you gonna get sick. So…it's for your own good. It's not that we don't wanna give you, we don't love you…" (interview transcript)

Although this emergent process was facilitated intentionally through reflective action, caregivers' stories often captured the 'before' and 'now' of these shifts, with what exactly transpired in that gap (and how it did so) seeming less tangible. Caregivers seemed to be reflecting on and 'figuring out' their reasoning and discernment in their retrospective storytelling, which sometimes manifested in inconsistencies or seeming contradictions in what was shared. We subsequently benefitted from revisiting stories to develop a shared understanding of how these had transpired. This elusiveness seems characteristic of the emergent nature of parenting, in which shifts are inevitable, complex, and ever unfolding from one moment to another.

The ongoing shifts that unfolded within parenting seemed to facilitate learning and unlearning in caregivers as well as in children, suggesting the potential for the relational agency enacted within these everyday shifts to facilitate mutual growth and, over time, to shift intergenerational ways of knowing and doing. This is seen in the ways Janine's children confronted her and overtly sought her comfort and attention, both of which are in stark contrast to Janine's own upbringing. The relational complexities between children and adults during her childhood had been challenged by her commitment to relate differently with her children.

> "With Tietie and Boetie, they will cry outside but when I ask them why, they don't want to answer! And for me it's like, what happened now with this child? And they will take long, and then Tietie will maybe come sit with me, then she will tell me, but she will make like it's a story. She won't tell you something straight. So if she come upset inside, I will say, 'come we play something'. Now me and her will play and then I say, 'Ok, now I will tell a story, but it's gonna be a short one'. And then I will say, 'it's now your turn'. That's how I will know what happened." – Janine (narrative, Appendix VII)

The above examples demonstrate how shifts in caregivers' parenting, through different negotiations of relational agency, in turn changed the nature of relational agency that could be, and was, enacted by and between children and adults, potentially challenging longstanding intergenerational norms for engagement.

It is however also worth noting in both mini-cases how shifts away from unwanted practices presented their own, 'unchartered' parenting situations and challenges to navigate. This could be seen in Janine needing to find ways to comfort emotional behaviour, in her efforts not to repeat her past. Stella, through her choice not to be unduly restrictive of her children's movements, needed to navigate Boetie running outdoors against her wishes. This ongoing (re)navigation of relational agency facilitates a continuous, relational emergence, which characterises parenting as an occupation in this case.

Chapter conclusion

This chapter began by introducing the case narrators, followed by a description of the case and its challenging context. Within this context, parenting was found to unfold as a process of relational emergence, a continuous negotiation of relational agency amongst adults and children. This emerged within and in response to complex contextual and relational challenges in the community, which were informed by, and reinforced intergenerational parenting discourses and practices. Caregivers thus found themselves and their relational dynamics enmeshed in past and dominant parenting discourses and, through ongoing negotiations of relational agency, needed to manage these by resisting, adapting and/or reproducing them in response to everyday situations.

Chapter 5: Discussion

This chapter will contribute towards theorising parenting as a process of relational emergence, providing new insights within occupational science and occupational therapy that have been illuminated through the exploration of a case of parenting in the context of multidimensional poverty in post-1994 South Africa, when children demonstrate behaviour problems. As described in Chapter 4, parenting unfolded as a process of relational emergence, continuously taking and changing shape through caregivers' negotiations of relational agency in response to their intergenerational and contextual enmeshment, and the subsequent relational complexities operating in their contexts. Children's behavioural challenges unfolded as expressions of relational agency that could challenge the parenting effort, but were not a focal point of parenting in the case. Rather, the occupation of parenting emerged in these findings as more - and more complex - than behaviour management in context.

The key findings of this study will be discussed in relation to southern perspectives of collective occupation (Ramugondo & Kronenberg, 2013) and occupational choice theory (Galvaan, 2015), outlining the potential value of these constructs in conceptualising how parenting unfolds in the margins. Conceptualising parenting in this way challenges existing professional notions and offers additional perspectives that may better serve families in the margins.

Theorising parenting as a process of relational emergence

As depicted in Figure 5 below, parenting in this case unfolded as a process of relational emergence, as caregivers navigated their intergenerational and contextual enmeshment through relational agency, in response to the iterative relational complexities that operate in their everyday contexts. Children's behavioural problems were an initial reference point for this study, but emerged as part of, rather than the central concern within, this challenging parenting context.

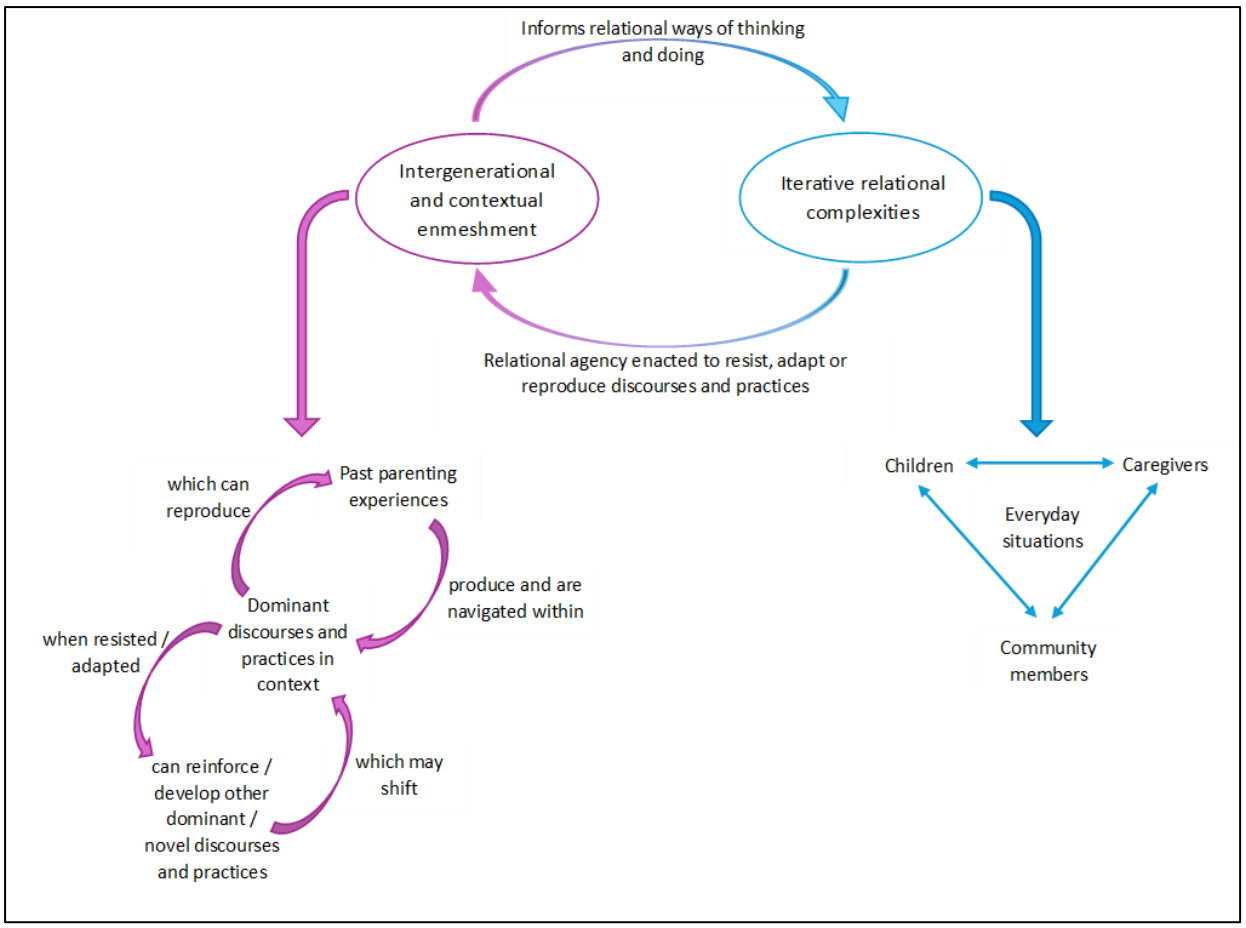

Figure 5. Parenting: A process of relational emergence.

The relational complexities that unfolded amongst caregivers, children, and community members shaped and were shaped by everyday parenting situations (see 'Iterative relational complexities' path above), in which caregivers responded to their enmeshment through their parenting practices. These parenting practices could resist, adapt, or reproduce dominant ways of thinking and doing in context, influencing what and how dominant discourses and practices found expression in their families and community (see 'Intergenerational and contextual enmeshment' path). Caregivers' everyday choices in parenting situations were enacted in relation to and with implications for others, informing relational ways of thinking and doing in context that could shape subsequent parenting situations.

The study's findings demonstrated that parenting practices were pursued with intention by caregivers to serve their families, and yet also unfolded less consciously, as caregivers remained enmeshed in their pasts and current context, while navigating the subsequent relational complexities encountered in everyday parenting situations. As they navigate the conscious while remaining influenced by the less conscious, caregivers demonstrated in their parenting accounts both thoughtful care and inconsistency, both emotional availability and emotional reactivity, both responsiveness, and

permissiveness and/or harshness, at different times and in different situations. In these contrasts of parenting, parenting discourses and practices seem both fixed and fluid in the ways they may both shift and be sustained. The binary positioning of good or bad parenting, of loving or violent homes, does not seem to duly capture how parenting unfolded in this case.

The way parenting revealed itself in this study challenges the notion of parenting as an individual role or a co-occupation (see sections 2.1 and 2.2, Chapter 2), and requires perspectives that may better support conceptualisation of how parenting unfolds in this case.

5.1. The potential value of the collective occupation lens for understanding parenting in the margins

The way parenting unfolds in this case, with its contextual and relational complexities, aligns well with the southern, relational perspective of human occupation. Ramugondo and Kronenberg (2013) argue that human relations shape and are shaped by occupational engagement as it unfolds in context, meaning that individuals are continuously being influenced by what they are able or unable to do within groups, communities, and societies. This is informed by Ubuntu, a southern perspective on the nature of being human that describes an iterative dynamic between the individual and the community, such that all humans are implicated in one another's existence and wellbeing (Ramugondo & Kronenberg, 2013). This suggests that human occupation, even when engaged in by an individual, is also social, and never separate from its relationships with others (Guajardo, Kronenberg, & Ramugondo, 2015). Much like Ubuntu locates humans as engaged in a shared process of becoming (Ramugondo & Kronenberg, 2013), parenting too unfolds as a process of relational emergence, in which parenting and the people involved continuously develop in relationship with others, as they navigate the relational complexities that unfold within their intergenerational and contextual enmeshment.

As was demonstrated in Chapter 2, this relational nature of parenting has been acknowledged to some extent in parenting literature, through the concepts of co-occupation (Pierce, 2009), family occupations (Bonsall, 2014), rituals and routines (Evans & Rodger, 2008), and the recognition of parenting as transactional (Lim et al., 2022; Sethi, 2017). These conceptualisations are however limited, since they do not adequately reflect the predominance and complex involvement of the human context, within and beyond the family unit, that characterises parenting in the margins, nor the significant impact parenting may reciprocally have (perhaps needs to have) on this relational context (see Figure 5). Furthermore, these conceptualisations do not capture the process-orientation

of parenting's continuous relational emergence, underscored by ongoing and complex enactments of relational agency by the many who contribute towards how parenting unfolds.

While this study does not aim to classify parenting as, or position parenting within collective occupation, the study findings demonstrate the value of drawing upon the collective occupation perspective to understand how parenting unfolds in the margins. Collective occupation is understood as occupations that are engaged in within everyday contexts, which may demonstrate a particular social intention, namely to further or hinder social cohesion and/or a "common good" (Ramugondo & Kronenberg, 2013, p. 8). While collective occupation is sometimes interpreted as occupations engaged in by many individuals together (e.g., Mthembu et al., 2023), the southern perspective expands on the systems theory framework by Fogelberg and Frauwirth (2010) to postulate that collective occupations can be engaged in by individuals, groups, or communities and societies, with intentionality as a defining feature of how these occupations unfold (Ramugondo & Kronenberg, 2013). Driven by this intentionality, it has been argued that collective occupations can be powerful sites of resistance (Ramirez, McCarthy, Cabalquinto, Dizon, & Santiago, 2023) and healing (Motimele & Ramugondo, 2014).

Congruent with this, caregiver, child, and community relations influence and are influenced by one another's occupational engagement. The relationally emergent process of parenting demonstrates how these everyday engagements hold implications for several relationships, future occupational engagement, and generally, cohesion or division in the family and/or community. The way in which parenting situations unfold also holds implications for, and is sometimes navigated deliberately to influence, the wellbeing of specific individuals, the family, and community. Considering parenting from a collective occupation lens illuminates the ways in which multiple caregivers and children continuously act individually and together to construct and respond to their everyday parenting realities. It also draws attention to the intentionality that may inform parenting practices and the potential implications of these practices for families, communities, and society.

There may, however, be variation in this case with how collective occupation has been theorised to date, specifically in how intentionality unfolds and finds expression. Stella shared a narrative of parenting that seems to resonate strongly with collective occupation; the intentionality informing her family's parenting is articulated clearly as promoting the wellness of the family and community, with their actions aligned accordingly. Janine's narrative, however, did not seem to communicate the same awareness of, and/or intention to harness, the potential power of her everyday choices, although her choices seemed to have similar effects. For example, Janine gently coaxing Tietie into sharing what upset her outside, depicts comfort and protection of her child, but is also a necessary effort to

challenge the intergenerational and community discourse of resolving conflict aggressively. This seems to be a marked characteristic of parenting in the margins, where contextual and relational challenges demand parenting practices that respond to, and manage these with some degree of intention. This contrast between the mini-cases in this 'degree of intention' raises questions about whether collective occupation need always be intentional to influence and shape the wellbeing of self and others. Parenting in Janine's family seems effectively as collective an occupation as Stella's, but with an intentionality that is not as definitive or certain. While collective occupation has been largely explored in occupations involving conscious and definitive intentionality (e.g., Motimele & Ramugondo, 2014; Ramirez et al., 2023), this study illustrates a case in which collective occupation could be less, or unintentional.

Potentially complicating intentionality further within this case is caregivers' intergenerational and contextual enmeshment. Very broadly, caregivers want the best for their families, demonstrating more, or less intentionality towards social cohesion and wrestling with their parenting practices to align with this intention. When considered more closely, however, caregivers' intentionality did not always seem this straightforward during data collection. Sometimes, this was due to incongruence between intention and action (Ramugondo & Kronenberg, 2013), which brought discomfort or learning that was articulated by caregivers. There was sometimes contention amongst caregivers around what 'common good' they sought for their families, which is considered necessary within collective occupation (Ramugondo & Kronenberg, 2013). Other times, however, parenting practices seemed to be informed by several, sometimes contrasting discourses, beliefs, and related intentions. Rather than actions not always reflecting intentionality, intentionality itself seemed somewhat enmeshed in context and the intentionality of others. This was noted in the way caregivers reasoned through their parenting practices upon reflection, such that sometimes, what exactly they believed and subsequently intended to do, was difficult to establish. For example, Stella and Janine sometimes appeared to endorse both past and novel discourses in different situations, or described parenting practices that seem to serve different intentions, without noting this as incongruent. As such, caregivers' parenting seemed to reflect an intentionality that is potentially inconsistent, in flux, and/or not necessarily singular or single-layered. Given that parenting is relationally complex and contextually enmeshed, intentionality within parenting may be understood more fluidly as 'intentionality-in-flux'.

The way intentionality operates in this case reflects, and perhaps more accurately captures, the structure-agency continuum described in occupational science and collective occupation theory, and offers an understanding of how it is navigated in parenting. The structure-agency continuum appreciates that occupations (e.g., parenting) are both embodied in the person (agency) and embedded in context (structure) (Kronenberg, Kathard, Rudman, & Ramugondo, 2015). Caregivers'

intentions and related actions do not allow for complete distancing from dominant discourses and practices, and in their enactments of relational agency, caregivers themselves sometimes appear challenged by, or supportive of these norms. As such, even moments of conscious deliberation could reflect those intergenerational and dominant discourses that caregivers are working to control. This complex intentionality warrants consideration of how agency is then negotiated in context and enacted through caregivers' everyday parenting practices. The construct of occupational choice may be valuable in understanding this agency negotiation further.

5.2. Understanding parenting practices through the construct of occupational choice

Parenting as a process of relational emergence makes for complex enactments of relational agency in parenting situations. Chapter 4 demonstrated, as depicted in Figure 5, that parenting as a process of relational emergence is considerably more complex in its unfolding, and more vulnerable to shifts within and outside the family system, than has perhaps been fully considered in parenting research. While considerable literature has acknowledged contextual influences and foregrounded the transmission of past parenting practices to subsequent generations, as was demonstrated in Chapter 1 and 2 (e.g., Dekel et al., 2018; Lake et al., 2019; Lansford & Deater-Deckard, 2012; Mathews et al., 2016; Ziv et al., 2018), research has given less attention to how caregivers construct these responses and the variability in how this 'transmission' may occur.

Sethi (2017) alluded to this variability in her description of how mothers' responses to their children were guided by their pasts (their own parenting and general life experiences) and their future hopes for their children, both of which were considered alongside present factors (the situation in question, personality differences, etc.) to make decisions about what action should be taken. Mothers' relations to their pasts therefore intersected with the demands of the moment to determine the parenting decisions they made. These decisions were made on conscious and sub-conscious levels, and reverting to past experience seemed to emerge more frequently (and less consciously) in difficult moments with their children (Sethi, 2017). Sethi (2017) and other studies reviewed in Chapter 2 (e.g., Lim et al., 2022) acknowledged these contextual factors as external influences (e.g., historical and socio-cultural norms) that impact the actions taken by caregivers as part of parenting.

The findings of this study, in contrast, demonstrate caregivers' intergenerational and contextual enmeshment not as discrete components shaping parenting practices, nor the consequences of caregivers' decision-making, but rather the inevitable relational condition within which parenting must be navigated. Caregivers are both surrounded by, and themselves embody, past and present

discourses and practices. They may reproduce, adapt and/or resist them, but this is a continuous and iterative endeavour as they transact with this enmeshment. A different theoretical vantage point therefore becomes necessary for further articulating the nature of this transaction.

Occupational choice theory (Galvaan, 2015) offers such a lens, as it postulates that people - in response to dominant discourses and subsequent ways of being and doing - make choices as guided by their practical sense of what they perceive as necessary and/or possible in context. While the construct of occupational choice has been explored largely in the context of adolescents' occupational engagement (Gallagher, Pettigrew, & Muldoon, 2015; Galvaan, 2015; Parsonage, Lund, Dawes, Almoajil, & Eklund, 2020), caregivers in this case can similarly be seen enacting their relational agency in response to the strongly homogenous parenting discourses and practices within the community, as informed by their practical sense of what is possible in context and/or different parenting situations. Caregivers were not simply vehicles of transmission for dominant discourses and practices, nor were they quite able to distance themselves from their pasts and contexts, even in the presence of external supports offering alternative practices. This could be seen through caregivers' stories, in the overt and implicit ways that past experiences simultaneously found expression in, and were resisted through, their parenting practices.

The subsequent choices made were not concrete or once-off in nature (Galvaan, 2015), but an ongoing transaction with the pervasive omnipresence of dominant discourses and practices. Families managed intergenerational and relational complexities within everyday situations and macro-level structures, while simultaneously navigating the subsequent opportunities and demands inherent in everyday parenting interactions with their children. As depicted in Figure 6 below (a subsection of Figure 5), dominant discourses and practices were ever-present (shaped by and reproducing past parenting experiences) which, even when resisted, could be differently reinforced or develop different dominant discourses, to be navigated in future parenting situations.

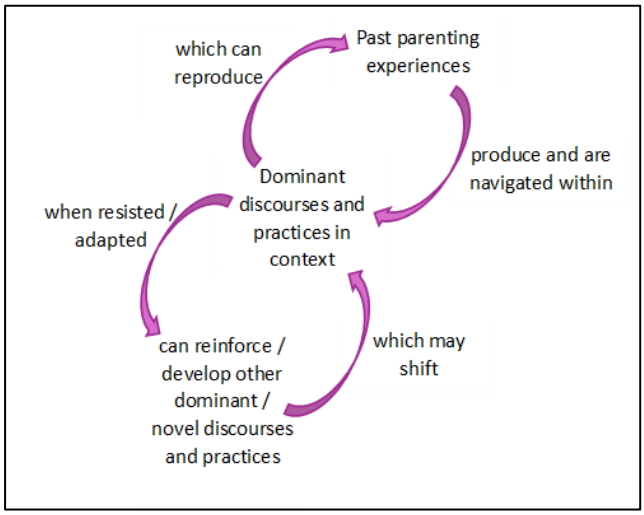

Figure 6. 'Intergenerational and contextual enmeshment' subsection of Figure 5.

As one example, caregivers managed their children's outdoor play within the confines of their community's norms around children's independence. Although unsafe in some ways, free time away from home seemed an integral part of children's occupational engagement. This norm was informed and strengthened by the relatively restricted physical space in the home and families' physically close and integrated proximity to community life. Within this parameter (with Stella drawing on her past experience of over-protectiveness to guide her further in this regard), caregivers chose to place limits on outdoor play when and how they perceived this as possible. They disallowed play in certain spaces or times of day/ night, offered alternative play options nearer their homes and, in response to the limited control that could be exercised once children left the home, punished children later if these limits were not adhered to. Caregivers, knowing the relational volatility in the community, also evaluated and responded to perceived risk in the moment to ensure their children's safety, such as Janine distancing Tietie from what she surmised to be a risky play situation. Less consciously, caregivers drew upon and, in some ways, reinforced this norm by using restriction of children's movement as punishment for misbehaviour.

The complex ways that caregivers may enact their practical sense, although not conceptualised as such, has been alluded to in parenting literature from the margins. Sim, Fazel, Bowes, and Gardner (2018) found in their study on parenting in Syrian refugee camps that caregivers engaged in "trade-offs" (p. 25), meaning that choices were made that would best respond to the complexities that presented themselves, even if this contributed negatively towards other challenges. Similar complexities have been documented amongst African American mothers raising their children in

racially violent contexts, who reported using physically aggressive parenting practices to prepare their children for an unjust society (Cannon et al., 2019).

This study's findings seemed also, however, to reveal something more about how occupational choice finds expression in parenting. While practical sense has been theorised largely as being caught in the unconscious (Galvaan, 2015), caregivers' reflexivity during data collection regarding their enmeshment and subsequent parenting practices suggests some awareness of their underlying practical consciousness that they are sometimes able to notice and work with. This was especially noticeable in caregivers' intentionality around resisting community discourses and offering alternative ways of doing for their children, intimating that aspects of their relational agency were navigated consciously. As described in Chapter 4, caregivers' enmeshment remains 'more or less' conscious, with potential implications for how practical consciousness within occupational choice could unfold and be understood.

Furthermore, parenting as a process of relational emergence underscores the relational embeddedness of occupation in a way that has not been foregrounded in occupational choice theory (Galvaan, 2015). Caregivers, children, and community members impact and are impacted upon by one another through their enactments of relational agency (i.e., the visible expression of occupational choices) in everyday parenting situations. This unfolds in almost every parenting situation, due to the involvement and influence of others in how these situations come to be, the way others shape the practical consciousness that guides caregivers' choices, as well as the effect that caregivers' subsequent parenting practices may have on (and on the occupational choices of) several others. While this has been understood in relation to the significance of the peer group in adolescence (Galvaan, 2015), parenting as a process of relational emergence demonstrates this relational embeddedness beyond a particular age group, supporting human relations as key for understanding human occupation in context (Ramugondo & Kronenberg, 2013). Practical sense is therefore a mediation of caregivers' (past and present) contextual enmeshment but is also mediated in relation to others and their enactments of relational agency. This suggests, certainly for the occupation of parenting in the margins, that contextual embeddedness is relational in nature, and that caregivers' occupational choices are relationally orchestrated.

Exploring practical sense and intentionality within this case of parenting has demonstrated that both may be relationally orchestrated and reflexive processes. When considered in relation to this case, practical sense seems to be a more-or-less conscious mediation of contextual enmeshment, unfolding and navigated in relation with others. Within this contextual and relational embeddedness, collective occupation unfolds in a more-or-less intentional way, manifesting as a more nuanced, 'intentionality-

in-flux'. This understanding helps us capture how parenting unfolds in the margins but also offers a means to understanding human occupation in context differently, through expanding what could be known about occupational choice and collective occupation. Both theories suggest that everyday parenting practices within everyday situations could be radical in their potential to sustain or respond meaningfully to dominant ways of thinking and doing in context.

Chapter conclusion

Parenting as a process of relational emergence challenges current conceptualisations of parenting and offers perspectives that may better serve families in the margins. Parenting's shared resonance with the constructs of occupational choice and collective occupation is to be expected, given their shared concern with the 'why' and 'how' underlying human occupational engagement in context, as was the case in this study with respect to parenting. This study's understanding of parenting in the margins holds important implications for how responsive work with families could look and feel (within and beyond occupational therapy practice) and has identified potential avenues for practice, research and education, which will be described in Chapter 6.

Chapter 6: Conclusion and Implications

This study has presented a case of parenting within multidimensional poverty in post-1994 South Africa that contrasts with, and offers an alternative perspective to, conceptualisations of parenting to date. This prompts a reconsideration of professional understanding of parenting and a review of how families are engaged with in practice. This chapter outlines implications for practice, research and education, as well as study strengths and limitations.

6.1 Implications for practice

Considering the highly regarded positioning of parenting in policy, along with the contextual and relational challenges that influence and are influenced by parenting, occupational therapy services that reflect a corresponding regard for this occupation and its nuances are needed. Study findings urge consideration of the potential power of parenting to challenge dominant ways of doing and nurture the future of families and communities. This can only be done through understanding how parenting unfolds and how challenging dominance may occur. Supporting the parenting process in practice may, therefore, require a reconsideration of current inputs, and an enhanced appreciation for family wellbeing beyond the management of the child or the caregiver's self-management.

Appreciating this relationally emergent process may be done through honouring the plurality of this occupation (Cilliers, 2021). To facilitate this requires an appreciation of families' experiential and cultural knowledge (Lachman et al., 2016; Ritland et al., 2020) and caregivers' contextually and relationally embedded practical consciousness. Understanding the practical consciousness underlying caregivers' parenting practices demands a continuous (re)orientation towards families' own framing of the complexities shaping their parenting and how they manage these. While caregivers' practical sense may not be that conscious, parenting's complexity could still be honoured by orientating the therapeutic relationship towards the family as holders of knowledge and experiences crucial to their parenting process. This challenges the orientation of practice in which caregivers are often positioned (and sometimes position themselves) as being in need, and suggests instead a stance towards facilitating what families could do and may already be doing.

In this study, for example, the practical consciousness demonstrated in families' stories revealed knowledge and experiences that may warrant reconsideration of input offered to families around child

development. Caregivers described considerable use of screentime as a way of connecting with their children, a safe form of family entertainment, and a tool for regulation and comfort. Children's routines revealed potential deviations from traditional age trends, and caregivers described adapting observed parenting practices to suit their physical and relational home environment. The existing clinical knowledge base is not necessarily accurate or relevant for all families and understanding caregivers' practical consciousness may reveal important discrepancies in ways of thinking and doing. This understanding may, in turn, allow for more meaningful engagements with caregivers.

It is then necessary to consider the kinds of support that may truly serve families, as drivers of their own empowerment. There is some theoretical work, not yet drawn upon within parenting literature, that could help guide thinking in this regard. Galvaan (2015) argues that effecting more possibilities for occupational engagement does not necessarily equate to different occupational performance in contexts of social inequity, due to the ways power also operates through internalised oppression to restrict people's perceptions and choices. Ramugondo (2009), in her study exploring intergenerational shifts and continuities in children's play, explained the need for an occupational consciousness of the ways hegemonic forces threaten indigenous play, and how families may sustain these forces through their own actions. She argued that supporting occupational consciousness is an important first step to empowerment for families and communities (Ramugondo, 2009). Considering this, alternative parenting strategies or resources alone may be insufficient for families navigating marginalised contexts, and risks providing generic input rather than situated and understood support.

The pervasive intergenerational and structural presence over caregivers' parenting may warrant support for caregivers to navigate their occupational engagement in relation to their hopes for their families. This may involve facilitating caregivers' curiosity towards, exploration of, and increasing consciousness to the influences residing over their parenting practices, the impact of these on caregivers' hopes and efforts, and the choices potentially available to them in context to sustain or challenge these influences. This may support an intentional (re)positioning towards how well the family is doing together, rather than how child or caregiver is doing right or wrong. This repositioning honours the inherently relational nature of parenting, in how it unfolds and could shift.

There may also be a valuable role to play in the political arena. This role may include, at different levels, supporting the development, implementation and/or strengthening of support services for families within PHC and ECD spaces (families' first point of entry into the health and education systems respectively), as guided by an understanding of how relational emergence operates. Focusing supports only on the end goal of reduced violence towards children or more frequent use of positive parenting practices risks facilitating short-term shifts in how children are punished rather than ongoing and

lasting shifts in how families are doing together. The former also perpetuates the notion of finding and fixing fault, rather than appreciating the messiness of family life and facilitating forward motion within families. Supporting meaningful occupational engagement within parenting may enhance family members' ways of relating with one another in the long term. This is of particular political importance as gradual shifts are made in national legislation around constitutional parenting practices.

The structural and situational circumstance shaping everyday realities and possibilities for families and communities, need also be addressed. For example, poverty itself has a generational influence on families, which may sustain ways of doing in parenting. As demonstrated in this case through the support offered by One Body, occupational therapists within especially public but also private, PHC and ECD spaces have the potential to contribute towards these efforts.

6.2 Implications for research

Parenting's complexities should be further explored within and beyond occupational science. Occupational therapy's most common explorations of parenting as an occupation, role of multiple occupations, or as including co- or family occupations, were not sufficient frames for understanding how parenting emerged in the context of this case. The profession may be limiting its thinking to how parenting has been traditionally observed and understood in middle-class contexts of the Global North, potentially restricting the exploration of parenting as it truly unfolds across diverse contexts.

- Building upon this study's findings, parenting could be explored as a function and navigation of intergenerational trauma and relational discourse in context, and as a potential vehicle for, and expression of healing for families and communities. As part of, or in addition to this, the complexity of intentionality and practical consciousness can be further explored by investigating how these operate in other cases of parenting.
- Another avenue of study is the significance of socio-political histories and systemic discourse for how parenting may unfold in context. Future research could, for example, explore parenting further as a process of relational emergence by drawing upon black feminist theory to understand better the impact of gender and race intersections on how parenting unfolds. Family members who identify as women in this case carried considerable responsibility within parenting and seemed burdened at times by their positioning as women within this occupation. This influenced and seemed reinforced by relational complexities in context.

- Although this was not articulated by participants, poverty seemed associated with particular ways of thinking and doing that influenced how parenting unfolded. For example, participant families' experience of poverty as children, their management of money within parenting, and children's emulation of norms around having and spending, warrant further exploration of how generational poverty could serve as a further form of enmeshment for families.

Indirectly, this study demonstrates the potential impact of organisations like One Body for families navigating contexts of complexity. The ways caregivers engaged with and benefitted from different support services may warrant further, perhaps long-term study on facilities like One Body and their value for families and communities. Caregivers, while acknowledging the value of structured parenting programmes and services addressing their contextual challenges, also expressed appreciation for everyday access to more informal services, such as consultations with on-site staff, and observing and experiencing different ways of doing and relating in context. This 'everyday' support appreciates the ongoing, dynamic nature of relational emergence, and the enmeshment that caregivers navigate in this process. Amidst government imperatives to support families and parenting through parenting programmes, the current and potential value of existing organisations, especially longer-term forms of family support, should be evaluated in relation to families' experiences of their value.

6.3 Implications for education

Undergraduate occupational therapy programmes should embrace parenting as an area of focus. Education within child learning and development practice has seemed largely child-focused, potentially restricting the scope of occupational therapy in this practice area and the research pursued to guide future practice. Parenting's complexity necessitates education that will support students in their work with families, beyond the remediation of children's developmental challenges and caregiver-therapist partnership to address these. As such, teaching on children's socioemotional and behavioural development (e.g., theories underpinning cognitive and socioemotional child development, handling principles, etc.) can be accompanied by how these theories may (and importantly, may not) support parenting in context. Given the referral of children to especially PHC-level occupational therapy services for 'behaviour problems', parenting coursework should draw upon occupational therapy and occupational science research (within and beyond the field of ECD) to appreciate the complex ways that parenting unfolds in relation to these challenges. It will be just as important to consider how students can be supported in reflecting on their own lived experiences and

subsequent perspectives of childhood and parenting, in their preparation for practice learning and professional practice.

6.4 Study limitations

Access to suitable research sites and participants was limited by several challenges related to the COVID-19 pandemic and the complex circumstances of potential families. This demanded shifts in how the case was constructed and the data collection methods used to do so. These necessary shifts may have compromised what could be uncovered about how parenting unfolds. This was, however, negotiated in ways that would appreciate the complexities at play, while sufficiently building the case for this study.

It is worth acknowledging the almost unique positioning of the Seebron community, as located both within multidimensional poverty and within a supported space, through the everyday impact of One Body on many aspects of community life. As with any case study research, the case researched is the one that is accessible and available to share its story. Thus, the findings of this study should be read with an awareness that many South African families at risk of, or experiencing multidimensional poverty could face far greater complexities, and have far less access to everyday supports, with potentially different implications for how their parenting unfolds. This study has, however, aimed to convey the unfolding of parenting in this case, identifying a process of relational emergence as a possible lens for understanding parenting in the margins. The way this has been theorised has not been restricted to specific circumstances experienced by the family, making this study's contribution potentially relevant and helpful for understanding parenting in relation to other cases.

By its nature, qualitative research is always positioned relative to its researcher, and it must therefore be remembered that I myself have shaped the research focus, implementation, and write-up of this study. As the person who collected, interpreted, and presented the available data - with my particular positioning and limitations - I may have limited what could become known about this case. I have, however, worked authentically and critically to make best sense of parenting in the case, using what I have externally and intrinsically had at my disposal at this time.

6.5 Strengths of the study

This study has offered an alternative lens to current conceptualisations of parenting, to contribute towards understanding how parenting unfolds in the margins, and to support increasingly relevant and meaningful work with families. This has been done by exploring and embracing the complex realities of parenting, allowing the case to describe what these may be and how these unfold, and honouring these in how the findings have been presented. Parenting as a process of relational emergence has been theorised as a possible point of departure for engaging meaningfully with families, rather than a definitive conceptualisation of parenting for a specific client group or problem. In addition to its contribution to parenting literature, this study has also considered the relevance of collective occupation and occupational choice for understanding parenting, with implications for how these constructs could be understood and applied. This extended understanding may enhance the applicability of these constructs for supporting everyday occupational engagement within (and potentially, beyond) parenting in the margins.

Study conclusion

This study sought to explore and describe the occupation of parenting when children demonstrate behavioural problems in the context of multidimensional poverty in post-1994 South Africa. Drawing upon a post-structuralist paradigm, this study followed a qualitative, single intrinsic case study design.

Parenting in this case unfolded as a process of relational emergence. Caregivers, children, and community members were all intimately involved and implicated in how parenting unfolded. The subsequent relational complexities that presented themselves manifested and were navigated through ongoing shifts in relational agency in everyday parenting situations. Caregivers (and by extension, their parenting practices) were, however, intergenerationally and contextually enmeshed, and their enactments of relational agency could therefore resist, adapt and/or reproduce past and dominant discourses and practices in different situations. In this way, caregivers' wrestling with their enmeshment and subsequent parenting practices could challenge or reinforce the relational complexities in context, with potentially powerful implications for future occupational engagement within and beyond the family.

Caregivers draw upon their practical consciousness to guide their relational agency in parenting situations. In this case, practical consciousness seems both contextually and relationally embedded,

as caregivers more and less consciously navigate their enmeshment as a result of, in relation to, and with implications for, others. This process of relational emergence seems also to resonate with collective occupation, in its collective enactment and the intentionality underlying caregivers' choices, both of which seem necessarily characteristic of parenting in challenging contexts. Intentionality however seems quite complex in this case, an 'intentionality-in-flux' that itself is contextually and relationally enmeshed.

The findings of this study encourage a reconsideration of how parenting is understood in research and supported in practice. Practice must appreciate plurality in parenting knowledge and experiences, and the contextual and relational complexities underlying caregivers' parenting practices. These complexities should be considered in how support services are developed and appraised, particularly in relation to how families are partnered with in everyday support spaces. More research is needed to understand parenting as it truly unfolds, with several potential avenues of study arising from this case. Parenting as an area of child learning and development should also be incorporated into undergraduate education to support more responsive work with families.

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Appendices

Appendix I: Human Research Ethics Committee approval and renewal letters

UNIVERSITY OF CAPE TOWN
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Human Research Ethics Committee

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07 October 2020

HREC REF: 276/2020

Mrs L Peters
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Dear Mrs Peters

PROJECT TITLE: EXPLORING THE PROCESSES OF PARENTING IN THE CONTEXT OF MULTIDIMENSIONAL POVERTY WHEN CHILDREN DEMONSTRATE BEHAVIOURAL PROBLEMS: A SINGLE CASE STUDY IN 'POST-1994 APARTHEID' SOUTH AFRICA-MSC CANDIDATE-Ms Nicola Cilliers

Thank you for your response letter, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19, dated 17 March 2020 & 06 July 2020.

Approval is granted for one year until the 30 October 2021.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the student: Ms Nicola Cilliers will also be involved in this study.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

HREC/REF:276/2020sa

Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938
NHREC-registration number: REC-210208-007

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines. The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC/REF:276/2020sa

UNIVERSITY OF CAPE TOWN

FACULTY OF HEALTH SCIENCES
Human Research Ethics Committee

FHS016: Annual Progress Report / Renewal

HREC office use only (FWA00001637; IRB00001938)			
This serves as notification of annual approval, including any documentation described below.			
☐ Approved	Annual progress report	Approved until/next renewal date	30.7.2025
☐ Not approved	See attached comments		
Signature Chairperson of the HREC/ Designee		Date Signed	14/8/2024

Note: Please email this form and supporting documents (if applicable) in a combined pdf-file to hrec-enquiries@uct.ac.za.
Please clarify your plan for research-related activities during COVID-19 lockdown.
Please use the latest form found on our website:
http://www.health.uct.ac.za/fhs/research/humanethics/forms

HUMAN RESEARCH ETHICS COMMITTEE
12 JUL 2024
HEALTH SCIENCES FACULTY
UNIVERSITY OF CAPE TOWN

Comments to PI from the HREC

Principal Investigator to complete the following:

1. Protocol information

Date (when submitting this form)	8 July 2024		
HREC REF Number	276/2020	Current Ethics Approval was granted until	30/07/2024
Protocol title	Exploring the processes of parenting in the context of multidimensional poverty when children demonstrate behavioural problems: A single case study in post-1994 South Africa		
Protocol number (if applicable)			
Are there any sub-studies linked to this study?		☐ Yes	√ No
If yes, could you please provide the HREC Reference number for all sub-studies? **Note:** A separate FHS016 must be submitted for each sub-study.		NA	
Principal Investigator	Liesl Peters		

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

Department / Office Internal Mail Address	

1.1 Does this protocol receive US Federal funding?	☐ Yes	√ No
1.2 If the study receives US Federal Funding, does the annual report require full committee approval? **Note:** Any annual approvals for **Full Committee** review MUST be submitted on the monthly HREC submission dates. (Please send electronic copy for full committee review to hrec-submission@uct.ac.za)	☐ Yes	√ No

If yes in 1.2 please complete section 1.3 below for invoicing purposes

1.3 Ethics Renewal Fee

Please **(tick ✓)**appropriate box for billing purposes:

Submission Type	***Description***	***New fee (Vat Incl.)***	***tick ✓***
Research funded solely from UCT departmental/ divisional/group budget	Annual evaluation of research progress report for re-certification	**R0,00**	☐
Non-sponsored student research for degree purposes at UCT/Other Universities & Colleges	Annual evaluation of research progress report for re-certification	**R0,00**	√
Annual re-certification / Progress report (FHS016 Form)	Clinical Trial & International Grant Funded Research - Annual evaluation of research progress report for re-certification for Full Committee Approval	**R7000,00**	☐
Annual re-certification / Progress report (FHS016 Form)	Clinical Trial & International Grant Funded Research - Annual evaluation of research progress report for re-certification for Expedited review	**R3 710.00**	☐
Annual re-certification / Progress report (FHS016 Form)	National grant funded research - Annual evaluation of research progress report for re-certification for Full Committee Approval	**R6000.00**	☐
Annual re-certification / Progress report (FHS016 Form)	National Grant funded research for Annual evaluation of research progress report for re-certification for Expedited review	**R1 500,00**	☐

NB: Protocols funded by UCT (e.g. departmental funding / student research) and by certain grant funding organizations (e.g. MRC, NRF, CANSA,) are exempt from these charges.

Please provide details for Invoicing, either complete section 1 or 2 :

1. Invoice billing – Directly to Sponsor

Sponsor's name	
Billing Address of Sponsor:	
Vat Number:	

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

Contact person	
Telephone number	
Email Address	
2. **Internal Journal Billing:**	
Fund Number:	
Cost Centre Number:	
Account Holder Name:	
Division of Account Holder:	

2. List of documentation for approval

FHS 016 form

3. Protocol status (tick ✓)

☐	Open Enrolment
☐	Closed to enrolment (tick ✓)
☐	Research-related activities are ongoing
☐	Research-related activities are complete, long-term follow-up only
√	Research-related activities are complete, data analysis only
☐	Main study is complete but sub-study research-related activities are ongoing
☐	Study is closed → Please submit a Study Closure Form (FHS010)

4. Enrolment

Number of participants enrolled to date	2
Number of participants enrolled, since last HREC Progress report (continuing review)	0
Additional number of participants still required	0

5. Refusals

Total number of refusals (participants invited to join the study, but refused to take part)	6

6. Cumulative summary of participants

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

Total number of participants who provided consent	2
Number of participants determined to be ineligible (i.e. after screening)	0
Number of participants currently active on the study	0
Number of participants completed study (without events leading to withdrawal)	2
Number of participants withdrawn at participants' request (i.e. changed their mind)	0
Number of participants withdrawn by PI due to toxicity or adverse events	0
Number of participants withdrawn by PI for other reasons (e.g. pregnancy, poor compliance)	0
Number of participants lost to follow-up. Please comment below on reasons for loss of follow-up.	0
N/A	
Number of participants no longer taking part for reasons not listed above. Please provide reasons below:	
N/A	

7. Progress of study

Please provide a brief summary of the research to date including the overall progress and the progress since the last annual report as well as any relevant comments/issues you would like to report to the HREC:
The research to date is in the write-up phase. Data was analysed and contact was made with both participants for the member-checking process. Member checking has been completed and the final write-up of the thesis is currently underway.

8. Protocol violations and exceptions (tick ✓ all that apply)

√	No prior violations or exceptions have occurred since the original approval
☐	Prior violations or exceptions have been reported since the last review and have already been acknowledged or approved
☐	Unreported minor violations that have occurred since the last review, as well as significant deviations not yet reported, are attached for review

9. Amendments (tick ✓ all that apply)

☐	No Prior amendments have been made since the original approval

√	Prior amendments have been reported since the last review and have already been approved
☐	New protocol changes/ amendments are requested as part of this continuing review (See note below)

Note: If new protocol changes are being requested in this review, please complete an amendment form (FHS006).
Specific changes in the amended protocol and consent/assent forms must be **bolded**, *italicised* or tracked and all changes must include a rationale.

10. Adverse events

10.1 Please provide below or attach a narrative summary of serious adverse events and/ or unanticipated problems since the last progress report. Please indicate changes made to the protocol and informed consent document(s) as a result (if not already reported to the HREC). Please comment on whether causality to any study procedure or intervention could be established.
N/A

10.2 Have participants received appropriate treatment/ follow-up/ referral when indicated (e.g. in the case of abnormal or incidental clinical findings, distress or anxiety)?		
☐ Yes	☐ No	√ Not applicable
If yes, please describe:		
N/A		

11. Summary of Monitoring and Audit Activities (tick ✓)

11.1 Was this study monitored or audited by an external agency (e.g. SAHPRA, FDA)?		
☐ Yes	☐ No	√ Not applicable

11.2 Did a Data and Safety Monitoring Board publish a report?		
☐ Yes	☐ No	√ Not applicable

11.3 If yes, please identify the agency and attach a summary of the findings.					
Agency Name		Report attached	☐ Yes	☐ No	☐ Not applicable
		DSMB report attached	☐ Yes	☐ No	☐ Not applicable

11.4 Has there been any agency, institutional or other inquiry into non-compliance in this study, or any finding of non-compliance concerning a member of the research team?	
☐ Yes	√ No
If yes, please explain:	

(Note: Please complete the Closure form (FHS010) if the study is completed within the approval period)

12. Level of risk (tick ✓)

12.1 In light of your experience of this research, please indicate whether the level of risk to participants has:	
☐	Increased
☐	Decreased
√	Shown no change
If there has been a change, please explain:	
N/A	

12.2 Please provide a narrative summary of recent relevant literature that may have a bearing on the level of risk.
N/A

13. Insurance

Please confirm that valid no fault insurance is still in place? **(tick ✓)**			
☐ Yes	☐ No		√ Not Applicable – N/A
If yes, please complete the following:			
Insurer's name:			
Policy no.		*Coverage Period:	
For UCT sponsored studies please liaise the Insurance office via fhs.sponsorship@uct.ac.za regarding the required documentation and information required obtain a renewed UCT No-fault Insurance Certificate.			

14. Statement of conflict of interest

Has there been any change in the conflict of interest status of this protocol since the original approval? (tick ✓)	
☐ Yes	√ No
If yes, please explain and if necessary, attach a revised conflict of interest statement (Section #7 in the New Protocol Application Form FHS013):	
N/A	

15. Signature

My signature certifies that the above is complete and correct.			
Signature of PI		Date	08/07/2024

Appendix II: Copy of information sheet given to the family

DHRS
Department of Health and Rehabilitation Sciences
FACULTY OF HEALTH SCIENCES

Divisions of Communication Sciences & Disorders ● Disability Studies ● Nursing & Midwifery ● Occupational Therapy

F45 Old Main Building, Groote Schuur Hospital
Observatory, Cape Town, South Africa, 7925
Telephone: +27 (0) 21 406 6401
Website: www.dhrs.uct.ac.za

Good day

Request for permission to explore parenting in your home

Being a parent in South Africa is very challenging. There are many things that make it difficult to raise a child, even more so when your child has behavioural problems. Health professionals, like occupational therapists, are taught to support families in ways that might not really help them with these challenges. This is because the knowledge that therapists are taught mostly comes from other countries, where people live very differently from the people of South Africa.

Research background

The researcher, Nicola Cilliers, is an occupational therapist who is doing her Master's degree in Occupational Therapy at the University of Cape Town. She is concerned about parenting, something adults and children do together every day. Even though parenting is important in helping children with their behaviour problems, there is little information out there to understand what parenting is and what it looks like in South Africa. The information that is written does not tell the story of how families do parenting, what works for them, or what they find difficult. This is important information that goes missing, because families are not given the chance to show and share about their lives.

Therefore, when a child has behaviour problems, occupational therapists may not know how to work with families to help them. This is unfair towards families who come to get help and may even be harmful if the problems do not go away or get worse.

Research process

The researcher would like to spend time with one to three families, looking at how parenting happens, and would like to invite your family to be participants in this study.

The researcher would like to talk to those adult family members who are part of the household and would like to participate in the study about their parenting. They will be asked about their feelings and opinions of parenting, and what things inside or outside of the home affects what parenting looks like. Audio-recordings will be important to store all the conversations the researcher has with you during the research, so that the researcher and the adult family members can go back to and think about them.

The family might want to show the researcher how parenting happens in their home. If so, the researcher and the family can decide together how they would like to do this. For example, the researcher can visit the family, or the family can take photos and/or videos of whatever they may want to share with the researcher. The children in the family will not meet or speak to the researcher. While the researcher will not share her thoughts with the children in the family, she will listen if the children choose to share anything with her. It is important to note, though, that you can choose not to have the researcher in your home if this is not comfortable for you. Even if you choose not to have the researcher visit your home, you can still choose to be part of the study and talk to the researcher about your experiences.

If the researcher visits the family, she will take notes to document what she observes. Everything that is audio-recorded or written will be available for the family, and nothing will be shared with anyone unless this has been discussed with all family members first. The researcher would like the family to feel free to read or listen to these and to share their thoughts about them.

The researcher will be grateful if family members can help her as much as possible to understand how parenting happens in their family. If the family thinks that other people, places or things (like newspapers or other documents) will help the researcher to understand parenting better, they are welcome to tell the researcher this and guide her.

<u>Potential risks and benefits</u>

The researcher will work hard to make sure that she does not interfere with how the family does things. The researcher does not want to judge or criticise how the family lives but wants to learn from the family to understand how parenting happens. The family's knowledge means a lot to the researcher. Conversations with the researcher may also make family members think more about parenting in their home or notice things they did not notice before. In this way, family members may perhaps learn something new about their family as well.

However, thinking about and answering questions about parenting may be difficult, because parenting is a very personal topic. The researcher respects this, and family members can decide when, where

and how much they share with the researcher. Spending time in the family's home may also mean that the researcher forms relationships with the adults or children in the family, which may be emotionally difficult. Having the researcher in your home might also affect your children in some way and perhaps make their behaviour worse. For this reason, the exact time frame of this study will be decided on with the family so that the research is not too big a burden. The researcher can also help family members to see their local psychologist, social worker or get support from other organisations, if they would like.

It must be mentioned that the researcher (as a health professional) may be obliged by law to report situations where family members are at serious risk of harm, like if a child is abused (injured physically, sexually or emotionally, or neglected). Together, the researcher and the family will discuss what abuse means to them and what the law says about it, so that the researcher's legal duty is clear before the family gives their consent. Everything that is explained and understood in this conversation will be added to the consent form. The family and the researcher can talk more about this at any time, if the family is concerned about anything or would like support. Any future conversations about this will also be added to the consent form, and copies of these additions will be given to the family. If an incident of abuse happens, the researcher will discuss the incident with family members first before taking any action. The family's wellbeing will always be the most important thing for the researcher, and she will be with the family in any actions that are taken to create a safer home environment. This may mean asking the researcher's supervisors for extra advice and finding services in the community to support the family with this.

Privacy and confidentiality

No information that might reveal the family's identity will be included in the written notes. The researcher will store all audio-recordings and notes safely so that no one else can access them. No information that could reveal the family's identity, like family members' names, will be included in these. The researcher and the family will decide together what family details must be kept private. At the end of the research, there will be a report written, which may lead to publication in academic journals.

Should the family want to receive the researcher in their home, the researcher knows that she will be a guest in the family's personal space. The researcher will work with the family to decide when and where she may watch how the family does parenting and what information she may use for her research and what must be kept private. The researcher and the family will also work together to decide what parenting looks like and how the researcher should write about it in her report. In other words, the researcher and the family will be learning about what parenting looks like together.

Voluntary participation and informed consent

If the members of your family would like to take part in the study, there is a consent form that needs to be signed by each family member who would like to speak with the researcher. You are welcome to ask any questions you may have before making your decision. Your family can take one week to decide together whether you would like to be part of the study. If the family would like the researcher to visit their home, all members of the household will need to consent to this. The researcher and the family can then decide together how to explain the study to the children so that they understand why the researcher will be spending time with the family. The researcher can also be there when this is explained, so that the children can meet her and ask her questions if they would like to. While children under 6 years old cannot give assent, any older children in the family will need to give their assent once the adults have given their permission. For children over 7 years, the conversation where the research is explained to the children and they agree to participate, will be audio-recorded. Children 12 years or older will sign an assent form. Any further questions about this research can be sent to the researcher using the contact details below.

If any of the family members feel uncomfortable at any time during the study, the researcher would like the family to let her know. The family can let the researcher know at any point if they do not want the research to continue, and the researcher will respect this without any negative consequences. The researcher knows that the research may feel demanding or tiring for the family and greatly appreciates the family's time and energy. The researcher cannot compensate the family financially but would like to show her appreciation in a way that may be helpful for family members.

The UCT Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case family members have any questions regarding their rights and welfare as research subjects on the study.

Thank you for your consideration!

Kind regards

Nicola Cilliers

083 678 3811

nicolamcilliers@gmail.com

Appendix III: Copy of consent form

Parenting in relation to behavioural problems in challenging contexts

Consent form

By signing this consent form, I _____, agree to speak with Nicola Cilliers (an occupational therapist from the University of Cape Town) so that she can learn about how parenting happens in our home. I am willing to answer questions about my thoughts and feelings around how interactions between adults and children occur in our home, and the factors influencing these interactions. I have read and understood the information sheet and have had my questions answered. I understand that I do not have to participate in the research and have chosen to do so freely. We have agreed with Nicola that our participation in the research can be ended at any time.

We understand that Nicola must report incidents of child abuse. For us, this is when children are sexually abused, or when adults do not look after them in the way that the children need. We believe hitting children is wrong when it happens for no reason (like when the adult is stressed), when it happens all the time, or if the child gets seriously hurt.

I understand that:

1) I am agreeing to talk to Nicola about my experience of parenting at a time and place that is agreed upon and convenient for me.

2) I can choose to invite Nicola to observe our family at home through videos, photos or letting her visit our home if we want to, but I know that this is not compulsory and that everyone at home would have to agree to this before it can happen.

3) I have selected the boxes that I feel comfortable with below, and I know that I can change my minds about this at any time.

I consent to:

- ☐ Being interviewed (individually or in a group with other members of my family/household) about my thoughts, feelings and experiences of our parenting practices and how parenting happens in our home.
- ☐ Having Nicola observe how parenting happens in our home through sharing photographs and/or videos that we have taken with her.

- Having Nicola observe how parenting happens in our home through in-person visits the exact timing of which we will decide on together.
- If we allow Nicola to visit our home, allowing our children to speak to Nicola about their thoughts, feelings and experiences of parenting as it happens in our home, should they choose to do so.
- Having observations noted down in writing for us to look back at later.
- Having interviews audio-recorded and noted down in writing for us to look back at later.

Name and position in the family:

_____

Signature: _____

Date: _____

Researcher's name: _____

Researcher's signature: _____

Date: _____

The UCT Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case you have any questions regarding your rights and welfare as research subjects on the study.

Please feel free to contact me with any concerns or questions you may have.

Nicola Cilliers

083 678 3811

nicolamcilliers@gmail.com

Appendix IV: Confidentiality agreement for key informant

Divisions of Communication Sciences & Disorders ● Disability Studies ● Nursing & Midwifery ● Occupational Therapy

F45 Old Main Building, Groote Schuur Hospital
Observatory, Cape Town, South Africa, 7925
Telephone: +27 (0) 21 406 6401
Website: www.dhrs.uct.ac.za

Good day

Study title: Exploring the processes of parenting in the context of multidimensional poverty when children demonstrate behavioural problems: A single case study in 'post-1994 Apartheid' South Africa

The researcher, Nicola Cilliers, is an occupational therapist who is doing her Master's degree in Occupational Therapy at the University of Cape Town. She is concerned about parenting, something adults and children do together every day. Even though parenting is important in helping children with their behaviour problems, there is little information out there to understand what parenting is and what it looks like in South Africa. The information that is written does not tell the story of how families do parenting, what works for them, or what they find difficult. This is important information that goes missing, because families are not given the chance to show and share about their lives.

Therefore, when a child has behaviour problems, occupational therapists may not know how to work with families to help them. This is unfair towards families who come to get help and may even be harmful if the problems do not go away or get worse.

Research process

The researcher would like to spend time with one to three families in the community, looking at how parenting happens. The researcher would like to talk to family members a few times about their parenting experiences. If the family would like her to, the researcher will visit the family's home, looking at how adults and children do parenting together by watching the family doing everyday activities.

Your role in this study

The researcher would greatly appreciate assistance from an occupational therapist who works directly with families of young children with behavioural problems. She would like this person to act as a 'key informant' to help choose an appropriate family for the study. The researcher will meet with you beforehand to discuss the specific kind of family she has in mind, as well as what referral resources (e.g., social workers, psychologists, etc.) are available in the district for the families you work with.

Once you have identified a potential family, the researcher would like you to ascertain their interest and discuss what information they are comfortable with you sharing with the researcher. This family can then be discussed with the researcher to decide whether they are an appropriate family for the study. If they are, the researcher would like you to help set up and attend a meeting between them and the researcher so that she can explain the study to them. If none of the family members want to participate, you may be needed to help identify another potential family.

Criteria for the choice of family

- The children and the caregivers who have the most contact with the child must have grown up in South Africa.
- The family must include at least two children of 3 to 6 years old, at least one of whom is receiving intervention from you for the demonstration of aggressive behaviour.
- The chosen household must consist of three or more generations living together.
- The family must be willing to talk openly about parenting.

Additionally, should you feel that any aspect of the study's design or procedures, based on your knowledge of the family's circumstances, could be potentially harmful for any of the family members, this family should please not be considered.

Confidentiality

The researcher would like to protect the family's identity as far as possible. Family members will give themselves pseudonyms, which will be used throughout the study. Details of the family that might reveal who they are will be left out of the research. All information gathered from the family will be stored safely, and only the researcher and her study supervisors will be able to see and use it. The researcher would like to know that the key informant will also uphold their confidentiality by not sharing their personal details or their involvement in the study with anyone else.

Furthermore, the researcher urges the key informant to only share with the researcher information/knowledge about the family which the family has given permission to be shared. Information that may need to be shared includes information about the family structure, their child's

behaviour problems and factors shaping their everyday experience of multidimensional poverty (e.g., employment status).

Potential risks to you

The researcher does not expect there to be any risk of possible harm to you at any point.

Potential benefit to you and your community

This study may help to understand parenting better as it happens in your community. By helping to identify a family for the study, you will be helping people learn more about the unique factors and challenges that influence families in your community when they are parenting children with behaviour problems. The findings of this study will be written up and may be published in academic journals. This study may help health professionals to think differently about how they can best support the families they work with.

Compensation

Unfortunately, the researcher will not be able to pay you for your involvement in the study.

If you have any questions, please feel free to contact Nicola Cilliers via nicolamcilliers@gmail.com or 0836783811.

If you have concerns around your wellbeing as the key informant in this study, you may contact the Faculty of Health Sciences Human Research Ethics Committee (HREC) on:
021-406-6338

Or visit them at their offices:
The Human Research Ethics Committee
E53, Room 46, Old Main Building
Groote Schuur Hospital
Observatory, 7925

I, _____ have read and understood the information above.

I agree to (please tick the boxes):

- ☐ Assist the researcher to recruit an appropriate family for the study using the eligibility criteria
- ☐ Maintain confidentiality and not disclose the personal details of the family at any time

Name of key informant: _____

Signature: _____

Date: _____

Researcher's name: _____

Researcher's signature: _____

Date: _____

Appendix V: Interview schedule

Exploring the processes of parenting in the context of multidimensional poverty when children demonstrate behavioural problems: A single case study in 'post-1994 Apartheid' South Africa

*Given the generative nature of data collection in this study, the initial interview will be led by the main question below as a broad, open-ended prompt, to afford participants the opportunity to share about their overall experience. Exactly what this knowledge is to be about, given our limited understanding of parenting as an occupation, is yet to be discovered. The interviews will therefore be led by participants' responses, and, if observations are permitted by the family, the observations made and thinking triggered during and after observational episodes. The secondary questions below may be drawn upon as additional prompts depending on participant responses and observations made (if relevant). *

Main question

What is your experience of caring for this child?

Secondary questions

Objective 1: To explore and describe the activities and everyday situations that form part of the occupation of parenting

- What activities (things you do every day), forms part of parenting your child(ren) with behaviour problems?
- What situations (places or circumstances in your everyday life), forms part of parenting your child(ren) with behaviour problems?

Objective 2: To describe and explain the practices associated with parenting when a child displays behavioural problems

- How do you live with and raise your child(ren) who show behaviour problems?
- How do you and other family members in the home react when your child(ren) show behaviour problems? What do you feel, think, do, and/or say?

Objective 3: To describe and explain the structural factors influencing the situations, activities and practices of parenting

- Do your family, community or other people/environments shape (i.e., play a part in) what parenting looks like in your home? How?
- What (in or outside your home) makes parenting difficult? What makes it easier/what helps?

Objective 4: To explore and describe the relational agency enacted by caregivers and children within and through parenting

- How does parenting, as it happens in your home, affect the adults and children in the household (i.e., what they think, feel, do, and say)?
- Do your children affect what parenting looks like in your home/ Do your children play a part in how parenting happens in your home? How?
- Do you think the adults/caregivers and children affect each other in any way (i.e., play a part in what they think, feel, do, and say)? How?

Appendix VI: Stella's narrative

Stella

"I try to be that family where the light shines out."

Chapter 1: All that bits and pieces, it's like puzzles that's all fitting in together.

It's hard to be a parent when there's no food in the house, and your children moan, 'mommy I'm hungry!'. When there's no money to buy food, I just make sure there's everyone's favourite things. The baby, she eats everything, but the other three, they got certain things that they eat and it's not expensive. But it's really difficult, when you can't provide for your children where food is concerned. That's the difficult part of parenting.

I grew up very poor. My father would leave us without money and we would get kicked out of our place. But when my mommy give the rent money and she go back for her things, the things is all gone. So we always had food but we never had a sleeping place. We used to sleep on graveyards just to have me be safe, 'cause she wouldn't want to live by a place where the environment is not right. Then she met my stepfather, and we lived at my ma's house. I was 7, I think? And then we got a house. My father used drugs at the time, but he changed his life around. So I know what it is to have, and to not have.

I've got four children, Boeta is 14, my daughter Tietie is 11, Boetie is 6 and then Nuni is a year and 9 months. I don't have brothers or sisters, and I told myself I wouldn't want my children to grow up alone. There's a lot of attention on you, but when it comes to doing chores or going somewhere they're only looking for one person. And when I was young, I always wanted somebody that I can chat with or play with, especially when your friends are nasty with you outside.

Parenting is hard work but it's wonderful at the same time. Because of my drug addiction I neglected a lot of things, only by my third child I started learning how to look after a child. 'Cause my mother was always there, looking after the other two, and I was having a ball of a time. So my relationship with my children has changed a lot. I did a lot of parenting courses and programmes to strengthen families when I was on drugs. So that time I didn't take note of it, but being recovered now, all that bits and pieces, it's like puzzles that's just all fitting in together now and, it helps me a lot.

When you don't have a relationship with your child, that makes parenting very difficult, especially if your child don't trust you, or where you don't communicate with your child, or where you forever beating your child. I think that makes it difficult for yourself to be a parent. But if you can just take time to sit with your child, 'cause at the end of the day we all human beings, even if you a child, you still

have the right to be heard, and the chance to say what the problem is. 'Cause there's a lot of kids that just keep things in and they end up doing wrong things, and then you don't know why.

Before rehab, there was no consistency and punishment in my house, like I would remind them to do things but I was in my own world. But then in rehab there was routines and things we can and can't do, so coming back home they knew that (my two sons were with me in rehab). My children know that it's part of life, and part of being a Christian that if they do something, they will have to stand for what they did.

When I was young, I was a spoilt brat. When I opened my mouth, I get what I want. I always had money. Now with my children, I give them R10 every week, so they supposed to put it away and when they have enough, they can buy that expensive thing. But when they misbehave I take a R5 away, so I tell them, it's gonna take you very much longer to get that thing. So either you do the right choice, or you take the bad choice, it's up to you.

Chapter 2: Just to show him who is boss around here.

With Boetie, sometimes I really didn't know what to do with him. He's very hyper, always jumping or doing *bollemakiesies*. He thinks he's playing but then he's being aggressive, like jumping on his sister's back and choking her. I told his daddy, don't watch action-packed movies where he's concerned 'cause then he does what he saw. I made a naughty corner on the bed where my husband sleep, because it's against the wall, so when he's too wild I tell him 'just go sit there', just relax! And he can see the TV from there, so that calms him down. I used to just take him, shove him down in a place and just say 'stay there! You don't move until I say you move'. But when I turn my back he's behind me, like 'what you gonna do?'.

If I put Boetie in the corner, then I switch the TV off when the cartoon is finished, and I ask him, now do you know why you're sitting there? The one day I was surprised, he didn't wanna talk to me. So I said, if you don't wanna speak to me it's fine. If you gonna ask me something later, don't expect me to speak to you. And then he's like 'mommy, you know why I didn't wanna speak to you?'. I'm like why not? 'Cause I'm angry with you, 'cause you shout at me.' I said but you don't listen. So I tell him now what did you want to tell me? So then he told me what was the reason for him behaving so, and then I said, well if I shouted at you in a way that you didn't like, I apologise. And then he also said I'm sorry. Sometimes he don't say sorry; he just want a kiss, then I know that's his way of saying sorry.

I believe you must only spank a child until he is 6, because after that he might start to disrespect you. If I did something wrong when I was younger and my mommy wanted to hit me, then I would get under the bed until my stepfather comes home. I would hide behind his back and he would always tell her,

'*jy*, this is my child, you're not gonna hit her, speak to her'! And I think I took advantage of that. My mommy only gave me a hiding like once a year, only when I was totally out of control and she had enough. She would tell me to find a stick outside and then she would start whipping me with it. It really wasn't nice for me, so I didn't want my children to be punished like that. With Boetie, I never *hit* him hit him, I only give two spanks on the bum if I have really had enough now, just to show him who is boss around here. But my husband doesn't like spanking, he always says you must talk to the children. But talking doesn't always work!

For me it's important to tell a child why you're punishing them, because otherwise they might feel like you don't love them. When my mommy gave me a hiding, she would always pamper me afterwards and tell me why she did it, so I think I got that from her. So I always wait until Boetie's finished crying and then I go sit with him. Sometimes he falls asleep, then I make sure I am there for when he wakes up. I always just sit with him first, and then I will tell him why I spanked him, and that I don't want to and I still love him, but his behaviour was very wrong and I don't want to see that again.

Like when Boetie is showing aggressiveness or continuously show attitude to me or his brother and sister, that is a big no for me. He also has this thing where he runs outside after his bath. We have a lot of sand here so he gets dirty, and he has asthma so he gets sick. But we decided we not gonna spank him anymore, because it just makes them more stubborn. He just cries finished and then he's out by the door again.

I'm teaching Boetie to respect Boeta now already. When I go somewhere and Boeta must look after him, then he must know he won't have any problem with him. My oldest, Boeta, he's very good with the younger ones. Boeta has all the patience in the world. I think he got that from my mommy. When I was on drugs, if I was sleeping he would take care of his little brother. They know, Boeta is in charge. When Boetie doesn't understand something with his homework, then his daddy tries to explain, but then Boeta explains and he finally gets it. And he has a way with the baby, when she doesn't want to take her medicine I just call him, 'cause he has a way of playing with her.

Tietie is a bit impatient with them, like 'mommy, they not listening to me!'. The one day she was bathing Boetie and he started throwing the soap in her face, and then she spanked him on his bum, like 'hey, why are you fighting with me?!'. I was sitting there and he was like 'mommy, aren't you gonna say anything?'. So I said, why you want me to say anything when you disrespected me and your sister by fighting with her first? But I told Tietie she went a bit too far. I said leave the spanking to me. Where it's a situation that you can't handle, don't take over. Just leave him until I come home.

But one day I was washing and cooking and tidying up, and I didn't realise Boetie was watching me. He's like 'mommy?'. I say what's wrong, I'm busy. 'Just come here, man!' And then he gave me a kiss, and I'm like, that's so sweet! So I asked him, why you kissing me? 'I just love you'. And I thought to myself, I really needed that. 'Cause I was so stressed with this and that. So that kiss really boosted my spirit.

Chapter 3: I'm always yelling and skelling, but he's the calm and collected one.

I am fine when my husband is also at home, but when he's at work it can be a bit too much. I'm always yelling and *skelling*, but he's the calm and collected one, so when he raise his voice then the kids remember, ah my daddy's in the house! He's actually more strict than me, 'cause when it comes to punishment then I'm like, ah just leave them, they're only children. Like I would *skel* them out but then I let it go. When my husband was young he also only got a hiding once in a very blue moon, from his daddy. But his mommy was very strict with him. So he is very consistent, if they don't listen he will make them do that thing *and* there's a punishment. So sometimes I tell them, if you don't wanna listen, I'm gonna tell your daddy.

So I try to do what I can, and when it's totally out of control then sometimes I say to him, *yoh* you see me struggling here but you will rather leave them. Not when it comes to difficult things, he will support me obviously 100%. But sometimes I must speak too much, like, you need to get done, put away your books, it's almost time for supper, you need to get ready 'cause I want to go to bed. Then I say, you see me telling the kids to get done, aren't you gonna say anything? But he's like, you stressing unnecessarily, man. So sometimes it feels like I'm alone in the house, even when he is there.

But even though I *skel* with them sometimes, they will rather run to me than to their daddy. Even if I spank Boetie now and the daddy say, '*jy*, come to me, then she can do you nothing, come get on the bed', he won't get on. But when it comes for me to call them and love them again then they still come, 'cause they know they did wrong.

Chapter 4: But it's falling into place!

When they get older we take away privileges, so you can't go outside, just to go to the toilet. No TV, nothing for a week. 'Cause I had that, so I know it feels bad. But I always have a chat with them after, and now I just do it for one day. If their behaviour is not better the next day then they still stay inside.

Boeta has been very obedient, doing his schoolwork, and ironing the school shirts. His dad is a spray-painter, so he told Boeta to remove the colour off his bike, and he's gonna spray paint it another colour. Boeta was super excited, and it was a clear example to the others, because their dad said, if '*yous* can behave, then we can see what we can do for you guys'.

The new punishment is they can't have their teatime treat with us at night, they must go straight to bed. Like with Boetie when he runs out after his bath. But it's hard for me because Boetie's face, he looks so sad. But it's falling into place! When he gets to the door then he first checks where we are.

But Boetie's behaviour is getting better. Being in big school now, he knows he's not a baby anymore. The one day I asked Nuni to pick up her toys and she said no, so he started to pick them up and he kept looking to me. So I pretended I didn't see him, and then finally he threw a doll in front of me, then picked it up. So I was like, 'wow, you go boy!'. And I gave him a hug and kiss. That's what my mother used to do, so my love language is touch. He misses that a lot, because Nuni takes a lot from me.

It's just if the others tease him, then it's back to square one. The one day, he went to the toilet and didn't wipe 'cause there wasn't toilet paper. So they were like 'you got a stink bum!'. Then he was crying and pushing things around and hitting against the wall, like 'they making fun of me!'. So I told them don't, 'cause *yous* all went through this. And they had to apologise and then I pampered him.

And he doesn't want to get up in the morning. At first I would *skel* him out, but I saw that's not working, so I'm now *maar* more polite in the morning. While he's still sleeping I'm kissing him, 'wake up baby, it's time to go to school', and that's working. Like with Nuni, when she doesn't wanna nap, then I make like I'm crying, like, 'ah, Nuni! Mommy wants you!'. And then she comes to me.

But the mornings are quite hectic. I have to dress myself, dress Nuni, prepare the lunch, prepare Boetie. But I like the walk for Nuni, to get some fresh air. So when we walk back, I take her out of her pram and then we walk our own time home. And she enjoys that a lot in the mornings.

Nuni takes all the attention, like I had a terrible scene at school one day. Nuni wanted to breastfeed in front of the whole school, and I told her not now. And she was performing and performing, and then finally Tietie came and we left, and I had to sit on the roadside to feed her. And when we came home, she wanted to go with her daddy but he's working, so it was just total chaos. So I put her down on the chair and I told her, you not gonna go on like that. Stop crying! And she didn't wanna, so I left her. I went on with chores and she cried until she fell asleep. So I told myself ah, so you were naughty. 'Cause sometimes when they over-tired, they start nagging or fighting, then I know something is not right. I tried comforting her, but it didn't help, and my mommy always said when children are moody and they don't want you to help them, you must just leave them, they will come right. And it does help.

So if they throw tantrums, I just leave them. 'Cause if they see you take note of this tantrum, then it's going to go on and on. So roll yourself on the ground, bump your head, it's fine. And then it doesn't continue much longer. But when I see no the crying goes too long on, then I tell them to come to me, like 'shhh, it's fine'. The tantrum is mostly over chips, sweets or money I don't have. So I say, this money

is for electricity and I don't have money now to buy chips and I promise to you, if daddy come tonight and daddy's got money, we gonna buy some chips.

Sometimes when Boetie gets home then he nag, he wants this, he wants that. Then I tell him, first go play a little and when you calmed down, then you come talk to me. Because you're working on my nerves! But lately he's so tired, so I cuddle him and give him some attention. When he went to aftercare while I was working, he was so tired, he wouldn't want to bath. Then I tell him, let me make bubbles for you and Nuni. So I make it fun for him, then he forgets he didn't want to. Then there's water laying all over the show, but I tell myself it's fine. I can clean the mess afterwards.

Chapter 5: As long as I still have that bonding time.

I have 4 children, so I can't give attention to only one child, so I do it in different ways. As long as I still have that bonding time. I don't just say I'm stressed, just leave me! No, I can't do that. I think of all my mom's circumstances and the hard days, and she always used to make time for me. Even if it's when we laying on the bed, we just have that conversation, and then sometimes I would fall asleep and she's still speaking to me. She never used to give me tough love, she used to *love* me.

Spending time with your kids, that's the best time you can have. Before bedtime we have a family meeting where we discuss how was your day, is there anything that happened in the house that you didn't like, like that. But we haven't done that for a while, because daddy's working now and he's very exhausted when he comes home. And load shedding is just spoiling everything. When daddy's contract is finished then I'll give him time to rest well and then we can go back to our circle.

So we have bonding time in the afternoon, where we just listen to music and dance and sing while we doing chores. The one day Boetie wanted to cut the potatoes into cubes, so I cut them into quarters, and he cut them into cubes, and I put Nuni on the table and she threw the cubes into the water. So that was our bonding.

I've also got an old mattress in my yard we don't use. So when it's hot in the house we drop the mattress down and we lay in the shade and just chill there. And in the evening we have tea and biscuits, and we all take turns to serve the tea. I got Nuni her own small cup where she can dip her biscuits, because she likes dipping them but then the crumbs are all laying under in my cup.

We sometimes tell stories at night, but we put Nuni to sleep first because she can't lie still. The one night my husband and the smaller ones were sleeping in the other room, and I got into bed with Tietie, and I'm like Boeta, come! They're like '*yoh* this feels so nice!' So we just lay there and spoke about this and that, made fun of this, made fun of that. So I lay there probably for a whole hour and then the lights went off. Load shedding!

I've grown a lot with having patience as a parent. When I was on drugs I was very irritable, and I would *skel* if my children are not getting something right with their homework, but I'm a lot more patient with Boetie now. But when I think back on it, it's still heartbreaking for me, and I'm continuously apologising to my older ones, for being so hard on them.

Chapter 6: You have to stay focused in this place.

Parenting is terrible here. Here's a lot of drug addicts, so there's hardly food in the house. They speak really bad or swear if the child has done wrong. If the mother don't want to do anything, then the child must do everything. Some people, when they hit their children they don't tell them the reason, or they hit because they stressed out, so now the child has done a certain thing, but it was just the wrong time. So we are constantly in a lot of things here, you have to stay focused in this place.

Sometimes the adults fight over the children that is fighting. Back when I was on drugs that would happen a lot. But now when that happens by us, I tell the parents, if you wanna continue going on, I'm gonna walk away. Until you ready, as a grown person, to speak to me and sort this problem out. When Boeta does do wrong here outside, the people will stand here and see whether you gonna hit your child. They enjoy that, when they see action. So I call him into the house. They're like '*ja*, his mother never hit him, she don't want us to know nothing about him'. But I don't have time for that, I know what I'm doing inside. I bring both children together, and I find out what is the story. Either way you still going to be punished 'cause you were told whatever happens, it's for you to walk away. I know it's hard to do, but it's the best choice.

Then I try and sort it out between them and leave them with a message: People that live in brick houses will aways look at us differently because we live in shacks, so performing like this doesn't help. If you stand up for each other and love one another, that will be far better. So when people come from outside, and they see how *yous* behave, they will be amazed at how you communicate and stick with each other. Even though you live in shacks, you can still stand out.

Your actions play a big role, 'cause kids are just kids, they still learning and growing. So when my kids play outside, I'm sitting outside so that I can watch them. And when they are too long away from the house, I go look for them. But my dad was very over-protective, so most of the time, I was just in the house. So when I could go out and have a party, I came home pregnant. And I don't want that for my children. I don't want to keep them too tight, and when you do give them an opportunity to enjoy themselves, then they like a dog that was locked in a cage.

Chapter 7: Live your daily life and be a living testimony.

There's a lot happening around here and my kids sees what happens, so I don't want that in my house. I try to be that family where the light shines out, so that motivates other people also to change their lives. So when I go visit friends and things happen, then if we are in a close relationship, I will advise them. Not that I wanna tell you what to do, but try this and see how it works. And the majority of them, is actually sticking to that now.

When the children's friends come over to us, sometimes I will sit with them and make fun, or have a random conversation. Sometimes the child is uncomfortable 'cause they don't know what to expect, 'cause here the mommies say '*jy*, go and play! Don't come sit here in the house'. But by us it's like '*jy*, come get on the bed. Do you wanna watch a movie? There's plenty of movie channels'.

Like the one time Boeta was busy with his bike and then all the other kids also came into the yard. His daddy was like, 'what's going on here? They might as well open a workshop'. 'Cause this one had something that *that* one needed and they were all sharing. So I'm like, ignore them. It's keeping them away from wrong things, so if they comfortable doing it here, and they feel safe around us, I'm not gonna chase them away. But then it got too much, and I was like hey! At *this* time I want *yous* all to be done.

But further on, my mommy always used to say, charity starts at home. Whatever you leave in your children, they can carry on. And God told me you don't have to do much, just live your daily life and be a living testimony amongst these people. It's difficult to live in this place, but we do every day what we can, to support where we can. And it's not just my family that will change, but many other families that will also change.

Appendix VII: Janine's narrative

Janine

"I'm figuring out what to do"

Chapter 1: I will look after you.

Parenting is very hard because why, sometimes I also want something. I have a 12-year-old, Boeta, a 7-year-old girl, Tietie, a 5-year-old, Boetie, and a 2-year-old girl, Baby. Like if I want to buy me something, I will always think, but this child don't have that thing. I can never be sick, 'cause then one of the children is gonna be sick. And I never have a time for myself. And it's hard to calm down the children when I'm tired. I can't calm myself down! Sometimes I don't even want to go home. 'Cause at work, I know I have a time to relax. I'm taking teatime, I have my lunch time. At home, I don't get that. Sometimes I tell them, just give me 5 minutes to cool down or rest a little, but one of the children is always coming to me. None of them want to go to their father. And the discipline is also hard for me. Because, if I discipline them, and they go inside their room and sleep, then my heart is sore.

When there's nothing in the house, then I sit and think, what are the children gonna eat, or *yoh* this child don't have shoes. I don't like to ask people, then I will pray, and then later someone bless me with something. Or Boeta will sell his stuff. 'Mommy, here's a half bread's money'. But I tell him, mommy have a work now, I will look after you.

With Boeta, I wasn't a mother to him. I was still young, so my parents decided they gonna take him. So when they passed away, like, 2 years ago, he come to me. It was a struggle, but he's learned that I am his mother, even if he calls me on my name sometimes.

Chapter 2: I like this, come let me try it.

Before, if my child was naughty, I hit him. That was my parenting. Like my mother and father, if we were naughty they would take the belt and hit us, and that didn't feel for me nice. But when I start to work at One Body, I see how they were doing with the children. I did the parenting programmes and I just want to know more. I want to go again, because it's *nice*! To learn new stuff. And then I say, I like this, come let me try it. Because you hit the child but the child is still gonna do the same thing.

So I decide I'm gonna try just this thing for one month, I'm gonna be calm. If you talk to the child nicely, then that child will really listen to you. Like Boeta, I didn't want him to go play in the bushes. So one day he went there and I was like, if I find this child, I will hit him! Really. Because I was worried! But then when he come home, I was just telling him, go to your room. Go sleep. And go think, what did

you just do. The other day, Boeta was making me angry, and then I just hit him once, and he say, 'but mommy, you never hit us! Why you starting now?'. And then I was just laughing! I say, 'I'm sorry my child, come to me' and we were just laughing because it was funny! And what can I say, I was very angry. But then he say, 'mommy if you angry you always walk away'. But that day, I couldn't walk away! But Tietie also, when I shout she say 'mommy, don't shout to me! You must say sorry because you shouting at me!' Then I will apologise to her.

My sisters still like to hit the children, then they think I'm taking the child's side. Then I say no I'm not, but you guys need to learn how to talk. If my sister wants to hit her son, he will run to me and go the next day home. Some parents get very upset with me there on top because why, they will come to me and say, you see, I hit my child, now hit your child! Then I say no. My parenting and yours is not the same. I tell them, you mustn't hit your child. That's why they don't come to me anymore.

But not all of us are the same. Like me, when my father get paid, then everything we want, he buy. But that was only in Cape Town. He was working in different places and we were always going with him. My parents were Xhosa but we were always staying in the coloured areas. So when we stay in Eastern Cape, when the big people eat meat, there's no meat for us. So now, I always give the children meat. So if there's no meat, they gonna ask us, 'where's the meat?'. Then my sister say, 'you see! It's you who's spoiling the children'.

Chapter 3: Now I see that was affecting him…he's gonna do that every time.

But Boetie was a other one. He will fight with the children, he will swear, he was very wild. And he always wants money, then just 5 minutes and the money's finished, then he come throw tantrums again. He wants everything. And if he don't get what he want, he will throw the chairs around. Or he will cry until he turns blue, then he faint and I must put water on him to wake him up. So I was always scared of that, so if I see him crying, I will give him something. But now I see that was affecting him. Because he will cry *sommer* for nothing because he know he's gonna get something. Like one time I was busy with the washing, then he come cry for money. So I give him, just to get him away from me! I was busy and I wanted to make done, it's *mos* load shedding!

It was very hard and I was thinking to myself, maybe something's wrong with him. That's why I always take him to the hospital, but they say he's doing this, because why, you are giving him everything he want. He's gonna do that every time. So his father stopped giving money, because he was buying packets of sugar and getting sores on his body. I see now he don't ask for money too much, and he forget about the sugar.

And if he don't behave I take something he love too much. Or I leave him at home. Then the father will let him stay the whole day inside, because he don't want to go looking for him every time. So when I come back and I see his behaviour changed, then he can go play a little outside. But if I tell him, if you gonna be like this, you not gonna get money, you not gonna watch TV, then he will say 'sorry mommy. I love you mommy.' And then he will kiss me, and be suddenly fine. But me and his daddy always talk, and then we sit with him and say, Boetie, you didn't listen, so, you get nothing.

The stuff they do at school, I also try. Like the teacher will give him a puzzle and he just calms down. So I try the puzzles also. I also tried the naughty corner, it was on my bed, but it don't help. And sometimes, they give him a massage. I'm like, so you are naughty, then I still must massage you?! This is not me. Or when the children is very wild, the teacher's always calm. They are asking the child questions and talking in a soft voice. And they like, this child maybe have stress. I'm like, hm-mm. This child is not full of stress, this child is naughty. But *yoh*, sometimes I *do* try it *ne*[14], but when I talk in that soft manners, he just go on. Then I'm like, please God, help me now. Because I'm talking to this child and he don't listen. But when someone else talk to him, he's listening! So what did I do wrong?

Chapter 4: The thing I was doing wasn't right

Sometimes Boetie hits Tietie, then she hits him back. I always separate them, and I tell him say sorry, but he don't. So I tell him, now you go to the room, and your sister can go play, because you start first. I tell her always, if Boetie hit you, you take his hand and hit him back. Because he's gonna keep on hitting her! But sometimes I think, why did I just say so? Maybe I was angry when I say so? Because I don't like the hitting, I want to teach them not to fight. And if I tell them hit back, then they gonna do it outside. Like Boetie, if his friends hit him, he hit them back. If he cries, then he will go back to that child later. Because I was the one who was saying hit back!

Like one day Boetie was taking Baby's juice, and she grabbed him and started hitting him. So I tell her, it's not nice to hit your big brother. And she's looking at me like she don't understand! But my mother and father, if our friends hit us outside, we can't go home crying. Because they will hit us back to that person! They will say, didn't we teach you to fight back? So I was thinking, let me teach my children the same, but when I start working here I say, no, the thing I was doing wasn't right. My father used to take a bag of sand, and then he will hang it up and teach us how to fight. He used to say, if you can't fight that person, there's always a stone or a knife somewhere. When we were staying in Cape Town, they would rob us a lot. Like a lady was coming into our house and trying to stab my mother. My mother was drunk so I just grabbed anything and hit this lady. I was in jail then, when I was 13. So that's how I

[14] Afrikaans for 'isn't that so?' or 'right?' to prompt a response from the listener. In this context, the word is being used for emphasis, i.e., 'sometimes I *do* try it, right…'.

know. But I don't want that for my children. 'Cause everywhere me and my sisters go, there was always fighting.

Also if I hear my children swear outside, I will shout and say, go home. And Tietie say 'But mommy, they start'. But I always tell them, that children is not my children. Baby don't swear anymore because she know I will hit her. Because why, they see outside *mos*, the children's mothers hit them. So then I just say, 'I'm gonna hit you', but I don't really hit her.

But me and their daddy, we don't always decide together how we gonna discipline, you see. So they will say they want to go play, then I will say no. But when they go to their father, he says yes. Then I tell him, you see what you doing? And he say, I was thinking you say yes. Then I say no, always come make sure, because I will always make sure by you. He's the favourite of them. 'Cause I always say no.

Chapter 5: I must make a joke, we have to laugh.

In the day the children go play with their friends, but at night we have a little fun. Like Tietie and her friends will sit in my sitting room and play school-school, and I must be the teacher! Baby also plays, she like *mos* to do colouring, so I have a colouring book for her. Or Boeta will make a play, and then he will say 'you must do this, and this is Adam, and this is gonna be Eve', and each one have a role!

Sometimes at night we read, maybe like 3 or 4 small books. And Boeta loves to tell stories. So I tell him you have to tell a story first, then everyone gets a turn. But when it was the father's turn, he said no, he don't know stories! And Boeta said, 'but didn't your mommy tell you stories when you were a baby?'. Then he said no. But I was telling him, if they want a story, just make something up.

Some weekends, my sister's son will come to me, because he knows we will all lay on one bed, and laugh and make jokes. By my sister, she just lay on her phone and they lay on their phone. Then I tell them, teach me how to play this game, so Boeta and him, me and Boetie play. Tietie's not a person who like games, so she will take my sister's son's phone and listen to music, I will take my phone and we play games. But then I will say 'Ah! Don't shoot me! Boeta please help me, I'm stuck!'. Then he will say, 'No mommy, you mustn't go that side!', then Boetie say, 'I died now! Please bring me back!'. Because I know, we can't just sit quiet with the phones, I must make a joke, we have to laugh.

But you know what, all the children love to be at our house. I will clean the house but then not 5 minutes, and all of them is there. Children that's not even friends with my children! On weekends the other parents are out and about, so if children come play and I am busy with Tietie's hair, I will also wash their hair and plait it. But I stop now because I forget about my own children's hair!

Chapter 6: I try to give all the children a little attention.

I try to give all the children a little attention. Boetie was jealous of Baby because if he came to me, I always pushed him away, 'can't you see I'm busy with the baby?'. But the doctor say he need more attention. So he like to sit by me and tell me stories, then I will laugh. But if the baby wakes up, then he starts again. He don't understand that the baby needs *mos* attention. For me, it look like he wasn't done, and now he can't finish because I have to rush. I sometimes let him sleep with me, and I give him also time at school. And when we walk down to school, then I will pick him up, we will dance, and he will be the singer, and make jokes, and we will talk. Like things that he don't do at home. But we don't have that time anymore, you see, because the transport takes us to school now.

But he's much better now. Baby is getting big, so he can see she's not with mommy all the time, and I have more time for him. So maybe that's why he's changing. But sometimes he want to be big, sometimes he want to be small. The one morning, he wanted me to carry him to school. But I was already late, you see. So I tell him no, we have to make quick and he's too heavy. And he cried from our place until school. Sometimes if I want to carry him, then he don't want. But now he want it but I didn't want. So when we get to school I have to hold him a little, and then he calm down and go play.

The other day it was raining, so I tell him come, I'm gonna put a movie on, you choose. Baby was playing with Tietie, so I tell him, you come lay in mommy's arms. But then, when Baby see this she's like, 'Boetie, move.' When he didn't want to move, she start hitting him. So I put her on the other side of me, but she didn't want to sleep there. So I tell her no, I let her drink on me, and then she fell asleep. So then, Boetie could come back again.

When Baby drink on me, that's the only time she will calm down. Or if I walk away from her. But if I'm gonna sit there, she will keep crying. The other day I had to clean the house, but then I say no, let me just relax for 5 minutes. So I take a chair, I go sit outside, but Baby was crying for the chair. So I say no, I'm the mother you the child, so you must stand, and I will *mos* sit. And she throw her on the floor and she was screaming, and everyone was asking what's wrong with her? But every time I pick her up, she throw her back on the floor. So I go inside again. But then I see she's still crying! So I go out again and give her a hiding on her hands. I say stop, you naughty now. And then I let her drink, and then she fell asleep. Because now she just want what she want, like Boetie.

Chapter 7: What happened now with this child?

With Tietie and Boetie, they will cry outside but when I ask them why, they don't want to answer! And for me it's like, what happened now with this child? And they will take *long*, and then Tietie will maybe come sit with me, then she will tell me, but she will make like it's a story. She won't tell you something

straight. So if she come upset inside, I will say, 'come we play something'. Now me and her will play and then I say, 'Ok, now I will tell a story, but it's gonna be a short one'. And then I will say, 'it's now your turn'. That's how I will know what happened.

Boetie is different. When you ask him what is wrong, then he get angry with you, like you mustn't ask him. He will throw the chairs and tables. Maybe he wants to take his anger out on that. Sometimes he will cry for something not serious, like maybe a R1 did fall. But if some child come in crying like that, you gonna *mos* think something happened! I used to maybe give him a R1, or my phone so he can just stay quiet! Or I I'll shout at him, but now I just walk away. I just tell his daddy or aunty to sort him out. His daddy will take a walk with him, or he will put him in the bed, close him with a blanket, and put on the TV. My sister will take him to her house and then she will make him popcorn. Because if he's crying she's like, this child is hungry! So they know them two have to sort him out.

If he's very upset, I will lay on the bed with him in my arm, and we'll watch TV. But sometimes he don't want me, and also sometimes I don't feel like I wanna go lay now with this child. Then I will just tell him, go there to Aunty, go ask if you can watch TV. Then he will watch the whole day TV there. Sometimes he will say *sommer* he's gonna go sleep by her, then he come home in the morning. You see, I don't give him every time what he wants. But them, they give him everything he want. That's why he listen more to them than me. So if he have a fight outside he will run to them.

Chapter 8: You say no to me, but you do the opposite.

Sometimes I hit, if I'm *really* angry. But then I feel guilty, I will give them my phone or tell them a story or play. With the naughty corner or taking things away, it's fine. But with the shouting and hitting, I feel guilty. Because, like the girls, if I shout at them, they will come and say 'mommy I'm sorry'. Then I just feel guilty! So if I'm angry, I walk away. I'm also thinking if I'm angry, maybe I'm gonna hit them worse, you see. Or I'm gonna say wrong words to them. And how am I gonna feel if that child say those words to me? Or to someone else? When I was small, my mother used to swear and shout at us, and then we run away. So I'm also scared because why, if I shout, maybe they gonna run away. So it's better for me to walk away, or go sit in my room and put music on.

It's only Baby and Boetie I hit in the house, not the others. But I think Boeta don't like it when I hit Baby. He will take her pram and go push her somewhere. Or he will lay on the bed with her, and they will play games on the phone. He will always do something just to make her relax and stop crying.

His daddy also don't like it. 'Cause he was doing what his parents used to do, and I was doing what my parents used to do. And sometimes it was difficult because why, if he want to talk to the children, then I will say, 'no man, this is coloured children! You don't talk to them like this! They know the hitting!'.

But then I also stop hitting *mos*. But now his daddy say for Boetie, the talking don't help. Like the one day Boetie come inside crying, so his daddy ask what is wrong, so he smacked his daddy in his face. So then his daddy take his hand and hit him and say 'you mustn't hit me, because I am asking you what is wrong.' So Boetie shout and scream! But I tell him, you get hit and not the others because why, you don't listen and they listen. But I also tell dad now he mustn't hit anymore. You make the children more angrier. So their daddy don't do it now, but he will say to me, please stop. Because now he says no, you say no to me, but you do the opposite.

Chapter 9: His father was doing it wrong.

But at home I feel like it's just me. Because why, he was helping me so nicely before, but now there's always a story. He fixes the house and stuff, but when I ask him to wash the children then he don't. In the morning he just sleep, so I must get me and the children done. And he come home late, or he's just on his phone. So it feel like when you finish already working hard, now you must go home and do your woman job. When the man is just sitting there and doing nothing.

Mornings is also very difficult. Like Baby, she don't want anything you put on her. So her daddy bring the bag of shoes, and he say 'come, choose'. And I say no, I'm not gonna teach her like this. She's gonna wear what I put on. But he say 'no please, just for today let her choose'!

The other day their father was also doing it wrong, because Boetie didn't want to put clothes on and he start to cry, so his father give him R20! But I did tell his father to stop doing that. It's making my work difficult. But he always give more to Boetie. When Boetie is sick, he lay with him the whole day, but not when Tietie was sick. And the other day, he was giving all of them R2, but Boetie got more. So Boeta was saying why Boetie is then getting more than me? So I didn't know how to explain. And I was too upset to ask. Because for me, if you can do this for the one, you can do this *mos* for the others. My father and mother always share equal, and they were always treating us the same.

Chapter 10: I don't want the same thing for my children.

I don't know if it's his colour, because Boetie's darker like his father, my other children look like me. His family was saying that my other children is not his children because they look different. And now still, at Christmas they buy only for Boetie Christmas clothes! So I tell Boetie he can't go to them anymore. But they always want to be in the middle. So if me and the father fight, then they put my power off! I don't have a power box so I buy from them, because we neighbours. They put it back on for him, but when I come from work, the power is off for me! They don't want us to fight, you see.

But if we start fighting, we or my sister will always take the children and close the door. Because why, my mother and father were hitting and stabbing each other and we would just watch. And then we

used to take my mother's side, so if our daddy tell us to do something, we don't listen. I don't want the same thing for my children, like I don't want them to lose respect for him.

When me and their daddy argue, I used to always go to the knife, you see. My father would say if a man is hitting you, then you fight back. Their daddy never hit me but when we fight, I always remember those words.

So my sister will lock the door from outside so no one can intervene, 'cause sometimes his family want to come, or my baby sister is ready to fight for me! Then she will come back later and sit us down and say, you must think of the children. If you are fighting, do it softly or send them to go play.

Chapter 11: She was the mother of my children, and I was the mother of her children.

When my sister left her husband, she and her children were staying by me until they got their place. She was the mother of my children, and I was the mother of her children. It was sometimes difficult because she have her way to teach hers and I have my way to teach mine. I was talking and she was hitting. So we did sometimes argue, but we lived nicely because she was taking some of my advice. And we decided, let me handle the boys, and she handle the girls. 'Cause the girls is *mos* soft. But if she hit my children, they mustn't come complain to me, and if I hit hers they mustn't go to her. Like when her daughter and Tietie was fighting, I hit both of them and say they mustn't hit each other.

My sister has a big voice. She's not shouting, she just talks, but all the children is scared. The one time it was cold but Baby wanted to take her jacket off. So I tell my sister and she says, 'bring her here!'. And then Baby put it back on! But Boetie loves her house because she spoils him. He's always nice with her, she says nothing's wrong with him. She also used to give him money, because she didn't like him to cry. But if he starts with his stuff, she takes her phone away or she puts him outside.

Sometimes the children want to go to her and not me. The one night, a lady was coming to say Boeta was kicking her child. They were playing soccer because it was load shedding, but they made a game where if you touch the ball, everyone must kick you. So my sister say the mother must come to her because why, Boeta's staying by her. Her other children are staying by their grandmother, so Boeta wants to stay with his cousin 'cause he's alone. So she say the children must explain, because we wasn't there. So the children explained, and my sister tell them, 'this game that you play is not right. So you must both say sorry, and next time you don't play that game'. But I was already tired, so I was shouting, like, what if they were kicking you in your private parts? And he tell me, 'but Aunty already sort it out, why you want to go on?'. And I tell him, but I also want to say a piece of my mind!

We have separate houses now but we still eating together, like we make one pot of food. And when we get paid, or if their father or her boyfriend get paid, we will sit and discuss what we gonna do for

food and toiletries and clothes. So there's always something for the children. And Saturdays, we wash both houses' washing, but now she is waking me up early because we must do washing now!

Chapter 12: Parenting, it don't stay the same.

Boeta is very helpful. When I feel sick, he will bring me what I need, and he will wash the younger ones. And he will sit with them so I can sleep a little. When he finds money, he always bring it home to share. And Tietie also, the other day she pick up a R10 and she's like 'mommy, buy power, we want to watch a movie'. And then she go buy the power and they watched TV.

Boeta will always wake up, dress himself, pack out his sister's school clothes and wake her up. And when he's finished he will ask me 'mommy, can't I pack Baby or Tietie's bag?'. So now I tell him, mommy is struggling, so when you done that side in the morning, you can come to me and maybe pack Baby's bag. My sister don't let him do nothing.

But Boetie don't want to get up. The one morning he didn't want to go to the toilet. So I put his clothes on and then he wet that, so then I put on another pants, and he wet that too. And the transport was *mos* already there and now they have to wait! So I hit him because he's naughty. But now I pick him up and stand with him at the toilet because he's still sleeping, then I put him back on the bed when he's done. And I wash his face and put his clothes on, while he's laying there. So I do it his way now.

Parenting, it don't stay the same the whole time. It changes also. Like now, I see the talking don't help, and the hitting also don't help. With Boetie, I know now what to do, but with Baby, I try the same thing but it don't help for her. The thing is, they better when they small! All the things start when they start walking. Then everything just changes. So I'm also figuring out what to do.