African constructions of parenting: Exploring conceptions of early attachment with *isiZulu*-speaking community caregivers

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DECLARATION

Submitted in partial fulfilment of the requirements for the degree of the Masters in Clinical Psychology, M.A. (Clinical Psychology), University of KwaZulu-Natal, Pietermaritzburg, South Africa.

I, *Abigail Miles*, declare that

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11 November 2013

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ABSTRACT

John Bowlby made a profound contribution to the field of early parenting with his theory of attachment. He suggested that attachment theory has universal applicability. However, it has been argued that attachment theory is based upon a Western worldview, and as such, lacks applicability in cross-cultural contexts. In light of this objection, this study aimed to examine the relevancy of attachment theory within the South African context. In order to do this, a qualitative research design, employing focus groups, was set up to explore *isiZulu*-speaking mothers' constructions of infant-caregiver relationships. Participants were recruited from two Non-Governmental Organizations (NGOs) in KwaZulu-Natal. Each participant partook in three focus groups. The focus group data was analyzed using a form of thematic analysis. The group discussion provided support for attachment theory in the South African context. However, there appeared to be some cultural variations in the ways in which the attachment relationship is carried out within this context. In particular, it appeared that *isiZulu*-speaking mothers employ physical touch and a rapid response style with their infants. Furthermore, evidence emerged to suggest that there are certain barriers to the attachment relationship in South Africa. Finally, this research study showed that urbanization has had an important impact on parenting. As such, from this research, it can be concluded that attachment interventions are useful in South Africa, yet these may need to occur alongside other interventions. There is also room for further research to explore understandings of attachment within broader population groups, including fathers and grandmothers.

Key Words: mother-infant attachment, parenting interventions, cross-cultural research, John Bowlby, focus group

CHAPTER ONE

INTRODUCTION

Parenting is a universal human task, which can be defined as those purposeful activities intended to ensure the survival and development of children (Hoghughi, 2004). Despite the universality of the parenting role, there is considerable debate concerning the particular ways in which parenting behaviours are context specific. One factor which may play an important role in shaping parenting actions is that of culture.

Culture, as a construct, refers to the body of knowledge belonging to a particular group of people, through which they make sense of the world (Mkhize, 2004). More specifically, Lu, Lim and Mezzich (1995, p. 5) have defined culture as "a complex construct of socially transmitted ideas, feelings and attitudes, that shape behavior, organize perceptions and label experiences." Schweder (1991, as cited in Bornstein et al., 1998) has argued that culture is the lens through which reality is seen, interpreted and constructed. As such, parenting is an activity that needs to be considered within the context of culture.

It has been suggested that culture impacts upon both parenting style and parenting practices (Stevenson-Hinde, 1998). Parenting style refers to the general quality of parent-child interactions over a wide range of situations. Parenting practices, in contrast, describe specific parenting behaviors aimed at achieving certain outcomes.

The following discussion will therefore take a critical perspective, whereby it is held that both childhood and parenting are social constructs that evolve in specific socio-historical contexts. In particular, divergences in parenting between Western and non-Western cultural contexts will be explored. It needs to be noted, however, that notions of 'West' and 'non-West' have received widespread critique in postcolonial literature for the inherent eurocentrism suggested by such terms (Arisaka, 1997; Sardar, 1999). However, for the purposes of this research, 'West' and 'non-West' will be used to signify historical – as opposed to geographical – constructs, describing societies with similar cultural values (Lazarus, 2002). For example, 'West' will be used to denote societies founded upon industrialization, urbanization, capitalism and secularism. When considering Western culture, it appears that parenting has come to be dominated by psychological ideas and theories. One particularly influential psychological theory of human development is John Bowlby's attachment theory. This theory focuses on early infancy: the developmental period lasting from birth to the age of three years (Newman, 2009). Attachment theory has had a significant impact upon early parenting in Western contexts, largely through highlighting the importance of the early bond between an infant and his/her caregivers.

Despite their Western origin, many parenting theories, including attachment theory, are assumed to have universal applicability and relevance. However, it appears that in non-Western cultural contexts, psychological theory has had less impact on parenting. In these non-Western contexts, indigenous knowledge systems have often played an important role in shaping parenting ideas and practices (Dawes, 1986). South Africa represents a unique country in which there is often an amalgamation of both Western ideas and indigenous thought. Western theories tend to dominate

in urbanized areas, while traditional parenting knowledge is more important in rural settings (Scanzoni & Arnett, 1987)

Based upon the diverse parenting practices and styles in South Africa, there is a need to examine the ways in which Western parenting theories overlap with indigenous parenting ideas. In particular, the concepts and implications of attachment theory are important to consider in more traditional South African contexts. This will allow for an exploration of the relevance and appropriateness of attachment interventions in the South African context.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter will focus on the literature relating to parenting, and attachment theory more specifically. In particular, parenting and attachment will be explored within the broader literature relating to culture. This chapter will begin by considering how parenting has increasingly come under the domain of psychological theorists. One parenting theory which has risen to prominence is John Bowlby's attachment theory, which focuses on the early relationship between an infant and caregiver.

From this discussion, the debate surrounding the need to situate parenting within a cultural context will be explored. Thus parenting will be considered within the African context. Thereafter, focusing more closely on attachment theory, the cross-cultural applicability of this theory will be considered. Finally, factors other than culture, that may play a role in attachment relationships, will be explored.

2.2 The psychologization of Western parenting

According to Moskowitz (2001, p. 1), the West lives "in an age consumed by the worship of the psyche". Indeed, it does appear that the Western World has increasingly come under the hold of psychological theory and practice, a development often described by the term 'psychologization' (Jansz, 2004). Psychologization, as a process, is understood as occurring dialectically, whereby psychologists and society reciprocally reinforce the expansion of psychology through a series of bidirectional transactions (Abma, 2005). 'Psy'-workers (an umbrella term for individuals working within the disciplines of psychology, psychiatry and psychotherapy) develop theories and practices which they increasingly impose upon the public, through media and literature. Yet lay people in turn consume these psychological ideas, resulting in the theoretical and practical development of psychology, often over and above the work of the 'psy'-workers. One major area in which the dialectical interplay between psychology and society is clearly evident is that of Western notions of parenting and childhood.

2.2.1 A historical overview of parenting in the west

Western views on parenting, and motherhood in particular, have changed drastically over the course of time (Carine & Janssens, 2000). Prior to the nineteenth century, 'motherhood' did not exist as a status or social role in Western society (Smart, 1996). Fatherhood was the only constructed family role, with fathers being assigned the task of governing the entire family. The situation began to change in the late eighteenth century as motherhood started to gain increasing status and valorisation (Perry, 1991). This was largely due to a backlash against the practice of wet-nursing. Many individuals, including doctors, scientists, moralists and poets, had begun to write about the importance of breastfeeding one's own children (Perry, 1991). As breastfeeding came to be seen as the moral and medical imperative of women, motherhood gained a special status.

The Industrial Revolution further served to distinguish the role of mothers (Eyer, 1992). As industrialization divided the workplace from the domestic sphere, motherhood came to be seen as a specialized domestic occupation which was comparable with men's work in the factories. Thus, during the 1800s, motherhood became an increasingly distinct role, linked to the specified task of nursing one's own children.

In the twentieth century, motherhood continued to gain esteem in the West. In particular, motherhood came under the increasingly watchful eye of the medical profession. Doctors began to provide mothers with abundant medical advice concerning infants' physical needs (Perry, 1990). World War Two further impacted upon motherhood. This social crisis had resulted in the separation of thousands of children from their mothers, particularly as women had entered into the workforce (Eyer, 1992). Such deprivation of family life made traditional conceptions of motherhood even more attractive, and thus, motherhood was constructed as a powerful and almost sacred institution in the early twentieth century.

2.2.2 The entry of psychological theory into parenting
This twentieth century context thus provided a fertile soil for psychological knowledge regarding motherhood to take root in the Western world. The rise in medical advice pertaining to mothering opened the door for the entry of psychological theories. In this context, developmental psychologists began widely to articulate their theories in the public arena (Bozalek, 1997). For example, J.B. Watson (1928, as cited in Jansz, 2004) wrote a popular book, *The psychological care of the infant and child*, which advocated the need for strict parenting and discipline. Sigmund Freud (1917, as cited in Eyer, 1992) also advanced a widely influential theory of motherhood during this period; Freud alleged that children's personalities were fundamentally shaped by their relationships with their parents, and in particular, their mothers, during the first five years of their lives. Freud (1940, p. 188, as cited in Bretherton, 1985) stated that the mother-child relationship was "unique, without parallel".

2.2.3 Attachment theory
Freud's theories set in motion the work of object relations theorists who similarly drew attention to the relationship between a mother and infant. Melanie Klein (1927, 1959, as cited in St. Claire, 2000) developed the first comprehensive theory of object relations, focusing particularly on an infant's internal world. Klein argued that the infant's internal world consists of fantasized relationships with external objects, usually maternal figures.

Building upon Klein's work, Donald Winnicott developed several important concepts relating to the early parent-infant relationship. Winnicott (1960, p. 39) famously stated that "There is no such thing as a baby", suggesting that a baby is entirely dependent on the person caring for it, and as such, a baby exists only within a 'nursing couple'. In this way, Winnicott emphasized the mother's contributions to the physical and emotional development of an infant (St. Claire, 2000). He suggested that within the first few months of life, a mother shows *primary maternal preoccupation*, being preoccupied with the infant and seeing the baby as an extension of herself. Yet over time, the mother adapts to the child's growing independence. In this way, the mother operates as a *facilitating environment* for the child's changing needs. Thus, Winnicott drew further attention to the important interactions between the mother and infant.

Alongside Winnicott's work, John Bowlby (1969) made a profound theoretical contribution to the field of early parenting with his theory of mother-infant attachment. Attachment can be defined as a lasting emotional relationship that exists between a child and one or more of his or her caregivers (Van Ijzendoorn, 1990). Bowlby argued that attachment is a universal behavioural system that exists in all mammals. He therefore suggested that attachment behaviour needs to be understood from an evolutionary perspective: attachment serves a biological function of protecting the young from predators. Due to its biological advantage, Bowlby suggested that all human infants have innate attachment-seeking behaviours, which he called signalling or approach behaviours. These behaviours, such as crying, smiling and calling, are specifically designed to evoke caregiving responses from a parent figure.

In relation to humans, Bowlby suggested that the attachment relationship serves the additional purpose of providing a context in which infants are socialized to learn about relationships more generally. In this regard, he outlined the concept of 'internal working models'. Internal working models describe global representations of relationships that emerge from early attachment experiences (Newman, 2009). In this way, Bowlby argued that warm and intimate relationships with caregivers are foundational to infants' development of personality, social competence and later mental health.

Mary Ainsworth (1967) further developed Bowlby's theory by outlining a set of attachment strategies based upon a research method known as the Strange Situation Procedure (SSP). The SSP is a structured laboratory assessment designed to induce anxiety in a child through the entry of strangers or the exit of caregivers, thereby activating a child's attachment behaviour. Based upon this empirical research, Ainsworth outlined a classification system of four attachment styles. These are: 1) The prototypical *secure attachment* describes an infant who uses the primary caregiver as a secure base for exploration, who becomes distressed when a caregiver leaves, yet is comforted upon the caregiver's return. 2) The *insecure/avoidant category* describes an infant who avoids contact with the caregiver when there is the reappearance of the caregiver after an absence. 3) The *insecure/ambivalent* attachment category describes an infant who clings to the returning caregiver, yet continues to protest and refuses to play. 4) The later added *insecure/disorganized* attachment category describes an infant who shows a mixture of confused and fearful behaviours upon the caregiver's return (Sigelman & Rider, 2007). From this it is apparent how Ainsworth's theories further psychologized motherhood by suggesting that there is a 'normal' and 'right' bond that can exist between a mother and infant, and this bond is the goal for all mother-infant relationships (Eyer, 1992).

Ainsworth further argued that a caregiver's responsiveness to a child's signals is the most essential determinant of the attachment quality; more responsive caregivers are more likely to establish a secure attachment with their infants than unresponsive caregivers. This has led to a wide body of research considering parent responsiveness and sensitivity. A sensitive parent is seen as someone who is aware of the subtle signs of the infant, and who shows the ability to understand and respond to the infant in an appropriate manner (Newman, 2009).

In relation to sensitive parenting, the concepts of *attunement* and *mentalization* have become widely used. Attunement describes the ability of a parent to understand an infant's feelings and respond in such a way as to convey emotional resonance with the child (Goldsmith, 2010).

Mentalization is a psychoanalytic construct referring to the ability to understand one's own and others' behaviour in terms of underlying mental states and intentions (Slade, 2005). In the context of attachment, mentalization is often described as *parental reflective functioning*, and refers to the parent's capacity to hold a child's mental states in mind (Slade, 2007).

As a result of these increasingly complex ideas about the attachment relationship, numerous attachment-based parenting interventions have been designed to enhance caregiver-child interaction patterns (Cook, Little & Akin-Little, 2007). These early parenting programs typically aim to increase mothers' capacity to show sensitivity to their infants, through learning to mentalize the experiences and feelings of their infants (Sharp & Fonagy, 2008). Hence, the assumption of these programs is that in order to achieve the prototypical attachment strategy of security, some mothers may need interventions in order to augment their responsiveness as parents (Tomlin, Sturm & Koch, 2009). In particular, these programs suggest that mothers who live in contexts of deprivation or who have histories of trauma are particularly likely to lack the ability to effectively attune to their infants' emotional states (Schechter et al., 2006). Hence, attachment interventions frequently target these more 'at-risk' groups of parents.

In summary, Western ideas in relation to parenting have become increasingly informed by psychological theory. The mother-infant bond has come to be seen as essential to the 'normal' development of an infant. However, this process of the psychologization of parenting in the West has not solely occurred in a uni-directional manner; parents have themselves sought out the advice and recommendations of psychologists in child-rearing books and articles (Bettelheim, 1987). This has meant that Western parenting, through a series of bidirectional transactions between 'psy'-workers and lay people, has increasingly come under the domain of psychology.

2.3 Critique of the cross-cultural applicability of psychological theory
Psychological theories have begun to receive criticism in the last few decades for lacking universal applicability (Holdstock, 2000). It has been argued that most psychological theories have arisen in a very specific context, namely North America and Europe (Super & Harkness, 1999). As such, psychological theory is largely based upon the Western worldview and paradigm, and may not hold relevance in non-Western contexts.

This Western worldview appears to be very individualistic in nature. Mkhize (2004) argues that in the West, people see themselves as self-bounded autonomous entities, with their identities being defined in terms of individual attributes. As not all cultures subscribe to this individualistic worldview, it has been argued that it is impossible to develop universal, trans-cultural psychological laws (Holdstock, 2000). Some authors have taken this critique even further by suggesting that the imposition of Western psychology on other cultures is a form of 'cultural oppression' (Young, 1990, as cited in Graham, 1999). Critical psychologists have therefore called for an emancipatory approach to psychology which acknowledges indigenous people's worldviews, languages and philosophies, and the varying contexts in which human beings develop (Mkhize, 2004).

This critique against the universal applicability of psychology has been levelled more specifically against parenting theories. It has been argued that ideas of parenting and childhood are social constructs which cannot be divorced from the historical period, culture, class and

ethnicity within which they emerged (Holdstock, 2000). Attachment theory, for example, developed in the post-World War Two context in which traditional family roles were greatly esteemed, largely in response to the family ruptures that had occurred during the war (Bozalek, 1997). Thus, the role of the mother was constructed as a responsive, full-time caregiver. As such, based upon the specific contexts in which parenting theories have emerged, it has been argued that they cannot be assumed to apply universally and across all time periods.

2.3.1 Cross-cultural parenting models
In response to the growing discussion of the need to situate parenting and childhood in a cross-cultural context, several theorists began to develop models to account for the impact of culture on child development and parenting practices. Firstly, Urie Bronfenbrenner (1979) formulated an ecological model, later renamed a bio-ecological model, to outline how nature and nurture interact in childhood development. Bronfenbrenner viewed a developing person as embedded within a series of systems which interact with one another to influence development. Graphically, these systems are represented as a series of concentric circles, with the individual at the centre.

Working from the centre out, these systems are as follows: microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1979). The *microsystem* describes the direct interactions in the child's environment, such as between the child and parent. The next system, the *mesosystem*, describes connections between microsystem patterns, such as between the child's parents and the child's school. The *exosystem* is then those environment interactions that indirectly affect a child, such as a parent's workplace environment. Finally, Bronfenbrenner outlined the *macrosystem*, a broad overarching system within which all other systems are embedded. He suggested that the macrosystem includes all cultural beliefs and societal policies that influence a child's experiences and how the child is raised. Bronfenbrenner later added the *chronosystem* to describe how the other four systems are located in time. Hence, Bronfenbrenner located an individual's development within the wider cultural context, and therefore provided the foundation for the coverage of human development from a cultural perspective (Sigelman & Rider, 2006).

John Whiting (1986, as cited in Worthman, 2010) was an anthropologist who similarly developed a cultural model of child development. He argued that environmental factors and history shape the characteristics of a particular society, which in turn define the conditions that a child encounters throughout development. Hence, Whiting argued that culture acts by creating the proximal conditions for child development, thereby shaping early experience. A child consequently grows up to reflect both the cultural contextual factors in which s/he is situated, combined with his/her own particular innate features.

Building upon the work of Bronfenbrenner and Whiting, Super and Harkness (1999), a psychologist-anthropologist team, further developed the cultural understandings of child development. Super and Harkness outlined an important framework called the "developmental niche" to understand the impact of culture upon childhood development. This framework suggested that there are three cultural components that shape a child's life. The first system of the niche comprises the *physical and social settings* of everyday life. This component describes cultural parenting practices which determine the direct environment that is experienced by a

child. For example, cultural practices determine whether infants co-sleep with their parents or not.

The second element of the niche comprises the *customary practices* of child care and child-rearing. This component of the framework describes culturally determined parenting practices. For example, an African customary practice may be the carrying of infants on the parent's back, while Western parents tend use pushchairs.

The final element of the developmental niche is the p*sychology of the caretakers*. Harkness & Super (2000) elaborated upon the third component with their notion of *parental ethnotheories*. Parental ethnotheories are the organized sets of ideas that parents hold regarding children, families and themselves as parents. These authors argue that it is through ethnotheories that broad cultural models, such as individualism, are transmitted from one generation to the next.

Super and Harkness described these three components as three integrated subsystems of the cultural niche. They suggest that these subsystems interact together to determine the impact of culture upon a child's development, and as such, each child grows up in a unique developmental niche. Hence these authors draw attention to the development of the individual within larger culture factors.

2.3.2 The applicability of attachment theory cross-culturally
Based upon the above argument of the need to examine parenting cross-culturally, it becomes necessary to consider early parenting, and particularly the caregiver-infant attachment relationship, in a cross-cultural context. In order to do this, the basic assumptions of attachment theory firstly need to be examined.

Attachment theory can be understood to be broadly based upon five key assumptions or hypotheses (Grossmann, Grossmann & Keppler, 2005). Firstly, the hypothesis of *universality* holds that all infants become attached to at least one primary caregiver. While an infant may form multiple attachments, it is assumed that there is a single primary figure that is preferred by a child in times of distress. Secondly, the hypothesis of the *attachment/exploration balance* suggests that when an infant is securely attached to a caregiver, the infant uses this caregiver as a secure base from which to explore and learn about the environment.

Thirdly, the *normativity* assumption holds that a secure attachment is the most frequent pattern of attachment found in uncompromised samples of infants, and is therefore the most favourable outcome for all infants. Fourthly, the *sensitivity* hypothesis proposes that the quality of the attachment relationship is largely dependent upon a caregiver's sensitivity to a child. Finally, the *competence* hypothesis maintains that a secure attachment relationship is related to a child demonstrating greater competence in later developmental, social and cultural challenges.

Rothbaum, Weisz, Pott, Miyake and Morelli (2000) have argued, however, that these basic assumptions of attachment theory lack universal applicability. Firstly, Rothbaum et al. (2000) have contended that the assumption of sensitivity is flawed, as what is considered sensitive and responsive care-giving differs according to the cultural context and values. In particular, it

appears that parents from different cultures show divergences in both parenting styles and parenting practices (Stevenson-Hinde, 1998).

There is evidence to suggest that different cultural groups show different responsiveness in relation to broader *parenting styles*. For example, Japanese parents tend to respond to their infants in an 'anticipatory response style': they anticipate the infant's needs prior to the expression of the need (Vogel, 1991). This parenting style appears to increase mother-infant attachment in the Japanese context. American parents, in contrast, tend to encourage their infants to assert their needs in order to get a parent response, a parenting practice in line with the cultural values of independence and autonomy (Querido, Warner & Eyberg, 2002). Then, in the German context, it appears that responsive parenting is actively discouraged in order to promote infant independence (Bretherton, 1985). With regard to the South African context, Cooper et al. (2009) found that black South African parents tend to use an 'intrusive' parenting style, whereby they impose their own agenda and 'interfere' with the infants' behaviour. Hence, the overall manner of responding, the parental style, differs depending on cultural context.

There also appear to be cultural differences in relation to the specific *parenting practices* that are considered part of the repertoire of responsive parenting. For example, Japanese parents tend to use prolonged physical contact and emotion-orientated speech with their infants (Rothbaum et al., 2000). American parents, in contrast, emphasize informational speech, face-to face exchanges and prolonged eye contact - rather than physical contact - in their parenting activities. These American parenting practices coincide with the cultural understanding that infants need to develop individuality and independence from birth. Hence, parenting differs in both style and practices across cultures, and therefore Rothbaum et al. (2000) argue that the sensitivity hypothesis of attachment does not apply cross-culturally.

Secondly, Rothbaum and colleagues (2000) have argued that the assumption of competence in relation to attachment theory is flawed. They suggest that the underlying assumption of this hypothesis is that securely attached children will be more competent through the demonstration of autonomous and independent behaviours (Querido et al., 2002). These authors suggest that in certain cultures, particularly those that are collectivist in nature, close attachment is primarily linked to dependence. Indeed, in Japan it appears that sensitive parenting tends to foster a relationship in which the boundary between mother and child is blurred (Barnett, Kidwell & Ho Leung, 1998). This style of parenting, when viewed by American parents, is considered to be intrusive and insensitive, and against the developmental goal of individuation. Furthermore, specific values of competence are linked to the cultural context. For example, in Puerto Rico, competent adults are seen as showing respect, obedience, calmness and politeness, and it is these values that are promoted from infancy (Rothbaum & Morelli, 2005). Hence, the idea that competence is culturally variable suggests that the competence hypothesis of attachment theory may lack cross-cultural applicability.

Thirdly, Rothbaum et al. (2000) suggest that the secure base hypothesis is steeped in cultural meaning. This hypothesis assumes that secure children will be explorative, and therefore more autonomous and less dependent. Rothbaum and colleagues argue that all of these criteria emerge from the Western individualistic hypothesis. Based upon the failure of these three fundamental hypotheses, Rothbaum et al. (2000) suggest that the assumptions of universality and normativity

related to attachment theory necessarily come into question. Hence, their argument is that attachment theory, together with its underlying assumptions, is laden with Western values and meanings.

2.4 Parenting in the African context

The above discussion suggests that parenting in the African context needs to be explored within a cross-cultural framework. In order to consider African constructions of childhood and parenting, Mkhize (2004) argues that it is first necessary to examine the overall African worldview, or the basic assumptions by which Africans attribute meaning to reality. Mkhize (2004) suggests that the African worldview is diametrically opposed to the Western worldview.

The first distinguishing feature of the African worldview is that of self-representation. In Western thinking, the self is described as independent of social and contextual factors (Graham, 1999). In African thinking, however, the self is viewed collectively, with a person defined in relation to the entire community (Ahadi, 2004). This is a notion often described by the word *ubuntu*. *Ubuntu* can be understood as an African philosophy which espouses the common good of society over and above the needs of the individual. *Ubuntu* understands that a person is "born out of and into the community" (Venter, 2004, p. 151). As such, African culture, founded upon this philosophy, can be understood to be based upon values of interdependence, communalism and interpersonal sensitivity. This collectivist worldview means that African children are socialized primarily to focus on the community's interests (Weiten, 2007).

One of the most comprehensive frameworks for understanding this self-representational difference comes from the work of Markus and Kitayama (1991). These theorists outlined two different patterns of self-construal. Firstly, there is independent self-construal, whereby the self is represented as separate and autonomous. Secondly, there is interdependent self-construal, in which the self is defined primarily in terms of relationship. As such, it may be suggested that while Western self-construal is independent, African self-construal is interdependent in nature.

A second distinguishing feature of the African worldview is that of holism, or the idea that everything is inextricably linked and interconnected (Mkhize, 2004). Again, this notion coincides with the philosophy of *ubuntu*. As Teffo (1996, p. 103) has said in explaining *ubuntu*, "[e]very person, every individual forms a link in a chain of vital forces, a long link…" This interdependent worldview translates into the belief that the actions of any one person can be directly experienced by someone else.

The African worldview has important consequences for the way in which African children are raised. This can be understood in terms of Super and Harkness' parental ethnotheories being translated into customary practices and the setting up of specific social and physical settings. Firstly, in line with the notion of collectivism, Graham (1999) argues that African children often consider themselves to have several mothers and fathers on account of the African child's great involvement with other people, including immediate and extended family, and wider community members. Parental responsibilities are seen as a collective duty in African communities, a parenting style captured by the phrase that "it takes a village to raise a child" (Keller, Voelker & Yovsi, 2005). Mkhize (2004) suggests that this type of parenting contrasts with Western

parenting, which typically takes place in limited nuclear family bounds, within which children can be taught to become autonomous and self-sufficient individuals (Mkhize, 2004).

Secondly, in line with the idea of holism in the African worldview, an African infant is generally conceived to be an extension of a woman's body. This translates into infants sleeping with their mothers after birth, being carried on the backs of their mothers, and breast-feeding on demand (Holdstock, 2000). Furthermore, with regard to parent behaviours, it appears that African parents tend to emphasize body contact as their means of infant distress regulation. This is in contrast to European parents who emphasize face-to-face communication and exclusive parent attention on a child in order to encourage infants to express their needs independently (Keller et al., 2005). Hence, it appears that the African worldview has specific implications for parenting practices.

2.4.1 Critique of attachment theory in the African context

Turning to a consideration of attachment theory, it appears that there are particular features of the African and South African context that challenge the assumptions of this theory. Firstly, multiple mothering exists widely in African countries, including South Africa (Ambert, 1994). Research in Kenya, for example, has shown that infants are almost constantly in the company of several adults from the time of their birth (Harkness & Super, 1983). This is a challenge to the assumption that there is a single caregiver to whom every infant is most closely attached (Bozalek, 1997).

Secondly, attachment programs tend to emphasize increasing mother-infant eye contact as a means of improving mother-infant attachment (Newman, 2009). Eye contact, however, appears to be part and parcel of the repertoire of Western responsive parenting behaviours (Keller et al., 2005). Eye contact seems to be particularly inappropriate in the African context, whereby eye contact is considered a sign of disrespect, and as such, there is ample evidence to suggest that African parents use less visual contact with their infants than do Western parents (McMahan True, Pisani & Oumar, 2001).

Finally, it appears that African infants are often less active in seeking their mother's attention than Western infants. For example, in the SSP, infants of the Dogon tribe in Mali did not crawl to their mothers as frequently on reunion (McMahan True et al., 2001). One potential explanation for this passivity is that such infants are usually always within arm's reach of their mothers and are breast-fed on demand, thereby limiting such infants' need for signalling and approaching attachment behaviours. Hence, several differences between Western and African parenting styles and practices suggest that attachment theory may not be entirely appropriate.

This suggests that attachment theory in the specific context of South Africa requires further investigation. Currently, attachment theory has largely been accepted in academic circles in the South African context. This was evident during the recent World Infant Mental Health Conference taking place in Cape Town in April of 2012, with its primary focus on attachment. Furthermore, parenting programs aimed at facilitating attachment relationships have been widely implemented in the South African context. For example, Cooper et al. (2009) have applied several early attachment programs in the African urban community of Khayelitsha in the Western Cape. These early parenting programs have aimed to improve mothers' capacity to show responsive caregiving to their infants. However, before attachment theory is unquestionably implemented in this context, the above discussion suggests that there is a need to

examine the appropriateness of this theory and its underlying assumptions in relation to indigenous South African thinking.

2.5 The other side of the debate
2.5.1 Parenting is universal
On the other side of this debate, some counter-arguments have been presented to suggest that while some parenting practices may be unique to cultural contexts, parenting on the whole needs to be thought of as a universal human activity. Some authors have argued that parents and children in all places and at all times have faced the same problems, experienced the same needs, and sought the same rewards (Super & Harkness, 1999). Hence, it is argued that childhood and human development are a shared human story. LeVine (1974, as cited in Okagaki & Divecha, 1993) is one particular author who has argued that parenting is based around a series of universal goals: firstly, to ensure a child's health and survival, secondly, to teach a child appropriate skills for their later economic security, and thirdly, to develop within a child the necessary values consistent with cultural values. Therefore, while LeVine contends that the methods, orientations and approaches to achieving these parenting goals may vary according to context, he believes that there are still basic assumptions about parenting that exist irrespective of context.

2.5.2 Universality of attachment theory
Furthermore, there has been some evidence to suggest that attachment theory, in particular, is indeed universal. Firstly, some research has suggested that within twelve months, almost all infants have developed an attachment relationship (Bowlby, 1969). This appears to be the case even with Israeli children growing up in Kibbutz systems, who despite being cared for by a communal nurse for long periods of time, still show an attachment to parental figures (Bretherton, 1985). Furthermore, some research suggests that attachment behaviour exists in contexts of multiple parenting. For example, in Uganda, where multiple adults typically surround infants, it has been found that infants still show a differential response towards their mothers, and attachment to a mother is no less intense even when other attachments exist concurrently (Bowlby, 1969). Indeed, it appears that in Uganda, most children show multiple attachments by the age of nine or ten months, in addition to their primary attachment. Thus, this evidence seems to coincide with Bowlby's argument that infants have an inbuilt propensity to become attached to some individual, particularly if the person is providing for their physiological needs, such as food and warmth. Hence, there has been research to suggest that attachment behaviour is evident in a variety of cultural contexts.

Furthermore, there has been much cross-cultural research applying Ainsworth's SSP to a variety of cultural contexts. Indeed, Ainsworth's initial research took place in Uganda, and she based her theory upon a comparison of these Ugandan children with American children in Baltimore. Later research suggested that infants from a variety of cultures (including Europe, Asia, Africa, the United States and the Middle-East) can indeed be classified into one of the four attachment categories (Gardiner, Mutter & Kosmitzki, 1998). For example, one research study suggested the majority of infants from Germany, Japan and Israel could be effectively placed into the attachment classes using the SSP (Bretherton, 1985). Hence, it may be that despite the Western perspective from which the attachment model derived, attachment behaviour is nonetheless a universal phenomenon.

2.5.3 Intracultural variations in attachment

Finally, there has been research to suggest that culture is not the most important variable to consider when examining attachment. Indeed, some research has suggested that intracultural differences in attachment are larger than intercultural differences (Van Ijzendoorn, 1990). There appear to be vast differences in parenting styles and practices based on specific living conditions in certain cultural contexts, and it may therefore be inappropriate to apply attachment results on a national or cultural level. It appears that one particularly important intracultural variable in determining attachment behaviour is socio-economic status (SES) (Okagaki & Divecha, 1993). SES has a macro-level influence on child development, as infants living in poverty are less likely to have secure attachments with their parents compared to infants from high socio-economic categories. This appears to be a result of the fact that different social and economic classes hold different values for their children, and this influences their consequent parenting practices. For example, a father working independently in a professional job is more likely to promote autonomous and self-directed behaviour in his infants, compared to a blue-collar working parent. Hence, it may be that the effects of culture on attachment variation are confounded with the effects of SES. This will need further examination.

2.6 Rationale for the study

Based upon the above discussion, it appeared that there was a gap in the literature with regard to *the specific ways in which the attachment process is linked* to its cultural context (Rothbaum et al., 2000). There was consequently a need to examine the cross-cultural applicability of attachment theory. As Waters and Cummings (2000, p. 169, as cited in Rothbaum & Morelli, 2005) have said, "cross-cultural research on key issues in attachment theory is one of the most exciting prospects for the next generation of attachment research." It was particularly important to examine attachment in the South African context where this theory is widely subscribed to in academia, yet may lack relevancy at a grassroots level.

2.7 Aims of the study

The aims of this study were therefore twofold in nature. Firstly, African constructions of childhood and parenting needed to be examined in order to gain an understanding of how indigenous knowledge systems relate to parenting. Secondly, the ways in which African parenting ideas coincide with Western parenting theories, and particularly that of attachment theory, required consideration. This would allow for an exploration of the relevance of attachment theory in the South African context.

These questions were specifically explored with a sample of *isiZulu*-speaking South Africans living in the KwaZulu-Natal region. In particular, some of the sample members lived in a rural setting, and therefore had a limited exposure to Western parenting ideas. As such, this sample allowed for a useful examination of the ways in which attachment theory may fit with indigenous South African parenting models.

2.8 Conclusion

As can be seen in the above multi-faceted discussion, there is a need to consider the role of culture in parenting. Through the work of authors such as Bronfenbrenner (1979) and Super and Harkness (1999), parenting has been shown to exist within a particular cultural context. As such,

the universal applicability of psychological theory requires examination, including those theories that relate to parenting.

One parenting theory which has been assumed to apply universally is John Bowlby's (1969) attachment theory. This theory suggests that there is a normative, secure relationship between an infant and caregiver, and it is from this relationship that the infant is able to explore the world. However, the universality of attachment theory has been questioned, and it has been suggested that this theory is based on certain assumptions from the Western worldview.

From the above discussion, a number of possibilities emerge. It may be that attachment is basically universal, with only minor cultural variations in the ways in which it is played out in different contexts. In this case, the basic assumptions of attachment theory hold true, irrespective of cultural context. Alternatively, attachment theory may be largely a Western endeavour with little use or value in cross-cultural contexts, including the South African context. These questions require further exploration.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section will explore the methods and procedures that were utilized in this study. To begin with, the overall research design will be discussed. Thereafter, details of the participants, data collection procedure, and ethical considerations will be provided. Finally, the data analysis process will be discussed.

3.2 Research design

This study was based upon an interpretive paradigm. The interpretive paradigm describes a research approach which aims to gain an in-depth understanding of the meaning that individuals attach to everyday ideas and actions. This paradigm is particularly important in cross-cultural research as such research involves a consideration of the ways in which different groups of people create meaning in the world (Mkhize, 2004). Hence, the interpretive framework suited the cross-cultural research aims of this study.

Based upon this interpretive paradigm, a qualitative research design was used in order to make sense of participants' understandings of reality (Holliday, 2007). Qualitative research is a research approach in which the aim is to describe and understand human behaviour from an insider perspective (Babbie & Mouton, 2001) Qualitative research is especially useful as it generates rich data and detailed descriptions (Willig, 2001). Qualitative research thus suited the exploratory nature of this research study; it allowed for an in-depth exploration of African understandings of early parenting.

3.3 Participants

The sample for this research study consisted of two groups of female community caregivers who worked for two separate Non-Governmental Organizations (NGOs) in KwaZulu-Natal. In South Africa, community caregivers form the cornerstone of most care programs, particularly those involving people living with HIV/AIDS (Schneider, Hlophe & Van Rensburg, 2008). For example, community caregivers may care for children left orphaned by the HIV/AIDS epidemic. Community caregivers typically work on a voluntary basis and receive a limited form of training before commencing their work (Akintola, 2011).

Community caregivers were utilized in this study as these individuals focus much of their work on the well-being and support of children. As such, caregivers are skilled in childcare and cognizant of parenting practices, thereby being able to offer useful insights on African constructions of parenting. Furthermore, on account of their NGO involvement and training, this sample was familiar with group settings, and would therefore be less likely to find a group data collection method to be a threatening procedure.

The first group of community caregivers consisted of twelve women who were connected to an NGO in a small farming town in KwaZulu-Natal. This town is in a sugar cane and timber farming region. The participants lived some forty kilometres from this town, in a deeply rural area, predominately governed by traditional leadership. All the community caregivers were black

African women whose primary language was *isiZulu*. The participants formed a group of volunteers in the NGO's play facilitation program: these women travel between homes in the community, taking toys and facilitating play and learning with young children, particularly in families lacking involved parents. Participants had all received some training in early childhood development, bereavement counselling, HIV/AIDS and other topics of relevance to the community. All of the participants were selected to work as volunteers in the NGO by the local traditional community leadership, in collaboration with community members. As such, the participants were all highly esteemed women in the community.

The second group of participants consisted of twelve women who worked for an NGO in central Pietermaritzburg. These women formed part of a group of volunteers who are involved in the community of Pietermaritzburg in various ways, including through the teaching of Life Orientation, HIV/AIDS testing and counselling, and the distribution of food parcels to impoverished households. These community caregivers were primarily Black Africans, whose first language was *isiZulu*. The NGO had recruited caregivers from local church communities, where they had participated in an apprenticeship-type of training at the NGO. These women had received training in child care, home-based care, bereavement and HIV/AIDS counselling.

In order to access these two sample groups for this research project, a non-probability sampling technique, namely purposive sampling, was used. Purposive sampling describes the selection of particular predetermined cases of a population, in this study, female community caregivers who work for the relevant NGOs (Durrheim & Painter, 2006). As described above, these community caregivers had been selected to work for the respective NGOs based upon their perceived ability to offer useful services in their communities. Hence, participants were selected based upon a multi-stage sampling procedure.

It must be noted that this sampling procedure was not randomized and, as such, does not provide a generalizable sample. However, this project was descriptive and exploratory in nature, and thus, a limited sample was still useful (Cozby, 2005).

3.4 Data collection

The data was collected from a series of focus group discussions. A focus group is a research technique in which data is collected through a group interaction on a topic that is determined by the researcher (Stewart & Shamdasani, 1998). A series of three focus groups were conducted with each of the two groups of women at the two different NGO sites. At the first site, the focus groups took place over a period of three weeks, while at the second site, the focus groups occurred within the space of a single week.

Focus groups were particularly useful for this study as the public discourse forum offers a valuable technique for accessing shared cultural constructions. Furthermore, focus groups suited the exploratory nature of this research project, by allowing for an in-depth exploration of participants' understandings of mother-infant relationships (Morgan, 1997).

Focus groups, as a research technique, offered several other advantages for this project. Firstly, a group format enables a researcher to tap into many everyday forms of communication, such as jokes or anecdotes, which may not arise in a standardized interview or questionnaire (Kitzinger, 1995). This means that focus groups more closely approximate real-life settings, thereby

increasing the ecological validity of a study (Willig, 2001). Secondly, focus groups allow a researcher to understand the motives and reasoning behind participants' responses. Such knowledge cannot be accessed using more structured research methods (Kitzinger, 1995). Finally, focus groups allow participants to respond to and comment on each other's contributions, thus giving the researcher access to data that would not be available in an individual interview (Willig, 2001). Hence, focus groups were used in order to gain more naturalistic, nuanced and rich data, which drew upon the caregivers' shared understandings of reality.

3.5 Ethical considerations

Ethical approval for this study was granted from the Research Ethics Committee of the UKZN School of Applied Human Sciences in the College of Humanities. In line with the Belmont Report of ethical guidelines for research, five principles of ethics were considered (Rosenthal & Rosnow, 2008). Firstly, in respecting the *autonomy* of participants, a detailed informed consent form was constructed for participants to complete prior to the commencement of the focus groups (see Appendix A). This form provided an overview of the study and a description of the procedures that would take place. It also contained a section detailing the fact that the groups would be audio-recorded. Participants were notified that they were free to leave the study at any point. The consent form was also available in *isiZulu* so that participants would be able to fully understand the purpose of the study in their mother-tongue language (see Appendix B).

Secondly, in response to the principle of *trust*, participants were assured that everything that they said in the focus groups would remain confidential. In order to further protect participants' privacy, pseudonyms were recorded on the transcripts of the focus groups, thus ensuring that individual participants could not be linked to any given response.

Thirdly, in terms of *non-maleficence*, this study did not present any grave harm to participants. Participants may at times have been psychologically stressed as they reflected on their histories as parents, or on their own childhood experiences. However, participants were told that should they have any concerns, they would be able to contact the researcher who would refer them for further support.

Fourthly, with regard to *beneficence*, this study offered both direct and indirect benefits to the participants. Firstly, participants themselves may have benefitted from the study by speaking openly in a group context about their experiences of parenting and childcare. Indeed, at the end of the focus group discussions, several participants indicated that they had benefitted from sharing their experiences. Secondly, the data from this study may be used in future parenting interventions in this community, thereby benefiting their communities at large.

Finally, as stated above, this study sought to maintain *justice* through making the data from this study available for future community parenting programs. In this regard, the two NGO sites were sent a completed draft of this research study.

3.6 Procedure

Upon obtaining permission to conduct the study from the relevant gate-keepers (NGO directors and University Ethics Committee), the dates for the three focus groups were arranged at each

NGO. Three focus groups of an hour-and-a-half each, took place at both NGOs. The focus group at site one took place under an outside shelter, while the focus group at site two took place within a private and enclosed room at the NGO. Participants were provided with refreshments at the start of each group. The groups at site one were conducted by the researcher, together with an *isiZulu*- speaking research assistant, who operated as an interpreter and a translator. Participants at site one only spoke *isiZulu*. At the second site, the groups were conducted solely by the researcher. Participants largely spoke in English in these groups, and translated for each other when they struggled to express something in English.

The first focus group was introductory in nature (see Appendix C). The purpose of the research study was outlined for participants, and participants were asked to consent to their participation in the study. Thereafter, an initial 'ice-breaker' and introductory exercise allowed for the facilitation of a cohesive and relaxed group environment. Participants were then presented with a series of broad, open-ended questions regarding their views of parenting, their own experiences as parents, and their perceptions of infants. During this focus group discussion, parenting in general, rather than specifically *African* parenting was explored. This allowed for an analysis of any similarities that may exist between Western and African parenting models, without participants being asked to specifically focus on more traditional models of parenting.

The second focus group was more structured in nature (see Appendix D). Participants filled out a short true/false questionnaire regarding newborn babies' development and the parenting of newborn infants. These questionnaires were answered as a group, and were used to stimulate further discussion. Thereafter, participants were asked to watch a series of short video clips which presented attachment-related behaviours. Following each clip, there was a discussion concerning the relevance and applicability of this particular parenting behaviour in the South African context.

Finally, the last focus group was a follow-up session (see Appendix E). Participants were asked to discuss any new insights that they may have had on the topic of parenting. This focus group discussion then turned more specifically to a consideration of African parenting practices, and how these practices may differ from Western parenting practices. Participants were also asked to consider the long-term impact of a good attachment relationship between a parent and child. Finally, participants were provided with the opportunity to comment upon how they had experienced the process of the research.

Upon completion of the research procedure, the focus groups were transcribed. With regard to the focus groups at site one, the research assistant translated and transcribed the *isiZulu* audio-recording into English. The researcher transcribed the focus groups at site two.

3.7 Data analysis
The data from the focus groups was transcribed and analyzed using the method of thematic analysis. Thematic analysis is a means of identifying, analyzing and reporting patterns or themes within the data (Braun & Clarke, 2006). Thematic analysis therefore uses themes to describe and summarise the data. A theme is a particular idea that occurs repeatedly within the data, across different participants' responses (Lacey & Luff, 2007).

Thematic analysis is a useful method in that it allows for the organization of data, without eliminating rich descriptions and meanings. In this research project, thematic analysis was particularly valuable as participants were speaking in their second language or communicating through a translator. This language barrier would have limited the utility of more discourse-focused analysis methods.

This particular thematic analysis was conducted in a more theoretic manner, whereby the reported themes were specifically driven by theoretical interests. This is known as a 'confirmatory' approach to qualitative data analysis, whereby certain themes are determined *a priori* to the data analysis (Lacey & Luff, 2007). In this case, the analysis was driven by the literature relating to parenting, and early parenting in particular. The analysis therefore concerned the ways in which the data tied up with existing parenting theories and ideas that occur in Western literature. As such, themes were organized around the work of existing theorists, such as Rothbaum et al. (2000) and Super and Harkness (1999). This allowed for the specific research questions of this study to be explored.

The thematic analysis was conducted over a series of steps (Braun & Clarke, 2006). Firstly, following transcription of the data, I set about familiarizing myself with the data. This was easier with the focus groups that I had personally transcribed, as I was already familiar with the data. Secondly, I created a series of broad categories to summarize the data. These categories typically related to some of the open-ended questions that had driven the focus group discussions. Thirdly, I created a series of more specific categories which specifically related to the existing literature on parenting. Fourthly, I summarised the data into the relevant categories, including responses from both groups of participants. I also ensured that I checked for any deviant results that may have not tied up with the pre-determined themes. Finally, I determined the degree of overlap between the data emerging from the caregivers and that of Western parenting literature. Hence, the overall aim of the analysis was to organize the data without eliminating the detail that arose from the focus groups.

With regard to qualitative research, it is important to consider the issue of evaluating the quality of the research findings. It has been argued that traditional evaluative criteria, such as reliability and validity, lack usefulness in relation to qualitative research (Lacey & Luff, 2007). Lincoln and Guba (1985) have proposed the alternative terms of 'dependability', 'credibility', 'transferability' and 'confimability' as a means of evaluating qualitative research. Firstly, Lincoln and Guba (1985) suggest that *credibility* is the qualitative equivalent of internal validity. This concept refers to the fit between the actual reality of participants and the consequent representation of that reality in the research findings. In relation to this study, I aimed to ensure that my results accurately represented the data that was obtained during the research. Therefore, throughout the data analysis, I looked out for any negative cases. I also tried to represent the data comprehensively, by reporting quotes from across different focus groups and from a variety of participants. Finally in relation to credibility, I engaged in a critical analysis of reflexivity (see Chapter 6), whereby I considered my own role in producing the results of this study.

Secondly, *transferability* is a parallel term for the quantitative concept of external validity. Both terms refer to the extent to which the research findings are applicable to other contexts or respondents. Guba and Lincoln (1985) suggest that in order to achieve transferability in

qualitative research, the researcher needs to focus on 'thick descriptions' of research findings, as well as providing a clear description of the characteristics of the sample. As such, in my data analysis, I sought to use detail and precision in my quoting, thereby allowing the reader to access 'thick descriptions' of the results. I also provided detailed information about the context and characteristics of my participants, as well as the process by which participants were selected. In these ways, I aimed to increase the transferability of my findings.

Thirdly, *dependability* is the qualitative term for the traditional concept of reliability. Reliability typically refers to the consistency with which a research study will yield the same results on different occasions (Babbie & Mouton, 2001). However, according to Guba and Lincoln (1985), sufficient demonstration of credibility establishes dependability, as there cannot be validity without reliability. As such, I addressed the concept of dependability with my consideration of credibility.

Finally, *confirmability* is the qualitative term for objectivity. In relation to qualitative research, this refers to the degree to which the findings are the product of participant inquiry, as opposed to researcher bias. In response to this issue, I kept detailed notes relating the research procedure and data analysis. I also kept all my transcripts and analysis notes so that an independent auditor would be able to trace my interpretations and conclusions in relation to my research findings. Thus, through conducting this research in a transparent manner, I attempted to address the issue of confirmabilty.

3.8 Conclusion
In summary, this research study involved a qualitative research design, making specific use of focus groups as the method of data collection. Participants were female *isiZulu*-speaking community caregivers who were recruited from two NGOs in KwaZulu-Natal. The data from this research study was analyzed using a form of thematic analysis which particularly looked for themes in the data to tie up with pre-existing themes in the literature. Ethical considerations were noted at all stages of the research procedure.

RESULTS

4.1 Introduction

In this chapter, the data emerging from this study will be presented. To begin with, some descriptive statistics relating to the socio-demographics of participants will be provided. Thereafter, the qualitative results will be explored. These results will be presented in terms of a series of comprehensive themes. Firstly, participants' broad understandings of family roles and the attachment relationship will be explored. Thereafter, the impact of culture upon parenting, and attachment specifically, will be more closely considered. Finally, data relating to parenting within the current socio-historical context will be presented.

4.2 Socio-demographics

A total of 24 women participated in this study across two NGO research sites. However, due to absenteeism, not all participants took part in all of the focus groups. However, each participant participated in at least two out of the three focus groups. As such, the focus groups had an average of ten participants in each group.

Table 1: Demographic characteristics of the sample

	n (N=22)	%		n (N=22)	%
Age			**Number of Children in Home**		
20-29	4	18.2	0	1	4.5
30-39	12	54.5	1	4	18.2
40-49	5	22.7	2	3	13.6
50-59	1	4.5	3	2	9.1
Marital Status (N=21)			4	2	9.1
Single	10	47.6	5-9	6	27.3
Partnered	3	14.3	10+	4	18.2
Married	6	28.6	**Education (N=20)**		
Separated	0	0.0	Some primary	0	0.0
Divorced	1	4.8	Complete primary	0	0.0
Widowed	1	4.8	Some high	6	30.0
Number of Biological Children			Complete high	10	50.0
1	11	50.0	Post-matric	3	15.0
2	4	18.2	Post-graduate	1	5.0
3	3	13.6			
4	2	9.1			
5+	2	9.1			

As presented in Table 1, participants' ages ranged from 27 to 53 years, with an average age of 36.6 years. Nearly one-half of the participants were single women (46.7%) with the large remainder of the women (42.9%) having a partner or spouse. The average number of biological children of participants was 2.2. However, the average number of children living in the homes of participants was 5.2 children. All participants had completed primary school, and most of the participants (70.0%) had completed high school. All participants received a small monetary remuneration from their community work, and half of participants (50.0%) additionally received income via one of the governmental social grants.

4.3 Qualitative Results
4.3.1 General understandings of family roles
During the focus group discussions, participants provided a broad outline of the role of mothers, fathers, siblings, extended family members and community members in raising children.

4.3.1.1 Role of mothers
Firstly, participants suggested that mothers have an important role to play in providing for a child's *physical and hygiene needs*:

> *A child's needs should be met, such as needs for food, as well as clothing.* (Site 1, Participant 3)

> *A bad parent is the one that pays no attention to the child, that doesn't know whether or not a child has eaten or bathed.* (Site 1, Participant 3)

Secondly, mothers were important for providing *emotional care* to their children:

> *They must love their children. Care for their children. Giving emotional support.*
> (Site 2, Participant 1)

Thirdly, 'good' mothers were described as those who play with and *intellectually stimulate* their children:
> *A good parent is the one who knows how to play with their child, because it's when a child can play that we see that they're happy.* (Site 1, Participant 5)

> *I think, the good parent also encourages, encourages the child. Like when the child is learning to talk, there are some words that the child [mis]pronounce. Ja, I think the parent encourages the child.* (Site 2, Participant 8)

With regard to older, school-aged children, participants in both groups highlighted the importance of *open communication* between children and mothers.

> *For a child to feel that their mother allows them the freedom to talk about anything...and just the support that they get from the parent.* (Site 1, Participant 1)

> *I think they need to communicate with children. They must ask, how was the day. Maybe from school, how was the day, so that the child can tell about the challenges that the child faced.* (Site 2, Participant 4)

Participants also felt that it was important for mothers to be involved in their children's *schooling*, through helping with homework and discussing career options.

A good parent is one that, if the child is at school, they follow in how they're doing in their school work. Is the child doing well? If the child is not doing well, they need to support them. (Site 1, Participant 2)

A good parent is one that sits with their child and hears out his future goals, without making decisions for them. And also ask them what it is exactly that they want to become when they grow up. (Site 1, Participant 1)

Finally, participants thought that mothers have an important role to play in *limit-setting*. In particular, it was emphasized that a good parent sets limits with material items, and does not 'spoil' a child (Site 2 Participant). These concerns were particularly emphasized in the urban focus groups at the second site.

But you have to, ja, to build some limits or some boundaries, that if you don't have money, or this is not going to happen, the child can understand. (Site 2, Participant 10)

4.3.1.2 Role of fathers
In both groups, participants primarily constructed the role of fathers around providing *financial security*.

I guess it's just seeing to the needs that the child might have, such as financial needs. (Site 1, Participant 4)

There are good fathers who have good relationships with children but most of the time, fathers just think that they are there to provide for the [financial] needs. (Site 2, Participant 7)

One participant suggested that when a father is not married to a child's mother, he is unlikely to have much involvement in his children's lives, aside from monetary provision.

The financial provider. Because you find that – um – especially in our culture, most fathers, you find that is not married to the mother. And you find that they go through the maintenance to the court so that the child will be provided. I've experienced where one person say, "Because I've given you the money, what do you want now?" See, those fathers don't have any relationship with the children. (Site 2, Participant 7)

In the rural focus group, participants stated that the role of fathers in relation to *new-born infants* is very limited. In particular, it appeared that fathers are unlikely to be present at the birth of an infant, and have little involvement with the infant until s/he is at least three months of age.

In our culture it's not really acceptable for fathers to carry babies; however, if he should do so, he is seen as a weak man, whose woman has him wrapped up around her finger. But white fathers carry their children all the time. (Site 1, Participant 11)

A father can only see the child at only a specific time, not before three months of birth. (Site 1, Participant 12)

Fathers are not allowed to be present at the birth of the child; if this should happen then the father would not be seen as a real man, and they may have bad luck. (Site 1, Participant 3)

4.3.1.3 Role of siblings
Participants in both groups primarily constructed the sibling relationship as one of *play*.

They [brothers and sisters] play with the child. (Site 1, Participant 4)

Older children were also perceived as taking on a greater *parenting role*, evident in teaching, protecting and caring for younger children. This was particularly noted in cases of absent parents.

In other families, you find that they are child-headed homes. You find that an older brother is playing a parent role to the other brothers or sisters. (Site 2, Participant 1)

They can also assist them with their homework. (Site 2, Participant 10)

They protect the child from harm. (Site 1, Participant 4)

4.3.1.4 Role of extended family
Participants in both groups noted that *grandmothers* often take on the role of primary caregiver. This may occur if biological parents are absent or have passed away.

She [my daughter] is more connected with the granny, because we spend a lot of time here [at work]. We come late. When they come from school, they find the grandmother, so they talk everything with the grandmother, so ja. (Site 2, Participant 1)

The parents die, and some people just abandon their kids, leaving them in the care of grandmothers, who are often left with no other choice. (Site 1, Participant 11)

In addition to grandmothers, participants stated that *aunts and uncles* can take on a parental role.

Some of the aunties and uncles are raising the children if their parents have passed away. (Site 2, Participant 4)

However, participants stated that extended family members often feel that raising someone else's children is an unwanted *financial burden*.

Now we have money involved. In those days, they have livestock, and they were planting things like vegetables and stuff at home. Now they always think 'where am I going to get

*the money to spend on this family while I have my own family', even the relationship also
with family.* (Site 2, Participant 7)

4.3.1.5 Role of community members
When asked about the role of the wider community in raising children, participants stated that
they were hesitant to allow community members to interact with their children. In particular, it
appeared that participants were worried about the safety of their children when interacting with
community members. One particular concern appeared to be the fact that young girls are at *risk
of being raped* by community members.

> *It's no longer so easy to allow community members to be involved in raising your kids
> because you don't know what is going to happen while you're away.* (Site 1, Participant
> 1)

> *Even when you send your child to the shop you have to look out the window to see if
> they're safe.* (Site 1, Participant 3)

> *Even when children play together, we watch them closely, and we often don't let them
> play too far away where we cannot see them. Because the moment you let your girl child
> go out of your sight, that's when you give the males in the community a chance to get
> close to your child and may rape your child.* (Site 1, Participant 3)

4.3.2 General understandings of infant-caregiver behaviors
Using the structured "True/False" questionnaire as a stimulator for discussion, participants'
understanding of newborn infants' development and attachment behaviors was explored.

4.3.2.1 Infant development
From the focus group discussion, it appeared that there was some confusion in the groups with
regard to newborns' sensory development. Some participants stated that babies can see clearly
from birth, while other participants stated that *clear vision* only develops after several weeks.

> *When a child has just been born they can't really see; they can't tell this is my mother,
> this is my father. We agree. They can just see there's someone there but they can't really
> tell who they are.* (Site 1, Participant 2)

> *Not clearly, I think it was my daughter, maybe the fifth week, we were waving our hands
> over her eyes and she could see, but not clearly.* (Site 2, Participant 1)

However, participants were in agreement that infants are able to *hear sounds* clearly from birth.

> *Because if the child is sleeping, and you enter the house screaming, the child will
> respond to that.* (Site 2, Participant 1)

Participants were also confused as to the age at which newborn infants are able to *smile*. One participant at the second site said that infants could smile by "*three weeks*" (Site 2, Participant 12), while another site two participant said, "*Maybe at seven days; while she or he is asleep you find the baby smiling.*" (Site 2, Participant 7) Participants at site one stated that they were unsure about the age at which infants become able to smile. Hence the focus group discussions revealed some uncertainties with regard to newborn infants' physical development.

4.3.2.2 Infant attachment-related behaviors
Participants agreed that from birth, a baby is able to *express how he or she feels*. They suggested that a baby has a set of 'signs' which are used to communicate with caregivers (Site 2, Participant 7). As such, participants described infant signaling behaviors that enhance the caregiver-infant attachment relationship.

> *They use signs sometimes. Sometimes playing with their hands and feet like this. Not only crying…. Especially when you are feeding the child, you can see if the child enjoys the food, moving the feet.* (Site 2, Participant 7)

> *According to my knowledge, a baby has not yet learnt language at that age, so they use signs to communicate, such as crying, laughing when they're happy. If you give them something they like, they laugh or smile if they like it. If they don't like it, they simply cry. That's how and when you see that the child is not okay.* (Site 1, Participant 2)

Participants also suggested that babies engage in *face-to-face communication* with their parents.

> *I would say they do love to look at their parents face because when a child is born they have their mother near them all the time, hence that's the person they often look at. (Site 1, Participant 11)*

Hence, participants outlined infant signaling behaviors which they perceived to operate as enhancements to the attachment relationship.

4.3.2.3 Parent attachment-related behaviors
When considering the role of caregivers in response to these signaling behaviors, participants understood the importance of caregivers actively seeking to '*connect*' with a child.

> *Because when you are bathing a child, that's where you connect with the child.* (Site 2, Participant 1)

Participants suggested that there are several important ways in which a parent can connect with a child. Firstly, participants suggested that it is important for caregivers to *speak* to their babies.

> *And talk with the baby. Because we believe even though they can't talk, they hear what you are saying.* (Site 2, Participant 4)

Participants also suggested that face-to-face contact, and particularly *eye contact*, was important for establishing a connection with an infant.

> *You must also use your facial expression. To express how you feel.* (Site 2, Participant 4)

> *When you breastfeed your child, you should look at them and smile at them to show that you're happy.* (Site 1, Participant 4)

> *Make eye contact when playing with a child.* (Site 1, Participant 11)

Furthermore, *physical contact* was described as an important means of setting up an attachment relationship.

> *Bringing the child close to you, against your chest, and singing a certain song for them.* (Site 1, Participant 7)

> *Touching a child's cheeks, playing with them by touching their cheeks.* (Site 1, Participant 8)

> *There is that connection when you bring the baby close to you.* (Site 1, Participant 11)

> *And touching the child. When you are bathing the child, you have to touch all of the child so that he or she can feel that you love him.* (Site 2, Participant 2)

> *Some of them they like massaging. Massage them on their heads, and some of them they like the massage on their feet. When you finished to bath them.* (Site 2, Participant 4)

Hence, there were numerous techniques that participants felt were important in allowing a parent to build a close bond with an infant.

4.3.3 Impact of culture on parenting

Widening the focus of the discussion further, participants provided evidence for macrosystemic factors that may have an impact upon parenting. Firstly, there was much discussion surrounding the impact of culture on parenting in general. Based upon the Super and Harkness (1999) 'Developmental Niche' model, the qualitative data emerging with regard to the impact of culture on parenting can be successfully divided into this framework of three cultural components: physical and social settings, customary practices and parenting ethnotheories, respectively.

4.3.3.1 Physical and social settings

Firstly, participants felt that there is often a cultural difference in the structure of the immediate family surrounding a newborn. They suggested that African mothers frequently raise their children alone, with little involvement from the father-figure, while Western families are more likely to have *two parents* involved in the child-rearing process.

Most black parents raise their children on their own, whilst [white] parents raise the child together most of the time. (Site 1, Participant 3)

Because you find that – um – especially in our culture, most fathers, you find that is not married to the mother. (Site 2, Participant 7)

Secondly, participants noted the importance of culture in determining the *sleeping arrangements* of infants. Participants felt that Western parents tended to provide separate beds and rooms for their children, yet this was not the typical physical environment for African children.

Most of us black parents share beds with our babies, but most white parents buy babies their own beds to sleep on. (Site 1, Participant 12)

We don't teach the child the sense of independence, because you sleep with the child… The whites, they used to make a private room for their newly born, in order to teach independence at that early stage. (Site 2, Participant 9)

As a result of infants sleeping with their parents, it appeared that African children did not make use of transitional objects, such as teddy-bears.

You find that in white people, the child is sleeping with a teddy-bear, maybe a pillow, instead of a parent. (Site 2, Participant 9)

Thirdly, one participant noted that there is a cultural difference in the type of objects that are placed in the infant's environment, particularly with regard to *toys*.

I would like to add about whites, when they are parenting their young ones, they used to buy them the toys for their children in order to teach them something but the blacks – we didn't do that. If you want to buy a toy for the child, you just buy a gun or a car. But for you [whites] – you think before you buy the toy for the child. What is the use of it? What lesson will come of it? (Site 2, Participant 4)

4.3.3.2 Customary practices

Participants noted that culture had a large impact upon many of their parenting practices. Firstly, participants felt that culture affected *feeding practices*, with African parents tending to feed according to the demand of their infants, while Western parents maintain a feeding routine.

In whites, when they know the time, when to give the child breast-feeding, or any feeding. Ja. But in blacks, anytime. The child is crying – just give the food. Anytime! (Site 2, Participant 9)

Secondly, it was noted that culture means that African children are *carried on the backs* of their mothers, while Western parents tend to use pushchairs. This means that African children are much more closely involved in their mothers' activities.

> *White parents push their babies in prams at the malls, while African parents always carry their babies in their hands. If you see an African parent pushing their baby in a pram, you look at them, because it's not a very usual thing to see.* (Site 1, Participant 3)

> *Even if you, during the day, you carry the child on the back, when you are finished working, when you are working, you are carrying the child on the back, doing washing, cleaning, he is on your back. When you are finished, you take the child, you carry the child.* Yebo. *When you are watching TV, the child is by your side. Always in whites, you put the child in the pram, even when he is crying, just rolling the pram. You see, [only] after a while, they [white people] take the child here {indicates close to body}.* (Site 2, Participant 9)

Thirdly, in the focus groups at the second site, there was much discussion surrounding the cultural practice of *wrapping infants* in blankets when they went outdoors. While some participants disagreed with this practice, all participants noted that this was a culturally-endorsed parenting practice.

> *We are not allowed to go with the child {opens arm} like this, two weeks after the birth without wrapping and all that... because they used to say the child was very warm inside, and now the child is outside...* (Site 2, Participant 7)

> *I remember with my daughter, it was two months, it was hot outside, because she was born in December: January it's hot, February it's hot. They said, "No no, you can't go with the child like that, you have to wrap the child until 3 months!"* Haibo! (Site 2, Participant 7)

> *But for me, I think it's not good. Because when it is hot, you can see the pimples coming out – it shows that it's too hot for the child. But you have to –* hloniphe abazali *– respect the adults. You have to respect the adult. You are forced to wrap the child. They are upset if you uncover the child.* (Site 2, Participant 9)

Fourthly, in discussions of older children, it emerged that *discipline practices* were influenced by culture. Participants suggested that African parents tended to use physical discipline, while Western parents used alternative forms of punishment.

> *White people use different punishment techniques.* (Site 1, Participant 5)

> *We as black parents often hit our children, whereas white parents talk more.* (Site 1, Participant 12)

Finally, there was much discussion regarding the practice of *eye contact* between parents and children. While participants suggested that eye contact was an important practice during infancy, participants stated that with older children, this becomes a sign of disrespect. Hence, the discouraging of eye contact amongst older children was a customary parenting practice, different from Western parenting practices. However, there was some disagreement as to the exact age when eye contact becomes disrespectful:

> *It also depends on what kind of person the parent is, because some parents start telling their kids not to look at them in the eye from about five years of age.* (Site 1, Participant 12)

> *Thirteen to fifteen years of age, it really becomes disturbing as it does not show respect at all.* (Site 1, Participant 3)

> *But also sometimes children of about eight years of age like to listen and stare at adults when they're talking, we tell those kids to stop looking at us in the eye when we talk as adults, because it doesn't show good manners.* (Site 1, Participant 8)

Another participant stated that it was not the age of the child that was important, but rather the situation:

> *It also depends on what you and the child are talking about, if you are giving the child advice or a constructive lecture, eye contact is important because it shows that they're listening, whereas if you are shouting at them because they've done wrong, then eye contact becomes a sign of disrespect.* (Site 1, Participant 12)

In summary, culture appeared to play a role in numerous customary practices, including eating, the carrying and wrapping of infants, discipline techniques and the teaching of eye contact behaviors.

4.3.3.3 Parenting ethnotheories
In the focus group discussions, some culturally-constructed parenting ideas or ethnotheories emerged. Firstly, in both focus group sites, there was discussion around an important ethnotheory: African parents tend to believe that children should not be exposed to *sensitive subjects*, and as such, they frequently use untruths in conversations with their children.

> *We often hear that white parents tell their children everything but we often hold some things back. We don't always give our children accurate information about the things that they ask us. Things that we consider disgraceful or taboo, white parents discuss with their children openly…. Like talking to your child about boyfriends, we are scared of talking about these things.* (Site 1, Participant 3)

> *Maybe telling your girl child how reproduction happens - you tell them that a child arrives "on earth through an airplane", it's because we afraid of planting ideas in our children's heads.* (Site 1, Participant 2)

White people, they teach the children when they are young. In blacks, we teach children when they are old. Ja....When I was young, when I ask my mother, "Where is the child is coming from?" My mother said "the child is from the airplane." Sometimes she is saying from the hospital – she bought the child from the hospital, which is a lie. So in whites, I think they tell the truth, even from when the child is small, asking big things. Ja. (Site 2, Participant 9)

Another important ethnotheory that emerged was the cultural importance of the children being involved in *chores in the household*.

And we blacks, we teach our children to do some work in the house. Their early stage, in whites, I don't think this, because there is someone who helps with the house. So the children don't know anything about work. (Site 2, Participant 5)

4.3.4 Impact of culture on attachment
The focus group discussions also allowed for a consideration of participants' general understandings of mother-infant attachment. This data will be categorized using Rothbaum et al.'s (2000) five assumptions of attachment.

4.3.4.1 Universality of attachment
Many participants spoke about a unique bond existing between a primary caregiver - usually a mother - and an infant, providing support for the universality of attachment.

I think it begins from before they were born, from the stomach. The connection with the baby. (Site 2, Participant 2)

The person with the bigger role is the mother; the mother always plays a bigger role. (Site 1, Participant 12)

And what I have experienced is that when a mother is pregnant, the child is always having a connection with the mother. (Site 2, Participant 2)

4.3.4.2 Attachment/exploration balance
Participants also spontaneously spoke about the attachment/exploration balance, describing how a securely attached infant will use his or her primary caregiver as a secure base from which to explore the world.

When a child is with their mother, they feel safe and secure from any danger that they may encounter. (Site 1, Participant 10)

A child does have the greatest and special bond with their mother, which is not evident with other people, but when with the mother, a child can feel that their world is all right. (Site 1, Participant 4)

However, participants noted that culture may impact upon the degree to which African children show self-contained independence and autonomy. This dialogue emerged in response to discussions surrounding infants' sleeping arrangements.

> *The whites, they used to make a private room for their newly born, in order to teach independence at an early stage. For us, we didn't do that. So you as whites, you accommodate the child to be independent.* (Site 2, Participant 4)

> *In fact, we didn't know we are creating the dependent. That is what we learnt now, that if you sleep with the child, you are creating dependence.* (Site 2, Participant 9)

Participants also spoke about how African children struggled to be apart from their mothers. Western children, in contrast, appeared to be more able to tolerate separation from their parents, based on the perceived value of independence in Western child-rearing.

> *The white people are teaching the child to accept that the mother is working. And we Blacks, we don't teach that. When the mother is going – always crying. The child is always crying for the mother.* (Site 2, Participant 5)

Hence, there seemed to be some cultural differences in the development of childhood independence and exploration.

4.3.4.3 Normativity

Focus group discussions provided evidence to suggest that a secure attachment, usually with a mother-figure, is the most common pattern of attachment in the Zulu culture. One participant clearly alluded to the 'strange situation' research technique, by suggesting that infants show distress when approached by strangers, other than their primary attachment figures. Such a response on the part of an infant is suggestive of a secure attachment.

> *A child that spends most of the time with the mother, or the father… if you come as a stranger, trying to take their child, maybe she will be quiet with you for a few seconds, and then she will start to cry, because she get to know the face, and then the child will see that this is a stranger.* (Site 2, Participant 1)

> *Especially if the child is not yours. You will try to play with the child – he will run away. Maybe if he is a small one, if you try to take, maybe take the child from the mother, he will cry until you give back to her.* (Site 2, Participant 9)

4.3.4.4 Sensitivity

Participants also provided support for the assumption that attachment is largely dependent on a caregiver's responsive caregiving towards their infants.

> *It makes it easy to play with a child when you show affection and love to them always. That's what makes it easy for you and the child to quickly connect.* (Site 1, Participant 1)

Participants also provided clear evidence that attunement to an infant's emotions is an important factor that facilitates good mother-infant attachment relationships. Some participants also described wondering and thinking about babies' internal experience.

> *Yes, when are you are looking at the baby, at his eyes, you can see that the baby is thinking.* (Site 2, Participant 5)

> *It [parenting] means communicating in a way of feelings or emotions and just talking in a way that allows the child to talk about anything they wish to talk about.* (Site 1, Participant 1)

> *It doesn't matter if there's a problem or not, but certainly when a child is thinking something, you can tell.* (Site 1, Participant 6)

Participants also described how it is important for mothers to be sensitive to the different cries and expressions of an infant, thereby determining the infant's specific needs.

> *When the child is hurting emotionally, the mother must be prepared to comfort the child. They must be able to read the mind of the child without saying anything. Ja. Because there is a connection between the mother and the child. So it will be easy to see if there is a problem.* (Site 2, Participant 1)

> *A child makes different cries, there's a cry for wanting to sleep, there's a cry for being hungry, there's a cry for wanting their mother…* (Site 1, Participant 3)

Under this topic of caregiver sensitivity, much evidence emerged in the focus groups with regard to participants' actual parenting response style. In general, it appeared that participants believed that when a child is distressed, it is important to act quickly, even before knowing what the infant's need was. Hence, parents spoke about responding to an infant's needs, prior to being certain of what the real need may be.

> *You have to try everything until you identify where the problem really is.* (Site 1, Participant 1)

> *Ja in us, just check the nappy if the child is crying. Check if he is not wet. Or check if there is something that is pricking the child, maybe. After that, say, yoh! He's hungry. Or he wants to sleep. That's all.* (Site 2, Participant 9)

> *A child will sometimes cry… and then you try to give them something but they don't stop crying, you try something else and still the crying doesn't stop… then you know a child wants something but you can't tell what it is…then you start thinking that maybe the baby is sick.* (Site 1, Participant 5)

Participants described how this rapid response style may be a cultural difference in parenting between African and Western parents.

> *Once a white parent has done all the necessary things for the baby, they sometimes leave their babies on their beds; if they cry they ignore them for a while until they maybe start playing again, so as to teach them autonomy, whereas African parents quickly carry the baby after every cry. Even if all the feeding and everything has been done.* (Site 1, Participant 7)

Hence, while participants provided evidence for the importance of maternal sensitivity in building a close attachment relationship, there was some suggestion that culture results in differences in the way that this sensitivity and maternal response style is played out.

4.3.4.5 Competence

Focus group discussions also provided evidence for the assumption that a secure attachment is related to a child demonstrating greater competence in later developmental, social and cultural challenges. In particular, participants spoke about how a close relationship with a caregiver will ensure that a child has the ability to develop good peer relationships.

> *Let's say a child is going somewhere and then she meets new friends, it won't be easy for her to form relationships because she don't have that attachment with the parents.* (Site 2, Participant 8)

> *And the child who was neglected, who didn't have the attachment of the parents, the behavior of that child, it will change…I am saying, if the child didn't have the parent attachment, the way he behave, it will, sometimes he will end up in the jail, arrested, because he is trying to fill that gap of love. Ja. In a bad way.* (Site 2, Participant 9)

> *If they have a good relationship with their parent then it means they will grow up to be wise individuals.* (Site 1, Participant 7)

> *Any problem that a child may have come across, he or she is able to get past them.* (Site 1, Participant 12)

However, it appeared that the cultural context determines the specific values that are promoted in children. In particular, it appeared that participants saw competent children as demonstrating *respect towards others*.

> *You reap the fruits [of a good attachment]; the child becomes a respectful individual.* (Site 1, Participant 11)

> *Respect…I mean, most of the time, you can see how the child behaves, by respecting the peoples he is with, respecting adults and young. Ja.* (Site 2, Participant 7)

Another important value was a clear *sense of right and wrong*:

> *They can tell right and wrong.* (Site 1, Participant 6).

> *I think the child will be able to choose between the good and the bad, in the way of the parents between good and bad. It's part of the values which can show in the child when he or she grows up.* (Site 2, Participant 11)

Finally, an important value of competent children was *filial piety*, that is, looking after one's parents.

> *A child that's had a good relationship with their mother does not forget their mother even when they've grown up and gained independence.* (Site 1, Participant 10)

> *She [participant's daughter] said, 'You need anything?' I said, 'No, it's okay', 'No, buy the shoes'. I said 'no'. But I took the shoes and the shirt. I saw that she is capable. Even now, when I phoned her, 'Are you okay?' She is asking me, I am not asking her because I am getting used to her.* (Site 2, Participant 8)

In sum, participants suggested that a secure attachment to a caregiver is related to social and cultural competence. In particular, cultural values of competence included respect, morality and filial piety.

4.3.5 Other factors impacting upon parenting

During the focus groups, there was some discussion regarding broader contextual factors related to parenting and infant-caregiver attachment.

4.3.5.1 Unwanted infants

In both focus group discussions, participants noted that infants are often unplanned and may be unwanted. This was particularly noted as in the case of a rape pregnancy.

> *Most of the children are unplanned.* (Site 2, Participant 7)

> *Sometimes they become pregnant because they were raped. So it's because it brings back memories.* (Site 2, Participant 9)

Furthermore, participants noted that strained parental relationships can affect infant-caregiver attachment relationships. In particular, participants described how a mother's tense relationship with a child's father can result in a mother not wanting to have a relationship with the child.

> *Sometimes the parents hate the children because of the fathers. If you see this child, it reminds you of the father.* (Site 2, Participant 9)

I grew up in that situation where my mother didn't love me because she didn't love my father… So my mother didn't like my father, and she disliked us. So I grew up in an abusive situation. (Site 2, Participant 9)

I had an experience – where I stay, there's a lady there. I think now she is twenty-two. Uh, she fell pregnant, I think it was two years back, she fell pregnant. And then she tried a number of times to abort the child. But the child fortunately survived. And then she went to the hospital and gave birth to this child. And then she was telling us from the day she fell pregnant, 'No, I don't want this child. This child is a curse to me.' And then when we were asking her, 'Why are you saying all these things?' she said, 'No, it's because I hate the father of this child.' (Site 2, Participant 1)

Participants noted that such a situation has direct implications for caregiver-infant attachments. Participants suggested that infants are sensitive to their caregiver's feelings about them, clearly being able to sense whether or not a parent is interested in an attachment relationship or not.

A child is like isangoma *[traditional healer]… if you're not really with them in your heart, they can sense it, and then they see that you're not a good person.* (Site 1, Participant 6)

Because the child can see you. When you look at the child, she will look at your face. When you're smiling, see the love, if you've got the love. If you don't have, you've got that hatred. (Site 2, Participant 9)

Even if you don't like the baby and you pretend, the baby can feel that… They can feel that you love them, that you want to be with them. And if you don't want, they can also feel it. They won't be happy. (Site 2, Participant 7)

Hence, participants noted that attachment relationships are impacted upon by broader factors surrounding their births, particularly the relationship between the mother and father.

4.3.5.2 Socio-economic status
Some participants also noted that parenting differences may be due to socio-economic status, rather than culture. For example, one participant suggested that sleeping arrangements reflect economic constraints rather than cultural practice.

We are blacks and whites – we share some of the things with each other. Most of the things are common, most of the things are common except sometimes… like I have a small space, so what is forcing me to sleep with my daughter in the same room is that my house is small, but I wish I can have a bigger one so that she can have her privacy also. Because at this teenage years, I can see she need her privacy, I also need my privacy, which can't happen because of the small space. Most of the things are in common. (Site 2, Participant 7)

Similarly, participants noted that parenting beliefs regarding children's roles in chores may be more of an economic difference, rather than a cultural difference. As suggested by one participant, white families often have domestic help, meaning that domestic chores do not need constructed as an important role of children.

> *So my sister was out – they are moving from country to another country. She's got white friends. When they were out, they were having the problem of who is going to wash their clothes, hey; there was no maid to wash their clothes. So I saw that ay!* (Site 2, Participant 9)

Participants at the first site also suggested that white parents tend to be 'more financially stable' than African parents, and this factor impacts upon parenting practices:

> *If you're a parent who doesn't have a lot of money, and you would love to do nice things for your child, but because you don't have the money, you think that you're not such a good parent.* (Site 1, Participant 11)

Hence, participants felt that socio-economic factors play an important role in parenting practices.

4.3.5.3 Parenting in changing times
Another dominant theme that emerged in both focus group discussions regarded the fact that parenting practices have changed drastically in the last few decades. This appeared to be the result of changing societal conditions for raising children. In particular, participants mentioned exposure to new technologies, material resources and media as being significant alterations to present society.

> *We used to eat anything for breakfast, even leftovers from the day before. Children today don't want to eat leftovers. They demand cereal in the morning...cornflakes.* (Site 1, Participant 3)

> *Children today have accounts in clothing stores, while we used to wear anything, and from anywhere.* (Site 1, Participant 11)

> *Children today watch all sorts of TV shows, no one tells them what and what not to watch. Some watch TV all day.* (Site 1, Participant 8)

As a result of these changing societal conditions, participants outlined how the practices that their own parents had used could not be repeated with their children in the present day. Participants described having to carefully evaluate their own parents' techniques when making decisions about how to raise their children.

> *Because – eh, times changed. The way I grew up – I can't do that to my children any more. There is a lot of technology; there is a lot of things I have to understand now, so uh, the way I grew up, I can't say it will work for my child. Because I can see the bad*

things that were happening to me. So I can't do that to my children. But we are caught up sometimes to say, my parents are doing this, why are you not? (Site 2, Participant 7)

But things have changed; that's how it was in your youth, for us it's different. (Site 1, Participant 2)

Some parenting we learn from our homes, from the background. And it's not everything that we learn there that were good, there were good and bad. As we are growing up, we see how to differentiate how this was the good way, and this was the bad way. (Site 2 Participant 7)

In particular, participants in the urban NGO setting frequently spoke about the differences between 'rural' and 'urban' parenting, as many participants had grown up in more rural areas, but were now living in the city. This move had precipitated parenting changes with regard to both mother and father roles.

Because these days it's not like before. Because now, it's not like in rural areas, it works much in the rural areas. But here in urban areas, my husband can do things which he cannot do in the rural areas. It's like, at home, in the rural areas, he can't wash dishes, he can't do anything – what he has to do is look after the livestock. Yet, here, as we are here, if I wake up in the morning, if I prepare something for the children – let's say the lunchboxes, he is assisting me with washing, bathing the babies. (Site 2, Participant 8)

For the African woman now, things have changed. Because you can find that before, there were no children of us who will go to a crèche as from one month and upward. But now, as we have moved from the rural areas to the urban areas, the children start at an early age to learn. ..Now things have changed. It's like me, I've grown up in the rural areas, now I am here. Even by the time I was here, it is my fifth-born who started to go to the crèche. Others, I grew them myself and they were with me up until they are four years. So things are not like before, yes. (Site 2, Participant 13)

Hence, participants noted that adjusting to the urban lifestyle had precipitated changes in parenting style.

4.3.5.4 Parenting information
Similarly, participants described the mixture between traditional and modern sources of parenting information. For example, participants mentioned communal, cultural modes of gaining parenting information, such as "*from the elders in the family*", and learning from each other "*as we share, as parents with friend, colleagues, and churches*" (Site 2 Participant).

Yet, participants also spoke about new Western practices, such as the giving 'baby showers', as a source of parenting information.

But we are getting more civilized. Because we do showers. In ancient days, we were believing in – if you do, if you buy things for the child, for the unborn child, that child will pass away. That's the belief that we had. (Site 2, Participant 9)

There is a lot mothers - we - can learn from the baby shower. Because I remember when I went for one, there was a session about breast-feeding, lessons from other mothers to that lady who was pregnant about how to arrange for the feeding and the hygiene and all that. And how - how you can… eh accompany your husband, not to be attached only to the baby and leave the husband, you know, that's how many relationship changed. So, there's a lot that can be learned from baby showers. (Site 2, Participant 7).

Participants additionally spoke about learning about parenting through television, radio, books, and information at clinics and hospitals. Hence, this aspect represented more formal sources of knowledge.

4.3.5.5 Parenting programs

When asked about specific topics that should be addressed in a parenting program, participants spoke about the need for workshops on *discipline management*.

They should be taught that raising a child is not hitting them; you can sit down with a child and simply talk to them. (Site 1, Participant 2)

Participants also spoke about the need for parenting programs to focus on *playing* with children.

It might also help parents learn that they need to have play time with their kids. (Site 1, Participant 6)

Furthermore, participants mentioned the importance of training parents in learning emotional literacy as they interact with their children

They also need to focus and read carefully the feelings and emotions of a child to find out what they may be needing. (Site 1, Participant 11)

Finally, participants noted that grandparents, in particular, may require parenting training.

And maybe if also the grandparents can be given some form of training because they don't have enough knowledge in taking care of the child in the best way possible. And sometimes you find that, grandparents are not aware of some of the things that we speak of when we visit children. (Site 1, Participant 3)

4.4 Conclusion

This chapter has considered the broad themes that emerged from the focus group discussions. Firstly, participants' understandings of family roles were considered. Participants primarily constructed the maternal role as one of care and open communication, while the role of fathers was chiefly that of financial provision, with fathers having minimal contact with their children, and particularly their newborns. Extended family members, and especially grandmothers, were seen as important additional caregivers, while participants felt that wider community members could not be trusted to take care of their infants.

Secondly, participants provided an understanding of the infant-caregiver relationship. Participants felt that infants are able to express their feelings and seek face-to-face communication with their parents. Likewise, parents attempt to connect with their infants through speaking, making eye contact and touching their babies.

Thirdly, data from this study emerged to suggest ways in which African parenting differs from Western parenting. Some differences included sleeping, feeding, wrapping, carrying, discipline, and eye-contact practices.

Fourthly, participants provided an understanding of the attachment relationship as one in which there is a unique bond between an infant and caregiver, with the infant using the relationship as a secure base from which to explore the world. Participants also suggested that caregiver sensitivity, and particularly, rapid responsiveness, is central to the formation of an attachment relationship. Finally, participants explained that a secure mother-infant attachment leads to better social competence in later life.

Fifthly, participants described how other factors play a role in parenting. They suggested that factors such as whether a child was planned or not, and whether or not there was conflict in the parental dyad play a role in the formation of the attachment relationship. Finally, participants suggested that social and economic circumstances, and particularly urbanization, impact upon parenting.

CHAPTER FIVE

DISCUSSION

5.1 Introduction
This chapter will seek to consider the themes emerging in this study in relation to the pre-existing themes in the literature. Firstly, it will be suggested that participants provided support for attachment theory, as they offered an informal understanding of the five basic assumptions of attachment theory, as applied in their contexts. Yet, despite this support, it will be suggested that there are cultural variations in the ways in which attachment behaviors and practices are carried out. Finally, it will be suggested that there are specific barriers to the attachment relationship within the South African context.

5.2 Support for attachment theory
From the focus group discussions, several important findings emerged. First of all, in direct response to the specific aims of this research study, it can be suggested that attachment theory is indeed relevant and applicable within this group of *isiZulu*-speaking South Africans. In particular, participants provided evidence for the five basic assumptions of attachment.

Firstly, participants supported the assumption of the universality of the attachment relationship by drawing attention to a unique bond that they believed to exist between caregivers and infants. Participants usually referred to this bond as a 'connection'. Most participants saw this bond as beginning while the infant was still *in utero*, and therefore primarily existing between a mother and an infant.

Secondly, participants provided support for the assumption of the attachment/exploration balance. Participants clearly understood the notion of a secure attachment relationship as being the safe base from which an infant could explore the world. As one participant stated, when infants are with their mothers, they "can feel that their world is all right" (Site 1, Participant 4).

Thirdly, participants clearly understood that a secure attachment with a primary caregiver is the normal attachment relationship. They provided evidence for a lay understanding of a secure attachment in the SSP: an infant cries upon separation from a primary caregiver, yet is comforted upon the caregiver's return. This clearly ties up with Ainsworth's (1967) description of a secure attachment. Hence, participants showed a basic understanding of the normativity of a secure attachment relationship.

Fourthly, participants provided a thorough understanding of the role that sensitive caregiving plays in fostering an attachment relationship. Participants firstly showed an awareness of infant signaling behaviors – they were attentive to the ways in which infants fostered the attachment relationship, such as by smiling, moving their bodies playfully and crying when their needs are not being met. This clearly coincides with John Bowlby's (1969) theory that infants have innate attachment-seeking behaviors, which he called signaling or approach behaviors. These behaviors are designed to attract the caregiver's attention, thereby facilitating the attachment relationship.

In addition to infant signaling behaviors, participants noted the ways in which caregivers can enhance the attachment relationship with their infants. Participants described techniques of sensitive caregiving, such as eye contact, talking, face-to-face communication, playful interactions and touch. In particular, it is important to note that participants described eye contact as an important component of early parenting, despite this practice being discouraged with older children. Hence, participants were clearly able to formulate some parent-led mechanisms to promote an attachment relationship with an infant.

Furthermore, participants noted that time spent with an infant was a key factor in fostering an attachment relationship. They suggested that grandmothers often become the primary caregivers as they are frequently the family members who are spending the most time with the infant. Participants thus suggested that amount of caregiving coincides with the quality of the attachment relationship. This would suggest that participants perceived that responsive caregiving is a facilitating factor in an attachment relationship.

Participants took sensitive caregiving one step further by providing an understanding of the importance of emotional attunement towards an infant. Participants described their own musings about their infants' internal worlds and emotional states. They showed sensitivity towards the different cries of an infant, and described their ways of attempting to determine what is distressing an infant. Hence, participants showed the ability to think about their infants' experiences, outside of their own. This finding therefore adds further support to the conclusion that participants understood the importance of sensitivity in fostering an attachment relationship.

Finally, participants offered support for the assumption that a secure attachment relationship fosters competence in other social and developmental tasks. Participants clearly noted that a good attachment relationship facilitates later competence, particularly in peer relationships. They also suggested that a secure attachment relationship allows children to maintain a good relationship with their parents at an older age and to develop a clear sense of self-determined morality. Hence, participants provided a lay understanding of the importance of the attachment relationship for negotiating long-term developmental tasks.

5.3 Cultural variations in attachment theory
While participants provided clear evidence for an understanding of the five assumptions of the attachment relationship, there were also cultural elements that emerged in relation to this discussion. Participants noted the ways in which culture impacts upon the carrying out of parenting and attachment behaviors.

Firstly, participants provided evidence to suggest that culture may impact upon the exact forms of sensitive caregiving. In the discussions, participants particularly emphasized the importance of physical contact as a means of sensitive caregiving. They frequently spoke about the use of touch and physical contact as a primary way of regulating infants' emotions. Participants took this statement further by suggesting that physical contact was a cultural practice: touch was used primarily by African parents, and was not a chief means of emotion regulation utilized by Western parents.

Always in whites, you put the child in the pram, even when he is crying, just rolling the pram. You see, [only] after a while, they [white people] take the child here {indicates close to body}. (Site 2, Participant 9)

This importance of physical contact between an infant and caregiver further emerged in discussions of culturally relevant parenting practices. Participants in both groups discussed cultural parenting practices, including co-sleeping, the carrying of infants on caregivers' backs, the wrapping of infants and the breast-feeding of infants on demand. All of these practices suggest an element of physical contact. Co-sleeping ensures that the caregiver's body is readily available for food and comfort. As one participant suggested, this eliminates an infant's need for a transitional object, such as a teddy bear, as the infant uses the parent's body as a direct means of comfort.

Furthermore, carrying an infant on the caregiver's back means that infants typically experience physical contact throughout the day – they are involved in all of the caregiver's activities, and once again, can feed on demand. Wrapping was also suggested to be a culturally important parenting practice. Wrapping indicates a form of physical security, as infants are tightly enclosed in a blanket in order to allow them to feel a sense of safety. Finally, the African practice of breast-feeding on demand means that an infant has regular contact with the mother's breasts and body, thereby once again emphasizing the importance of physical contact. Hence, this research suggested that physical contact may be one of the primary means of sensitive caregiving within *isiZulu*-speaking population groups.

The use of physical contact by African parents coincides with Keller et al.'s (2005) finding that African mothers tend to utilize physical interaction as their primary means of infant distress regulation. Furthermore, this finding places *isiZulu*-speaking mothers in line with other population groups, such as Hispanic and Japanese communities (Franco, Fogel, Messinger & Frazier, 1996; Rothbaum et al., 2000). Research has suggested that such population groups use physical contact extensively in their interactions with infants. Hispanic and Japanese populations, like *isiZulu*-speaking population groups, are largely collectivist in nature, with an emphasis on close interpersonal relationships. Hence, in line with similar communal societies, *isiZulu*-speaking mothers tend to use physical contact as one of their primary means of interacting and regulating their infants' emotions.

Furthermore, under the subject of sensitive caregiving, evidence emerged from the focus groups to suggest that *isiZulu*-speaking mothers may have a rapid, quick-acting response style. Indeed, mothers from both focus group discussions described acting first as a means of determining what the infant's needs may be, rather than encouraging the infant to express his or her needs more clearly. As one mother said:

Ja in us, just check the nappy if the child is crying. Check if he is not wet. Or check if there is something that is pricking the child, maybe. After that, say, yoh! He's hungry. Or he wants to sleep. That's all. (Site 2, Participant 9)

This 'reactive' response style is in contrast to research amongst American parents. The literature suggests that American parents tend to encourage their infants to assert their needs before a parent response will be given (Querido, Warner & Eyberg, 2002). This reactive parenting style of Zulu parents is supported by Cooper et al.'s (2009) study with *isiXhosa* South African mothers, which led these researchers to suggest that these mothers have an 'intrusive' parenting style, whereby they impose their own agenda on infants. The present research also suggests that Zulu mothers have a reactive - or indeed intrusive - response style, which may impact upon the ways in which they demonstrate sensitive caregiving.

Participants also provided evidence to suggest that culture influences the values and skills that they hope to instil in their children. In particular, it appeared that a clear sense of respect and filial piety were values that they greatly esteemed in Zulu children. Participants in both groups emphasized that a good infant-caregiver attachment should lead to an infant respecting his/her parents and peers, and providing care for relatives. Filial piety and respect are again values that emerge in other collectivist societies, such as China and Puerto Rico (Chang, 2003; Rothbaum & Morelli, 2005). As such, it would appear that interpersonal respect becomes a key social value in communal societies where relationships are given central importance.

In order to locate the findings of this study, both in terms of support for attachment theory, and suggestions of cultural variation within attachment behaviours, it may be useful to utilize LeVine's (1974, as cited in Okagaki & Divecha, 1993) theory about the universal goals of parenting. As LeVine suggested, the goals of parenting are to ensure the survival of children, to teach children appropriate skills, and to teach children values consistent with broader cultural values. All of these goals tie up with attachment theory: a secure attachment means responsive caregiving, which allows for children to survive, and to develop competent and culturally acceptable values with which they can explore the world. As such, it can be suggested that in line with LeVine's theory, participants understood the overall goals of parenting, or the broad assumptions of attachment theory.

Yet, LeVine suggested that while the goals of parenting may be universal, the methods and approaches of achieving these goals are context-specific. In this case, as outlined above, culture influences the ways in which responsive caregiving is provided, and the types of skills and values that are promoted within competent children. Hence, the basic goals of parenting may be a secure infant-caregiver relationship, yet the ways in which this relationship is achieved may differ from one cultural context to the next. In this way, the broad assumptions of attachment theory may be relevant and applicable in *isiZulu*-speaking contexts, yet the ways in which attachment plays out in these population groups may be culturally dependent. This conclusion ties up with Ainsworth's (1979) original beliefs. While, Ainsworth argued that attachment is universal, she suggested that "we have every reason to believe that different care practices and patterns of maternal behaviour have differential effects in shaping the nature of the infant-mother relationship" (1979, p. 64).

5.4 Barriers to a secure attachment relationship
5.4.1 Absence of fathers
From the focus group discussions, there also emerged some interesting data with regard to factors that may hinder the caregiver-infant relationship. Firstly, participants spoke about the

widespread prevalence of absent fathers. They suggested that fathers are often not involved in long-term committed relationships with infants' mothers in the Zulu culture, and as such, have little interaction with their infants. Furthermore, it appeared that the role of fathers has been primarily constructed as one of financial provision. This means that many fathers may see themselves as having a limited role in terms of establishing an emotional attachment with a child. Participants even spoke about the cultural belief that fathers should not hold infants prior to the infant reaching the age of three months. This physical and emotional absence of fathers may have important implications for attachment relationships.

Firstly, the absence of a father figure can directly obstruct the father-infant attachment. As Bowlby (1969) recognized, through responsive and sensitive parenting behaviors, a father can become an important attachment figure or even the primary attachment figure. A lack of father-infant attachment may have lasting consequences for infants. Research has shown that secure father-infant relationships are linked to positive developmental outcomes for infants (Lamb, Hwang, Frodi & Frodi, 1982). Furthermore, infants who are securely attached to both a mother and a father figure demonstrate higher levels of competency compared to infants who are only attached to one parent (Belsky, Taylor & Rovine, 1984). As such, it appears that a secure attachment between a father and infant has long-term benefits, particularly when in conjunction with a mother-infant attachment relationship.

Secondly, when a father is absent, it may mean that the mother is caring for the infant alone. In this regard, it has been found that single mothers experience greater parenting stress than mothers in a spousal relationship (Copeland & Harbaugh, 2005). This parenting stress appears to result from single mothers having decreased access to social support, time and financial resources (Mercer, 1995). Increased parenting stress has in turn been found to obstruct a mother's abilities to consider infant cues and provide responsive caregiving, in turn limiting the quality of the attachment relationship (Pridham, Egan, Chang & Hansen, 1986). As such, an absence of a father figure may indirectly hinder an infant's attachment with his/her mother, by exacerbating the parenting stress that a single mother feels. In summary, an absent father may obstruct both the infant-father and the infant-mother attachment system.

5.4.2 Conflict in the parental dyad
A second factor that emerged as a potential hindrance of the attachment relationship is that of conflict in the parental subsystem. Participants suggested that due to conflict between a mother and father figure, an infant may come to be resented by both the mother and father. Participants frequently brought up cases of mothers 'hating' their children. Indeed, participants suggested that this situation can lead to abuse as an infant comes to be the scapegoat for the conflict between parental figures. This experience may coincide with what Margison (1992) originally called 'bonding disorder' to describe the resentment and hostility that some mothers may feel towards their children.

This association between marital discord and poor parent-infant attachment has received strong support in the literature. For example, Howes and Markman (1989) found that high marital satisfaction, low conflict and high communication were all related to the security of an infant's attachment. Similarly, Isabella and Belsky (1985) found that deteriorating marital adjustment was linked to insecurity of mother-infant attachment, as measured by the SSP. In addition, Owen

and Cox (1997) specifically found that disorganized attachment behavior is associated with greater marital discord, as the conflict interferes with sensitive and involved parenting, particularly in the infant-father relationship. Thus, a hostile mother-father relationship may have a ripple effect on to the caregiver-infant attachment relationships, by interfering with parental sensitivity and responsiveness.

5.4.3 Unwanted infants
Thirdly, participants suggested that an attachment relationship is difficult if an infant is unplanned or unwanted. Participants stated that if a mother did not plan or desire an infant, she is unlikely to demonstrate appropriate caregiving, and thus, a close attachment relationship may be inhibited.

There has been some important literature to support this conclusion. As several research studies have shown, there is a correlation between pre and postnatal attachment (Muller, 1996; Siddiqui & Hägglöf, 2000). As such, there has been increasing recognition that the attachment relationship begins *in utero*. If a child is unplanned, or indeed unwanted, it is more likely that lower rates of prenatal attachment may be observed (Laxton-Kane & Slade, 2002). This then suggests that secure postnatal attachments are less likely.

Furthermore, in 1967, Rubin introduced the concept of *maternal role attainment,* describing this as the prenatal process whereby a woman achieves a maternal identity. Rubin (1975) then elaborated on this concept by suggesting that in order for mothers to obtain this maternal identity, there are certain tasks that a woman needs to achieve during pregnancy. These tasks include looking for information, seeking mother models, and fantasizing about being a mother, amongst others. Rubin therefore suggested that this process of maternal role attainment begins during pregnancy, with prenatal attachment as the foundation for the later mother-infant relationship. Based upon Rubin's theory of the tasks of pregnancy, Josten (1982) found that women who had prepared very little during pregnancy become inadequate mothers. Again it appears that in the case of an unwanted or unplanned pregnancy, a mother may find it difficult to undergo the tasks of pregnancy and achieve a maternal identity. As such, this again suggests that a secure postnatal mother-infant relationship may be more difficult to achieve in such situations.

In summary, the focus group discussions served to provide evidence that infant-caregiver attachment relationships may be obstructed by particular factors. These factors appeared to be primarily micro-systemic in nature, including parent conflict and father absence. Factors surrounding an infant prenatally, including whether or not the infant was unplanned or unwanted also operated as a barrier to a secure attachment relationship.

5.5 Context of parenting
From the focus group discussions, some important data emerged with regard to the current context of parenting within the Zulu culture at present. Firstly, it appeared that parenting in this culture is in a general state of transition. Participants described how a changing society had meant that their children were growing up in a different environment to the one in which they had grown up. In particular, it appeared that the presence of technology and greater exposure to media and materialism had meant that the context of raising children had changed significantly.

Secondly, participants in urban areas had experienced the added transition of social milieu from a rural to the city area. This had further shifted the environment, again meaning that parenting roles and practices required rethinking. As one participant said:

> *But here in urban areas, my husband can do things which he cannot do in the rural areas. It's like, at home, in the rural areas, he can't wash dishes, he can't do anything – what he has to do is look after the livestock. Yet, here, as we are here, if I wake up in the morning, if I prepare something for the children – let's say the lunchboxes, he is assisting me with washing, bathing the babies.* (Site 2, Participant 8)

Based upon their moves to urban areas and increased media exposure, it appeared that participants were increasingly being exposed to Western parenting practices. For example, in South Africa, media sources are typically Western in their approaches, and as such, participants were exposed to Western parenting information. Participants also described the increased cultural acceptance of Western parenting traditions, such as baby showers. Hence, the context of parenting appeared to have shifted significantly in the recent past for most participants, with participants experiencing greater contact with Western parenting practices.

Based upon this shift in context and thought in relation to parenting, it appeared that participants often found themselves in a state of conflict between Western and traditional modes of thought in relation to parenting. Indeed, discussion in the focus groups often showed that participants were questioning traditional parenting practices. This particularly appeared to be the case in the urban areas. For example, participants questioned the implications of co-sleeping with their infants, suggesting that this encouraged a relationship of dependence, rather than teaching the child to be independent. As one participant said:

> *The whites, they used to make a private room for their newly born, in order to teach independence at an early stage. For us, we didn't do that. So you as whites, you accommodate the child to be independent.* (Site 2, Participant 9)

Similarly, participants challenged the traditional practice of wrapping infants whenever they leave the house.

> *But for me, I think it's not good. Because when it is hot, you can see the pimples coming out – it shows that it's too hot for the child. But you have to –* hloniphe abazali *– respect the adults. You have to respect the adult. You are forced to wrap the child. They are upset if you uncover the child.* (Site 2, Participant 9)

Finally, participants contested the traditional ethnotheory of holding back sensitive and taboo information from children. Participants challenged this practice, suggesting that it was not something that they would do with their children:

> *After a while, when you are grow up, you are growing, then you ask for your friend, because you are start to trust your friend more than your parents. Ja. So I learnt from that. So my child, I think she was four, because we spoke about everything...where the child is from, she know that.* (Site 2, Participant 9)

Hence, participants in both groups appeared to be in a state of flux with regard to parenting. This was as a result of changing societal structures, such as increased exposure to materialism, technology and media. This situation was particularly augmented for the urban mothers. As such, participants appeared to frequently be in conflict between traditional and modern methods of parenting.

Some useful concepts for explaining this transition in parenting practice may be those of *acculturation* and *enculturation*. Acculturation describes the process of adapting to and adopting a new culture, while enculturation describes the process of retaining traditional cultural norms (Kim, Ng & Ahn, 2005). It may be that Western culture has increasingly encroached upon Zulu culture, resulting in greater exposure to Western thought and practice, and in turn, the process of acculturation. Furthermore, acculturation theory suggests that this process of cultural adaptation causes cultural conflicts (Chang, 2003). During acculturation, some individuals may find themselves challenging traditional beliefs, while others may find themselves clinging onto traditional beliefs. Furthermore, the process of acculturation takes place at different times for individuals, and as such, even within the same family, individuals may be in different stages of acculturation (Atkinson & Matsushita, 1991). For example, as suggested by the participants in this study, many of them were quite acculturated into Western parenting modes; yet grandparents often remained committed to traditional parenting beliefs, that is to say, enculturated. Hence, the notion of acculturation may be useful in describing some of the cultural conflicts that participants outlined in relation to parenting practice.

5.6 Implications for parenting programs

Based upon the results of this study, several important implications for attachment-related parenting programs within the *isiZulu*-speaking context can be outlined. Firstly, it can be suggested that the context is ripe for interventions designed to enhance attachment relationships between mothers and infants. Participants clearly demonstrated an informal understanding of the basic assumptions of attachment. They were aware of the behaviors necessary to enhance the attachment relationship, particularly with regard to consistent and responsive caregiving. Participants also demonstrated an informal understanding of mentalization behaviors, showing the ability to think about infants' internal states as separate from their own.

Furthermore, the state of conflict between traditional and modern parenting theory means that there may be a gap in *isiZulu*-speaking mothers' parenting repertoires, in general. Participants appeared to be interested in available parenting advice, on account of the new context in which they were now raising their children. This would again suggest that the context is ripe for early interventions aimed at improving the mother-infant bond.

One area in which participants appeared to demonstrate limited knowledge was that of infants' physical and sensory development. Participants were uncertain of the age at which newborns developed full capacity in terms of sight and facial expressions. Based upon such a finding, it may be important to focus attachment interventions on newborn development. Indeed, attachment programs have found that increased sensitivity to infant cues and better awareness of infants' sensory development can enhance the mother-infant attachment relationship (Newman, 2009).

Secondly, this research has implications for the specific ways in which attachment programs should be marketed. Participants in both focus groups suggested that discipline management is an important area in which parents need assistance. Attachment interventions can therefore be geared specifically towards this area, based on the fact that better attachment relationships improve parent-child relationships in the long-term, and equip children with skills to deal with social and developmental challenges (Weiten, 2007). Research has shown that a secure attachment contributes to a child's regulation of affect and the appropriate establishment of social relationships (Matas, Arend & Sroufe, 1978). Furthermore, it has been found that behavior problems in childhood can be predicted by attachment insecurity in infancy (Belsky & Nezworski, 1988). Hence, attachment programs may be particularly welcomed by caregivers if the long-term benefits of a strong caregiver-infant attachment relationship are emphasized.

Thirdly, this research study has suggested that in addition to attachment programs, family planning services and contraceptive availability may need to be increased. As participants suggested, children who are unwanted or unplanned are at grave risk of poor attachment relationships, and even abuse. Thus, family planning needs to operate hand-in-hand with attachment interventions as a means of improving infant-caregiver relationships.

Fourthly, it can be suggested that in the Zulu context, attachment interventions need to operate more broadly than just the mother-infant relationship. In particular, fathers and grandmothers may need to be included in parenting interventions. Indeed, it may be necessary to challenge cultural beliefs that allow for the physical and emotional absence of fathers, particularly with newborn infants. Furthermore, as grandmothers frequently act as primary caregivers, this group of family members may benefit from training to enhance their ability to form secure attachments with the infants in their care.

Finally, this research has suggested that formal sources of information, such as radio and television, may be useful techniques for the distribution of basic information regarding parenting and early attachment. Participants suggested that they already rely on such media sources for parenting advice, and as such, these sources may be used in early intervention strategies designed to enhance the bond between caregivers and infants.

5.7 Conclusion
In conclusion, the data emerging from this study has provided some useful insights into the parent-infant relationship in the South African context. The results suggested that attachment is relevant to *isiZulu*-speaking mothers, and indeed, these mothers seem to have an informal understanding of the basic assumptions of attachment theory. However, while attachment theory seems to be applicable, there are cultural variations in the ways in which attachment is carried out. *IsiZulu*-speaking mothers appear to have a rapid response style when their infants are distressed, and they appear to rely on physical contact as a means of sensitive parenting. Hence, while the broad assumptions of attachment theory apply in this context, the means of achieving the attachment relationship may be culture specific.

This study also suggested that there are certain barriers to the attachment relationship, including the absence of father figures, conflict in the parental dyad, and unwanted infants. Furthermore, it appeared that increasing urbanization has resulted in participants having greater exposure to

Western parenting practices. As such, participants often found themselves to be in a state of conflict between Western and traditional modes of thought in relation to parenting.

Based upon the findings of this study, several suggestions were made for attachment interventions. It was suggested that attachment programs need to include extended family members, and need to be marketed with a focus on discipline. Formal media can be used as a means of distributing information relating to attachment. Finally, it was suggested that attachment programs need to work hand-in-hand with family planning and contraceptive availability.

CHAPTER 6

CONCLUSION

6.1 Introduction

This chapter will conclude this research project. Firstly, the issue of reflexivity in relation to this study will be explored. This will involve a discussion of the roles of the researcher, translator and participants in producing this final research account. Secondly, the limitations of this study will be explored. A discussion of the issues of generalizability and sampling bias will be included. Finally, recommendations for future research will be provided. Some of these recommendations will address limitations in this study, while others will build upon gaps that emerged in this research.

6.2 Reflexivity

Researchers leak and seep their subjectivity continually and unavoidably.
(Davison, 2007, p. 386)

Reflexivity refers to an exploration of how a researcher influenced and informed a research study (Willig, 2001). Reflexivity is a practice whereby a researcher acknowledges that both the researcher and research participants are active producers of the final research account, and as such, the research relationships are placed under close examination (Temple & Edwards, 2002).

To begin with, personal reflexivity will be examined. Personal reflexivity refers to an understanding of how the researcher's values, experiences and identity shaped the research process (Willig, 2001). In the case of this study, my identity as a young, white, single and childless female student of a high socio-economic status impacted upon the study in several ways. Firstly, participants in the focus groups may have felt uncomfortable discussing parenting with someone who is not yet a parent, and someone who comes from a Western worldview in relation to parenting ideas. Participants clearly located me in opposition to their beliefs surrounding parenting. As one participant said, "But for *you* – you think before you buy the toy for the child." This participant was making a statement about 'white parents', yet through her language, she identified me as part of white parents, making her statement directed at me personally, rather than at white parents in general.

Secondly, issues of power also need to be noted: the fact that I am a fluent and educated English communicator may have placed me in a position of power in the focus groups. This may have particularly been the case in the urban focus groups where English was used as the mode of communication, yet English was not the first language of the participants. Furthermore, in these focus groups, participants who were not as fluent as others in English tended to speak less than those who had a good command of the English language. Hence, by very nature of the language used, the discussions may have been biased in terms of the opinions of those who were able to confidently express themselves in English.

Thirdly, rigorous reflexivity requires an analysis of "triple subjectivity" when a translator or interpreter is used (Temple & Edwards, 2002, p. 6). Triple subjectivity refers to the subjectivity of the researcher, research participants and the translator. In the focus groups in the rural area, a

translator was used throughout the discussions. As translation studies have pointed out, there is no direct word-for-word matching process during translation, but rather the translator actively chooses the words in order to convey meanings (Temple & Edwards, 2002). As such, in this study, the translator was critical to the final research product. The translator who was used was a psychology student in her final year of her undergraduate studies. While she had not had any formal training in interpretation work, she had previously been involved in written translation work in the psychology department. In addition, she was familiar with the research procedure and had an understanding of the qualitative research paradigm.

It must be noted that the translator's own social position influences how s/he describes and creates the research discussion. Temple and Edwards (2002) use the term 'identity borders' to outline the social positioning of the translator. In this research study, the translator was a young black undergraduate female student. As such, by her identity as an urban student with fluency in both English and *isiZulu*, her identity border may have placed her in opposition to the research participants. As she stated upon reflection of her experiences in the group:

> *Of course… some of the things they mentioned came to me as a shock, even though we are of the same race and culture. For example, the fact that they still have a king in their community who has rights to punish the people or young boys in the community who go out of line.*

Yet, while in some ways her social location was in opposition to the participants, in other circumstances, she rooted her identity border alongside participants. As she stated after the research process:

> *I found that I could relate to much of what the participants talked about in raising children, reflecting back on my own childhood. I found that the participants held somewhat similar values that my parents or elders in my family did, and which they used in raising me.*

Hence, the identity border of the translator fluctuated throughout the focus group discussions, at times aligning her with the participants, and at other times, placing her in opposition to the participants.

Furthermore, it is important to reflect upon the ways in which my perspectives and experiences impacted upon the analysis of the data. As outlined in the methodology chapter, a theoretical analysis was utilized in the analysis of the focus group transcripts. This meant that the analysis was driven by the existing literature in relation to early attachment. As such, as a researcher, my goal in the analysis was to find data to confirm or challenge existing themes in the literature. This may have meant that I focused on particular elements of the discussion, while ignoring topics that I felt were less relevant. In order to be cognizant of these issues of reflexivity, I kept detailed notes regarding the research procedure, thereby attempting to remain aware of how the research took place and what assumptions informed my analysis of the data.

In summary, in line with the principle of reflexivity in social research, I have attempted to remain aware of the ways in which I as the researcher, in addition to the translator and

participants, actively constructed this final research product. This means that this research project is an amalgamation of varying subjectivities, and as such, is subject to a set of assumptions and biases, based upon social positions and identity borders. Thus, I acknowledge that this research was not value-free, but rather involved the interactions of multiple identities and power dynamics.

6.3 Study limitations

This research study had several limitations. Firstly, the ability to make general conclusions from this study is limited on account of the small and specific sample used in this research. This study considered two samples of *isiZulu*-speaking black women in KwaZulu-Natal. Conclusions can therefore only be drawn in relation to this specific population group. As such, the implications of this research study can only be applied hesitantly to broader populations of *isiZulu*-speaking participants, or indeed, other black South Africans.

Secondly, this research study employed participants who had all undergone some childcare training. The participants at the rural site had been selected as NGO volunteers due to the community's perception that they were community leaders. This means that the sample was probably biased towards participants who were apparently committed to good parenting practices. As such, these participants may not represent larger populations of *isiZulu*-speaking women, or indeed, South African mothers. Once again, the results of this study can therefore only be hesitantly applied to other South African mothers.

Thirdly, this research study failed to entirely consider the differences between rural and urban parents. While some mention of urban and rural differences was made, the data from both focus groups was on the whole coalesced. As such, this research study assumed that culture operates more broadly than specific living conditions. This assumption may have been inaccurate, as there may be large differences operating between parents in urban and rural areas. As such, this study may have ignored some of the nuances and divergences between these two sample groups.

6.4 Recommendations for future research

Future research may address some of the aforementioned limitations. Firstly, understandings of attachment could be explored within diverse groups of South Africans, including different language and cultural groups. Participants without any training in childcare could also be utilized. This would allow for conclusions regarding South Africans as a whole to be drawn with greater weight.

Secondly, this present research study suggested some differences between urban and rural parents. Future research could directly compare these two groups in relation to perceptions of early parenting. In particular, it would be useful to consider the ways in which acculturation has affected parenting in urban and rural areas. This would be useful research in order to tailor parenting programs to each of these specific population groups.

Thirdly, this research study highlighted the importance of grandmothers in early attachment relationships in the South African context. As such, it would be useful to explore understandings of attachment within groups of grandmothers who are operating as primary caregivers for

infants. This would allow for the developing of attachment programs specifically tailored towards parental grandmothers.

Fourthly, this study highlighted the relative absence of fathers in early attachment. In addition, this study suggested that a father may actually be detrimental to an infant's attachment relationships, if he is involved in a state of conflict with the infant's mother. As such, further research on attachment could specifically focus on fathers. Some exploratory research on understanding the role of fathers with newborns would be useful for attachment research. Furthermore, future research could more closely consider the impact of the parental dyadic relationship on the infant. Again, this research would be useful in programs seeking to improve attachment relationships.

Finally, using the results of this study, an attachment program could be specifically designed and piloted with a sample of *isiZulu*-speaking mothers. For example, such a program could focus on important caregiving figures, such as grandmothers, and address particular needs, such as newborn development and emotional attunement towards infants. This basic program could then be explored with the experimental sample, and participants could provide useful insights on how to further tailor an attachment program to the Zulu parenting context. Hence, this study has provided some exploratory assumptions that can be further refined in future research programs.

6.5 Conclusion
This study aimed to consider the specific ways in which parenting, and the attachment process in particular, is linked to cultural context. Many parenting theories, including that of attachment, have arisen in a Western cultural context. As such, this study sought to consider the relevance of these parenting theories, and particularly attachment theory, within the South African context.

In response to this research question, it was found that participants informally supported attachment theory by providing evidence for the basic assumptions of attachment in their own relationships with their infants. However, evidence also suggested that culture affects the practices and patterns of maternal behavior. In particular, it appeared that *isiZulu*-speaking mothers primarily use physical touch as their means of infant regulation. They also value a rapid, quick-acting response style with their infants.

This study also provided useful evidence with regard to barriers that may hinder the attachment relationship. Participants suggested that absent fathers, conflict in the parental subsystem and an unwanted infant may obstruct the formation of a secure attachment relationship. Participants also noted that the context in which they were raising their children had changed. In particular, participants suggested that increasing urbanization and exposure to Western parenting ideas had often placed them in a state of conflict with regard to more traditional parenting practices.

As such, several recommendations can be made from this research study. Firstly, it can be suggested that attachment interventions would be useful amongst *isiZulu*-speaking mothers, who appear to be in a state of transition in terms of their parenting, and would therefore be open to gaining information regarding parenting. *IsiZulu*-speaking mothers already appear to have an informal understanding of the assumptions of attachment theory, and as such, would be open to more complex attachment interventions, such as those involving mentalization. Secondly, it

appeared that attachment interventions should be marketed based on the long-term goal of discipline management. Discipline appeared to be a particular concern for participants. Finally, this research study has suggested that an attachment intervention needs to work alongside other interventions, such as those focusing on family planning and contraceptive availability.

The limited sample size of this study means that the generalizing of these results to the wider South African population must be done with caution. However, future research could more comprehensively consider understandings of attachment across the South African context. Future research could explore the difference between parenting in a rural and urban context. Attachment research should also begin to look more broadly at the role of fathers and grandmothers with infants.

In summary, this study has suggested that the early attachment relationship between an infant and caregiver is important in the South African context. The basic assumptions of attachment theory apply in this context. However, there may be some cultural variations in the way in which this relationship is carried out. This research study has opened up the possibilities for further considerations of the unique ways in which parenting is carried out within the South African context.

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APPENDIX A: English informed consent form for participants

University of KwaZulu-N
Discipline of Psychology
School of Applied Human Sciences

Consent Form

Dear potential participant,

Study Purpose
You are being asked to take part in a research study being conducted by a researcher from the University of KwaZulu-Natal. This study is exploring parenting and mother-child relationships. The purpose of this study is to find out about how parenting is viewed in African communities, and how the African culture may influence parenting practices.

Procedures
If you decide to take part in this study, a researcher will conduct a group interview with you and a group of eight other women. This group interview should not take longer than one-and-a-half hours. The group interview will be audio-recorded for later transcription purposes. All information obtained from you will be kept strictly confidential. We hope that other members in the group will also maintain this confidentiality.

Risks, Discomforts and Inconveniences
Some of the questions asked may cause you to remember something sad or difficult from your childhood or own parenting years. If this is the case, you will be able to contact the researcher in order to receive further support. Please also remember that we keep this information absolutely confidential: none of the information you reveal will be publically linked to your name.

Benefits
If you participate in this research, you will assist in providing knowledge that may be used in the future to improve parenting in this community.

Alternatives
You may chose not to participate in this study and this decision will not affect you relationship with this NGO.

Voluntary Participation
Participation in this study is completely voluntary. You are free to refuse to answer any question. Your decision regarding participation in this study will not affect your relationship with this NGO centre and or services you might access at the centre. If you decide to participate, you are free to change your mind and discontinue participation at any time during the group discussion.

Privacy and Confidentiality

We will take strict precautions to safeguard your personal information throughout the study. Your information will be kept without your name or other personal identifiers. The group interview will take place in a private room. Any reports or publications about the study will not identify you or any other study participant.

Questions

If you have questions, concerns, or complaints about the study or questions about a research-related query, please contact:

1. Abigail Miles   084 427 980
2. Dr. Bev Killian   033 2605371

If you have any other questions or concerns about this study, please feel free to contact the Discipline of Psychology on 033-2605853

Signatures

{Subject's name}_____ has been informed of the nature and purpose of the procedures described above, including any risks involved in its performance. She has been given time to ask any questions and these questions have been answered to the best of the investigator's ability. She has been given a signed copy of this consent form.

_____   _____

Investigator's Signature   Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and discomforts. I agree to take part in this research as a subject. I know that I am free to withdraw this consent and leave this project at any time, and that doing so will not cause me any penalty or loss of benefits that I would otherwise be entitled to enjoy.

_____   _____

Subject's Signature (verbal consent)   Date

I understand that the focus group discussion will be transcribed. I understand that only the researchers will have access to the tape and to the transcriptions. I agree to the recording of the group's discussion.

_____   _____

Subject's Signature   Date

APPENDIX B: Zulu informed consent form for participants

University of KwaZ
Discipline of Psychol
School of Applied Human Sciences

Ifomu Yokwazisa Imvumo

Sawubona kongase ahlanganyele

Isizathu Sokusesha

Uyacelwa ukuba uhlanganyele ekuhloleni okuzobwe kuphethwe umcubulungi waseNyunivesithi yakwaZulu Natali. Lokhu kucubulungwa kuzohlola ukuba uzali nobudlelwane phakathi komzali nengane. Isizathu sokucubulunga ukuthola ukuthi ukuba umzali kubhekwa kanjani emphakathini yabantu Abamnyama, nanokuthi usiko lwabaNsundu lunomthelela kanjani ekukhuliseni izingane.

Okuzokwenziwa

Uma uzokhetha ukuhlanganyela kulolucubulungo, umcubulungi uzohlela ukuhlola abaningi ehlanganisa wena nabanye besifazane abawu-8 kuyakwabawu-12. Ukuhlola kwabaningi ngeke kuthathe ihora nowafu. Ukuhlola kwabaningi kuzoqoshwa khona kuzobuye kuhlubulungwe ngesinye isikhathi.

Izingozi, Ukungaphatheki kahle Nezinkinga

Eminye yemibuzo ingakwenza ukhumbule izinto ezibuhlungu noma ezinzima ezike zakwehlela useyingane noma usakhulisa izingane. Uma lokho kwenzeka, ungaxhumana nomcubulungi ukuze akwazi ukukusingatha kulokho. Ngicela ukhumbule ukuthi sigcina konke ukwazisa osinika khona kwiyimfihlo; akukho ukwazisa ozosinika khona esizokuhlanganisa negama lakho emphakathini.

Izinzuzo

Uma uhlanganyela kulokhu kuhlola, uzosiza ekunikezeni ulwazi ulungasetshenziswa esikhathini esizayo sokulekelela abazali ekukhulisweni izingane.

Ongakukhetha

Unganquma ukungathathi uhlangothi kulokhu kuhlolwa, ukungathathi uhlangothi kwakho ngeke kubulimaze ubudlelwane bakho nalenhlangano.

Ukuvolontiya Ekuhlanganyeleni

Ukuhlanganyela kulokhu kuhlolwa kuwukuvolontiya okuphelele. Unegunya lokungaphenduli nanoma imuphi umbuzo. Isinqumo sakho sokungathathi uhlangothi kulokhu kuhlolwa ngeke kukuthinte ubudlelwane bakho nalenhlangano futhi noma usizo ongase uluthole kulenhlangano.

Uma unquma ukuhlanganyela, wamulekile ukushinsha umqondo ekungaqhubekeni nalolu cwaningo noma inini phakathi nokuxhumana neningi.

Ukuba wedwa Nemfihlo
Sizothatha okukhulu ukucophelela ekugadeni ukwazisa kwakho ngamunye kukho konke lokhu kuhlolwa. Ukwazisa kwakho ngeke kubhalwe igama lakho noma yini ezotshengisa ukuthi uwena. Ukuhlolwa kweningi kuzokwenziwa endlini eseceleni lapho kungeke nizwiwe muntu.

Imibuzo
Uma unemibuzo, ofubna ukukwazi, noma ofuna ukukhononda ngakho mayelana nalokhu kuhlolwa, ngicela uxhumane nalaba

1.   Abigail Miles   084 427 980
2.   Dr Bev Killian (Supervisor)   0332605371

Uma ikhona imibuzo noma ofuna ukwazi ngalokhu kuhlolwa, ngicela uzizwe ukhululekile ukuxhumana neDepartment yakwa-Psychology kulenombolo 033-2605369

Ukusayina
{Igama   lozohlanganyela}_____   wazisiwe   ngendlela   nokuzokwenziwa nokuzokwenziwa kulokhu kuhlolwa kwangenhla, nokuhlanganisa izingozizokuhlanganyela. Unikeziwe isikhathi sokubuza imibuzo nalemibuzo isiphenduliwe ngendlela umhloli akazi ngayo. Unikeziwe ikhophi yaleli fomu lemvume akalisayinile.

_____
        Ukusayina komhloli   Usuku

        Ngazisiwe ngalokhu kuhlolwa futhi ngiyaqonda isizathu sokucubulungwa kwalokhu kuhlola, okungenzeka kuzuzwe, izingozi, nokungaphatheki kahle ekungenzeka ngibhekane nakho. Ngiyavuma ukuthatha uhlangothi kuokhu kucubulungwa. Ngiyazi ukuthi ngamukelekile ukuyeka ukuhlanganyela kulemvume ngiyeke ukuhlanganyela kululucwaningo noma inini, nanokuthi ukuyeka ukuhlanganyela ngeke kungilahlekisele kunom iziphi izinzuzo ebengingazithola.

_____   _____
    Ukusayina Kozohlanganyela   (ukuvuma ngamazwi)   Usuku

U (verbal consent)
Ngiyaqonda ukuthi ingxoxo yeningi izoqoshwa. Ngiyaqonda futhi ukuthi abacwaningi kuphela abozokwazi ukusebenzisa ikhasethi yalokho okuqoshiwe. Ngiyavuma ekuqosheni engxoxweni yeningi.

_____   _____
    Ukusayina Kozohlanganyela   Usuku

APPENDIX C: Focus Group Schedule 1

Focus Group 1

Two separate groups of eight to twelve women, from two different NGOs in KwaZulu-Natal participated in this focus group. The participants were black community caregivers who volunteer with community childcare in rural areas. This focus group lasted for one-and-a-half hours.

Materials needed:
- Digital recorder
- Refreshments

[Provided refreshments (tea, coffee, biscuits)]

Hello. My name is Abigail Miles. I am from the University of KwaZulu-Natal, and I am here today to conduct research into how parenting is viewed by South African mothers. Parenting is often very different in different cultures, and I therefore want to know what parenting looks like for Zulu women. If you have your own children, you will be able to tell me about your personal experiences. If not, you will be able to tell me about how other mothers in your community raise their children. The data from this study will be used to inform future parenting programs that may be conducted in this community.

You will be asked to respond to some questions in this discussion, and comment on other women's responses in this group. Remember that everything you say in the discussion will remain confidential. That is, I won't talk about it in a way that makes it possible for anyone to know what you, personally, have said. I ask each of you to do that, too, for each other. It is important that you feel comfortable sharing your opinions with the group. If at any point you feel uncomfortable talking about something, please feel free to leave. There will be no penalty. I will be tape-recording this conversation so that I can remember what was said, but as I said before, I will not mention any of your names in the final report. The report from this project will be ready at the end of the year and a copy will be sent to this organization so that you will be able to read it if you so wish. If you are willing to take part in this discussion, would you please read through and sign this consent form. Thank you for agreeing to take part in this discussion.

Agenda for Focus Group 1
- **Ice-breaker**

An initial ice-breaker was used to launch the group. This ice-breaker involved asking participants "What is your favourite colour?" and "How many children do you have?" Participants had to form groups with other participants if they had the same answers. This was an active way of becoming acquainted with the other participants.

- **Introductory Discussion**

Following the ice-breaker, participants were asked to introduce themselves properly to the group. They were asked to give their names, the meaning of their names, and the length of time that they had worked as a community caregiver.

- **Open-ended Questions on Parenting**

A set of broad, open-ended questions were subsequently be used to open up the discussion of parenting. A sample of the questions used is listed below:

- What is the role of mothers in relation to their new babies?
- Does a special bond exist between mothers and infants
- What are some of the tasks that a mother must complete?
- What is the role of fathers with a new baby?

- **Flip-Chart Work on Good/Bad Parents**

A large sheet of paper was then divided into two columns labelled "good parent" and "bad parent". Participants were then asked to provide words and phrases to describe parents with children at three different age groups: new-born infants, toddlers and preschool children.

- **Questions Continued**

A further set of questions facilitated the discussion:
- Who looks after infants most often in this community?
- What is the role of extended family members in raising children?
- I've heard the expression "It takes a village to raise a child". What is the role of other community members in raising children?
- What role do siblings play in relation to new-born infants?
- How do babies communicate?
- What do parents do when their babies are upset?
- Is it difficult to play with babies?

Thank you for taking part in this discussion. Next week, we'll continue to think about what parenting means in African communities. So if there is something that you think about during the week, you will be able to tell us all next week.

APPENDIX D: Focus Group Schedule 2

Focus Group 2
The same group of women participated in the second focus group at the relevant NGO. This focus group similarly lasted for one-and-a-half hours.

[Provide refreshments]

Hello everyone. Welcome to our second group discussion on parenting. From last week, is there anything anyone would like to add to our discussion?

Today, we will be continuing to think about what it means to be the parent of a newborn baby. To begin with, I am going to ask you to fill in a short questionnaire about your thoughts on how babies develop. Please don't feel any pressure to know all the answers as we will be discussing it afterwards.

_____

Newborn Developmental Knowledge Questionnaire

The following statements are about newborn babies (0 to 3 months of age). For each statement, choose whether you think it is true, false, or you are not sure.

	True	**False**	**Not Sure**
From birth, a baby can express how s/he feels (like being tired, happy or sad)			
A baby is not able to clearly see people around them until about 6 weeks of age			
A baby's only way to communicate is by crying			
The first time that a baby can smile is around 6 weeks of age			
Holding a baby close to your body can calm him/her down when he/she is upset			
From birth, you can tell what a baby is feeling by the different cries that he/she makes			
From birth, a baby is keen to look at his/her parent's face			
A baby can copy the facial expressions of his/her parents			
Parents should talk to their newborn babies			
A baby is not able to hear sounds until about 6 weeks of age			
From birth, a baby is keen to communicate (such as make eye contact and connect) with his/her parents			
You can't tell when a baby is tired until she/he cries			

From birth, wrapping a baby when he/she is tired helps him/her to feel more secure			

Using the questionnaire to facilitate discussion, participants were asked to discuss how babies develop and what role parents play in this development.

A series of questions were used to further probe for participants' points of view:
- Do babies have emotions?
- Do you ever think about what your baby is experiencing?
- Do other parents in this community do this? (i.e. wonder about their baby's experiences?)
- What do African parents do when their babies are upset?
- What things make parents feel anxious?
- Are there times when parents worry that they are bad parents?
- What do parents in this community find most difficult about raising their new-borns?
- What will a baby do if he/she is feeling unsafe or worried?

Following this discussion, participants were asked to watch a series of short video clips relating to early mother-infant attachment. The first video clip showed an eye contact interaction between a mother and infant. The second clip displayed a playful interaction between a sibling and new-born baby. The third video snippet showed a distressed baby. Finally, the last clip showed a parenting program applied in a rural village in KwaZulu-Natal. Following each clip, participants were asked a series of questions:

1. **Eye contact**
   - What did you notice in this video clip?
   - Is eye contact important? Why?
   - Is wrapping important? Why?
   - Is this practice used commonly by African parents?
   - Should this be encouraged among parents in African communities?

2. **Siblings**
   - What do siblings think about new-born infants?
   - Should siblings learn about techniques of communicating with infants?

3. **Distressed baby**
   - What did you notice?
   - This child showed different emotional responses. How do the child's emotional responses affect the mother's interactions?

4. **Application of program**
   - What techniques did the lady, Linda, use with the baby in order to build a relationship with the infant?
   - Is there a special language between mothers and infants?
   - Does this same language exist between fathers and infants?
   - Can anyone develop this language? What does it take?

- Is there such a need for such a program in this community?

Thank you for taking part in this discussion. Next week, we'll conclude our discussion regarding parenting in African communities. Please continue to think about this topic during the week and let me know next week if there are any additional things that you have thought about.

APPENDIX E: Focus Group Schedule 3

Focus Group 3
The same group of women participated in the final focus group at the relevant NGO. This focus group similarly lasted an hour-and-a-half.

Welcome back to our final discussion of parenting. Has anyone had any additional thoughts about parenting over the last week?

This focus group discussion consisted of a series of broad questions which concluded the previous discussions. Firstly, there were a series of questions specifically designed to consider differences between African and Western parenting. For example, the following questions were asked:
- Where do African parents get ideas/advice about parenting?
- How do African parenting practices differ from Western parenting practices?
- Has African parenting changed over time? In what ways are parents today different from how you were raised?
- What are the values that you try to instil in your children as you raise them?
- What are the ideal characteristics of a child in this community?
- Do you think it would be helpful to have a parenting program in place for mothers of new-born infants?
- What advice would you give these mothers if such a program were to exist?

Secondly, a sub-group of questions asked about the long-term implications of attachment:
- If a mother has a good relationship with a baby, what does this mean for the child as he/she grows up?
- Can you tell a child who has had a good relationship with his/her parents from one who does not?
- How does the relationship between mothers and children change over time? E.g. what is it like in infancy, school years, teen years etc.?
- What will a good relationship with a mother look like when the child is older?
Finally, participants were asked about how they had experienced the research process:
- As a research group, do you think that you represent this community?
- How are you, as women, different from other community members?
- What is the skills training that you have received? What sorts of things have you covered in your training?
- How have you experienced this research process?

Thank you so much for taking part in this research discussion. I have appreciated all your input. As I have said to you before, I will have the tape transcribed, but I will remove from the transcription any of your names that may have been mentioned. The report from this project should be ready by the end of the year, and a copy will be sent to this organization. If you have any further comments or questions, or would like to speak to someone further about parenting, you have my number on the informed consent form that you signed in the first session.