

**AN EXPLORATORY STUDY OF CAREGIVERS' AND FACILITATORS'  
EXPERIENCES AND PERCEPTIONS OF PARTICIPATING IN THE PLAY  
MAT PROGRAM IN MPUMUZA, PIETERMARITZBURG, KWA-ZULU  
NATAL**

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**Submitted in fulfilment of the requirement for Degree of Master of Arts (Masters by  
Dissertation) in the School of Psychology in the Faculty of Humanities at the University of  
KwaZulu-Natal**

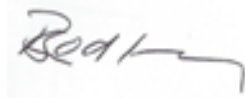
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**November 2018**

## Declaration

I, Kimberleigh Bodley, declare that this dissertation: *An exploratory study of caregivers' and facilitators' experiences and perceptions of participating in the Play Mat Program in Mpumzuza, Pietermaritzburg, Kwa-Zulu Natal*, is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. This dissertation is being submitted in complete fulfilment of the requirements for the degree of Master of Social Science (Dissertation) in the School of Applied Human Sciences, College of Humanities at the University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other university.

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As the candidate's supervisor I have approved this thesis for submission.

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## **Dedication**

This dissertation is dedicated to family, who constantly offer support and opportunity.

This dissertation is also dedicated to the dlanathi, who are making a real impact in the lives of children and caregivers around Mpumuza, Pietermaritzburg.

**“The first five years have much to do with how the next 80 turn out” - Bill Gates.**

## **Abstract**

This study sought to explore caregivers' and facilitators' experiences of participating in the Play Mat Program, a caregiver-based intervention in Mpumuza, Pietermaritzburg. A qualitative design was followed, the sample was made up of caregivers and facilitators who participated in the Play Mat Program in 2017. This study aimed to understand the factors that made it easy or difficult for caregivers to facilitate play in the home environment, and furthermore, to determine how the program was received in the context in which it was implemented. The findings of this research revealed that the structure and implementation of the program influenced the success and sustainability of the intervention. The practical demonstrations, the provision of resources and evidence of development were factors that influenced caregivers' investment in the program. Similarly, these factors made it easy for caregivers to facilitate play in the home environment. Moreover, these factors reduced barriers such as illiteracy and low levels of educational attainment. The most prominent challenge related to the program had to do with finding time and energy to play given the many roles and responsibilities of women in society. This research confirmed that there is value in educating caregivers on the importance of early childhood development (ECD). More importantly, this research highlighted the need to empower and upskill caregivers so that they can sustain play independently in the home environment. It is recommended that interventions focus on developing caregivers' capacity and confidence so that they can facilitate play and learning in the home environment.

**Keywords:** early childhood development, caregiver intervention, home based intervention, learning through play

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## List of abbreviations

ECD	Early Childhood Development
ECE	Early Childhood Education
SES	Socio-economic Status
UNICEF	The United Nations Children Fund
WHO	World Health Organisation
NDP	National Development Plan
NGO	Non-Governmental Organisation
NIP	National Integrated Plan

## **Definition of key terms**

### *Early childhood development:*

The period in an individual's life during which the most rapid and significant cognitive, social, emotional and linguistic development occurs.

### *Early childhood education:*

The branch of education involved in formally and informally educating young children.

### *Caregiver:*

Any person who provides the majority of care or guardianship, particularly to a child.

### *Responsive parenting:*

The constant, consistent and appropriate responses to a child's social, emotional and cognitive cues.

### *Positive parenting:*

A form of parenting that is geared more towards laying out rules and discussing them with children rather than using harsh disciplinary methods.

### *Non-governmental organisations:*

A non-profit organization that operates independently of government, with the purpose of addressing a social or political issue.

### *Socio-economic status:*

The social standing of an individual based on indicators such as education, occupation and income.

## Chapter 1

### Statement of the problem

#### 1.1 Early Childhood Development (ECD) in South Africa

During early childhood, a considerable amount of development occurs (Louw & Louw, 2014). Early childhood stimulation is important as it “widens a child’s physical, cognitive and social environment” (Louw & Louw, 2014, p. 181). These early years are said to be critical for the acquisition of skills, concepts and attitudes that lay the foundation for future learning and development. Early childhood education (ECE) is critical for the development of linguistic, literacy, motor perceptual skills, basic numeracy concepts as well as problem solving and thinking skills (Louw & Louw, 2014).

The South African government prioritised formalising the Grade R year, during which children aged five are expected to attend foundation phase before the first formal year of school. (Louw & Louw, 2014). Enrolment statistics have increased significantly over the last few years which is a positive step in the right direction, however, children under the age of five remain ignored and left in the hands of independent community providers. The majority of children living in rural areas still do not receive access to basic early childhood development (ECD) services (Louw & Louw, 2014). According to the 2017 Early Childhood Development Review (Hall, Berry, Giese & Almeleh, 2017), 83% of children in the richest 20% have access to early childhood education centres, while only 58% of the poorest 20% have access to early childhood educational opportunities. This illustrates that access to ECD in rural and peri-rural areas remains problematic in South Africa.

Despite the slight increase in access to ECD, there are still numerous problems. The first being, many children before the age of four still receive no home-based stimulation. This is critically important as significant cognitive and socio-emotional development occurs between the ages one to three, where children are often left at home, unstimulated and unattended to. Without this early stimulation, children are more prone to struggle with learning before they enter formal schooling. Another significant problem in South Africa is that many caregivers in rural areas cannot afford to send their children to crèches or Pre-

school. Finally, while some children are attending day care or crèches, the teachers and facilitators in these schools lack proper ECD training, fundamentals and skills to adequately equip children for their first year of formal school (Hall, et al. 2017).

It is clear that more needs to be done to improve home-based stimulation for children who lack access to day care, crèche or Grade R. Children spend a significant amount of time at home, in the presence of their primary caregivers, during which the most significant development in their life occurs. Therefore, primary caregivers have a responsibility to play an active role in their child's development and early learning. However, what is increasingly clear is that caregivers in South Africa either do not understand the importance of ECD or they lack the skills and knowledge to practice ECD principles in the home environment. It is for these reasons, that increasing emphasis is placed on targeting caregivers or primary caregivers as a form of ECD intervention in South Africa.

## **1.2 Caregiver involvement in ECD**

Caregivers are often said to be the primary agents of development for the first three years of a child's life. A quality parent or caregiver-child relationship is vitally important for the cognitive, social and emotional development of a child. It is for these reasons that ECD non-governmental organisations (NGOs) target caregivers as a form of intervention, often in the form of caregiver workshops, home based visits or community play groups (Sosambisana, 2012). Caregivers play a critical role in shaping their child's attitudes and behaviours towards learning. Caregiver involvement also has implications for the amount of time and energy invested in ECD skills and practice in the home environment (Bornstein & Putnick, 2012). Furthermore, caregiver practices and beliefs shape their child rearing approach and consequently the significance that caregivers place on certain aspects of development, such as early childhood education.

In South Africa, and similar developing countries, caregivers face numerous challenges and barriers that influence their ability to meaningfully engage in their child's development and early education. Factors that may influence caregiver involvement in ECD may include socio-economic status (SES), employment patterns or time constraints (Holloway, Yamamoto, Suzuki & Mindnich, 2008). Furthermore, parental values and attitudes are likely to influence

caregivers' willingness to engage in ECD practices, often caregivers' negative attitudes towards their child's education is related to poor personal educational experiences. Moreover, factors such as illiteracy or low levels of educational attainment, which is highly prevalent in our society, are likely to perpetuate feelings of inadequacy or low self-confidence. What becomes evident is that there are practical, personal and demographic barriers that many caregivers face which influence their ability to meaningfully participate in their child's development (Holloway et al., 2008).

### **1.3 This study**

This research was centred on the dlalanathi caregiver intervention called the Play Mat Program which operates in Mpumuza, Pietermaritzburg. The Play Mat Program was designed to facilitate weekly home-based visits during which caregivers are equipped with learning and playing skills that enable them to practice ECD principles independently in their home environments. The Play Mat Program is structured so that caregivers undergo nine weeks of intensive supervision and guidance from the facilitators of the program, followed by monthly follow up sessions. During the nine weeks, caregivers have weekly home-based visits and attend community play groups.

A concern with this caregiver intervention, identified by dlalanathi, is that after the nine-week sessions, caregivers tend to stop attending monthly follow ups. This has led to concerns surrounding the sustainability of the intervention, and whether caregivers still continue to play in the home environment, in the absence of the dlalanathi facilitator. If caregivers are having difficulty facilitating play and learning in the home environment, more research needs to be conducted to understand the factors that influence caregivers' decisions to stop attending monthly follow ups or playing in the home environment all together.

### **1.4 Methodology**

This was a qualitative study grounded in the interpretive paradigm. The sample consisted of eleven caregivers who participated in the Play Mat Program in 2017 as well as five facilitators who were involved in the implementation of the program in 2017. Data

collection took place in the form of two caregiver focus groups and individual facilitators interviews. Thematic analysis was used for data analysis.

### **1.5 Study aims**

The aim of this research was to explore caregivers' and facilitators' experiences and perceptions of participating in the dlanathi Play Mat Program. Since the aim of the Play Mat Program is to facilitate intentional learning in the home environment, one of the aims of this research was to evaluate the extent to which caregivers were able to translate what they learned in the program into their home environment. Another aim of this study was to get better insights into the challenges or barriers to playing that caregiver face in the home environment.

This research was also interested in understanding the factors that made it easy to facilitate play and learning in the home environment. The focus of this research was to investigate the overall factors that contributed towards caregivers' investment in play in the home environment. These factors could range from; improved knowledge on the importance of play, the child's responsiveness to the program, access to educational resources or caregivers' own feelings of competence. This led to another aim of this research which was to better understand what caused caregivers to invest and buy into the concept of playing in the home environment.

### **1.6 Main objectives**

- To understand factors that made it easy or difficult to facilitate play in the home environment
- To understand the factors that influenced caregivers' decisions to invest in the Play Mat Program
- To understand factors that influenced caregivers' decisions to drop out of the Play Mat Program
- To understand how well received and sustainable the Play Mat Program is within the context it is implemented
- To understand any shifts in caregivers' attitudes and mindsets throughout the duration of the program

## **1.7 Research questions**

### **Main research question:**

What are caregivers' and facilitators' experiences and perceptions of participating in the Play Mat Program in Mpumuza, Pietermaritzburg.

### **Sub questions:**

1. What factors shape caregivers' decisions to sustain play and learning in the home environment?
2. What factors make it easy or challenging to facilitate playful learning in the home environment?
3. How is the Play Mat Program received in the context in which it is implemented?
4. How do the facilitators of the Play Mat Program perceive caregivers' participation in the intervention?

## **1.8 Outline of the study**

The study begins by discussing existing literature on the topic of caregiver ECD interventions in chapter two. The methodology followed in this research is covered in detail in chapter three. In chapter four, the results of the caregiver focus groups and facilitator interviews are presented using verbatim quotes translated in English and IsiZulu. This is followed by a discussion in chapter five which presents the findings of this research in relation to the main research questions. In the sixth and final chapter; the main findings, conclusions and recommendations for future research are made.

## Chapter 2

### Literature review

#### 2.1 Theoretical orientation

##### 2.1.1 The importance of the parent-child relationship for development

Parental behaviour during the first five years of a child's life shapes the outcomes of their cognitive and socio-emotional development (Edwards, Sheridan & Knoche, 2010). It is well documented that a child's early interactions and experiences influence how the child will interpret their world and the cues around them. Edwards et al. (2010), provide a three-tier model of responsive parent behaviour. The three components of their model include: warmth and sensitivity, supporting a child's autonomy, and active participation in learning. According to their research, all three of these dimensions will influence a child's socio-emotional, cognitive and linguistic development (Edwards et al., 2010). The three dimensions are discussed in more detail below.

*Warmth and sensitivity* refers to consistent responsiveness to a child's emotional cues and needs. John Bowlby's attachment theory, highlights the importance of secure attachment in the early years, secure attachment would be a direct result of warm and sensitive parenting. Bowlby's attachment theory explains how the parent-child relationship evolves and influences subsequent development (McLeod, 2009). It also highlights the importance of the child's relationship with their mother in terms of their social, emotional and cognitive development (McLeod, 2009). Bowlby's theory highlights that the period from zero to five years is a critical period for development. He proposed that if an attachment is not formed during this period, a child will suffer irreversible emotional and cognitive developmental consequences (McLeod, 2009).

Research suggests that securely attached children are more self-directed, sensitive to others needs and more eager to learn (Edwards et al., 2010). Through playing, interaction, games, and the use of verbal and non-verbal feedback, caregivers can learn to communicate their nurturing feelings and love towards their children. Moreover, caregivers who focus on cognitively stimulating activities, play a role in promoting school readiness and the academic

success of their child. Responsive early relationships are positively associated with improved short-term cognitive performance and long-term effects of positive academic performance (Edwards et al., 2010).

The second element of responsive parenting refers to *parental support for autonomy*. Caregivers should provide positive guidance and support for the development of independence, self-regulation and self-reliance (Edwards et al., 2010). Caregivers need to do this by helping their children to care for their own needs; including dressing, eating and personal hygiene. This will help promote the personal autonomy of the child. Promoting the autonomy of a child can be done by teaching and modelling the important skills that children need to learn.

The last element of responsive parenting refers to *promoting early learning experiences*. Parents and primary caregivers have the potential to promote language and learning in the everyday environment. They have the opportunity to engage in responsive learning interactions through play, reading, doing household chores and taking part in open ended conversation. By simply interacting with their children in an everyday environment, caregivers have the ability to teach sounds, letters, colours and words using songs, rhymes and stories (Edwards et al., 2010). Caregivers play a critical role in influencing early language by constantly engaging and interacting with their children (Edwards et al., 2010).

### **2.1.2 Importance of parent-child relationship for brain development**

Research on ECD has long focussed on the importance of early relationships for the socio-emotional development of the child. More recent research from neuroscience has emphasised that ECD is equally important for neuro-development. Parental engagement in the first few years of a child's life is critically important for cognitive development. A healthy and responsive environment, is one of the underlying factors that helps a child's brain reach its full potential. The serve and return interaction refers to a practice of positive parent and child interactions which influences the development of the brain (Harvard University, 2018). The serve and return interaction is an important response that shapes the brains architecture (Harvard University, 2018). This is because responsive interactions from

parents or caregivers form synapses or connections in the child's brain. When an adult responds appropriately to a child's cues, the neural connections in the brain are built and strengthened. It is critically important that these interactions are repeated, so that the synapses in the brain are constantly formed and strengthened which enhances overall brain development (Harvard University, 2018).

The absence of responsive relationships during which the serve and return response is nurtured, can become a serious threat to a child's development and wellbeing (Harvard University, 2018). The brain's architecture may be disrupted which has subsequent consequences for the physical, mental and emotional development of the child. If the brain is not receiving the positive stimulation that it requires, there are fewer connections and synapses formed within the brain which compromises overall brain development. Therefore, it is significantly important to educate caregivers and help them to understand the importance of the serve and return interaction and how to engage in positive serve and return interactions (Harvard University, 2018). Having insight into the importance of the serve and return response will in turn support the healthy development of the child.

According to The United Nations Children Fund (UNICEF), over 200 million children under the age of five in developing countries have significantly impaired growth (Jones, 2012). This may be due to the fact that children in developing countries are exposed to risk factors such as malnutrition, poor health, poverty and unstimulating home environments, all of which compromise their developmental trajectory (Grantham-McGregor et al., 2007).

Developmental delays and deficiencies have a long-term effect on the human capital of these nations. One of the key points highlighted in UNICEF research is that the brain is most responsive during the first few years of life, as this is when it grows and develops most rapidly (Jones, 2012). It is said that during the first few years of a child's life, the brain is most plastic, it grows the fastest and is most receptive to the outside world (Jones, 2012). Therefore, it is critically important that children under the age of five receive proper and consistent stimulation to ensure that their brain is growing at its optimal potential.

While malnutrition in developing countries is one of the main culprits that contributes to underdevelopment, it must be noted that another one of the other significant influences on brain development is caregiver or parental care and responsiveness (Jones, 2012). According to UNICEF, deficiencies in stimulation and the lack of a quality caregiver-child relationship will stunt a child's emotional, social, physical and cognitive development. The combination of malnutrition and lack of responsive parenting both have negative consequences on the growth and development of the brain (Jones, 2012).

It is clear that a child's development is significantly shaped by psycho-social, biological and genetic factors (Grantham-McGregor et al., 2007). Therefore, it is problematic that children in developing countries are exposed to biological and psycho-social risks which can significantly compromise their development. As the brain's development during this time is shaped and modified by the quality of the environment, it is important that the environment that a child grows up in is receptive and responsive (Grantham-McGregor et al., 2007). This is because the amount of stimulation and social interaction that occurs during the first few years of life, will significantly influence the structure and functioning of the brain. Any disruptions or disturbances that occur during this period may have long term effects on the functional and structural capacity of the brain.

One of the solutions proposed by UNICEF to prevent developmental delays in children in developing countries is enhancing stimulation activities within the home environment (Jones, 2012). According to their research, play is one of the main components of ECD which is important for enabling caregiver-child interactions. Play creates an opportunity for caregivers to listen to their children, communicate with them and provide children with the stimulation that they require (Jones, 2012). Play in the home environment will ensure that children are receiving the care and responsiveness that their brain needs to fully develop.

ECD forms a critical part of ensuring children under the age of five are receiving adequate attention and stimulation (Grantham-McGregor et al., 2007). Caregiver interventions during the first three years have the potential to improve early childhood health and development. Therefore, ECD is crucial for brain development and consequently ensuring that children reach their developmental potential. Without this stimulation, children are more likely to do

poor in school and transfer poverty to the next generation (Grantham-McGregor et al., 2007).

As is evident, children in developing countries are at risk of developmental delays and underdevelopment. Research has demonstrated that in order to enhance brain development, a caring and responsive environment is necessary. Furthermore, this research has verified that there is value in home-based stimulation for enhancing the development of children as well as for reducing developmental delays.

### **2.1.3 Responsive parenting**

Responsive parenting refers to being in tune with your child's social, cognitive and emotional cues. According to the World Health Organisation (WHO), there is a strong link between child development and responsive parenting. The WHO define responsive parenting as "contingent and appropriate interactions between the mother and the child" (Eshel, Daelman, de Mello, Martines, 2006, p. 5). A significant component of responsive parenting is consistently responding to a child's physical, social and emotional needs.

Responsive parenting is a complicated process, during which caregivers learn to observe and make sense of the signals that children give through their actions and behaviour. Responsive parenting involves being conscious and aware of what makes your child behave the way they do (Sigman, 2016).

The process of responsive parenting generally tends to follow a 3-stage process.

1. Observation: Observing the child's body language and cues, such as their actions and dialogue
2. Interpretation: Interpreting these signals, for example if the child is feeling tired, or feeling unwell
3. Action: Acting quickly, consistently and efficiently to meet the child's needs (Sigman, 2016)

Responsive parenting is an important practice as it plays a significant role in promoting the health and development of the child. This is because a child's early experiences shape their

developing brain architecture. It has been found that children who had positive early experiences have improved “learning, memory and response to stress” (Sigman, 2016, p. 2).

The absence of responsive parenting may have negative implications for the development of a child. A breakdown in the aforementioned ‘serve and respond’ interaction or an unreliable or lack of responses may disrupt development in the brain. This may result in problems with learning, health and behaviour later on in life (Sigman, 2016).

It is well documented that in the early years’ children require adequate attention and care for optimal development. This research illustrates that the relationship that is established between caregiver and child in the early years, provides the basis for their cognitive, social and emotional development. The early parent-child relationship sets the tone for the child’s emotional well-being and social relationships later on in life (Sigman, 2016). Recognising the importance of responsive parenting is likely to result in better long-term outcomes in emotional well-being as well as in early learning and health (Sigman, 2016).

## **2.2 Scope and importance of Early Childhood Development**

Early childhood is considered the most critical stage of development that is essential for developing a child’s full cognitive, emotional, social and physical potential (UNICEF, 2016a). This stage of development sets the tone for a child’s future wellbeing and learning. ECD is acknowledged as something that must be promoted as a holistic input for improving psychosocial, health and educational development of young children (Mishra, 2012). According to UNICEF (2016a), failure to invest in these early years of a child’s life will inhibit future physical, cognitive and social development. Therefore, ECD is considered a preventative measure that plays a significant role in averting developmental delays and compromising the holistic development of a child.

The importance of ECD is threefold. Firstly, ECD is crucial for the optimal development of a child. ECD lays the foundation for all future development, including socio-emotional, physical, cognitive and linguistic development (Shumba, Rembe & Pumla, 2014). Secondly, ECD plays a crucial role in ensuring the success of a child’s future academic endeavours. ECD

is known to improve school readiness by equipping children with the skills and knowledge required for their first formal year of schooling. The long-term benefits of ECD for academic success also include: reducing dropout rates; improving grade promotion; reducing absenteeism; as well as instilling confidence in children for their future academic careers (Atmore, Van Niekerk & Cooper, 2012). Lastly, according to the NIP (Republic of South Africa, 2015), investing in individuals' optimal development at a young age enhances the individual's economic and social productivity in the future. Therefore, ECD is considered an important way of unlocking human capital and investing in the development of a country.

### **2.2.1 Importance of ECD in South Africa**

It is well recognised by educationalists that a child's ability to learn is shaped during the first four to eight years. Therefore, it is likely that children who miss out on early childhood stimulation may follow a slower developmental trajectory and never catch up on cognitive and physical development (Bester, 2016). This has negative implications for the child's ability as they are less likely to grasp basic literacy and numeracy skills required for future learning (Bester, 2016).

The White Paper 5 on ECD policy states that "intervening in the earliest years helps reduce the social and economic disparities and race and gender inequalities that divide our societies" (Msila, 2014, p. 339). Similarly, Brink (2016) argues that the reason why ECD has been at the forefront of the South African Government's agenda is that ECD interventions have the ability to "help close the performance gap between children from different social and economic backgrounds" (Brink, 2016, p. 1). There is a significant amount of evidence that suggests that the best way to break the intergenerational cycle of poverty, malnutrition and SES is through improving ECD (Mishra, 2012). There has been an increase in ECD programs in South Africa that target children who are considered to be 'at risk' for school failure. At risk children are considered children living in conditions characterised by poverty, lack of satisfactory health care, inadequate home-learning environments and lack of adult protection (Mishra, 2012).

South Africa's National Development Plan (NDP) placed high priority on the development and expansion of ECD interventions. However, despite their efforts, more than seven million children still do not have access to quality ECD stimulation (Bester, 2016). Furthermore, what remains problematic is that some children who are attending crèches are still not receiving the adequate stimulation they require, as teachers in crèches lack satisfactory ECD training. The majority of the crèches in South Africa offer "unstructured day care or babysitting" (Fagbeminiyi, 2011, p. 43). As a result of this, children spend the day at crèches sitting around and sleeping as opposed to playing and learning.

Something that is extremely problematic in South Africa education is the dropout rate, and consequently the chronically low level of educational attainment. One of the potential solutions to improve this crisis is to increase investment in ECD interventions and initiatives. This is because ECD is critically important for promoting school readiness and teaching children the fundamentals required before their first formal year of schooling.

As these benefits of ECD are increasingly recognised, the South African Government has prioritized a national system of provision for the reception year (Atmore, Van Niekerk & Cooper, 2012). The government's aim was to phase in a compulsory Grade R year for all eligible children by the year 2010 (Atmore, Van Niekerk & Cooper, 2012). However, according to the Early Childhood Review (2017), only 63% of three to five-year olds have access to early childhood education. While this may seem adequate, it must be noted that 83% of children in the richest 20% have access to early childhood education centres, while only 58% of the poorest 20% have access to early childhood educational opportunities (Hall et al., 2017). Of the nine provinces, Kwa-Zulu Natal, at 49%, has the lowest access to early childhood centres, meaning that over one million children still do not have access to early childhood education opportunities (Hall et al., 2017).

What remains clear in South Africa is the provision of ECD facilities, services or interventions in rural and peri-rural areas remains low. Although significant progress has been made due to government and NGO initiatives, numerous children are still not benefitting. While emphasis is placed on Grade R (age five), children before the age of five are still not accessing the critical stimulation required in the first four years to develop linguistic,

cognitive, social and physical skills. It is for this reason that many NGOs target children aged one to four, more specifically, caregivers who are unable to afford early childhood education services.

### **2.3 The importance of the caregiver relationship**

Decades of research on caregiver participation in ECE and ECD have indicated that it is not family income or caregiver educational attainment that influences a child's academic success, rather it is the degree to which caregivers are actively involved in their child's education (Menon, 2013). According to Holloway et al. (2008), caregiver participation in ECE, involves the initiation of home-based stimulation and educational practices as well as the general degree of cognitive stimulation provided by caregivers (Holloway et al., 2008).

Key research on caregiver involvement in ECE found that the level of caregiver involvement directly informed the amount and quality of home-based stimulation as well as the age at which a child attends pre-school, both of which are essential for the future academic success of a child (The National Archives, 2008). Furthermore, it was unanimously agreed on in their research that caregiver involvement in a child's early education is a more powerful force than other indicators such as SES, family size, social class or family background (The National Archives, 2008). Research on family-based learning found that increased caregiver involvement accelerated development of pre-literacy and numeracy skills. This in turn has positive implications for the child's sense of competence, confidence and self-esteem when entering the first years of formal schooling (The National Archives, 2008).

Research on challenges facing the parent-child relationship in developing countries, found that a quality parent-child relationship may be compromised by "extreme poverty and persistent hardship, social isolation, the stress of daily living, ill health, caregivers' own parenting history" (Manegold, 2005, p. 95). The other significant finding of Manegold's (2005) research was that caregivers often lack awareness or understanding about the importance of the parent-child relationship and the critical role that parents and caregivers play in their child's development. The findings of this research suggested that early caregiver interventions are crucial for increasing the probability of normal developmental pathways in children (Manegold, 2005).

Caregiver involvement in ECD programs poses benefits for both the child and the caregiver. Caregiver involvement in ECE helps children: develop a better attitude towards school; achieve better results; attend school regularly; adapt better in later years; increase social skills; show improved behaviour; and it can also help improve the child's self-esteem and self-discipline (Olsen, 2010). However, the caregiver also benefits from involvement in early education opportunities as it allows caregivers to gain more knowledge about child development, improve their confidence, build a better relationship with their child, gain a better understanding of their child's education and to improve their perceptions about school and learning.

The importance of caregiver involvement in early education lies in their ability to create a home environment that encourages learning. This includes encouraging expectations for their child's future achievements (Olsen, 2010). According to UNICEF (2016a), providing a safe and stimulating home environment that allows children to play, discover and explore is a critical component for any child's future development. This speaks to the importance of the micro environment and the fact that caregivers, as the primary agents of socialisation, play an important role in and are responsible for the majority of a child's development during the first five years. Thus, responsive parenting is the key to promoting a child's development and early childhood education.

#### **2.4 Caregiver based ECD programs**

The National Integrated Plan (NIP) for ECD, 2015 is South Africa's primary early childhood policy. The NIP aims to significantly expand ECD services to children under the age of five. The NIP recognises that the vast majority of children in South Africa do not have access to centre-based programs (Republic of South Africa, National Integrated Plan, 2015). It is for this reason that home-based interventions are established as they constitute a key channel for expanding access to ECD to children without access to centre-based programs (Sobambisana, 2012).

The aim of home-based interventions to equip parents or primary caregivers with "positive parenting, affectionate care and cognitive and language stimulation through play and everyday activities" (Sobambisana, 2012, p. 2). Internationally, home based interventions

have proved to be a more promising strategy to promote the growth and development of young children. Moreover, evidence suggests that home-based interventions are more successful than workshop interventions as home-based interventions increase the reach of ECD services, as workshop attendance is generally poor (Sobambisana, 2012),

The Sobambisana initiative, a national ECD program in South Africa, suggest six critical factors that should be evident in home-based interventions that are likely to ensure successful outcomes. The first is that it is important for caregivers to see the practitioner model the desired behaviour with the child. Providing caregivers information without practical demonstrations has little to no effect on the outcomes of the program. The second is that caregiver participation needs to be “active, engaged, regular, [and] normally conducted over extended periods” (Sobambisana, 2012, p. 2). This suggests that caregivers may require consistent and continued support to ensure that they actually have the confidence and ability practice ECD principles independently in the home environment.

Thirdly, home based visits need to be frequent in order for significant cognitive improvements to occur, Sobambisana (2012) suggest that weekly visits ensure the best chance of success. Fourthly, it is important to provide opportunities for children and even to instigate their own learning and exploration through age appropriate activities. This leads to the fifth prerequisite which states that ECD principles and skills should build on traditional child rearing practices, so that they are contextually appropriate and culturally relevant. Lastly, in order for home-based interventions to be successful, the relationship between the participant and program facilitators needs to be “stable, warm, supportive and uncritical” (Sobambisana, 2012, p. 3).

These factors highlighted that any caregiver based ECD intervention should be intensive and comprehensive in order to ensure that the caregivers fully grasp what they should be practicing in their home environment. This research highlights the importance of practical demonstrations for modelling the correct interaction and behaviours between the caregiver and the child. A practical demonstration will most likely help caregivers grasp what should be done and how to play with their children more quickly and effectively. This research also points to the fact that the caregiver interventions require frequent and prolonged visits,

over a significant period of time. The sustainability of the intervention depends on how much information, ECD concepts, skills and techniques that caregivers have fully grasped. It would be problematic to rush through the learning process because if caregivers are not confident in what they are doing, they are less likely to practice what they learned independently in the home environment.

## **2.5 Facilitators experiences of participating in ECD interventions**

Facilitators form a fundamental component of ECD programs. The effectiveness of most interventions depends upon the facilitator's ability to deliver a high-quality intervention (Yousafzai et al., 2014). As highlighted by the Sosambisana Initiative (2012), there is a need to build a strong relationship between facilitators and the caregivers so that the facilitators can support the child's health, growth and development (Yousafzai et al., 2014). The facilitators are at the frontline of the provision of skills and knowledge and thus play an integral part in ECD interventions. Facilitators become an important avenue through which ECD skills and knowledge is imparted into communities.

The facilitators' perspectives are of value as the facilitators have a sound understanding of local realities (Yousafzai et al., 2014). Often ECD interventions use facilitators that live in the areas in which they are implemented. The facilitators also spend the most amount of time with the caregivers and thus have insight into any changes in caregivers' behaviours and attitudes that may occur. Facilitators also play an active role in supporting caregivers which means that they have insight into the challenges that caregivers face on a daily basis.

There have been very few studies published on facilitators' perspectives of participating in ECD interventions. However, a UNICEF report on ECD interventions in South Sudan and Senegal revealed important facilitator findings. The facilitators in this intervention worked in an ECD centre and worked closely with caregivers and other community members. The facilitators reported that they learned more about the importance of play for child development when participating in the ECD intervention.

One of the facilitators found that their impact was significant as they witnessed how other the children, caregivers and community members modelled their behaviour. In this case, the

facilitators were making a concerted effort to treat children with disabilities the same as the other children. The children witnessed this behaviour and then started to treat the children with disabilities better and made them feel more included (UNICEF, 2016b). This illustrates the power of facilitators modelling the desired behaviour.

The facilitators in the intervention also noticed how through increased interaction with the parents, there were positive changes in the parent's attitudes regarding ECD. This speaks to the fact that facilitators play a potent role in educating the recipients of their program as they are at the grassroots of the problem. The facilitators witnessed how the parents acknowledged the benefits of the program for keeping their children safe and out of trouble (UNICEF, 2016b). Furthermore, the facilitators noticed how the parents started to interact and talk to one another as a direct result of the program (UNICEF, 2016b).

The facilitators observations in this report were of value as they offered insights into the changes in the caregivers' mindsets and behaviours that occurred as a result of the intervention. The facilitators in this intervention witnessed a change in caregivers' attitude, as well as a change in the parent's interactions with one another. The facilitators were aware of the positive impact that their actions had, they came to realise that their behaviours were modelled by the children and caregivers. Another noteworthy finding was that the facilitators themselves learned a lot about ECD and child development.

### **2.5.1 Lack of knowledge on the importance of ECD**

Due to the importance and significance of the parent-child relationship, ECD NGO's in South Africa target caregivers as a form of intervention. According to numerous bodies of literature, one of the leading causes for lack of ECD practices in the home environment is that caregivers lack the knowledge about the importance of ECD (The National Archives, 2008). As a consequence, caregivers lack the ability to meaningfully facilitate play and learning in the home environment. It is for this reason that caregivers are targeted as a form of intervention, so that they can be equipped with the knowledge and skills to facilitate ECD practices in the home environment. The focus on caregiver knowledge as a form of

intervention is crucial because caregivers' knowledge of child development will be directly related to their practices and behaviours.

Van Belkum and Meintjies (2013) conducted research in Soshanguve, South Africa, where they administered self-completion questionnaires asking caregivers about their knowledge of ECD. The results of this study indicated that caregivers lacked knowledge regarding developmental categories, particularly: language, speech and cognitive development. More specifically, caregivers lacked the insight into the importance of their role in facilitating their children's linguistic and cognitive development (Van Belkum & Meintjies, 2013). This illustrated that caregivers were not aware of the different types of development that should be occurring during the first few years of their child's life. This research suggested that caregivers should receive early and effective interventions on the importance of ECD as well as the importance of caregivers' role in facilitating learning and development in the home environment.

Bornstein and Putnick (2012) conducted research on more than 27,000 families with under-5-year children from 28 developing countries. Their study examined two developmental domains; cognitive and socio-emotional development. The results of this research found that caregivers were more aware of their role in facilitating socio-emotional development rather than cognitive development (Bornstein & Putnick, 2012). Of the caregivers in the sample, only 25% had read to the child in the last three days and only 35% of participants had told their child a story in the last three days (Bornstein & Putnick, 2012). What this research suggested was that caregivers were not fully aware of their fundamental role in practicing learning in the home environment. It also suggested that caregivers were not quite aware of what they should be doing to facilitate play and learning in the home environment. Most importantly, it appeared that caregivers were not aware of the importance of, and how to facilitate cognitive development in the home environment.

Likewise, research conducted on caregiver involvement in early childhood care and education in Sub-Saharan Africa found that most children grow up in environments where caregiver involvement in their education or development is marginal or absent (Ngwaru, 2012). An important factor identified in this research was a lack of educational awareness,

as a result of this, caregivers did not place a significant amount of emphasis on the educational and intellectual achievement of their children. Another factor identified in this research was lack of awareness to the importance of ECD, suggesting that caregivers require both sensitisation and empowerment. According to Ngwaru, caregivers are not aware of the “potency of their involvement and participation” in their child’s education and development (Ngwaru, 2012, p. 33). His research suggested that caregivers were unaware of the ways in which they could contribute to their child’s education and believed that they had no skills to offer.

This research highlighted the importance of empowering caregivers to improve their confidence with regards to engaging with their child’s education and development. Furthermore, it suggested that ECD programs involving caregivers should consider genuine collaboration with caregivers when forming ECD programs in order to ensure that they are contextually appropriate and suitable to the caregivers needs. More specifically, Ngwaru (2012) argued that a large component of parent based ECD programs should be addressing caregivers’ misconceptions, fears, anxieties and attitudes before imparting ECD skills and knowledge. Caregivers should be taught about the important role they play and the responsibilities they have towards their child’s development and early education.

Research conducted on caregiver involvement in rural schools in Mafikeng located in the North West province in South Africa, yielded some interesting findings. The results of this study indicated that up to 90% of parents were not aware of their importance in their child’s education (Lebopa, 2010). The researcher argued that the parents are “not well informed” about their role and responsibilities towards their child’s education (Lebopa, 2010, p. 66). One of the significant findings of this study was that the majority of parents did not know what to do in order to prepare their child for school. Furthermore, parents perceived that that they already did what is needed to offer the fundamental support to their children, this was mostly because parents were ill informed about the role they can play and the extent to which they should be involved in their child’s development and education (Lebopa, 2010).

The findings of this research indicated that caregivers require information and support to help them overcome some of the existing mindsets that they have. Caregivers need to be

convinced about the significance of their role and support in the development of their child. This research highlighted that fact that caregivers may also require support and training on how to assist their children at home as they may lack the fundamental skills and knowledge on how to contribute to their child's learning.

This research also highlighted the importance of correcting misconceptions that parents may have about the importance of the role they play in their child's learning and development. Furthermore, it underlined the need to support and share knowledge with caregivers regarding the ways in which they can actively contribute to their child's learning and development in the home environment. Lastly, this research reiterated the fact that caregiver mindsets and attitudes need to be changed and geared towards accepting responsibility for their child's learning and development in the home environment.

It is clear that lack of caregiver knowledge on the importance of play and learning is one of the main reasons why caregivers are targeted as a form of intervention. Caregivers should be at the forefront of ECD provision during the years when their children are still at home before attending Grade R. However, what has become increasingly obvious in past research is that caregivers, even those with access to educational resources, do not know how to effectively interact and engage with their children in a way that constructively facilitates play and learning in the home environment.

Moreover, there are caregivers in developing countries, much like South Africa, that lack both access to resources and the knowledge on the importance of ECD. Therefore, one can see the need for interventions that equip caregivers with ECD knowledge and skills as well as practical demonstrations on how to facilitate intentional play and learning in the home environment. Due to the large number of challenges that caregivers face in developing countries, ECD interventions need to account for and accommodate some of these challenges in order to ensure the success of their intervention.

## **2.6 Challenges to caregiver involvement in ECD programs**

This next section explores international, African and South African studies that have been conducted on caregiver participation in ECD programs. The studies that have been included

are all based on demographics and settings that are similar to the South African context. These studies were chosen due to the fact that the caregivers in the international or continental studies of developing countries may be facing similar challenges to caregivers in South Africa.

### **2.6.1 International studies**

Research that was conducted on barriers to caregiver involvement in ECD programs in the Mumbai Slums in India identified four core barriers to caregiver participation. This study was based on barriers to participation as perceived by the caregivers themselves. The most significant barrier as identified by 80% of the mothers was employment patterns and hours (Menon, 2013). The second barrier identified by caregivers was poor personal educational experiences, which perpetuated further barriers such as low educational attainment or illiteracy, of which 38% of parents were completely illiterate (Menon, 2013). The third barrier identified by the caregivers was language barriers and subsequently lack of communication with teachers. The last barrier identified by the caregivers was their own attitude towards their child's learning and education (Menon, 2013). Only 47% of parents identified 'caregiver attitude' as a barrier, this result may be due to the fact that this study was solely conducted from a caregiver point of view (Menon, 2013). Caregivers may be less likely to acknowledge that their attitude would be a barrier to their child's learning and development. Whereas, other research conducted from facilitators perspectives may have indicated that caregiver attitudes may have a more prominent role in influencing caregiver participation.

A similar study conducted in Orissa, India on improving caregiver participation in ECD interventions found that improving caregiver educational exposure was crucial to improving caregiver participation in ECD programs. One of the most interesting results of this study, was that no significant relation was found between the learning environment of a child and the child's educational performance (Mishra, 2012). What this study suggested was that just because a child may come from a low SES household does not mean that their educational performance is likely to be poor.

However, this research found that SES influenced caregiver educational exposure. According to this study, caregivers with lower educational exposure, often due to socio-economic circumstances, were less likely to participate in their child's early education (Mishra, 2012). Lack of caregiver educational experience could result in lack of knowledge of the importance of ECD and ECE. Furthermore, lack of educational experiences may perpetuate caregivers' misconceptions about the importance of ECD. This research suggested that ECD interventions should include components such as providing emotional support as well as equipping caregivers with the knowledge skills and confidence to actively engage in their child's early childhood education.

A study on the determinants of caregiver involvement in ECE, in a rural district in Japan, identified both psychological and demographic factors that influenced caregiver participation. According to Holloway et al. (2008), caregiver perceptions about their role in their child's learning and development was a major contributing factor that influenced their willingness to engage in supportive parenting. Caregiver aspirations, self-efficacy and perceptions were all analysed in this study. The results indicated that caregivers with high aspirations for their children were more willing to exert effort to ensure that their aspirations are realised (Holloway et al., 2008). Secondly, high caregiver self-efficacy was identified as another positive factor that influenced caregiver participation. However, what was identified in this study was that Japanese mothers lacked this confidence, possibly due to lack of social support from husbands, isolated living or criticism from professionals (Holloway et al., 2008). Lastly, caregiver perceptions of school were identified as a strong determinant of caregiver behaviour. According to this study, caregivers with better perceptions of school were more likely to invest in supplementary schooling or general cognitive stimulation (Holloway et al., 2008).

The second component of this study conducted by Holloway et al., (2008) related to demographic variables that influenced caregiver participation. As identified in other literature, SES played an influencing role. This study found SES to be an influencing factor, as caregivers from low SES households were less likely to enrol their children in supplementary ECD activities (Holloway et al., 2008). Maternal employment status was also identified, whereby maternal employment patterns influenced the degree and nature of caregiver

participation in their child's ECE (Holloway et al., 2008). Furthermore, some mothers struggled to balance the role of employer, wife and mother, which had negative implications on their participation in their child's early education (Holloway et al., 2008).

### **2.6.2 African studies**

A case study conducted in Lagos, Nigeria set out to explore the importance of caregiver involvement in ECE. The results of their study were two-fold, the first was that it was apparent that children were more likely to perform better in their early education if supported by their parents (Fagbeminiyi, 2011). The second finding was that socio-economic characteristics do have an impact on early childhood education. However, it was found that there was no significant relationship between the learning environment and the child's educational performance, suggesting that just because a child may come from a disadvantaged home environment, does not mean that their educational performance will automatically be poor (Fagbeminiyi, 2011).

The overall results of this case study suggested that increased caregiver involvement in ECE was something that positively affected the educational performance of the child. The case study also identified SES as an inhibiting factor and as something that hindered caregiver participation (Fagbeminiyi, 2011). According to this study, resources available had a large impact on caregiver involvement in parent education programs. This was because caregivers with fewer resources did not have the time or means to meaningfully facilitate ECD in their home environments (Fagbeminiyi, 2011). Furthermore, caregivers from lower SES backgrounds faced obstacles to participation such as time constraints, work schedules, transportation, financial difficulties and daily stressors (Fagbeminiyi, 2011). However, what this research pointed out was that just because children come from low SES backgrounds, does not mean their ability to learn and succeed is automatically compromised (Fagbeminiyi, 2011).

This study confirmed the importance targeting children from low SES households. As the findings suggested, the socio-economic background of the family may create more obstacles to play and learning in the home environment but it will not necessarily disadvantage a

child's educational performance. Rather, the important factor that promoted academic success was caregiver involvement and participation. This substantiates the argument that ECD NGO's should be targeting caregivers as a form of intervention as they have significant influence over their child's future academic success.

Research conducted in the Zaka District, a rural district in Zimbabwe, explored barriers to caregiver involvement in ECE. The researchers identified three key barriers that influenced caregiver participation in ECE. The first barrier was lack of clear insight into their roles and responsibilities regarding their child's education. Caregivers struggled to determine what their responsibilities were in terms of their child's learning and development in the home environment (Chindanya, 2011). This lack of knowledge then perpetuated a reluctance to engage with their child's early learning experiences. The second barrier to caregiver involvement was limited caregiver education. Caregivers regarded their own educational attainment as an inhibiting factor. This research found that caregivers with low levels of educational attainment believed that they could not help their children with any learning or educational activities (Chindanya, 2011). The third barrier to caregiver participation identified in this study was negative attitudes, this research found that some caregivers were not concerned with their child's education because of their own negative experiences (Chindanya, 2011).

Research conducted on children living in resource limited settings in Ethiopia found that children are at significant risk of developmental problems (Worku et al., 2018). The aim of this study was to determine whether play assisted home-based developmental stimulation could address the prevalence of developmental delays (Worku et al., 2018). The results of this research illustrated that play assisted home-based stimulation did reduce developmental problems in children (Worku et al., 2018). It was found in this study that quality and intensive home-based stimulation had meaningful benefits for children under the age of five, particularly for the development of socio-emotional and linguistic skills. This study illustrated that caregivers can play an active role in their child's development in the home environment. Their research found that longer follow up sessions are necessary in order to see more improvements in the developmental performance of the children (Worku et al., 2018).

### 2.6.3 Local Studies

Research conducted on improving education in South Africa, identified history as the main culprit for lack of caregiver participation in education (Msila, 2014). The crux of this argument was that many generations of caregivers lacked access to satisfactory educational opportunities. As a result of this, many caregivers had low educational levels. According to this research, low levels of educational attainment influenced caregivers' attitudes towards ECE but more specifically, influenced their ability to actually carry out ECD skills and principles in the home environment (Msila, 2014). This research found that caregivers battled to teach their child basic numeracy and literacy skills at home because they lacked these fundamental skills themselves (Msila, 2014).

Furthermore, the research conducted by Msila (2014), highlighted that low levels of educational attainment and being illiterate had negative implications on the confidence of caregivers. This research suggested that caregivers with low levels of educational attainment were more likely to lack the confidence, knowledge and skills that could empower them to play an active role in their child's literacy and language development (Msila, 2014). Therefore, this research argued that some caregivers chose to stay uninvolved or unengaged in their child's education as they felt that they lacked the necessary skills and the confidence to be involved in their child's education (Msila, 2014).

Similar research conducted on caregiver perceptions of ECD in the Eastern Cape, South Africa suggested both practical and personal reasons for lack of caregiver involvement in their child's early education. Practical reasons included factors such as socio-economic constraints, hours of employment, employment patterns, illness or job stresses (Shumba et al., 2014). However, more emphasis was placed on lack of self-confidence, social deprivation, feelings of inadequacy or culture. This research suggested that fears, attitudes, vulnerability, and personalities significantly influenced caregivers' decisions to either engage or not to take an active role in their child's education (Shumba et al., 2014).

One of the findings of this study indicated that there is a gap in caregivers understanding of ECD, which is something that needs to be corrected in South Africa. Another reason

frequently cited for lack of involvement in ECD programs was illiteracy. The researchers found that caregivers demonstrated a lack of confidence and low self-esteem as a result of being illiterate. This influenced their decision not to engage in their child's early education. These findings were congruent to the findings suggested by Msila (2014). The crucial lesson learned from this research was that caregivers require training in order to correct their misconceptions about ECD, furthermore, caregivers need to be taught to understand the tremendous impact that they have on their child's development.

More importantly, it appears that caregivers may require a significant amount of support to gain the confidence and self-efficacy to practice ECD skills and principles in their home environments. This suggests that ECD programs should consider placing a significant amount of effort into training and supporting caregivers in order to build up their self-confidence as well as to change their attitudes and perceptions towards ECD.

As highlighted in this literature review, it is clear that caregiver barriers to participation in ECD can be both personal (psychological or emotional) or demographic. Caregivers cited lack of self-confidence and self-esteem as reasons for not engaging in their child's early education and development. While factors such as low self-confidence, feeling of inadequacy, negative attitudes are fundamentally emotional, these feelings are also often as a result of demographic factors such as, low SES, illiteracy, poverty and low educational attainment, which were also frequently cited in literature (Holloway et al., 2008). In line with these findings, it is apparent that ECD programs should begin with empowering caregivers by correcting negative attitudes and misconceptions. Caregiver based ECD programs should build on caregivers' strengths and positive aspects before they focus on imparting skills and knowledge. Perhaps by empowering parents and improving their attitudes, mind-sets and confidence, their participation in their child's education and development will be improved (Ngwaru, 2012).

The common themes throughout the literature regarding barriers and challenges to caregiver participation in ECD pointed to lack of educational awareness, low educational attainment, SES, caregiver attitudes and mindsets, illiteracy, misconceptions about ECD and the fact that caregivers that were ill informed about their roles and responsibilities

regarding their child's development (Lebopa, 2010). Caregivers with low levels of educational attainment or who have had poor educational experiences are less likely to place significance on the importance ECE and ECD. Caregivers past educational experiences influenced the importance that they place on their child's development and consequently their participation in their child's early education (Chindanya, 2011).

A significant influence that was identified in most of the research was that the majority of caregivers were unaware of the important and critical role they play in their child's early development and education. Caregivers were often ill informed or had severe misconceptions about their ability to positively influence their child's learning and educational experiences. It is critically important that caregivers are taught about the significance of the parent- child relationship and that they are better informed regarding their roles and responsibilities in terms of their child's learning and development. In turn, this may have positive implications for improving caregiver attitudes and confidence as they may begin to see the significant role they play in their child's life.

SES is something that was cited in most of the research as it tends to pose practical reasons as to why caregivers do not meaningfully engage in their child's development. Caregivers from low income households are more likely to face challenges regarding employment patterns, which influences the amount of time and effort caregivers can contribute towards their child's learning and development. Furthermore, SES has implications for the amount resources caregivers can invest in school, extra educational activities or educational resources in the home environment (Holloway et al.,2008).

Another barrier, particularly cited in the South African research, was caregiver educational attainment and illiteracy. Low caregiver educational attainment or illiteracy poses difficulties for the amount and quality of caregiver involvement in their child's early learning and educational experiences. However, what was more significant were the emotional barriers that low levels of educational attainment or illiteracy places on caregivers. Many caregivers cited feelings of inadequacy, low self-confidence or low self-esteem as a result of their low educational attainment (Msila, 2014). These feelings and vulnerabilities limited caregiver engagement in the child's early learning and education. Therefore, it is vitally

important to address these vulnerabilities before working with caregivers in ECD programs. Caregivers need to be taught the ways in which they can contribute to their child's education, despite having low levels of numeracy or literacy. For example, they can still significantly contribute in other ways such as through song, dance or playing.

Lastly, according to past research, caregiver attitudes, norms and values all influence child rearing practices. In South Africa, these attitudes and norms are likely to be influenced by culture. Culture is a strong determinant of caregiver beliefs and attitudes towards ECD which consequently influences the value placed on ECD (Shumba et al., 2014). Furthermore, culture influences child rearing practices which may influence the way in which a mother interacts with her child. While culture is not static, it is not something that will easily be changed. However, caregiver based ECD programs may have the ability to offer different perspectives that may positively influence parenting behaviours. However, as mentioned by the Sosambisana Initiative (2012), ECD programs should also be conscious of accommodating and assimilating different cultural beliefs and practices. For example, in the IsiZulu culture, a lot of learning occurs through song and music, therefore ECD programs should build on this cultural practice and teach caregivers how to interact with their child through song or dance (Utley, 2008).

## **2.7 Learning through play**

Early childhood specialists often make the point that children learn primarily through play. When a child is playing, they are developing key cognitive functions such as; working memory, self-regulation, the ability to plan as well as developing language and communication skills (Lockhart, 2010). Through play children develop core cognitive skills that form part of executive functioning, which are the cognitive abilities that control and regulate other important behaviours (Lockhart, 2010).

Play is also important for the socio-emotional development of children as it allows them to; discover their own interests, develop social skills, develop self-regulation as well as develop a sense of creativity and imagination (Lockhart, 2010). Moreover, play is important for developing other cognitive functions such as practicing decision-making and critical thinking skills (Lockhart, 2010).

It is for these reasons that Lockhart (2010) and other ECD specialists agree that “play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children” (Lockhart, 2010, pp.2). Play provides children with the foundations and fundamentals that they require for learning and later academic achievement (Lockhart, 2010). Therefore, one can conclude that play comprehensively contributes to the overall development of children.

## **2.8 The dlalanathi Play Mat Program**

The dlalanathi Play Mat Program aims to facilitate intentional play and learning in the home environment. One of the main objectives of this intervention is to improve the parent-child relationship. Through play caregivers and their children form a bond, as play facilitates more frequent interaction between the caregiver and child that typically didn't occur before the intervention.

Throughout the nine week program, the caregivers and their children attend weekly play groups during which they spend time with the facilitator and other caregivers in their play group. In the sessions, the caregivers are taught how to make a resource, why it is important and how to use the resource with the child. The facilitator models the desired interaction and the caregivers and children have the opportunity to play and interact in both a structured and unstructured way. The aim of the sessions is to teach caregivers how to develop a relationship with their child as well as how to interact with their child in a meaningful way. The program aims to improve the parent child relationship while simultaneously teaching the child important cognitive and social skills which they require for their future learning and development.

Part of the Play Mat Program is empowering caregivers to be the best caregiver that they can be. The community facilitators spend a lot of time teaching the caregivers how to relate to and respond to their children. Through the provision of parenting messages, the facilitators talk to the caregivers about their actions and behaviour towards their children. For example, they teach the caregiver alternative way to discipline rather than hitting or beating their children.

For the 2017 evaluation of the Play Mat Program, the caregivers who participated in the program were interviewed about what they learned throughout the intervention. These interviews were conducted by members of the dlalanathi staff as a form of assessment on how the Play Mat Program was received.

One of the caregivers responded that they have been “using the parenting messages that we learnt during the process especially around showing my children love and playing with them, I have stopped hitting them” (dlalanathi, 2017). Another caregiver responded, “I am trying to be loving towards my children and I feel like I am trying to make up for the time where I was not very loving and presence in their lives” (dlalanathi, 2017).

As is evident, the Play Mat process encourages and facilitates responsive parenting by improving the parent-child relationship. Through play caregivers come to observe, interpret and respond to their child’s social, emotional and cognitive cues (Sigman, 2016). The caregivers become more attentive and attuned to the needs of their child which is important for the overall cognitive and socio-emotional development of their child. Therefore, the Play Mat Program helps caregivers to be more responsive and play a more active role in their child’s learning and development.

The use of learning through play as a way to promote growth and development within a child is supported by Lockhart’s (2010) theory about the value of learning through play. Using play is the most effective way that children aged three to five, can learn and acquire the skills that they require for their future academic endeavours. Throughout the Play Mat process, caregivers come to learn the importance of playing for the cognitive, social, emotional and physical development of their children.

The rationale behind the Play Mat Program, was that caregivers in South Africa, lack knowledge on the importance of ECD, ECE and thus the importance of play and learning in the home environment. This is supported by research conducted in the Eastern Cape by Shumba et al. (2014) that found that there is a gap in caregivers understanding of ECD. As a result of this, caregivers lack the skills and knowledge to facilitate playful learning in the home environment. The Play Mat Program aims to equip caregivers with the skills to facilitate intentional learning in the home environment.

However, as is evident in this literature review, there are numerous challenges that hinder caregivers' participation in taking an active role in their child's learning and development. The questions that remains are; how sustainable are caregiver based ECD interventions? Can caregivers facilitate play and learning in the home environment independently without the help of a facilitator? Do caregivers have the time, energy and skills to play with their children in the home environment? Or do the challenges that caregivers face in South Africa make it too difficult to effectively facilitate play and learning in the home environment?

If caregivers can overcome the challenges and barriers to facilitating play and learning in the home environment, this research will look to better understand the factors that influence caregivers' decisions to invest their time and energy in their child's development. Alternatively, the challenges and barriers may be too difficult for some caregivers to overcome, and thus this research will try to uncover the challenges and barriers that prevent caregivers from playing in the home environment. These findings will be used to inform how the Play Mat Program can be enhanced in the future.

## **2.9 Aims, Objectives and Research Questions**

### **2.9.1 Aims and objectives**

The overall aim of this research was to understand caregivers' and facilitators' experiences of participating in the Play Mat Program. Therefore, the aims of this research had to do with understanding the core factors that would have shaped caregivers' experiences of participating in the program.

One of the objectives of this research was to understand the factors that influenced caregivers' investment in the program or lack thereof. Related to that question, this research also aimed to understand the factors that make it challenging or difficult for caregivers to facilitate playful learning in the home environment. In addition, this study aimed to identify the factors that make it easy for caregivers to facilitate play in the home environment, so that these factors can be maximised on in the future.

Since this research was interested in caregiver experiences of participating in the Play Mat Program, this research was concerned with the factors that influenced caregivers' attitudes

or mindsets towards play in the home environment. These factors could range from increased caregiver confidence or competence, to the child's response to the program or to the provision of skills or resources. Understanding these factors is crucial for understanding how the Play Mat Program can be enhanced in the future.

Since this research was also concerned with facilitators perspectives, the facilitator were interviewed to supplement the data collected on the caregivers' experiences of participating in the Play Mat Program. It was hoped that the facilitators would offer interesting perspectives on caregivers' values, attitudes and mindsets that changed during the course of the Play Mat Program. The aim of the facilitator interviews were to gain insights into any transitions or mindset shifts that occurred throughout the nine-week period. It was hoped that these interviews would also provide better insight into the challenges that caregivers faced when facilitating play in their home environments, as the facilitators spent a significant amount of time with the caregivers in their home environments.

The value of this research was that it came from the perspective of the caregivers themselves. As the research participants were the first group to experience the program, it was hoped that they would have valuable input on how the Play Mat Program could be improved in the future. Furthermore, it was anticipated that the facilitators would provide useful observations of changes that occurred in the caregivers' attitudes and behaviours throughout the course of the program.

This research may also provide insight into interventions of a similar nature that focus on caregiver involvement in ECD programs. The research may highlight some of the challenges that caregivers face within the South African context. Furthermore, this research may uncover ways in which caregivers can be supported when participating in ECD interventions so that barriers and challenges can be reduced in future ECD interventions. Therefore, this research may contribute new insights and conclusions to research focusing on caregiver involvement in ECD programs in South Africa.

## 2.9.2 Research Questions

### Main Question

What are caregivers' and facilitators' experiences and perceptions of participating in the Play Mat Program in Mpumuza, Pietermaritzburg, Kwa-Zulu Natal?

### Sub Questions

1. What factors shape caregivers' decisions to sustain playful learning in the home environment?
2. What factors make it easy or challenging to facilitate playful learning in the home environment?
3. Is the Play Mat Program well received in the context in which it is implemented?
4. How do the facilitators of the Play Mat Program perceive caregivers' participation in the intervention?

## 2.10 Conclusion

The literature review highlighted the importance of ECD for a child's physical, social, emotional, linguistic and cognitive development. It also highlighted the importance of investing in ECD for national development and unlocking human capital. Although ECD has been at the forefront of government's agenda, access to ECD services in rural and peri-urban areas still remains poor and something that needs to be improved by both government and civil society. One of the potential solutions to improving access to and prevalence of ECD is targeting primary caregivers as a form of intervention.

The importance of responsive parenting and targeting caregivers as a form of intervention has been discussed in detail. The issue of lack of caregivers' knowledge on the importance of ECD, ECE and learning in the home environment is highlighted as the rationale behind caregiver interventions and the dlanathi Play Mat Program in particular. However, despite lack of ECD knowledge and skills, what is increasingly obvious is that caregivers in developing countries, much like in South Africa, face numerous barriers and challenges that hinder their ability to meaningfully engage in their child's ECE and development. The

barriers as identified in this literature review range from personal, demographic, emotional or practical reasons.

The aim of this research was to get better insights into the challenges that caregivers face when facilitating play and learning in the home environment. The findings of this research will be used to see how these challenges can be minimised in the future and thus how the Play Mat Program can be enhanced in the future. However, this research was also concerned with identifying the shift in caregivers' attitudes or mindsets, which encouraged an investment in playing in the home environment. It is important to understand the journey the caregivers' experienced, to be able to identify the factors that shifted their investment in their child's development. These findings will also be used to see how the Play Mat Program can be enhanced in the future.

## Chapter 3

### Research Design and Methodology

#### 3.1 Introduction

This chapter outlines the research paradigm and the research design that was used for this study. It explains the case study methodology as well as the exact methods used to collect and analyse the data. The aim, rationale and purpose of the dlanathi Play Mat Program is outlined and explained in further detail. The context of the research and demographics of the participants is discussed. This chapter also covers ethical considerations, issues of; credibility, dependability, confirmability, transferability and reflexivity. The limitations of this research design are also discussed.

#### 3.2 Research paradigm

A research paradigm refers to the belief about the nature of knowledge. This belief informs both the research methodology and the criteria for validity of the research (Thanh & Thanh, 2015). The theoretical paradigm used for this study was the interpretive paradigm. Interpretivist researchers aim to understand the world of human experience, through participants' views of their own realities and experiences (Thanh & Thanh, 2015). The interpretive paradigm uses those individuals' experiences to construct and interpret their understanding from the gathered data. As interpretivist researchers are concerned with human experience, they believe in the importance of understanding the context in which the data is collected (Thanh & Thanh, 2015). One of the perceived benefits of this kind of research is that it accepts multiple perspectives and realities, which often leads to a more in-depth and comprehensive understanding of the situation at hand (Thanh & Thanh, 2015). Interpretivist researchers seek methods that will best enable the researcher to understand the human experience and the context in which these individuals are found (Thanh & Thanh, 2015).

This research was concerned with caregivers' and facilitators' personal experiences of participating in the Play Mat Program. Since both the caregivers' and facilitators' perspectives are incorporated, it can be assumed that this research considered multiple

realities of the situation at hand. Furthermore, the researcher was aware that the context in which this intervention was implemented may have influenced the outcomes of the results.

### **3.3 Research design**

Since this research was grounded in the interpretive paradigm, it followed a qualitative design. According to Creswell (2009, p. 44) “qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem”. Qualitative research is best known for its production of rich and in-depth understandings of phenomena or social problems. This kind of research is concerned with understanding social and psychological phenomena from the perspective of the individuals involved (Welman & Kruger, 2001).

More specifically, this research followed a case study design, meaning that a limited number of participants, who were deemed representative of the population, were studied intensively (Welman & Kruger, 2001). A case study method enables researchers to closely examine data within a specific context and amongst a specific sample (Zainal, 2007). The aim of case study research is to understand the uniqueness of a particular case, in all of its complexity. This method was applicable to this study as it was concerned caregivers’ and facilitators’ experiences of participating in the Play Mat Program, a specific ECD intervention implemented in Mpumuza, Pietermaritzburg.

The advantages of a case study design are that it is considered a robust research method when a holistic and in-depth investigation is required. Case studies allow for a thorough exploration and understanding of complex issues (Zainal, 2007). Moreover, case study research also allows for a detailed contextual analysis of contemporary real-life problems, from the perspectives of multiple realities (Zainal, 2007). In this way, case study research is beneficial as it allows for a rich perspective that is grounded in the context of the situation and is informed by multiple realities.

The disadvantage of a case study design is that it provides little basis for generalisation as it typically uses a small number of participants (Zainal, 2007). A common criticism of a case study design is its dependency on a single case to make generalisations about a larger social

issue. However, the purpose of this research was to gain particular insight into the experiences of caregivers and facilitators who participated in a specific ECD intervention. While generalisability may be an issue, the findings and recommendations of this research may be transferred to similar contexts that are implementing a similar caregiver ECD intervention.

### **3.4 The dlalanathi Play Mat Program**

As mentioned, it is well documented by early childhood specialists that the most effective way for children to learn is through play (Lockhart, 2010). It is for this reason that NGO's use learning through play as the core philosophy that shapes their ECD interventions. Play is a natural and fundamental part of childhood, but more specifically, learning through play has significant benefits for the cognitive, social, emotional and linguistic development of a child (Lockhart, 2010). Furthermore, NGO's also opt to target the parent-child relationship or home environment (the micro environment) as a form of intervention. The aim of these interventions is to equip primary caregivers with the play skills and techniques that they may require to facilitate their child's learning and development in their home environments.

dlalanathi, an ECD NGO in Pietermaritzburg, Kwa-Zulu Natal, recently partnered with two other NGO's, Thandanani and Singakwenza, to develop the Play Mat Program, a caregiver based ECD intervention. The reason for developing this program was the recognition that the first three years of a child's life are where the most significant development occurs, it is also the period during which children spend most of their time at home. According to dlalanathi, "home based caregiver driven stimulation and learning is the basis of all education and complements high quality education in centres" (dlalanathi, 2018).

The Play Mat Program was designed to facilitate weekly home-based play and learning groups for caregivers with children aged one to six. In general, a primary caregiver is understood as any person who provides the majority of care or guardianship, particularly to a child. In South Africa, the primary caregiver is likely to be a parent, grandparent or an extended family member.

The aim of the Play Mat Program is to help caregivers use the skills learned in the program to increase intentional and independent play and learning in the home environment. The elements of the program include; building capacity of primary caregivers, combining both parenting and play based skills and techniques, the use of group sessions to complement individual home-based visits as well as the provision of recycled educational toys (dlalanathi, 2018). The sustainability of this program is based on establishing and normalising neighbourhood and caregiver driven household routines that easily invites children to play and learn (dlalanathi, 2018).

### **3.5 Sampling**

#### **3.5.1 Sample description:**

For the focus groups, the participants were caregivers with children aged one to six who participated in the Play Mat Program in 2017. The focus groups were conducted in two different (anonymized) areas within Mpumzuza. These areas are characterized by unemployment, illiteracy and low educational attainment. The areas are rural and the households are mostly poor.

For the semi-structured interviews, the participants were five facilitators of the Play Mat Program who were involved in the implementation of the program in 2017. The facilitators were predominantly employed by Thandanani Children's Foundation, an NGO that operates within Mpumzuza. Some of the facilitators are members of the communities in which they work. The facilitators had higher levels of literacy and educational attainment as opposed to the caregivers.

#### **3.5.2 Sampling strategy:**

This research used purposive sampling (selective or judgmental) which is a non-probability sampling method. Purposive sampling enables the researcher to "deliberately obtain units of analysis" that were regarded as representative of the relevant population (Welman & Kruger, 2001, pp. 63). This particular sampling method relies on the judgment of the researcher to demarcate and specify the individuals that will be studied (Crossman, 2012). The researcher is likely to choose subjects with a specific set of characteristics that will best

answer the research questions. Participants are likely to be key informants who are in a unique position or have the experience to effectively articulate information pertaining to the research question (Welman & Kruger, 2001).

As this was a qualitative study that employed purposive sampling strategies, 11 participants were recruited for the study. The process of recruitment was that the facilitator of the Play Mat Program invited prospective participants to a presentation conducted by the researcher on the aims, purpose and procedure of the research. The process of recruitment was left to the researcher and not the facilitators to prevent the participants from feeling coerced into participating in the research. If prospective participants were approached directly by facilitators they may have felt more obliged to be involved in the research to avoid being left out of any partnerships with dlalanathi or the other NGOs in the future.

### 3.6 Information on focus group and interview participants

Table 3.1 represents the demographics of the focus group participants. The table includes indicators such as age, employment status, marital status, educational attainment and the size of the caregivers' family.

**Table 3.1**  
*Demographics of caregivers interviewed*

<b>Participant</b>	<b>Age</b>	<b>Employment status</b>	<b>Marital status</b>	<b>Educational attainment</b>	<b>Size of family</b>
<b>Focus group 1</b>					
1	61	Unemployed	Single	Grade 3	6
2	56	Unemployed	Single	None	9
3	54	Unemployed	Single	Grade 2	12
4	56	Part time	Single	None	5
5	60	Unemployed	Married	None	19
6	34	Unemployed	Single	Matric	3
7	60	Unemployed	Married	None	4

<b>Focus group 2</b>					
8	26	Unemployed	Married	Matric	7
9	64	Unemployed	Single	None	12
10	23	Unemployed	Single	Grade 10	7
11	22	Unemployed	Single	Grade 10	4

**Age:** The participants' ages ranged from 22 – 61 years old, seven of the participants were grandmothers and four of the participants were mothers. The first focus group largely consisted of older participants, who were primarily grandparents. The second focus group was predominantly made up of younger mothers in their twenties.

**Employment status:** The participants were largely unemployed, with only one participant who was employed part time.

**Educational attainment:** Seven of the eleven participants' educational attainment was below primary school level, only two participants had completed Grade Ten and two participants who had a Matric. As a consequence of this, the literacy levels of the participants were below average. The caregivers with higher educational attainment were the younger caregivers.

**Marital status:** The majority of the caregivers run a single parent household, only three of the eleven participants were married.

The second table represents the demographic factors of the children of the sample who participated in the Play Mat Program in 2017. The table includes indicators such as age and gender.

**Table 3.2**

*Demographics of children who participated in the Play Mat Program*

<b>Participant</b>	<b>Number of children</b>	<b>Age of child/ children</b>	<b>Gender of child</b>
1	1	4	Male
2	2	5 and 3	Female

3	1	3	Female
4	1	2	Female
5	3	2,5 and 3	2 Male, 1 Female
6	1	2	Male
7	3	Unknown	1 Female 2 Male
8	2	3 and 6	Male
9	3	6, 6 and 4	Female
10	3	5,4,3	Male
11	1	9 Months	Female

Most of the participants had more than one child participating in the program. The children's ages ranged from nine months to six years old. These are the years during which children need quality ECD stimulation before their first formal year of schooling in Grade R. The male – female ratio of the children was equal.

Table 3.3 represents the demographic factors of the facilitators of the Play Mat Program. The table includes indicators such as age, race and qualification.

**Table 3.3**  
*Demographics of facilitators*

Facilitator	Age	Race	Qualification
1	45	African	Grade 12
2	42	African	Grade 12
3	32	African	Grade 10
4	31	African	Grade 12
5	49	African	Grade 09

The facilitators of the Play Mat Program were interviewed as they were the individuals who spent the most amount of time with the caregivers throughout the duration of the program. Therefore, it was hoped that the caregivers would have valuable insights into any changes in caregivers' attitudes, values and mindsets. Since it was the first year of implementation, all of the facilitators had the same amount of training and experience in the program.

### 3.7 Data collection

The methods of data collection included both focus groups and semi-structured interviews. Two focus group sessions were conducted, one focus group had seven participants and the other had four participants. The focus groups were 60 to 90 minutes long. Focus groups were chosen as the data collection method as the researcher felt the participants would be more comfortable discussing their experiences in a group. Having experienced the Play Mat Program together, the researcher was interested in the dynamic of the group as a whole and of their shared experiences. To supplement these findings, the facilitators of the program were interviewed on their thoughts about caregivers' experiences of the participating in the Play Mat Program. The facilitators interviews were 20-30 minutes, depending on the facilitator's responses. The researcher chose individual interviews with the facilitator in order to gain in-depth insights and opinions on the facilitators' experiences of participating in the Play Mat Program. The caregiver focus groups were conducted first and the facilitator interviews followed.

The aim of the focus groups was to understand, from the caregivers' perspectives, what factors influenced their decisions to invest in play and learning in the home environment. The focus groups also covered what makes it easy or difficult for caregivers to practice intentional playing in the home environment. The focus groups were conducted in clusters according to the participants' locations. The focus groups were conducted at the house of one of the caregivers in the cluster. The context of the research is described in more detail below.

Focus groups are useful for uncovering people's perceptions, concerns or issues about the particular topic at hand. Unlike an interview, a focus group allows members to interact and influence each other during the session which results in a unique construction of ideas and perspectives (Devault, 2012). One of the advantages of a focus group is that it may be less threatening for participants and they may be more receptive to participating. The setup of the focus group may make the discussion more relaxed, comfortable and enjoyable for participants, it may also make it easier for them to share their ideas and perceptions (Devault, 2012).

The focus groups were conducted in such a way that the researcher asked the questions and facilitated the discussion which was recorded on an audio device. The researcher remained neutral towards the participants and responded positively to their comments and inputs (Ohio State University, 2012). As the facilitator of the discussion, the researcher kept the discussion on track and prevented one person from dominating the discussion. In order to ensure that the focus groups ran smoothly, the researcher followed a few guidelines including; not asking open ended questions, not joining in the conversation, not asking leading questions, remaining impartial and encouraging responses from all participants (Ohio State University, 2012).

A translator was used throughout the focus group process to enable the participants to use whichever language (English or isiZulu) they felt more comfortable with, and to ensure there were no misunderstandings or communication barriers that could have influenced the integrity of the results. The translator has a BA degree majoring in English and Psychology as well as a Bachelor of Social Science Honours. The translator was briefed on the Play Mat Program as well as on the aims and objectives of the research. The translator signed a confidentiality agreement, to protect the participants' privacy and right to confidentiality.

The focus groups were conducted in such a way that the interviewer asked the question, which was translated and then the responses were translated back to the researcher. This ensured that the interviewer could probe, follow up on interesting arguments and clarify answers that were not clear.

Following the focus groups, the audio recordings were transcribed by the translator. To ensure the credibility of the transcriptions, the process of back translation was used. In back translation, portions of the data are translated back into isiZulu, by another independent translator. This was done to ascertain the accuracy of the translations.

Semi-structured interviews were conducted with the facilitators of the Play Mat Program. In semi-structured interviews, key variables that pertain to the research are identified and are included in the interview schedule. The use of semi-structured interviews allowed the

researcher to get answers to pre-determined questions while also allowing for further responses or themes that may better contribute to answering the research questions. As this research was an in-depth analysis of a case, semi-structured interviews provided rich, valuable and contextual information while obtaining some sort of uniformity from the pre-determined questions (Kvale, 2007). The questions in semi-structured interviews were directed at the participants “experiences, feelings, beliefs and convictions about the theme in question” (Welman & Kruger, 2001, p. 188).

The advantages of using semi-structured interviews were that they allowed participants to express their own views in their own terms (Keller & Conradin, 2009). As the interview schedule was semi-structured it encouraged open and honest communication between the researcher and the participant. Keller and Conradin (2009, p. 2) argue that, of the qualitative data collection tools, semi structured interviews are most likely to produce “reliable and comparable data”.

The disadvantages of semi-structured interviews are that they can be time and resource intensive. Researchers are also required to interview enough participants to make reliable generalizations. Lastly, researchers need to carefully plan the interview schedule to avoid prescriptive or leading questions. Leading questions refer to the way in which the wording of a question influences how the question is answered, leading questions usually prompt or encourage the answer the researcher is looking for. Similarly, prescriptive questions limit or bias the way in which a respondent responds to a question.

The researcher had an intention of interviewing the participants who dropped out of the program. However, when the participants were asked what caused them to stop attending sessions, none of the participants reported that they stopped attending. Furthermore, only two of the facilitators had one participant in their group that dropped out. The researcher was unable to arrange interviews with the two participants who dropped out as the facilitators did not have their contact information.

### 3.8 Data analysis

Once the focus groups and interviews were conducted, they were translated and transcribed. The focus group recordings were transcribed into isiZulu and then translated into English. The transcriptions were then examined using the process of back translation by a different translator. The second translator took segments of the transcript and translated them back into the original language. The transcripts were then compared for similar meaning.

Thematic analysis was used as the data reduction strategy as it is one of foundational techniques used in qualitative research. Thematic analysis allows the researcher to pinpoint, analyse, examine and record themes within the data that are related to the research questions (Braun & Clarke, 2014).

The themes identified in this research were produced using Braun and Clarke's (2014) phases of thematic analysis. The advantage of using thematic analysis as a method of data analysis was that it allowed the researcher to summarise key features in the data set while simultaneously highlighting key differences (Braun & Clarke, 2014). In thematic analysis, the researcher plays an active role in identifying patterns and themes that relate to the research topic. According to Braun and Clarke (2014), a theme captures something that is important in the data that relates to the research question.

The six steps of thematic analysis, according to Braun and Clarke (2014) are as follows:

1. Familiarising yourself with the data

During this stage, the researcher fully immersed herself in the data. She tried to gain a comprehensive understanding of the data by reading and re-reading the transcripts. During this phase initial ideas and thoughts were noted.

2. Generating initial codes

Once familiarised with the data, the researcher generated initial codes which were based on the features of the data that were salient and interesting. These codes

provided an indication of the important details in the conversations.

### 3. Searching for themes

During this phase, the relevant data was sorted to develop overarching themes that were established from the codes and sub themes identified in the previous stage.

### 4. Reviewing themes

During this stage, the researcher considered whether to separate, combine, disregard or refine the themes that were established in the previous phase. Each theme was established based on specific terms or phrases that underpinned the essence of the theme as well as the frequency with which the participants used these terms or phrases.

### 5. Defining and naming themes

During this phase, the researcher established theme names with working definitions that summarised the crux of each theme.

### 6. Producing the report

In the last phase, the researcher used the themes to produce the findings of the data in a way that related to the research questions and the literature.

(Braun & Clarke, 2014)

However, there can be limitations to using thematic analysis, for example, the potential range of data is broad and may be time consuming to analyse. Furthermore, findings may be compromised if the research question is not appropriate for thematic analysis or if the analysis is conducted poorly by the researcher (Braun & Clarke, 2014). Although the flexibility of thematic analysis may be considered an advantage, it may also lead to inconsistencies or lack of coherence when developing themes from the data (Braun & Clarke, 2014). To avoid a lack of coherence, the researcher comprehensively summarised initial codes into overarching themes. The researcher limited herself to a certain number of themes so that each theme was developed fully. The researcher was also conscious of

making sure that the themes generated related back to the research questions to avoid any inconsistencies and incoherence.

The focus groups were analysed first and gave rise to many of the initial codes which were generated into themes. Fortunately the facilitator interviews reinforced and reiterated many of the caregivers' sentiments which made it easier to comprehensively develop a theme. When coding the facilitators interviews, three new themes (the continued use of skills learned, sharing of knowledge with community members and the combination of personal and practical reasons led to drop outs) emerged which were not originally identified as themes in the initial coding .

### **3.9 Ethical considerations**

#### **3.9.1 Informed consent**

Researchers are expected to obtain the consent of all those directly involved in the research process. The principle of informed consent ensures that participants are not coerced into participation and that they have access to all the relevant information prior to getting involved in the research (Halai, 2006). Preceding the focus groups, the researcher had to obtain the consent of the participants. This was done by explaining the nature of the research as well as the role of the participants throughout the research process.

In order to ensure that the participants were fully informed, the informed consent form was accompanied by an information sheet, which were also available in isiZulu. The information sheet stated what the aims and objectives, as well as the following information (McLeod, 2015):

- The purpose of the research
- The procedures involved in the research
- The duration of the study
- Any foreseeable discomfort that the participant may encounter
- The perceived benefits of the research
- An explanation of the participants right to confidentiality and the right to withdraw from the study at any time

### **3.9.2 Confidentiality**

In order to respect the privacy of research participants, the confidentiality of each research participant had to be ensured. This principle is aligned with the protection of participants and respecting the dignity of the participants (Halai, 2006). Confidentiality ensures that no personal information about the research participants is revealed. The participants signed a confidentiality pledge to try and ensure that they did not speak about what was covered in the focus group to any third parties. The data collected from participants is reported using pseudonyms throughout and thus no names or identifying information are mentioned in the research report (McLeod, 2015).

### **3.9.3 Reporting**

After the research has been completed, the participants will be given the opportunity to discuss the procedures and findings of the research (McLeod, 2015). A reporting session may be necessary for participants to clarify the findings of the research, how the participants contributed to the research and what the consequences of their participation were.

### **3.9.4 Protection of participants**

In order to protect the wellbeing of the participants, the researcher did their best to ensure that those taking part in research did not experience any harm or distress (McLeod, 2015). Before the data collection process started, the researcher obtained permission for any participant who was distressed by this research to be referred to the Child and Family Centre. In an event where a participant required referral, the travel arrangements and costs of this referral process would have been covered by the researcher. This was however not necessary.

### **3.10 Description of the context**

Two focus groups were conducted. The first focus group on the fourth of May in community X (anonymised), consisted of seven participants. The second focus group conducted on the ninth of May took place in community Y (anonymised). The participants were primary caregivers to children under the age of six. The majority of the caregivers were

grandmothers with only four out of the eleven participants being mothers. The average educational attainment was below Grade 3, with the younger caregivers achieving up to a Grade 10 level of education. The caregivers were primarily unemployed with only one grandmother having part time work. The caregivers all come from low SES households.

The focus groups were conducted at one of the caregivers' homes. The focus groups were recorded on an audio device. The focus groups ranged from 60 to 90 minutes long.

### **3.11 Credibility, dependability, confirmability and transferability**

In order to ensure the credibility of this research, the data collection process was extensive and detailed. This was achieved by prolonged engagement in the field so that multiple participants (participants and facilitators) and different perspectives were considered (Babbie & Mouton, 2001). Triangulation was also used by recruiting two different samples. This research incorporated perspectives from both facilitators and participants of the Play Mat Program, this was done to ensure that a comprehensive understanding of the caregivers' and facilitators' experiences of participating in the Play Mat Program was obtained. Therefore, this research accommodated multiple perspectives to reach more credible conclusions.

In order to ensure the credibility of the results in this research, the researcher made use of constant comparisons between the different respondents (Silverman, 2011). The data was treated comprehensively to ensure that all cases are incorporated, even the deviant cases (Silverman, 2011). These measures were taken to ensure the integrity of the results of this research. This research set out to explore both the positive and negative aspects of caregivers' and facilitators' experiences of participating the Play Mat Program, to get a better understanding of how it can be enhanced in the future.

In order to ensure that research findings are dependable there needs to be evidence that if the study were to be replicated in a similar context, with similar respondents the findings would be alike (Babbie & Mouton, 2001). This was achieved in this research by; following a clear and consistent methodology, spelling out procedures in detail and using reliable research instruments (Babbie & Mouton, 2001). The dependability of this research will be contingent on its coherence; therefore, the researcher ensured that all claims made are

supported by the data (Babbie & Mouton, 2001). This research clearly stated the methods used to collect data. It also included a comprehensive description of the context in which this research was conducted, both of these factors are crucial to ensure that if this research was replicated in similar contexts, the findings of the study would be similar.

Confirmability ensures that the researcher's personal values or theoretical inclinations do not sway the conduct of research. The researcher was vigilant and honest about their own perspectives, beliefs and pre-existing thoughts so that these factors do not influence the integrity of the research (Starks & Trinidad, 2007). In order to ensure confirmability, there needs to be a correlation between the raw data, process notes and researcher notes and the findings of the research. The researcher took steps, such as using verbatim quotes, to demonstrate that findings are derived from the data and not their own predispositions. This was achieved by taking extensive field notes, including all results of the research and ensuring the transparency of these notes. The evidence of back translation is also included in the appendices. The process of generating themes and codes is also outlined in this research.

Qualitative research is not generalizable by conventional standards. This is because qualitative studies can only be applied to similar settings or populations (Babbie & Mouton, 2001). In order to ensure that the research findings can be transferred to similar contexts, thick descriptions are necessary. Thick descriptions ensure that the data collected is accurate and detailed enough to ensure that the findings are transferable between the researcher and those being studied (Babbie & Mouton, 2001). In the case of this research, thick descriptions were achieved throughout the interview and focus group processes, by allowing participants to provide a detailed account of their experiences (Starks & Trinidad, 2007). In terms of data presentation, the researcher used verbatim quotes to provide a sufficient account of the context.

### **3.12 Reflexivity**

Reflexivity refers to the process during which a researcher engages in self-reflection regarding how their own social backgrounds and dispositions may have impacted the research process (Greenaway, 2010). In qualitative research, it is important for the

researcher to be openly reflexive and aware of their personal influence on their research (Greenaway, 2010).

Mansfield (2006) describes this process of reflection as the examination of the filters and lenses through which we interpret our world. It is important to explore and understand what dynamics the researcher brings to the research and how these may influence the results of the research (Greenaway, 2010).

Factors such as personal history, researcher values, gender, social class, culture and power relations are all factors that require some thought, as these are factors that may influence the research process (Greenaway, 2010).

The researcher was aware of how some of these factors may have influenced the research process. For example, when conducting the focus groups, there would have been language, race and cultural factors that influenced the research process. To try and eliminate some of these factors from becoming barriers, the researcher tried to take certain measures to neutralise some of these factors.

When conducting the focus groups, the researcher ensured that there was a good rapport between the participants and the researcher. The researcher was conscious of trying to creating a non-hierarchical relationship between the researcher and participants, to ensure the participants felt comfortable throughout the focus groups. However, this was somewhat of a challenge given the age, race and home language of the researcher. The translator assisted enormously in creating a relaxed and comfortable environment.

Despite trying to ensure that the research environment did not promote a hierarchy, the researcher was still placed on a chair, whilst the participants sat on the ground. The translator explained that it would be rude to sit on the floor with the rest of the participants, as a chair was specifically offered. Ideally, the researcher would have tried to conduct the focus groups by sitting on the floor in a circle, however, it would have been disrespectful to the participants' culture if the researcher did not take the chair that was offered to her.

The participants sat in a semi-circle which allowed them to discuss questions amongst themselves. The researcher believed that this was a less intimidating environment for some of the participants as they were comfortable around the individuals that they had attended Play Mat sessions with.

In order to ensure that the responses were indicative of the participants' perspectives and realities, the researcher was conscious of asking open ended questions so that participants could answer in their way no matter how detailed the responses were. This allowed participants to be more open and honest, which provided the researcher with more thorough and detailed information. Throughout the focus groups and interviews, the researcher tried to avoid leading questions that would have influenced the participants' responses in a way which was more aligned to the researcher's predispositions or anticipated responses.

By doing this, the researcher was trying to prevent their own personal values and opinions from influencing participants responses. The researcher had read a large body of literature which would have influenced the sorts of responses that she thought would be appropriate responses to her questions. Therefore, the researcher was conscious of letting participants answer questions based on their own personal experiences. The researcher avoided asking follow up questions that were aligned to her own personal thoughts and opinions. Probing questions were solely based on the responses that participants offered.

In summary, the researcher tried to be conscious of how different voices and factors may have influenced the research process. The researcher tried to focus on the perspectives of the participants, rather than the views of influencing forces such as past literature, the researcher's personal values and the values of the NGO in which the research was implemented. Although measures were taken to minimise the influence of outsider perspectives, the researcher was aware that there were certain factors about the researcher that were likely to have influenced participants responses.

### **3.13 Limitations of the design**

The main limitation of this study was the inability to contact any participants who dropped out of the intervention. This lack of access made it difficult to fully understand more of the factors that caused caregivers to drop out of intervention.

None of the participants in the two samples had dropped out of the program. Strategies were employed to try and recruit a participant that had dropped out of the intervention, but this was unsuccessful. The researcher tried to contact participants from the focus groups to ask them if they knew anyone who had dropped out of the intervention. Unfortunately, the researcher was unable to obtain any contact details of participants in the first focus group. The participants in the first group could speak little to no English and it would have been difficult to communicate with them without the presence of the translator. In hindsight, the researcher should have asked the participants if they knew how she could get in contact with anyone who dropped out when she was conducting the focus groups. The translator would have been able to assist with this process.

The researcher was also unable to get the contact details of any of the younger participants in the second focus group as the facilitator did not respond to repeated messages from the researcher.

Furthermore, the researcher also attempted to ask the facilitators about drop outs. In the interviews, some of the facilitators did not have participants who dropped out. Two of the facilitators had participants who had dropped out, however, the facilitators were no longer in contact with these participants. The facilitators did offer some explanations as to why these participants dropped out, but it would have been beneficial to speak directly with the participants.

Another limitation of qualitative research is the ability to generalise the findings of the research to other populations that are different to the Play Mat Program. Despite this limitation, the findings of this research may be transferable to similar samples, given that a

detailed methodology is outlined. This research may provide insight to research conducted on programs of a similar nature.

### **3.14 Conclusion**

This chapter introduced and explained the aims of the dlalanathi Play Mat Program. It also contextualised the research paradigm and research design that influenced the methodology of this research. Ethical considerations, reflexivity and the limitations to this study are all covered in this chapter. Having discussed the data collection and data analysis methods that were followed in this research, the results of this study are discussed in the next chapter.

## **Chapter 4**

### **Results**

#### **4.1 Introduction to the chapter**

The following chapter highlights the main themes that were uncovered from the focus group and interview transcripts. The themes were developed by following Braun and Clarke's (2014) stages of thematic analysis. This chapter also includes the information and demographics of the focus group and interview participants.

#### **4.3 Results of the thematic analysis**

Eleven main themes were developed from the caregiver focus groups and the facilitator interviews. The themes were identified based on how frequently the caregivers or facilitators alluded to a certain point of view and were also informed by the research questions and previous literature. The facilitator responses often supported or reinforced the caregivers responses. The following eleven themes were identified:



Figure 4.1: List of themes developed

The following table represents the criteria that was used for the development of the themes. It highlights the key terms, words and phrases that fall under each theme.

**Table 4.1**  
*Criteria used for theme development*

Theme	Criteria
The shift towards responsive parenting	<p>Comments or responses that related to how caregivers learned more about their child and how to relate to and respond to their child's needs.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Connecting</li> <li>• Relating</li> </ul>

Theme	Criteria
	<ul style="list-style-type: none"> <li>• Praising</li> <li>• Not ignoring</li> </ul>
Movement towards positive parenting	<p>Any responses that highlighted how caregivers started using positive disciplinary methods.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Stopped beating/ hitting</li> <li>• Stopped shouting</li> <li>• More listening and interaction</li> </ul>
Relationship building	<p>Any responses that related to how caregivers spent more time with their child or how they were able to communicate with their child. Any comments about how the caregivers had become closer to their children.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Interaction</li> <li>• Relationship</li> <li>• Friend</li> <li>• Spending time</li> </ul>
Evidence of learning and development promotes investment in the program	<p>Responses that illustrated how the caregivers were aware that their children were learning and acquiring new skills.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Growth and development</li> <li>• Learning</li> <li>• Mind</li> </ul>
The provision of educational resources curbs challenges to playing	<p>Any responses that demonstrated the fact that caregivers did not have to spend money was a significant influence on their perception of the program. Any responses that illustrated that the caregivers felt confident making and using the toys made from recycled materials.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Not spending money</li> <li>• Making own toys</li> <li>• Don't have to buy</li> </ul>
Lack of ECD knowledge as a barrier to playing	<p>Any responses that demonstrated how the caregivers attributed most of what they know about playing, ECD and educating their children to the Play Mat Program.</p> <p>Keywords/phrases:</p>

Theme	Criteria
	<ul style="list-style-type: none"> <li>• Not know what to do</li> <li>• Learning about their child</li> <li>• Learning what to do</li> </ul>
Genuine desire to continue learning	<p>This included all the caregivers responses that asked for more parenting tips or learning how to more educational resources</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• More skills</li> <li>• More games/ toys</li> <li>• Learning more about their child</li> </ul>
Sharing of knowledge with community members	<p>Any responses that demonstrated that the caregivers were sharing what they had learned with other community members.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Spread knowledge</li> <li>• Pass on knowledge</li> <li>• Correct others</li> </ul>
Caregivers invest in their child's happiness	<p>Any responses that revealed how the caregivers played with their children because they saw the happiness and joy that play brings.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Happy</li> <li>• Enjoy</li> </ul>
The continued use of skills learned	<p>Any responses that highlighted the fact that caregivers have sustained what they have learnt independently in the home environment</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• They continue</li> <li>• Still playing</li> </ul>
A combination of personal and practical reasons led to drop outs	<p>Any responses which indicated reasons why caregivers dropped out of the program.</p> <p>Keywords/phrases:</p> <ul style="list-style-type: none"> <li>• Attitude</li> <li>• Excuses</li> <li>• Employment</li> </ul>

The themes are described in more detail below. Verbatim quotes, translated into English and in the original isiZulu, are used to illustrate the theme at hand.

### 4.3.1 The shift towards responsive parenting

Initially, the themes “shift towards responsive parenting” and “the movement towards positive parenting” were coded together under one theme. However, during the analysis process the two were separated. The shift towards responsive parenting had more to do with the caregiver-child relationship, while positive parenting represented the shift away from punitive parenting styles to positive parenting.

One of the most frequently cited responses from the caregivers regarding their involvement in the Play Mat Program, was a change in rapport with their children. The caregivers found the Play Mat Program useful as it taught them more about child development and the way the child thinks and acts.

There appeared to be a trajectory that the caregivers followed since their participation in the Play Mat Program. The caregivers reported initially not knowing what to do or how to interact with their children. As a result of this, caregivers resorted to ignoring their children and engaging with them as little as possible. However, since their participation in the Play Mat Program and through the parenting lessons offered throughout the program, there was a shift in the way in which the caregivers interacted with and responded to their children.

*Besingadlali ngisho nezingane. Mina bengingafune nje ukudlala nezingane, kodwa manje uyakwazi ukuthi uhambe udlale nazo ngoba ngokusemthethweni ubuzithethisa uthi, “hambani niyodlala ngim’dala mina”. (Participant 9)*

*Translation: We didn’t even play with our children. I for one never wanted to play with [the] children... previously I would just shout at them and say I am an adult you go out there and play. (Participant 9)*

*Sifundile nje ukuthi sikwazi ukukhuluma nezingane, mina nje benginganaso nje isikhathi esiningi kodwa nje senginaso isikhathi sengane. (Participant 4)*

*Translation: We learnt how to interact with children. I never had time for children but now I do make time for children. (Participant 4)*

*Nokuthi basitshela, angani besijwayele ukuthi uma ithi izokutshela into uvele ucikeke ngoba hlawumbe uthol' ukuthi siyaxoxa sihlezi kanje. Kuqhamuke ingane uthi, "hhay' hhay' awukahle wena, hamba uyodlala." Basitshela ukuthi hhayi ingane kumele uyilalele ngisho isho umsangano, kukhona nangelinye ilanga inenkinga izokwazi ukuthi ize izokutshela leyonto. Sifunde nakanjalo ngoba besingazilaleli izingane, besivele sithi, "hhay' hhay' awuhambe uyodlala emnyango." Kanti ingane kufanele uyilalele ngisho kuthiwa isho umsangano kukhona uma isinenkionga izokwazi ukuthi isho. (Participant 11)*

*Translation: Usually a child would try and tell you something and you'd get annoyed. For instance, we're sitting like this just chatting and a child tells you something and you cut them off, chase them away and tell them to go play. They taught us that you should instead listen to the child no matter what so that one day if they ever have an issue they can come and tell you. We learned that because we didn't listen to our children, we'd just tell them to go play. (Participant 11)*

These responses illustrated how the caregivers initially ignored their children, however, in time they learned to make more time to interact and play with their children. The responses below also embody the shift in parenting styles and attitudes towards responsive parenting.

*Nokuthi futhi uhlale phansi nayo ingane uyilalele, ukwazi ukuyincoma uyitshela nokuthi uyayithanda ngaso sonke isikhathi ngisho kuthiwa yenzi. Uhlale phansi uxoxe nayo, ungayishayi futhi njalo ngisho kuthiwa uyashaya ungaqinisi. (Participant 10)*

*Translation: Also, in sitting down with the child and listening to them, and commending them, and letting them know you love them all the time no matter what. Sit down and talk to them and not smack them all the time. (Participant 10)*

When asked what they learned throughout the Play Mat process, the caregivers offered similar sentiments. A significant outcome of the Play Mat Program was learning how to respond to their child's needs through spending more time with them, interacting and actually playing with them.

*Thina sifunde nje ukukwazi uku-spend-a isikhathi nezingane ngoba phela besingakwazi, sithi “phuma uyodlala!” Kanti manje sesiba nesikhathi sokuthi sihlale nabo phansi, uthole ukuthi usuyadlala nayo ingane. (Participant 8)*

*Translation: We learned to spend time with the children because we didn't just tell them to go outside and play. Now we make time and sit and play with them. (Participant 8)*

It appeared that the caregivers learned to respond to their child's social, emotional and cognitive cues. The shift towards responsive parenting and positive reinforcement practices was reflected by participant 6.

*Sifundile nokuthi uma udlala nomntwana kubaluleke kangakanani ukuthi um'ncome ngesikhathi edlala, ukuthi ya ukwenze kahle lokhu ukuze ezokwazi ukuqhubeka futhi adlale. Like uma ephosile um'ncome ungaze um'qabule. Ungamenza noma yini, ukum'haga umkhombise ukuthi uyenze ngendlela lento obuyifuna.*

*Translation: We learned the importance of praising the child when you play with them. Telling them they did something well so that they can be encouraged to continue. For instance, when they throw the ball you praise them, kiss them or hug them to show them that they did what you wanted them to do and they did it well.*

The provision of positive parenting skills and the focus on responsive parenting made caregivers more aware of the way they interacted with their children and the way that they responded to their child's social, emotional and cognitive needs. There was a direct shift from ignoring the child to learning how to listen, be open and being more aware of their child's needs and responding to these needs accordingly. What became evident was that through the use of play, the caregivers learned how to spend time with their children in a more fun and productive manner.

There is a symbiotic connection between relationship building and the shift towards responsive parenting, it appears that one is a consequence of the other. Once caregivers had formed a bond with their children, there was a shift towards a more responsive and

interactive relationship and vice versa. When asked about any change in caregivers' attitudes towards their children and playing, the facilitators all reported on a similar course.

In the beginning, the caregivers had the attitude that children and adults are separate and should not interact. According to this mentality, the child is always kept separate from the adults and is expected to play alone and entertain themselves.

*Before the child, especially in our culture, the child that they children always play alone. Even when they are not playing, they were not allowed to stay in the same room with the adult, because adults are adults, they are talking about adult stuff and children talking about children stuff. (Facilitator 2)*

This response illustrated that the caregivers had a mind-set that children and adults are different and should not interact with one another. This mindset initially made it difficult for the caregivers to interact with their children.

*Ah at first it was difficult to engage to engage with them with the workshop or the children. Eh even when you are going to start group, they believe that they have to separate in the group, separate the children but when you explain the use and ah the meaning of the toys and what they will get, they change, they changed and you see them calling their children to come and play with them. (Facilitator 2)*

Once the caregivers came to understand the value of forming a relationship with their children and how this could be achieved through play, there was a shift in their mindset and attitude towards the way they relate to their children.

*And now they have time to know them because they played together, children and the caregiver. Not like before that you take the ball and throw to the child 'go away, go play'. Now they play together. (Facilitator 2)*

*So, when we go there to the home visit, we observe that as well, you can see if the child and the mother have not played in the group. When we get there, we can see this progress, they are always ready to tell us stories of the child, they have child done that, this has been done at home. So, the family, even the family, the family changes and the environment at home changes. (Facilitator 5)*

These responses highlighted that caregivers demonstrated a better understanding of their children which positively influenced the way that they related to them. There was a definite shift from ignoring the child to actually engaging and interacting with them.

Part of the Play Mat Program is imparting parenting skills onto the caregivers, the parenting skills are geared towards responsive parenting and being more attuned to the needs of the child. One of the facilitators reported that the parenting skills have a significant impact on the parenting and child rearing practices of the caregivers.

*Each and every session...there are parenting skills that we give to them [the caregivers]. Each parenting skill we give them encourages them to praise their children, to love them and to bond with them. So, they use these parenting skills even at home, even when you are doing home visits you can see that there is a change within the home. (Facilitator 5)*

It became evident that there was a shift in caregivers' mindsets, values and attitude towards their child and towards playing. This shift came from learning new ways of doing things and learning that some of the old approaches were not as effective. Some of these old parenting practices could be related to a general lack of ECD knowledge, which was corrected throughout the duration of the Play Mat Program.

One of the facilitators described how in beginning of the program, the caregivers battled to understand their child and consequently struggled to interact with their children.

*This is a big challenge because if the caregiver doesn't understand the feeling of the child [it] makes it hard for him or her to know what is wrong with the child ... I think that is a big challenge, that they don't understand about the child. (Facilitator 1)*

This highlighted the fact that caregivers had little to no understanding about the socio-emotional needs of the child, this is problematic as the socio-emotional needs of a child form a crucial component of ECD. It is well documented in literature how the caregiver-child relationship influences the child's autonomy and the way that the child relates to the world. The facilitators revealed that in the beginning of the program, it was a challenge to get

caregivers to understand the value of listening to the child and/or forming a relationship with the child.

#### **4.3.2 Movement towards positive parenting**

Another significant outcome of the Play Mat Program as identified by the caregivers and facilitators was the movement towards positive parenting practices. Positive parenting refers to a form of parenting that is geared more towards laying out rules and discussing them with children rather than punishing them when they do something wrong.

*Khona nje sengifunde okukhulu okuningi ngoba mina bengiwumuntu ozishayelayo nje enganeni ongenandaba, ngiyithuke ngayo yonke inhlobo yenhlamba kodwa manje akusekho lokho, senginonembeza wokuthi imina okade edukisa umntwana wami. Ngesikhathi ngimethuka bengimulahla bengingamufaki endleleni. (Participant 3)*

*Translation: I've really learned a lot because I would smack children and I didn't care, swear at them with all sorts of swear words but now there is none of that. I now have guilt that I am the one who was leading my child astray when I swore at him/her. I was leading him/her astray I wasn't guiding them down the right path. (Participant 3)*

This response illustrated that prior to their participation in the program, caregivers were punitive and dismissive in their parenting styles. They responded to their children in a harsh and indifferent manner. However, following their participation in the Play Mat Program, the caregivers learned the importance of listening to the child and responding to their needs accordingly. The caregivers demonstrated a shift in their parenting styles and behaviour towards positive parenting practices, which is an important outcome of the Play Mat Program.

*Mina ngifunde okuhle ngabantwana ngoba mina abami bebehlupha, bedelela, ngishaya. Manje sengifundile nanokuthi uma ukhuluma nomtwana uyayiyeka leyonto. Mina bengazi ukuthi umntwana uyekiswa induku hhayi ukuthi nixoxisane. (Participant 3)*

*Translation: I have learned a lot of good things about children. Mine were very troublesome/naughty, they were very rude and I would hit them. Now I have*

*learned that when you speak to the child they stop whatever it is [you want them to stop]. (Participant 3)*

This response highlighted how the caregiver learnt that using punishment and harsh disciplinary methods were ineffective, as her children kept misbehaving. The caregiver has now learnt how to sit and speak to the child about what they are doing wrong, rather than resorting to punishment.

Majority of the facilitators expressed a similar mindset shift with regards to the way caregivers disciplined their children. One of the facilitators argued this shift in parenting practices was one of the main benefits of the Play Mat Program.

*Before when you are growing up, you are always beating. But now, since there is Play Mat, ah the caregivers change because they are not now beating their children, they sit down and talk and their discipline is a good one. (Facilitator 2)*

These positive disciplinary practices that were learned by the caregivers are also aligned to more responsive parenting practices and more stable caregiver-child relationships. The caregivers learnt that some of their old disciplining practices were not working and were not good for the socio-emotional development of their children.

The facilitators found that the caregivers and children were at a good place in their relationship where the children were not afraid of their caregivers.

*The program helps a lot because they don't shout anymore. The children they don't afraid of their caregivers, they not scared to come closer now. (Facilitator 4)*

### **4.3.3 Relationship building**

A noteworthy response from the caregivers was how the Play Mat Program had a positive influence on the caregiver-child relationship. Many of the caregivers revealed that through increased interaction and playing, they were able to build stronger relationships with their children.

*Mina nje eng'ngakusho nje ukuthi lamaseshini ebemunandi and uk'xhumana kwethu ngabantwana kube kukhulu. (Participant 6)*

*Translation: What I can say is that I enjoyed these sessions and our connecting with the kids has been immense. (Participant 6)*

The Play Mat Program afforded caregivers with an opportunity to actually spend time with their children. One of the benefits of this increased interaction was that caregivers were able to build a relationship with their children and form a closer bond.

The caregivers reported that the program helped them connect more with their children.

*Mina ngibona iyasiza ebantwaneni ukuthi bakwazi ukuxhumana. (Participant 6)*

*Translation: I see it helping the children connect, helping the children socialise. (Participant 6)*

*Kube mnandi, sakwazi ukuthi sibe nobudlelwane nabantwana. (Participant 6)*

*Translation: It has been fun and we have been able to build a relationship with the children. (Participant 6)*

*Lento yakhe ubudlelwane obuhle kubantwana. (Participant 3)*

*Translation: This program has built a lovely relationship with the children. (Participant 3)*

Furthermore, the caregivers noted that because of the program they have learnt the importance of making time for their children:

*Ukuthi sikwazi uku-spenda isikhathi nezingane zethu. (Participant 11)*

*Translation: We're able to make time to spend with our children. (Participant 11)*

Moreover, the caregivers revealed that the program also helped the children open up to their caregivers, this forms an important part of relationship building.

*Uhlelo luye wangisiza ngoba manje abantwana bangakwazi ukukhuluma ngendlela abazizwa ngayo. (Participant 9)*

*Translation: The program has helped because now the children can speak about how they feel. (Participant 9)*

*Mina ngifundile ukuthi ukuxhumana nomntwana udlale naye umnikeza ishansi eningi ukuthi naye akwazi ukuthi inkinga nenkinga anayo noma okuningi afuna ukukuqonda akwazi ukukubuza kuwe kube lula ngoba phela senisondelene as abangani. (Participant 6)*

*Translation: I learned that interacting with a child and playing with them opens room for them to feely ask you anything when they have an issue or question of any sort any sort because you're close like friends. (Participant 6)*

*Uhlale unesikhathi sokusiza ingane igcine ingqondo yabo iphephile futhi isebenza uma udlala (Participant 6)*

*Translation: You have all the time to help the child so their mind is kept busy and active when you play. (Participant 6)*

It became evident that the caregiver-child relationship was strengthened through play and more frequent interaction. What was noteworthy about this finding, was that there seemed to be an improvement in the bi-directional nature of the caregiver-child relationship, during which both the child and caregiver were able to be more open and comfortable with one another. This is exceptionally important outcome for the socio-emotional development of the child.

The most frequent response about the aims and objectives of the Play Mat Program, as identified by the facilitators, was to encourage and strengthen the caregiver-child relationship. Almost all of the facilitators reported that one of the main aims of the program was to build a relationship and create a stronger bond between the caregiver and the child, lack of positive parent-child relationships was something that was identified as a pressing issue before the Play Mat Program.

One of the facilitators revealed that:

*Most of the time we find that the caregivers have the children but they do not have a bond with their children... Even when they have that bond they don't have an interest, they don't understand [the] children, what's the needs of the children. (Facilitator 1)*

What this response exemplified was the fact that caregivers either demonstrated little interest in their children or had little understanding about the needs of their children. Caregivers seemed to be uninterested in forming a bond with their child or even having a relationship with them. This may have been due to the fact that caregivers did not understand the importance of forming this relationship for the development of their child.

The facilitators communicated that one of the main benefits of participating in the Play Mat Program for the caregivers, was learning to build a relationship with their child through play.

*When you are going to this Play Mat, you learn how to listen, you learn how to play and you learn how to bond. So, all of that I think it's a good thing to mother and to child, to bond so that you can observe many things and so that you could understand many things. (Facilitator 1)*

The facilitators noted that both the caregiver and the child benefitted from forming a better relationship. The caregiver was better equipped to observe and respond to their child's needs. The child also benefitted as they were able to be more open with their caregivers and were less intimidated of them.

*Ya, but as the program, as the program goes on, ah the caregivers they learn how important to spend time with the child and how important communicate with the child and listen to that if the child has a problem maybe at day-care or outside eh the child is open to talk because the caregivers they always open because the process helped that. (Facilitator 4)*

As these responses demonstrated, a lot of emphasis was placed on the socio-emotional development of the child and this appeared to be one of the main outcomes of the program that the facilitators wanted to achieve. The facilitators were concerned with getting children to open up to their caregivers and getting the caregivers to listen to their children and respond accordingly.

The facilitators revealed that the caregivers now have insight into how the program enhanced the caregiver-child relationship. The caregivers realized that having a bond with their child and spending time playing with them is important for the child's growth and development. The educational component of ECD seems to be a consequence of the positive caregiver-child relationship and the increased interaction between the caregiver and the child.

One of the facilitators recalled:

*Gogo say before I learn ECD I learn how to bond with the child, then I learn how to teach the child. (Facilitator 1)*

This response illustrated how the caregivers first had to learn how to relate to and respond to their child. Once they were more familiar with their child and had spent more time with them, it became easier for them to play with the child and consequently teach them. It became increasingly clear that the Play Mat Program had positive implications for the caregiver-child relationship. The caregivers learned more about the importance of spending time with the children. Through increased interactions, the caregiver and the child learned to have a better relationship. The relationships are now more open with better listening and communication between the caregiver and the child.

*Caregivers spend a lot of time with the kids, they learnt it's important to spend a lot of time with the kids. They like doing things together now. (Facilitator 4)*

#### **4.3.4 Evidence of learning and development promotes investment in the program**

Apart from improving the caregiver-child relationship and facilitating responsive parenting, the Play Mat Program aims to promote intentional play and learning in the home environment. The caregivers reported that the sessions helped their children learn and acquire new skills. The caregivers responded positively to the fact that they could see how their child was growing, learning and developing, which consequently influenced their attitude towards participating in the Play Mat Program.

*Asisize ngokuthi nje njengoba besikade senza ngezivalo besibafundisa o-colour. Besifike sithathe izivalo, uthol' ukuthi si-blue, si-orenji, si-yelo. Isiyakwazi ingane, isiyazi ukuthi lo-colour lo unjani uma uyibuza. Nokuthi angani njengoba kuthiwa qinisa imithambo le emincane yezandla? Ingane isiyakwazi ukuthi izifase i-shethi. Noma engeke aze akwazi ukuthi azifase ngendlela, kodwa usuyabona ukuthi useyakwazi. (Participant 9)*

*Translation: They [the sessions] helped, like when we were using lids we were teaching them colours. We'd take them the lids, they'd be blue, orange and yellow. The child now knows what the colour is when you ask them. And with also teaching them to strengthen the little muscles/bones in their hands, they can be able to button up their own shirts. Even though they can't do it that well yet you can see that they have learned how to. (Participant 9)*

*Njengoba kade sisho nje njengoba sibafundisa o-colour, nasesikoleni useyabuya umuntu, njengerobhothi ufike umbuze umuntu uthi, "lo colour lo unjani?" Akutshela akuchazele futhi ukuthi uchaze ukuthini, kanjalo kanjalo. Nje siyabona, noma umuntu eggoka njengoba kade ngisho uyabona ukuthi hhayi cha kusho ukuthi le mdlalo le ekade yenziwa iyasiza. Ikwazile ukuthi iqinise, angithi nasekreshi sebeyabhala o-a. Uyabona ukuthi, ngoba phela angani lezi zinto esizenzayo ziqinisa la akwazi ukuthi abambe ipeni, uyabona nasesikoleni ukuthi uyabhala, okusho ukuthi lokho kwasiza kakhulu. (Participant 11)*

*Translation: Like I said earlier with the colours, even with the traffic light they can tell you what colour it is and explain to you what it means. Also, like I said with the getting dressed we see that they playing that we've been doing helps, even at school because they are starting to write now and the strengthening of the fingers through playing helps with the holding pf the ben at school and writing, so that has helped a lot. (Participant 11)*

*Bafunde nje okuningi. Nokubala ke futhi ke, nokubala. Sebeyakwazi ke nokubala ke. Noma babuye badideke kodwa nje uyabona ukuthi kuyalunga (Participant 8)*

*Translation: They [the children] learned a lot. Counting as well. They know how to count now. Although they do get confused at times but they are coming along. (Participant 8)*

*Kukhona lokhu esiye sikwenze uthole ukuthi kufundisa umntwana ukuthi akwazi ukunyakazisa imithambo emincane nemithambo emikhulu, kukhuphule nomntwana umqondo plazi njengalokhu esiye sakwenza kwesithombe somuntu, usi-cut-e o-piece bese ufuna asimise ngendlela. Kufundise nomntwana ukukwazi ukwenza into ngoba ebemubonile lo muntu, asebenzise umqondo wakhe ukuthi*

*aphinde amakhe futhi. Kahle kahle kukhulisa umqondo womntwana. (Participant 6)*

*Translation: There's this thing we do that helps the child with using their smaller muscles/bones and the larger muscles/bones, it helps their minds grow like the one activity we did where they had to cut out pieces of a person and arrange it correctly, teaching the child to be able to do things because if they've seen it they can use their brains to then re-make this person themselves. So it helps the child. (Participant 6)*

These responses illustrated how the caregivers were able to see how their children were growing and learning. The caregivers were aware that their children were acquiring skills such as learning colours and counting as well as developing gross and fine motor skills. Furthermore, the caregivers were able to play a more active role in their child's learning. These insights into their child's growth and development played a significant role in influencing caregivers' decisions to invest in the program. The caregivers came to see the value of play, which influenced their decisions to sustain play in the home environment.

*Ngingathi mina uyayibona kulo mdlalo akusafani nalokhu singakadlali. Isishintshile, iyakhula, iyabona ukuthi kwenziwa njani. Kade singakadlali ibingakwenzi lokhu, usuyabona ukuthi ohho isiqhubekile...Esikoleni nje futhi. (Participant 9)*

*Translation: You see that with this playing that things aren't like before. The child has changed, they are growing and learning how to do things. Before the playing they were not doing that and now they've progressed... At school I can see it's also helping. (Participant 9)*

*Sibonile ukuthi lokhu kwenzeka kahle ngempela ngoba nokufunda ukubhala, iminwe le uma ingane sizifundisa ukubhala kubalulekile iminwe le ifunde ukubhala. (Participant 1)*

*Translation: We saw that this helps even with writing, when the children are being taught to write, it is important that their fingers learn how to. (Participant 1)*

*Lo osemncane uyam'fundisa naye kodwa angithi usuke engakwazi nokukhuluma yena kodwa umuzame ke ulokhu umkhulumisa, uzothi egcina naye ekwazi. Uzothi ubona esehlezi yedwa ebe esebhidilisha enza lezo zinto azenzayo ebe edlala. (Participant 5)*

*Translation: The young ones, even though they cannot even speak yet, you try and you speak to them again and again and eventually you will hear them sitting alone trying to speak and making sounds while they're playing. (Participant 5)*

*Ukuthi ekudlaleni kwakhe kukhuphula umqondo, abe nezinto akwazi ukuzenzela zona ngaphandle kokuthi akhonjiswe uwenona.*

*Translation: In/through the child's playing their mind develops and there are eventually things they can do themselves without you having to show/teach them.*

The facilitators also expressed the fact that caregivers invested in the program because they could see the value of the program and the positive implications that it had for their children. One of the facilitators stated that:

*They [the caregivers] saw that there is a change and that there is a positive impact in their children. (Facilitator 5)*

Moreover, the facilitators noted that the caregivers invested in the program because there were positive benefits for the caregivers themselves. Throughout the process, the caregivers acquired new knowledge and skills which played a role in empowering caregivers and promoting a sense of competence.

*On the first day caregivers doesn't understand. Hawu! You are calling us to play with the children. After this, they see how its helping the children and its not only helping the children, even them too. (Facilitator 1)*

*Uh, I think that when you are starting aaah to recruit and you tell them what you are going to do. They started to be a little confused. Playing? How can I play in this stage? Going down to play with this child? When you are in group, they see that its useful so it encourages them to continue. (Facilitator 2)*

*So here, there is a big difference, you doing at home, you not only give your child an education, even yourself you have you learn something. (Facilitator 1)*

These responses illustrated how the caregivers came out of the Play Mat Program with new knowledge and skills. It was also evident how the caregivers had a positive shift in attitude towards play as they could see how beneficial it was for their children.

The caregivers demonstrated a clear shift in their attitude and their perception about the importance of play. Before the intervention, the caregivers failed to see the importance of playing and were initially confused about the purpose of playing. However, with time, the caregivers came to see the value of play and the positive implications it had for their child's social, emotional and cognitive development.

#### **4.3.5 The provision of educational resources curbs challenges to playing in the home environment**

Something that made it easier for the caregivers to facilitate play and learning in the home environment was the provision of educational toys and resources from recycled materials. The use of recycled materials made playing and learning easier for the caregivers as they did not have to spend any money on buying toys or educational resources for their children. Furthermore, the fact that the games and toys were simple and easy to make, allowed the caregivers to easily facilitate play and learning in the home environment.

*Yabo nje senze. Bekungadingi size sithathe imali eningi siyo-spend-a ethawini siyothenga amathoyizi. Besenza ngezinto obungalindele ukuthi ungaze wenze ngazo. (Participant 11)*

*Translation: It wasn't necessary for us to go out in town and spend a lot of money on toys. We just made them with things you wouldn't expect to make toys out of. (Participant 11)*

*Okunye futhi, kwakufunda ukuthi akusikhona ukuthi kufanele uze ube nemali ukuze uthole into yokuthi udlale nomntwana, uyakwazi ukusebenzisa lokho okusuke kukhona eduze kwakho. Lokhu obuzibona wena kuyinto ebekufanele uyilahle usukwazi ukusebenzisa kona ukuthi kube ithuluzi lokuthi ungakwazi ukuthi udlale nomntwana. (Participant 6)*

*Translation: Another thing would be learning that you don't actually have to have money to get something for you to play with the child, you can use whatever is around you that you would have seen as something you should throw away you can now use as a tool to play with the child. (Participant 6).*

More importantly, the provision of educational resources promoted a sense of competence and confidence for the caregivers. This was because the caregivers played an active role in the construction and provision of educational toys.

One of the participants responded:

*Bengisho kona nami ukuthi ngempela akuthengwa manje siyazenzela, angithengi thoyizi. Usufunde ukuthi wakhe izinto zokudlala izingane. (Participant 9)*

*Translation: Indeed, we do not have to buy things, we make them ourselves. We've learned to make things for the children to play with. (Participant 9)*

The fact that the caregivers could make the toys and educational resources for themselves played a significant role in upskilling the caregivers, it also appeared to give them a sense of agency. The caregivers felt confident in their ability to use the toys to teach their children important skills.

*Ingoba phela angithi vele sidlala ngalezi zinto eziwudoti njengezigubhu, njengamakopi, nezivalo, izinto vele esizisebenzisayo, amaghobhozi amaqanda. Izinto nje vele esizisebenzisayo nje daily emakhaya. Asithengi mathoyizi ilawa nje. Into esuke iyigobhozi nje osulisebenzisile, uthathe lona futhi udlalise ingane ngalo. (Participant 8)*

*Translation: We play with things that are 'rubbish' like bottles, lids [and] things that we use day to day, egg holders (trays), things we use daily. We don't buy toys, its these. A bottle that you have used, you take that bottle and use it to play with the child. (Participant 8)*

Something that was noteworthy was the fact that caregivers grasped the concept of making toys out of recycled materials. Some of the caregivers demonstrated initiative and made educational resources using other recycled materials that did not form part of the Play Mat Program.

*Cha siyabona phela. Angithi sike sithathe izilontunja zama-toilet paper sizibhale. Uma usuyam'tshela ukuthi 1, 2, 3. Agcine esekweqa okunye athi 1, 2. Ngesikhathi uqhubeka uthi 1, 2, agcine esazi ukuthi after 1 u-2 uma sekuba u3 and 4. (Participant 10)*

*Translation: We see. We'd take toilet rolls and write on them. Then tell them [the kids] one, two, three and as you keep on repeating it they eventually know that after one comes two, then three, then four and so on. (Participant 10)*

This caregiver found a way to take a basic household item and use it to teach and practice counting with her child.

From the caregiver focus groups, it became clear that making toys from recycled materials was something that reduced barriers to play and learning in the home environment. These sentiments were reiterated by the facilitators and it was established that the use of waste to make educational resources was identified as one of the critical components of the Play Mat Program.

When asked what the main benefits for caregivers were who participated in the program, the facilitators responded:

*I think they benefit more because they learn and know more things, even the toys, and the African people, we don't have enough money so we have to buy toys. So they benefit, they playing on the Play Mat because they take from waste and make toys. (Facilitator 1)*

*They are interested because you see this program you don't have to pay. And you know the blacks, if you want the child to go to crèche you have to pay money, but here you don't have to pay anything but you find a lot, you learn a lot, you understand. (Facilitator 1)*

*Yes, because you can't use any money, because even they don't have money, they use waste things to make good toys. (Facilitator 2)*

These responses confirmed the fact that caregivers benefitted from not spending valuable money on toys, rather they learnt how to make toys and educational resources from waste and materials around them. The caregivers were not only saving money, but were also learning new skills and acquiring new knowledge. The caregivers benefitted hugely as they did not have to pay money to educate their children or themselves.

One of the facilitators noted that making toys from recycled materials was a bonding experience for the caregivers and their children. The caregivers were told what items they needed to collect in order to make the toy the following week. The caregivers responded positively to this system and were eager to learn how to make new things.

*The ah program teach us how to make toys but the children love that a lot because you do your own toys, you don't have to buy. But they have to collect stuff you know, like cardboard or cereal cardboard or milk things so that if they do toys they do it together you know. The things they build the relationship and the communication its very important. So its 'Granny take this and do this'. The program helps the caregiver with this so the communication process is done properly since the program starting. (Facilitator 4)*

The use of toys made from waste had three noteworthy benefits. The first was that caregivers did not spend money on buying toys, which was an obvious benefit for them. The second, was that collecting the waste became a bonding activity for the caregiver and the child. Lastly, the caregivers had the opportunity to learn new things and acquire new skills. The caregivers felt more empowered and competent due to the fact that they could provide toys and educational resources for their children.

#### **4.3.6 Lack of ECD knowledge was identified as the underlying barrier to playing and learning in the home environment**

Based on the responses from the caregivers, it appeared that one of the main barriers to learning and playing in the home environment, prior to the intervention, was not knowing what to do with their children or how to teach them. The caregivers demonstrated a definite lack of ECD knowledge, furthermore, caregivers were not aware of what their roles and responsibilities were in terms of promoting this development in the home environment. The caregivers attributed a lot of what they now know about ECD to the Play Mat Program.

*Mina ngibone kungisiza kulaba bazukulu bami ekade ngibabala abaw-2. Kade ngingakayi ukuyofunda kaDlalanathi besingenzi lutho nabo, kodwa manje sekukhona ushintsho olukhulu. (Participant 5)*

*Translation: I saw it helping with my two grandchildren I mentioned earlier. Before I learnt anything at dlalanathi we never did anything together but now there has been a lot of change. (Participant 5)*

*Angithi lonke ulwazi silithola ngani kusho ukuthi inina ke uma kukhona olunye ulwazi eninalo ngoba nalokhu besingakwazi thina, sikuthathe kunina nalapho ke sisabheke futhi ukuthi nokunye okusha singakuthatha kunina. (Participant 6)*

*Translation: So, if you guys have more information/ more know-how, because even this that we know now we didn't know before, we got it from you, so if there's more to add we will get it from you. So if there is something else that could help us that you have you could give it to us and we need it. (Participant 6)*

These responses illustrated the fact that the caregivers knew little about ECD or how to play with their child prior to their exposure to the Play Mat Program. It appeared that caregivers were not aware of the important social, emotional and cognitive development that occurs within their children during these early years. Moreover, they were not aware of the importance of interacting and playing with their children. A lot of what the caregivers have learned about playing and about their child's development came from their experiences of participating in the Play Mat Program.

Therefore, what can be presumed is that a lack of ECD knowledge was one of the main culprits for lack of parental involvement in learning, development and ECD practices in the home environment. The caregivers were not aware of the role that they play in their child's development, furthermore, they were not aware of the way in which they could promote this learning and development in the home environment.

Facilitator 5 summarised this finding:

*For the caregivers I think, ah, cause most of them, before starting the programs they do not realise or know that they can engage with their children or play with them. (Facilitator 5)*

#### 4.3.7 Genuine desire to learn

There was an overwhelming positive response to the Play Mat Program from the caregivers. The caregivers reported that they learnt a lot about their child, about being a parent and how to teach their child through play. The caregivers expressed a lot of gratitude for the Play Mat Program itself, but they also expressed a genuine desire to learn more.

*Khona, angisho ukuthi sesiqedile ukumbuleleka. Kona ngisafisa mina ukumbuleleka ngiye phambili, hhayi ukuthi sesimile. Ngoba kusekhona kuningi kumntwana izinto afuna ukuzithola ngawe wena mzali nawe ofuna ukuzithola kahle kumntwana. (Participant 3)*

*Translation: We were enlightened on a lot of things, which is not to say that now we're completely enlightened, we're still going to get more enlightened. I personally still wish to be enlightened because there is a lot of things you wish to get and understand as a parent from or about a child and a lot of things the child wants to get from you. (Participant 3)*

*Ngoba phela vele angithi isikhathi sibe sincane kodwa ke kona kunga edeka. Khona sifundile ngoba besidlala ufike undlale ingubo. (Participant 3)*

*Translation: We did learn, yes, but there could be more when we continue. It was short lived/we had very little time. (Participant 3)*

*Besengakuboni okusasiphathe ngenye indlela konke kusahamba kahle. Seninganeza ke asinankinga futhi. (Participant 6)*

*Translation: We wouldn't mind having more things to do if you could add more that would be great. (Participant 6)*

When asked how the program could be improved in the future the caregivers expressed that:

*Hhhayi akukho, ku-right-i nje. Uma ngase nisinike okunye nje.(Participant 11)*

*Translation: Everything is fine. You could give us more. (Participant 11)*

*Kungcono khona. Uyabona nje uma ngase kube khona nokunye. (Participant 11)*

*Translation: Just keep adding more. (Participant 11)*

The caregivers responded that they would have liked to learn how to make more activities and toys so that they could continue to play with their children and teach them more through play. There appeared to be a genuine desire to want to facilitate more play and learning in the home environment.

The facilitators also noted that the caregivers demonstrated a genuine desire to want to learn more. Most of the facilitators revealed that the caregivers wanted to learn more, especially how to make more toys.

*So, even now, when I am coming, they ask when I am coming with ECD. They want to learn more. You see that they are very interested. (Facilitator 1).*

These responses demonstrated the fact that the caregivers were interested in the Play Mat Program, moreover, they were enthusiastic and wanted to learn more about what they can do and how to make toys to interact with their children. Once the program had come to an end, the caregivers still expressed a genuine interest to learn more. This was a noteworthy finding as caregivers previously lacked ECD knowledge, however, since they were taught what to do and why it is important, they became interested in learning how continuously enhance play and learning in the home environment.

#### **4.3.8 Sharing of knowledge with community members**

A significant response from both the caregivers and facilitators was how the caregivers who were involved in the Play Mat Program shared their knowledge and what they had learnt with other members of the community.

*Ngoba manje sekukhona noku..let's say hlambe ubona abanye abantwana kwenye indawo kungasebona laba odlala nabo, usuyakwazi noku-correct-a umntwana ukuthi iyiphi indlela e-right yokudlala. Nokuthi uma umntwana ephandle iyiphi indlela ekufanele um'dlalise ngayo umntwana. Noma kungaseyena ke lo osuke udlala naye sekungomunye ngaphandle, ukwazi ukum-correct-a indlela yokudlala, ukwazi ukum'thatha uma usudlala naye umkhombise indlela odlala ngayo, nomntwana agcine esebona ukuthi ukuxhumana nalo muntu kwenza yonke into ibe yinhle, kube mnandi. (Participant 6)*

*Translation: Now we know and even when you see other kids, not necessarily the ones we play with but just other kids, you can correct them and how them the right way to play and you know that if a child is outside which is the right way to play with them there. Even when it's a child that isn't part of the program. You know how and what to show the child and they eventually see that connecting with this person makes everything good and fun. (Participant 6)*

This response illustrated how the caregivers who were part of the Play Mat Program now play with other children in the community and teach them the correct way to do certain things.

The facilitators reported that the caregivers come out of the program more empowered and competent than before. The caregivers who were part of the program now understand the value of play and are aware of importance of play for the development of their children.

When asked if the program influenced the value and importance that caregivers attached to play, the facilitators reported that:

*It changes the value in a positive way because it is more important to them cause you find that they even express it and pass it onto their neighbours ... Even if we don't have those sessions with them, they just form one of the sessions in the community so that they can pass, because they see the value of the program so they didn't want to keep what they have learned among themselves they want to share within the community what they have learned. (Facilitator 5)*

*The caregivers spread the word about ECD and its got a lot of benefits in our community because the other caregivers they don't know but they seem to be interested now. 'Hawu! There is something like that, we don't know', but the caregivers explain them how the processes and all that. They tell them, don't throw away these things, this helps to build the toys for playing, you know. (Facilitator 4)*

Similarly, caregivers began to include their extended family in the sessions. The caregivers wanted to see a positive change in their family members and the relationships that they have with their children.

*Even when the other family members see the change in the parent and the child, they want to engage themselves as well. We find that when we do home visits, everybody wants to be part of the sessions as well. (Facilitator 5).*

These responses illustrated how the caregivers who were part of the Play Mat Program demonstrated a genuine interest in ECD. The caregivers understood the value of ECD which is why they wanted to spread their newly acquired knowledge and skills throughout the community. This speaks to the enormous impact that this program had and how the caregivers genuinely took away important knowledge and skills that they use in their everyday life.

#### **4.3.9 Caregivers invest in their child's happiness**

Despite acknowledging the socio-emotional and learning (cognitive) benefits of the Play Mat Program, the caregivers continued to invest in playing in the home environment because they could see the happiness that playing brings to their children.

When asked what makes it easy to play in the home environment, one of the caregivers responded:

*Sisuke sijabulisa izingane ngoba ingane. (Participant 4)*

*Translation: We do it to make the children happy because they are children. (Participant 4)*

For the caregivers, playing with their children has now become a way of demonstrating their love.

*Mina ngendlela engibona ngayo mina, okwenza ukuthi sizinikele kakhulu kulento, ukuthi izindlela zethu ke azifani phela, ukuthi mina ingoba ngiyabathanda. Manje ngiswele into engingayenza kubona, anginawo Amandla okubenzela ngibakhombise ukuthi ngibathanda kanjani. (Participant 3)*

*Translation: The way I see it, what makes us invest so much, I obviously cannot speak for everyone, but I love the children and I don't really have money or anything to show them how much I love them, so that is why I go out of my way to do whatever they ask when it comes to this [the Play Mat Program] ... So, I try*

*my best, not because I know what I am doing but I am trying to make them happy. (Participant 3)*

*Ngiyajabula nami, nabo bayajabula. (Participant 5)*

*Translation: I am happy and they [the children] are also happy. (Participant 5)*

The caregivers came to understand that not only is play important for the development of the child but it also brings the child happiness and joy.

When asked why the program was important to the caregivers, one of the facilitators responded:

*It is important because you see the children very happy and the caregiver very happy to see the facilitator and the caregiver learn more and the child learn more. (Facilitator 3)*

*I think that they just embrace the session and the platform they are given to be with their children, just them and their children. So, its very important for them because they never experienced that. (Facilitator 5)*

These responses highlighted how caregivers appreciated the Play Mat Program because of the happiness that it brought to their children. The caregivers were fully present in the sessions and embraced the time they get to spend with their children. Since their involvement in the Play Mat Program it appeared that the caregivers were more concerned with the happiness of their children.

#### **4.3.10 The continued use of skills learned**

By the end of the process, the facilitators witnessed a dynamic in which the children were more competent and the caregivers' main role was to offer their child the necessary support and guidance that they required.

*The children know how to do things now on their own with the guidance of their caregivers. (Facilitator 4).*

The facilitators believed that this was one of the factors that sustained caregivers' investment in the Play Mat Program. The facilitators were confident that the caregivers had fully grasped the importance of play. Furthermore, the facilitators reported that caregivers who participated in the Play Mat Program in 2017 were still playing with their children, using the toys from recycled materials.

*If I go maybe to go with her neighbour... neighbour to make a home visit, I see the caregiver with the child play to the mat. I see the toys, they playing together with the caregiver. (Facilitator 3)*

*If you come across the child, they say: 'hey teach come, come look'. With the gran we do this and that. Yes, it help a lot because things keep going without my facilitation things keep going at home because I told them how to do things, they continue. (Facilitator 4)*

*Because even when you just pass, even when you not going there, you see them playing. (Facilitator 2).*

The fact that caregivers and their children are still practicing what they learned during the Play Mat Program speaks to the effectiveness of the program. The caregivers have sustained what they have learned independently in the home environment without the consistent assistance from the facilitators.

The facilitators were confident that once you teach the caregivers what to do, they are able to practice it independently in the home environment. The facilitators communicated that what needs to be done is to educate caregivers and then let them practice on their own in the home environment.

*Ya, once you teach them, you have to teach them and leave them. Yes, that is preparing them and really helping them. If you first teaching them, they can do. But if you never teaching them, they can never know anything. (Facilitator 1)*

This response summarised the process; at first caregivers didn't know what to do with their children, once educated and exposed to new knowledge and skills, they were able to relate

to their child in a more meaningful way. However, without being educated on what ECD is and how to practice ECD components in the home environment, the caregivers would never know what to do. The facilitators expressed that educating the caregivers in their communities is essential.

#### **4.3.11 A combination of personal and practical factors made it challenging to play in the home environment**

Apart from the positive response to the program, there was some evidence that a few caregivers dropped out of the program in 2017. According to facilitators, there were personal and practical factors that made it challenging for caregivers to attend sessions and facilitate play in the home environment.

Some caregivers battled to integrate play into their daily routine given their responsibility to run the home. In conversation with the facilitators about the challenges that caregivers faced, one of the facilitators stated that:

*[Caregivers] have a lot to think about, they have to think about what to cook, take care of their husband, take care of the other siblings. (Facilitator 5)*

When the caregivers were asked how much time they dedicated to play in a day, they responded:

*Mhlawumbe u30 minits mangabe u30 minits. Sona lesa sikhashana lesa uma usuqede okwenzayo. (Participant 11)*

*Maybe about thirty minutes. That little bit of time when you're done with everything. (Participant 11)*

Furthermore, one of the facilitators explains how these responsibilities initially influenced caregivers view on the importance of play:

*In the beginning when they haven't realised the importance of the program, it's just they, they want to engage with their household chores ...They think that their household chores is more important and they let their children play by themselves. So, in the beginning, it is 'time consuming' for them. (Facilitator 5)*

However, what became evident was that once caregivers understood the value of play, they tried their best to incorporate play into their daily routine:

*Uma uvuka ekuseni uya-klina, uyapheka, wenza yonke into, uma usuqedile usunesikhathi sonke sokulekelela nomtwana ukuze ezokwazi naye ukuthi ingqondo yakhe ingahlali endaweni eyodwa, isabalale ngesikhathi nidlala. (Participant 6)*

*Translation: When you wake up in the morning, you cook, you clean, but when you are done you have all time to help the child so their mind is kept active and busy when you guys play. (Participant 6)*

*Kodwa mawubhizi yabona wenza izinto zasekhaya bayeke bathule belokhu bejika bejika. Uma ke wathi uyaphumula, bakunika lo msebenzi, asidlale ke ngoba usuphumuli. (Participant 5)*

*When you're busy doing the house chores, they roam around and as soon as you take a break they give you this job/chore of playing because now you are resting. (Participant 5)*

While some caregivers were receptive taking on the responsibility of playing with their children, other did not see the value in finding time to play. According to the facilitators, some caregivers' personal attitudes became a barrier to playing in the home environment. Some caregivers did not see the value in being told what to do or how to raise their children. Caregivers who had already raised children, did not see the need for changing their parenting practices.

Facilitator 2 recalls:

*There is nothing that makes them drop out, except ah someone who says ahhh this is not the thing I can do, I am old enough and maybe say there is no one who can teach me how to do with my children because I am old enough, it is not my first child, I already got children, where were you with the other children? I know how to do and [how] to deal with my child. (Facilitator 2)*

The only other reason cited for drop outs was caregivers who were unwilling to make the time and effort to attend their sessions. This was an indication of their attitude towards the program as they were not motivated to attend.

When asked if any of their participants dropped out, facilitator 2 responded:

*In my group there is only one, she makes excuses like always when there's group day, she says he is going to the doctor, always. (Facilitator 2)*

The facilitators and most of the caregivers firmly believed that the sessions were easy to attend as they were in close proximity and the caregivers endured no travel costs or expenses for participating in the program. Therefore, the barrier to participation was chalked down to the caregiver's attitude and the value that they placed on the importance of the program.

*I don't think there is any other, other than being lazy. There is one area where we had a problem because they were just too lazy to come but I think that was influenced by the distance that they had to walk to the area cause we struggled to find children that fit in the age group that we wanted so they had to walk a bit of a distance to the central area we had chosen. (Facilitator 5)*

Another, less frequently mentioned reason for drop outs was if caregivers got sick or found employment. The caregivers then had to find someone to replace them in the program which was a challenge.

*Eh sometimes you know the caregivers don't work but then they get a job. That's the problem sometimes. Sometimes they get sick, they start the program during the first session but then get sick you know. (Facilitator 4)*

*Sometimes the challenges that they face is maybe if they parent is working, so they are not there to be part of the program so then they have to send somebody else to be part of the program to update them on the program. (Facilitator 5)*

#### **4.3.12 Conclusion**

The results of the caregiver focus groups demonstrated that the caregivers experienced a shift in the way that they related to or respond to their children. Through increased interaction and through the parenting skills provided throughout the Play Mat Program, the caregivers learnt how to meaningfully interact with their children. One of the main outcomes of the Play Mat Program that was identified by the caregivers was the fact that there is an improved relationship between the caregiver and the child.

The caregivers invested in the program as they could see the immense benefits it had for their children. The caregivers could see how their children were learning and acquiring new knowledge and skills which are important for their future educational experiences. The caregivers also became aware of the joy and happiness that playing brought to their children. It is for these reasons that the caregivers wanted to learn more about ECD and how to make the educational toys so that they could continue to see their children grow and develop.

The caregivers attributed a lot of what they have learnt about play and development to the Play Mat Program. What this illustrated was the fact that the caregivers had little knowledge about what ECD is and why it is important prior to their exposure to the Play Mat Program. However, what is important to note was that since learning the importance of ECD and how to practice ECD principles in the home environment, the caregivers were interested in learning more and sustaining these practices in the home environment.

The trend that was identified by the facilitators was that they start with a group of caregivers who had little knowledge of ECD or how to relate to or respond to their child's needs. The caregivers used harsh disciplinary approaches and had a mindset that children should be separate from adults and should play alone. As the program progressed, the caregivers began to see the value in playing and learnt the importance of listening to and responding to their child's needs. Through increased interaction and learning new parenting skills, the caregivers and the children began to form a relationship.

The outdated parenting practices that were used by the caregivers had a lot to do with the fact that caregivers had not been exposed to learning more appropriate ways of disciplining and child rearing. It comes down to a lack of education and knowledge on what ECD is and why it is important to respond to the social, emotional, physical and cognitive needs of the child. Once educated, the caregivers made the decision to shift away from some of their old practices as they could see the value in doing things differently. The caregivers came out of the program more attuned and responsive to the needs of their children. Through play and increased interaction, both the caregiver and the child had learnt a host of new knowledge and skills

## Chapter 5

### Discussion

This study sought to explore caregivers' and facilitators' experiences and perceptions of participating in the dlalanathi Play Mat Program. There have been numerous studies conducted on caregivers' experiences of participating in ECD interventions throughout the world. The specific area of interest for this study was caregivers' experiences of participating in ECD interventions in developing or third world countries. Studies from semi-rural and rural parts of the world reported that caregivers face many challenges to facilitating ECD in the home environment, such as, low SES, low levels educational attainment, illiteracy and lack of ECD education.

This study particularly focused on the dlalanathi Play Mat Program, an ECD intervention that is implemented in Mpumaza, Pietermaritzburg. This program was used as a case study to provide insight into caregivers' experiences of participating in ECD interventions. The aims of this research were to understand, in more detail, the factors that made it easy or difficult for caregivers to sustain play and learning in the home environment. Furthermore, this research aimed to understand the factors that influenced caregivers' decisions to invest in or continue to sustain ECD practices in the home environment. Given the complex context in which this intervention was implemented, this research aimed to determine how contextually appropriate the intervention is and how sustainable it is within the context in which it is implemented.

The caregivers who participated in the Play Mat Program in 2017 attended focus groups to discuss these matters in detail. Furthermore, the facilitators of the program were also interviewed as they had meaningful insights into the caregivers' experiences of participating in the Play Mat Program.

#### **5.1 Factors that caused caregivers to invest in the program**

One of the aims of this research was to determine the factors that influenced caregivers' decisions to sustain play and learning in the home environment. Based on the caregivers

and facilitators' responses, it was evident that the caregivers invested in their child's learning and development. The caregivers had insight into how their children were growing, learning and developing through increased interaction and play.

The caregivers noticed that their children were acquiring new skills, such as; counting, learning colours as well as developing fine and gross motor skills. Apart from noticing the developmental benefits of the program, the caregivers also reported that their child developed socially and emotionally. The caregivers came to realise that the program played a valuable role in preparing the children for school. These findings are consistent with Lockhart's (2010) who emphasised that learning through play is a valuable way for children to acquire cognitive, social and emotional skills. One of the components that makes the Play Mat Program successful is that fact that children learn valuable skills through play which are important for their future academic endeavours.

Therefore, it can be assumed that the caregivers invested in the Play Mat Program because they could see the positive benefits that the program had for the growth and development of their children. Despite their low levels of educational attainment and their poor educational experiences, the caregivers appeared to want better for their children and thus were fully invested in the Play Mat Program. These findings are different to those in previous literature which found that low levels of educational attainment to be a barrier that influenced caregivers' investment in ECD programs.

Shumba et al (2014) found that low levels of educational attainment effected caregivers' confidence which influenced the extent to which they were involved in their child's education. Their research found that caregivers with low levels of confidence were more reluctant to engage in their child's learning and development. The results of focus groups conducted with the participants of the Play Mat Program found that the program actually played an active role in empowering caregivers and fostering a sense of confidence and competence.

The caregivers were invested in the program as it afforded them the opportunity to acquire new knowledge and skills. This was one of the most frequently cited benefits of the Play

Mat Program from the perspective of both the caregivers and the facilitators. These findings were most consistent with Olsen's study (2010) which found that both children and caregivers benefited from ECD interventions. According to Olsen, caregivers acquired new knowledge and understanding of what ECD is, as a result of this, caregivers were more confident in the way that they related to their children (Olsen, 2010). Olsen's findings were more aligned to the trends identified in this study on the caregivers' experiences of participating in the Play Mat Program.

Therefore, the main factors that encouraged caregivers to sustain play and learning in the home environment in this study were:

1. The fact that caregivers could see growth and development occur within their children
2. The fact that caregivers learnt new knowledge and skills throughout the Play Mat Program.

The fact that caregivers were more attuned to the social, emotional and cognitive needs of their children speaks to the shift towards responsive parenting. According to Sigman (2016), the way in which the serve and return response is nurtured plays an important role in shaping the brain's architecture and consequently the overall development of the brain. The Play Mat Program played an integral role in shifting caregivers' responses towards their children in a more responsive way. The children are now receiving more consistent and constant stimulation which they require for the development of their brain. It is for this reason that the Play Mat Program can be seen as an effective ECD intervention.

Furthermore, Sigman (2016) highlighted the three core components of responsive parenting; observation, interpretation and action. The caregivers who participated in the Play Mat Program reported relating to their children in a manner that could be seen as responsive parenting. The caregivers recognised the importance of play for the growth and development of their children. As a result of this, the caregivers interpreted play as something that is crucial for achieving growth and development. Since the caregivers were now aware of this, they made sure to make time to play with their children. As is highlighted by the WHO (2006), responsive parenting is important for the social, emotional and

cognitive development of children. There is a strong link between responsive parenting and child development, therefore responsive parenting forms a critical component of any ECD intervention. The shift towards responsive parenting which was an evident outcome of the Play Mat Program is one of the most important aspects of this program that makes it a successful caregiver based ECD intervention.

## **5.2 Challenges to playing and learning in the home environment**

There are numerous challenges or barriers cited in literature that make it difficult for caregivers to sustain play and ECD practices in the home environment. Amongst these barriers are; SES, low educational attainment, lack of social support, caregiver attitude and lack of ECD knowledge.

Research conducted on barriers to caregiver involvement in ECD programs in the Mumbai Slums in India, identified four core barriers to caregiver participation in ECD interventions. Including: caregiver employment patterns or hours; poor personal educational experiences perpetuating low educational attainment and illiteracy; language barriers; caregiver attitudes (Menon, 2013).

The results of the research conducted in Mpumuza indicated similar findings. Although the majority of the participants in this study were unemployed, the leading cause for drop out of the ECD intervention was if caregivers found employment. The caregivers would then battle to find someone to take the child to the Play Mat sessions. According to the facilitator interviews, only two members of the five groups had dropped out. Unfortunately, the researcher was unable to access these caregivers, and could not probe this any further.

An initial concern regarding the intervention, was that, due to the low levels of educational attainment and illiteracy in South Africa, caregivers' poor educational experiences would influence their decisions to engage and interact with their children. The results of this research indicated the contrary: the caregivers were able to see the benefits that the Play Mat Program had for the development of their children. This was a motivating factor that sustained the caregivers' interest in the program as they could see how much the children were benefitting from playing in the home environment. The caregivers became aware of

how, by practicing these skills and by playing in the home environment, they were preparing their children for school. These insights illustrated that caregivers cared about preparing their children for school, they just did not know how to do this before their exposure to the Play Mat Program.

Furthermore, findings in literature, including research conducted by Ngwaru (2012), Chindanya (2011), Menon (2013) and Mishra (2012), typically pointed to the fact that caregivers with low levels of educational attainment believed that they could not do much to help their children with any learning or educational activities. It was also found in these studies that low educational attainment negatively influenced caregivers' attitudes towards facilitating play and learning in the home environment.

The majority of the caregivers in the current study had only completed up to Grade Two or Three, as a consequence, their literacy levels were below average. While something like educational attainment would seem like a prominent barrier to facilitating play and learning in the home environment, this research did not find it to be an inhibiting factor. Despite being illiterate, caregivers believed that they still played an active role in the social, emotional, physical and even linguistic development of their child. Through their interactions and relationships with their children, they played an active role in enhancing the social and emotional development of their children. Through playing basic outdoor games and interacting with their child, they played a role in the physical development of their child. Furthermore, through increased conversation, caregivers played a role in building their child's vocabulary and linguistic competence.

This research found that low educational attainment effected caregivers' knowledge about what ECD is and why it is important. It also influenced the degree to which caregivers had insight into the importance of their role in promoting the development of their child. However, the caregivers' low level of educational attainment was not something that influenced their willingness to learn and engage with their children. The caregivers' all reported responding positively to learning more about child development and the importance of play. Moreover, they displayed a genuine desire to learn more about what they could do to facilitate play and learning in their home environments.

Almost all of the participants who were involved in this study were illiterate, however, due to the structure and implementation of the program, their illiteracy was not a barrier. The caregivers were exposed to one on one sessions with the facilitators during which they learnt valuable parenting skills through verbal instruction and demonstration. The caregivers learnt how to make toys from recycled materials through practical instruction and exhibition. The caregivers were educated in a practical way which limited barriers pertaining to illiteracy or low levels of educational attainment. Language barriers were not of a concern in this research as the facilitators communicated with the caregivers in their home language.

Caregiver attitude was another factor that was a frequently cited barrier in literature. Ngwaru (2012) found that a large component of ECD programs need to be spending time on addressing caregivers' anxieties and misconceptions. Changing attitudes or mindsets can be a difficult and slow process as attitude is subjective and varies from individual to individual. It was (erroneously) assumed that as a result of the challenges and barriers they faced, caregivers would have a poor attitude towards the program and learning to engage and interact with their children.

The old adage that children should be 'seen and not heard' was alluded to in the caregiver and facilitator interviews. The results of this research pointed to a very definite mindset and attitude shift over the course of the intervention. Caregivers reported that initially they battled to grasp the concept of playing and communicating with their children. However, once they saw the value in doing these things, there was a change in their attitude and responsiveness towards their children.

It must be noted that this was a slow process of change. The caregivers first had to be educated and taught about the importance of interacting with their children. Only once the caregivers saw the personal benefits it had for their children, were they interested in altering their child rearing approach.

One of the facilitators recalled, "at first it was difficult [for caregivers] to engage with the workshop or the children, they believe that they have to be separate in group... but when

you explain the use and the toys and the meaning, they change, they changed and you see them calling their children to come and play with them". (Facilitator 2).

This demonstrated how the caregivers took a while to understand the importance of playing and interacting with their children. However, as the program progressed and the caregivers understood why it was important, they began to engage with their children.

Although there was a general positive response to the program, not all caregivers could see the value in being told what to do or how to raise their children. One of the facilitators recalled how one of the older participants dropped out of the program because she did not want to be told what to do and how to raise her children. The caregiver had already raised a child and felt that they did not need any advice from the facilitators.

One of the facilitators recalled: "There is nothing that makes them drop out, except ah someone who says ahhh this is not the thing that I can do, I am old enough and maybe say there is no one who can teach me how to do with my child because I am old enough, its not my first child, I already got other children, where were you the time with the other children? I know how to do and deal with my children". (Facilitator 2).

This response illustrated that some caregivers will have a negative mindset and will be less receptive to change.

Another reason offered for drop outs that was noted by most of the facilitators, was if caregivers found employment. When asked what factors influenced drop outs, one of the facilitators responded that, "most of the incidences were when caregivers maybe they get employed and they can't find somebody in the family to replace them" (Facilitator 5).

The caregivers and the facilitators both found that the only barriers relating to attitude was caregiver 'laziness'. The caregivers said that the only thing that prevented playing in the home environment was when they were feeling tired and lazy. Throughout the caregiver focus groups, it became evident that the caregivers carry a lot of responsibility regarding running the home and looking after the children. The caregivers are expected to take care of

extended family, the children and complete the household chores. When asked what makes it challenging to play at home, one of the caregivers reported that: “there’s nothing at all, it would just be laziness” (Participant 8). After a long day of attending to their family’s needs and looking after the home, it is clear why caregivers are sometimes tired and do not want to play with the children.

The facilitators also reported that sometimes the caregivers were ‘lazy’ and did not want to walk to their community play groups. One of the facilitators recalls: “There is one area where we had a problem because they were just lazy to come [to the sessions] but I think it was influenced by the distance that they had to walk to the area cause we struggled to find children that fit in the age group that we wanted, so they had to walk a bit of a distance to the central area that we had chosen” (Facilitator 5).

Previous literature frequently cited that in homes where there is little evidence of ECD practices, caregivers were generally not aware of the “potency of their involvement and participation” in their child’s development (Ngwaru, 2012, p.33). Similarly, it was found by Manegold (2005), that caregivers were not aware of the importance of the parent child relationship. More specifically, Lebopa (2010) found that caregivers in South Africa were not well informed on their roles and responsibilities regarding their child’s learning and development. It was increasingly obvious that the caregivers who participated in this study were not aware of the fact that they are the primary agents of socialisation and the child’s first teacher. The importance of the early years for emotional, social and cognitive development was also something that was not well recognised by caregivers.

Furthermore, research conducted in South Africa pinpointed lack of ECD knowledge as a barrier to facilitating ECD and learning in the home environment. According to Shumba et al. (2014), there is a gap in caregivers understanding of ECD. Similarly, research conducted in Soshanguve in South Africa, found that caregivers had little knowledge about developmental categories, specifically including language and cognitive development (Meintjies & Belkum, 2013). More importantly, caregivers did not know how to facilitate this development in their own home environments. Therefore, a program like the Play Mat Program is vitally important in South Africa as it teaches caregivers about their roles and

responsibilities, as well as the tremendous impact that they have on their child's learning and development.

These findings were evident among the caregivers in Mpumuza, Pietermaritzburg. Firstly, the caregivers were not aware of the importance of having a relationship with their children. Secondly, the caregivers reported not knowing what to do with their children or how to play with them prior to their exposure to the Play Mat Program. Since their participation in the program, caregivers came to see the value of play and have consequently tried to incorporate play into their daily routine.

The caregivers were not aware of the importance of their role in promoting play and learning in the home environment. Following their exposure to the Play Mat Program, caregivers were able to identify the importance of their role in facilitating and enhancing their child's learning and development. Part of this was teaching caregivers that they could play an extremely important role in making toys and educational materials for their children from everyday household items and recycled materials. When the caregivers were asked what they learned throughout the Play Mat process, they responded that they learnt a lot about their children, how to build a relationship with their children but also how to make toys from recycled materials. Following their participation in the program, the caregivers learned the value of their role in their child's development and they learned ways in which they can facilitate this learning in the home environment.

Although lack of education on ECD is hugely problematic, it is something that can be corrected through ECD interventions much like the Play Mat Program. Part of caregiver based ECD interventions need to be about informing caregivers about the importance of their role in their child's development, and supporting them as they attempt to do this. Once caregivers come to understand their value, this plays a role in empowering them to take a more active role in their child's development.

What was evident in the current study, was that the caregivers were receptive to learning and that they wanted to improve their knowledge and skills to be the best caregiver that they can be. When asked what aspect of the Play Mat Program the caregivers would

change, there was a unanimous consensus that the caregivers would have liked to learn more.

### **5.3 Factors that made it easy to facilitate play in the home environment**

One of the aims of this research was to understand the factors that made it easy for caregivers to facilitate play and learning in the home environment. Based on the responses it was clear that the way in which the program was structured made it easy for caregivers to participate in the program. The first factor was convenience, the caregivers did not have to travel or spend money on travelling as the program consisted of home visits, and group visits were conducted in close proximity to the caregivers' homes. The caregivers were arranged into clusters according to their location, this meant that the sessions were accessible.

The second factor was the medium of instruction, the caregivers did have any problems attending sessions as they were conducted in a practical and interactive manner. Teaching the caregivers in a practical and one-to-one way played a role in protecting caregivers from any shame or embarrassment. The caregivers did not have to be literate or even have a high level of educational attainment to be able to learn how to teach and interact with their children.

Furthermore, teaching through play was an important element that made it easier for caregivers to practice in the home environment. Learning through play is the most valuable way for children to learn at this age (Lockhart, 2010). However, it was also a less intimidating way for the caregivers to teach their children. The caregivers did not have to sit with a book or a pen and paper to educate their child. This would have been problematic as the majority of the caregivers would not have been able to do this. Therefore, learning through play is a more neutral, yet equally potent way for caregivers to teach their children.

Research conducted by Holloway et al (2008), found that some caregivers battle to balance the role of employee, wife and mother, which may have negative implications on their participation in ECD practices in the home environment. The results of this research indicated that caregivers did battle with managing their different roles and responsibilities

as women with traditional roles and responsibilities. This was something that influenced their ability to facilitate intentional play in the home environment every day. However, according to the facilitators, the Play Mat sessions provided caregivers with a platform to spend time with their children and focus solely on their children and not their other responsibilities.

Holloway et al (2008) found that lack of social support was a barrier that prevented caregivers from participating in ECD interventions. The results of the current study indicated that, while some caregivers lacked social support from their spouses or other family members, the play group sessions became the avenue through which the caregivers came to support one another. The facilitators found that the caregivers bonded with one another, and discussed the problems and challenges that they faced during the play group sessions. Therefore, the Play Mat Program also played a role in promoting social support among the caregivers within a certain area.

The last factor that made it easy to facilitate play in the home environment revolved around the activity of caregivers learning to make toys and educational resources from recycled materials. There were numerous benefits to doing this including; making sure caregivers did not have to spend money on buying educational resources as well as equipping the caregivers with new knowledge and skills. It was a huge financial relief for caregivers that they did not have to spend money on buying toys, which would have been something that preventing playing in the home environment. Through learning how to make toys from recycled materials, the caregivers reported feeling more competent as they had the ability to provide for their children. Furthermore, by playing an active role in making the resources, the caregivers were confident in their ability to use the toys to play with and teach their children. This sense of mastery and agency seemed to encourage caregivers to continue with the program, and sustain playing in the home environment.

SES and lack of resources was something that is cited in literature as a barrier to playing in the home environment. Making toys and educational resources from recycled materials prevents SES from being a barrier to learning and playing in the home environment.

Fagbeminiyi (2011) found SES to be an inhibiting factor that reduced caregivers'

participation in ECD programs. The caregivers in the Play Mat Program were taught how to use basic household items and recycled materials to make proper educational resources and toys, such as a ball, a puzzle and a skipping-rope. Therefore, they did not need to spend money on buying these resources, this prevented their SES from being something that was a barrier to play and learning in the home environment.

In addition, whilst making their own toys and educational resources from recycled materials the caregivers were briefed about what kind of skill was being learned and why it was important. Going through this process appeared to encourage caregivers to use the toy with the child. Before, the caregivers may have just brought a toy and handed it to the child and the child would have continued to play alone, without any bonding between the caregiver and the child occurring. However, now because of the process of the Play Mat Program, the caregivers were more likely to make time to play with their children using the toys that they had made.

The results of this research indicated that caregivers went on a significant journey from the start to the end of the Play Mat Program. Initially, in the beginning caregivers struggled to understand and relate to their children. However, through continued interaction and playing, the caregiver and the child formed a significant bond. Once this bond was formed, the caregivers did not battle to play, interact and teach their child. This is one of the most significant outcomes of this program as the benefits of the caregiver-child relationship cannot be emphasised enough. This relationship is important for the child's sense of mastery and the approach they take forward with them when going into the world. According to previous literature, the caregiver-child relationship is more powerful force than socio-economic status or family background (The National Archives, 2008). This research confirmed the fact that caregiver involvement is one of the most important forces that influences a child's learning and development. Furthermore, this research illustrated how children from low SES backgrounds still have the ability to learn and succeed. It highlighted the importance of targeting low SES households as a form of intervention, as children have the potential to learn and develop despite their circumstances.

#### **5.4 The sustainability of the intervention**

When implementing an intervention there is always a concern about how sustainable the impact of the program is. The findings from the caregiver and facilitator interviews suggested that the impact of the Play Mat Program could be long term and widespread. The two underlying factors that were possible indicators of sustainability were: the caregivers could see the value in playing for the cognitive, social and emotional benefits for their children; the caregivers felt competent and empowered as a result of learning new knowledge and skills.

The fact that caregivers could see the value of playing and interacting with their children in terms of their child's growth and development was a factor that enhanced the likelihood that caregivers would sustain what they learned independently in the home environment. The results of this research found that the facilitators who conducted the Play Mat Program in 2017 still saw the caregivers playing and interacting with their children when conducting neighbourhood visits. The caregivers still use the Play Mat and the educational toys, furthermore, the caregivers constantly ask for new toy ideas and information, this demonstrates their genuine interest in the program.

Moreover, the results from the facilitator interviews stated that the caregivers not only continue to meet with their playgroups, but the caregivers who were involved in the program were spreading the word about ECD within the community. The facilitators found that caregivers who were part of the program were taking the initiative to educate other caregivers within the community. The caregivers tell the other community members about what they have learned as well as how to make the toys from recycled materials.

The fact that the caregivers were doing this, speaks to the extent to which they are empowered and made to feel more competent. It also highlighted the fact that the lessons learned throughout the Play Mat Program were highly valued by the caregivers. The extent to which the caregivers fully grasped the concept of ECD and the need to facilitate play in the home environment ensured that the impact of the program is long lasting.

The sense of mastery and competence that was imparted onto the caregivers from the new knowledge and skills that they acquired also played a critical role in ensuring the sustainability of the program. The caregivers felt that they had learnt enough and felt confident that they knew how to use the toys and interact with their children in a more meaningful way. This sense of mastery and knowing what to do with their children ensured that the caregivers continued to practice what they have learned independently in the home environment.

These findings from the caregivers in Mpumuzu were similar to that of Mishra (2012) in Orissa, India. According to Mishra (2012), in order to improve caregiver participation in ECD interventions, caregivers need to be educated. Mishra's findings also confirmed that improving caregivers educational exposure is a crucial factor for improving caregiver participation in ECD programs. Without this educational exposure, caregivers are prone to misconceptions about the importance of ECD and have a lack of knowledge on the importance of ECD. These findings were found to be true among the caregivers in Mpumuzu.

Similarly, the research conducted by Shumba et al., (2014) found that ECD programs should focus on imparting skills and knowledge to their recipients, as this empowered the caregivers. Promoting this sense of competence and mastery had a positive influence on the mindsets and attitudes of the caregivers. Furthermore, it had positive implications for their involvement and participation in ECD programs. This shift in mindset and attitudes was seen amongst the caregivers in Mpumuzu. The fact that caregivers were educated, empowered the caregivers and promoted a new sense of competence in the way that they related to their children. This sense of competence played a significant role in sustaining the caregivers' investment in the Play Mat Program.

## **5.5 Conclusions regarding the Play Mat Program**

A National ECD initiative, The Sobambisana initiative (2012), suggested six critical factors that should be evident in home based ECD interventions. These factors are as follows:

1. The use of practical demonstrations

2. Active, engaged and regular visits over a prolonged period of time
3. Conducting weekly visits
4. Providing opportunities for caregivers and children to instigate their own learning and exploration
5. Contextually and culturally relevant practices
6. Forming strong caregiver-facilitator relationships.

Measured against these criteria, the Play Mat Program fared well as a homebased ECD program. The program was structured in such a way that the caregivers and children learnt through practical demonstrations. The program followed a nine-week structure during which the facilitators saw the caregivers on a weekly basis. However, there were indications that there more could be done in terms of sustaining the relationship with the caregivers following the nine-week period. The program allowed caregivers to learn new parenting skills and how to make and use toys made from recycled materials, the caregivers were then given the opportunity to practice these new skills independently in the home environment. This ensured that the caregivers and the children explored and learnt independently too.

The results of this research found that the program was contextually appropriate as it catered for the needs of the caregivers and reduced many of the barriers that they may have faced in the past. The Play Mat Program appeared to have influenced mindsets and attitudes relating to child rearing practices. The program challenged the mindset that children should be separate from adults and should be treated in a different way to adults. There was a definite shift in this attitude which was positively acknowledged by caregivers and facilitators.

Lastly, there appeared to be a good relationship between the caregivers and the facilitators of the program. The caregivers respected the facilitators as well as the lessons that they learned from them. The facilitators were happy with the way that the caregivers listened and responded to their advice. Likewise, the facilitators were happy and proud of the progress that the caregivers made throughout the program.

There were three main aims of the Play Mat Program that were established before the implementation of the program. These aims were to:

1. Increase intentional learning in the home environment
  2. Build the capacity of caregivers
  3. Normalise ECD within the community
- (dlalanathi, 2018)

All three of these aims were achieved throughout the duration of the program. The caregivers continued to sustain play and learning in the home environment after the program came to an end. The caregivers had fully grasped the importance of playing for the growth and development of their children, which sustained their interest in playing in the home environment.

Through the parenting messages and being taught how to make toys from recycled materials, the program did build the capacity of the caregivers. It is safe to conclude that the caregivers acquired new knowledge and skills which protected the sustainability of the intervention as caregivers continued to use their new knowledge and skills. It was evident that the caregivers were empowered and came out of the program with a new sense of mastery and control over their child rearing abilities.

As is evident from this research, the caregivers responded positively to learning about what ECD is and why it is important. The caregivers became fully aware of the importance of play and the importance of a strong caregiver-child relationship. The results of this research indicated that not only have the caregivers who were part of the program fully comprehended what they have been taught, they are trying to spread their knowledge and skills within the community. This illustrated how ECD is progressively becoming recognised within the communities in which the program is implemented.

## **Chapter 6**

### **Key findings, limitations, recommendations and conclusions**

#### **6.1 Introduction**

In this chapter, the main findings are summarised, the limitations of this study are discussed, and the contributions of the study are outlined. Recommendations based on the findings and suggestions for future research are listed.

#### **6.2 Key findings from interviews and focus groups**

##### **6.2.1 The shift towards responsive parenting**

The results of this research indicated that caregivers demonstrated a shift towards responsive parenting throughout the duration of their participation in the Play Mat Program. Based on caregivers' and facilitators' responses, it became evident that the caregivers learnt the importance of constantly and consistently responding to their child's social, emotional and cognitive needs. This shift came from being educated on what their child's needs were and how to respond to these needs accordingly.

##### **6.2.2 The movement towards positive parenting**

One of the main outcomes of the Play Mat Program was caregivers learning the value of positive parenting practices. Through the provision of parenting tips from facilitators, the caregivers demonstrated a shift in their parenting styles over the nine-week period. Caregivers openly acknowledged that they moved away from hitting and beating their children, to rather sitting and discussing problems with them. This movement towards positive parenting may have been as a result of building a better relationship with their children, characterised by more communication and openness.

##### **6.2.3 Relationship building**

Through more frequent play and constant interaction, caregivers learnt how to build a better relationship with their children. The facilitators played a prominent role in educating caregivers on the importance of building a relationship with their children. Throughout the

duration of the program, both the caregivers and the children became more comfortable with one another and now have better relationships.

#### **6.2.4 Evidence of learning and development promotes investment in the program**

What became apparent in the caregiver focus groups was the fact that evidence of growth and development sustained the caregiver's investment in the program. Once caregivers could see the positive benefits that the program had for their children, they placed a significant amount of value on playing in the home environment. Over time, the caregivers became aware of the fact that their children were learning and acquiring new skills as a direct result of playing in the home environment.

#### **6.2.5 The provision of educational resources curbs challenges to playing in the home environment**

One of the most crucial elements of the Play Mat Program that makes it a success, is the fact that caregivers make educational resources from recycled materials. This was one of the most frequently cited benefits of the program. The fact that caregivers did not have to spend money on toys and educational resources played a significant role in preventing SES from becoming a barrier. Moreover, this element of the intervention also played an important role in upskilling caregivers and building their capacity. Both of these reasons significantly influenced caregivers' decisions to invest in the Play Mat Program. This element of the program also protected the sustainability of the intervention as caregivers constantly had access to the materials that they needed to make the toys. Furthermore, the caregivers were taught how to make the resources and learnt why they are important, which ensured that caregivers constantly used them in the home environment.

#### **6.2.6 Lack of ECD knowledge was identified as the underlying barrier to play and learning in the home environment**

What became evident in the caregiver focus groups was that prior to their exposure to the Play Mat Program, caregivers had little to no knowledge on what ECD is and why it is important. Furthermore, the caregivers were not aware of what their roles and responsibilities were in terms of promoting this development in the home environment.

Caregivers did not know how to facilitate play in the home environment and they were unaware that they had the ability to teach their children valuable skills through play. These findings of this study confirmed what was frequently stated in previous research, caregivers are ill-informed on what ECD is and how they can facilitate ECD practices in the home environment. However, this research highlighted that fact that there is value in educating caregivers, because as was evident in this research, once educated, the caregivers demonstrated an interest in their child's learning and development. Furthermore, they began to take an active role in educating their children and demonstrated a genuine desire to learn more on how they could do so.

### **6.2.7 Genuine desire to learn**

One of the most important findings of this research was discovering that caregivers expressed a desire to learn more on how they could provide their children with the ECD stimulation that they require. The only part of the Play Mat Program that the caregivers wanted to change, was that they wanted to learn more and learn how to make more educational resources for their children. This demonstrated that caregivers took an active interest in the program and placed a significant amount of value on the power of play. It was clear that the caregivers had grasped the importance of play, which is why they wanted to learn more. This desire to learn more also proved that caregivers invested in the program because of the benefits that it had for their children, which based on their responses, the caregivers wanted to continue to see.

### **6.2.8 Sharing of knowledge with community members**

The fact that caregivers were sharing their knowledge with other family and community members highlighted the importance and value that the caregivers placed on the program and playing in the home environment. It also demonstrated that caregivers had developed a sense of competence in their understanding of ECD and how to facilitate ECD practices in the home environment. Furthermore, it highlighted the fact that caregivers fully grasped the importance of play and believed in the value of playing in the home environment.

### **6.2.9 Caregivers invest in their child's happiness**

Something that became evident in the caregiver focus groups and the facilitator interviews was the fact that caregivers continued to play in the home environment because of the happiness that playing brought to their children. The Play Mat Program provided caregivers and children with the platform to bond and have fun together. Apart from being aware of the developmental benefits of play for their children, the caregivers realized that play brought their children happiness and joy.

### **6.2.10 The continued use of skills learned**

The fact that the caregivers were still practicing what they learnt in the program in last year, speaks to the effectiveness of the program. The caregivers were able to sustain play and learning in the home environment without the support from the program facilitators. This was because caregivers were educated on the value of play and were also equipped with the skills and competence to engage and interact with their children independently in the home environment. The fact that caregivers were sharing their knowledge and skills with other community members also speaks to the vast impact and scope of the program.

## **6.3 Key findings to main research questions**

### **6.3.1 The factors that caused caregivers to invest in the Play Mat Program**

One of the key questions to be answered in this research was understanding what factors caused caregivers to invest in the Play Mat Program and sustain what they learnt, independently in the home environment. The results of this research demonstrated that one of the main factors that sustained investment in the program was evidence of learning and development within their children. Caregivers witnessed their children acquiring new knowledge and skills as a result of play which became something that was important to the caregivers. The second factor that influenced caregivers' investment in the program, was the fact that throughout the program, the caregivers were equipped with the capacity and confidence to facilitate play and learning in the home environment. This made it easy for caregivers to sustain what they learnt independently in the home environment as they knew what they were doing and why it was important.

### **6.3.2 Factors that make it challenging to play in the home environment**

The factors that made it challenging to play in the home environment were largely to do with caregiver attitudes. The response offered by the caregivers themselves was that sometimes they were 'lazy' to play with their children. Women in traditional households have many chores and responsibilities and reported that sometimes they are too tired or do not feel like playing with their children. The facilitators found that some of the older caregivers did not want to be told how to raise their children and were unwilling to learn new ways of engaging and interacting with their children. Furthermore, according to the facilitators, an initial challenge that they faced in the beginning of the program, was getting caregivers to understand the value in interacting with their children. The facilitators found that there was initial confusion and some resistance to engaging and playing with their children, however, throughout the duration of the program there was a change in this mindset and way of thinking.

### **6.3.3 Factors that made it easy to play in the home environment**

The underlying factor that made it easy to play in the home environment had a lot to do with the structure and implementation of the Play Mat Program. Practical factors such as the location of play groups and the short duration of the sessions made it easy for caregivers to attend the play group sessions. The provision of educational resources from recycled materials made it easy for caregivers to facilitate play in the home environment, as the caregivers did not have to spend money on resources. Furthermore, the caregivers were confident in their ability to make resources for their children. The practical nature of the program ensured that caregivers fully grasped how to use the resources and why they are important, which made it easy for the caregivers to play independently in the home environment.

### **6.3.4 Factors that influenced caregivers' decisions to drop out of the intervention**

Despite not being able to interview any participants that had dropped out of the program, the reasons offered by the facilitators for drop outs were if caregivers found employment and could not find anyone to replace them. The second reason was that there were some

caregivers who did not agree with being told how to raise their children and consequently dropped out of the program.

### **6.3.5 Can caregivers sustain what they learn independently in the home environment?**

Based on the facilitators and caregivers' responses, it was apparent that caregivers were able to sustain what they learnt independently in the home environment. This was because caregivers believed in what they had been taught and they fully understood the value of play. Furthermore, the caregivers were confident in their ability to use the resources they made to interact and play with their children in the home environment.

## **6.4 Summary of main findings**

The main findings of this study confirm what is noted in previous literature. In order to encourage caregiver participation in ECD programs, caregivers need to be educated. Caregivers need to be taught about the importance of the caregiver-child relationship and they need to be educated on what their roles and responsibilities, as a responsive caregiver, are in terms of promoting this development in the home environment.

Once educated on the importance of their role and the importance of the caregiver-child relationship, caregivers need to work on responding to the social and emotional needs of their children. Without building a relationship with the child, the chances of ECD occurring within the home environment is unlikely. As is evident in this research, caregivers are not educated on appropriate and responsive child rearing practices and have to learn new ways on how to listen, communicate and be open with their child.

Aligned with findings in past research, this research found that an important component on ECD programs need to be empowering caregivers so that they are more competent and confident in their role as a caregiver. This happens by equipping caregivers with new knowledge about ECD, parenting practices and how to play with their children in the home environment. This new sense of competence and mastery ensures that caregivers sustain play and learning in the home environment.

Essentially, what underlies these findings was that the perpetual lack of ECD practices in Mpumzuza, Pietermaritzburg could be explained as a deficit in ECD knowledge. Prior to their exposure to the Play Mat Program, the caregivers were not aware of what ECD is and what their roles and responsibilities are in terms of promoting and protecting their child's development. The caregivers were also unaware of how much their child depends on them for their social, emotional and cognitive development.

However, once taught about the value of the caregiver-child relationship and the role that caregivers can play in their child's development, the caregivers came to see the value in participating in the Play Mat Program. The caregivers saw the program as valuable as it enhanced the growth and development of their child, while simultaneously strengthening the caregiver-child relationship.

As is evident in numerous studies conducted on parental participation in ECD programs, there are many challenges that may hinder caregivers' involvement in ECD practices in the home environment. These challenges range from parental attitudes to SES to low educational attainment and illiteracy. The main culprit identified for a lack of parental participation in ECD stated in previous literature was a lack of ECD knowledge. Caregivers are often unaware of their role in promoting the growth and development of their child. These findings were confirmed by the caregivers who participated in the Play Mat Program. Forgoing their experiences in the Play Mat Program, caregivers had little understanding as to what ECD is, why it is important, and what their role as a caregiver is.

The nature and structure of the Play Mat Program contributed to the overall success of the program within the context it is implemented. The way that the program was conducted reduced barriers of SES, illiteracy, low educational attainment and lack of social support. The use of toys from recycled materials prevented caregivers from spending money on toys to educate their children which prevented SES from becoming a barrier. The use of practical instruction and teaching children through play reduced barriers such as illiteracy and low levels of caregiver education as the caregivers fully grasped the way they can play, teach and interact with their children. Lastly, the use of playgroups ensured that caregivers received some form of social support from one another, if caregivers were not receiving

support from their families. The caregivers were able to assist and learn from one another, which was also an empowering experience for the caregivers.

At the end of the program, there was a very evident shift in caregivers' mindset and attitude towards the way they related to and interacted with their children. Caregivers now understood the value of the caregiver-child relationship as well as the importance of play for the growth and development of their children. Caregivers were more aware of their child's needs and became more equipped to respond to these needs accordingly. Caregivers learned the value of building a relationship with their children and have learnt to listen to and communicate with them.

The impact of the Play Mat Program in the communities in which it is implemented is vast and immense. Caregivers come out of the program with a new sense of competence and mastery as they have learned how to interact with and teach their children. The children benefit hugely from the program as they learn valuable skills which equip them with the fundamentals that they require for their future academic endeavours. The children also come out of the program more socialised and have learned how to interact with other children in their play groups. Lastly, the invaluable caregiver-child relationship is strengthened which poses numerous benefits for overall development of the child.

The fact that caregivers still wanted to learn more and were sharing their knowledge with other community members suggested that the Play Mat Program has had a significant impact in the communities in which it is implemented. This is exceptionally important for the sustainability of the program as it is evident that the caregivers really believed in what they were taught and continued to practice it independently in the home environment.

The caregivers' experiences of participating in the Play Mat Program were largely positive. The caregivers invested in the program as they came to understand the value of play for the development of their children. The caregivers were exposed to educational opportunities which they would never have received in the past, which played an important role in promoting a sense of mastery and competence. This sense of mastery ensured that caregivers continued to play independently in the home environment, as they became

confident in their abilities to interact with their children. It was increasingly clear that preceding the Play Mat Program, there was a definite lack of ECD knowledge within the areas in which the program was implemented. However, since being educated, empowered and exposed to the benefits of the Play Mat Program, the caregivers sustained play in the home environment and invested in the program and ECD whole-heartedly.

### **6.5 Limitations to the study**

Due to the small sample size and the fact that this research was conducted on a specific intervention, the results of this study cannot be generalised. However, this study is transferable due to the detailed description of the methodology followed in this research, this should allow other researchers to compare or replicate similar studies. Furthermore, findings may be used to inform interventions of a similar nature and would be of value for ECD NGO's that are designing interventions that are similar to the Play Mat Program.

Although the process of recruitment was left up to the researcher, the facilitators of the program chose the play groups that the researcher had access to. The facilitators may have chosen areas where the program was well received to present the program favourably. This would have influenced the researchers access to participants who would have had more insight into the challenges facing caregivers in the context in which the intervention was implemented.

The other main limitation to this study was the inability to recruit participants that had dropped out of the Play Mat Program in 2017. Having access to these participants would have provided more detailed insights into challenges that caregivers may face within the context in which the intervention is implemented. It would also have provided more clear insights into factors that influence caregivers' decisions to drop out of the intervention.

There was very little existing literature on caregiver based ECD interventions in South Africa. Therefore, there was a heavy reliance on International and African studies in the literature review. This made it difficult to compare the Play Mat Program to other caregiver based ECD interventions within the South African context. Having more access to South African studies would have led to a better evaluation and understanding about the appropriateness of the

Play Mat Program in the context in which it was implemented. Furthermore, the researcher could only find on comparable study that focused on facilitators experiences of participating in ECD interventions.

Another limiting aspect of this research was the language barrier between the researcher and the participants during the focus groups. Although the translator liaised between the researcher and the participants, the language barrier made it difficult to have an authentic conversation. The researcher felt that there could have been more probes, follow up questions and more in depth discussion if they had had direct insight into what each participant was saying.

## **6.6 Recommendations based on current findings**

The Play Mat Program follows a nine-week intensive program followed by monthly follow up sessions. The caregivers who have already participated in the Play Mat Program reported that the only thing they would change about the program would be to get more information and tips about how to facilitate more play and learning in the home environment.

The children who participate in the program benefit immensely and come to learn valuable new skills by playing with the toys made from recycled materials. Although there is no concern about the fact that children and caregivers play independently in the home environment, there is a concern that the children may become too frequented with the toys that they have.

The caregivers seem to have a sense of initiative and competence as they have come to see the value of the program. Therefore, it may be recommended that the caregivers who participate in the nine-week sessions also attend follow up sessions where they learn to make new and diverse educational resources. The resources that they learn to make should advance as the months progress. This may ensure that the children continue to learn and are fully equipped with the skills that they need for their first year of school. This will also prevent the children from stagnating and doing the same thing week in and week out which may result in caregivers and children slowly stop playing in the home environment.

The first few weeks of the Play Mat Program have significant benefits for the socio-emotional development of the child. It is apparent that the caregiver-child relationship is strengthened and caregivers learn more about responsive parenting practices. As the program progresses, it may be beneficial to focus more on the cognitive component of ECD. The children learn a fair amount through play, however, caregivers could learn more diverse ways of teaching and educating their children. Caregivers do not have to have access to numerous resources to teach their children. Based on the findings of this research, caregivers may have to be shown that they do have the ability to teach their children even if it is just through increased conversation and interaction. For example, caregivers may have to be shown that you can teach your child colours, shapes and numbers by using the world around you. The additional focus on the cognitive and learning side of ECD may better prepare children for their first formal year of school.

One of the prerequisites of an effective home based ECD program is that it builds on cultural practices of the recipients of the intervention. The Play Mat Program challenges some cultural notions that have a negative impact on the growth and development of children. It has been proven in this study that cultural beliefs are not static and are open to some adaptation. However, there are some traditional practices that can be used in a positive way to educate children. Much like in the Play Mat Program, caregivers need to be taught how to use these practices to build a relationship with their children and to teach their children. For example, caregivers can be shown how to teach their children new words and vocabulary through songs and storytelling. Caregivers and facilitators can discuss stories and folktales that have value in educating the child about themselves and the world around them.

There is room to build on positive traditional practices such as song, dance and storytelling. Throughout the program, caregivers can be taught new songs and dances that they can use to teach their children different concepts and themes in the world around them. Caregivers may not see the value of these practices until they are pointed out to them by the facilitators.

Traditional child rearing practices such as storytelling, play an important role in passing on knowledge from generation to generation (Utlely, 2008). They allow individuals to learn more about themselves and the world around them. Caregivers should be taught how these traditions play an important role in relationship building, listening and language development. When telling stories, caregivers inadvertently use new vocabulary, rhythm and repetition, all of which play a role in improving language and memory development (Utlely, 2008). It is important for caregivers to know that these practices do play an important role in educating their children, so that these practices are not lost or made redundant. Through storytelling, folktales, singing and even dancing, caregiver are playing an important role in educating their children.

### **6.7 Study contributions**

The results of this study supported some findings from previous literature on caregiver based ECD interventions:

- There is definite value in caregiver homebased ECD interventions
- There is a need to educate caregivers on ECD and what their roles and responsibilities are in terms of promoting this development
- The structure and the implementation of homebased ECD interventions plays a significant role in reducing barriers that caregivers face

However, this study also highlighted some key differences from previous literature:

- Caregiver illiteracy and low levels of educational attainment can easily be addressed through the structure and implementation of the program and do not have to be understood as barriers to facilitating play and learning in the home environment
- Poor caregiver educational experiences do not always negatively influence caregivers' attitudes and involvement in their child's education as the caregivers with low levels of educational attainment wanted better for their children
- SES may pose some practical difficulties for caregivers but does not have to be an inhibiting factor

## **6.8 Suggestions for future research**

1. There is room to conduct research on how cultural practices can be assimilated into ECD interventions
2. It may be beneficial to explore and research different ways to continue to build capacity and promote learning in the home environment, following the nine-week intervention.
3. A change in the sample may also offer different perspectives. A researcher could solely conduct interviews with participants who dropped out of the intervention to get a more in depth understanding of factors that influence drop outs.
4. A change in the design may be beneficial. A researcher could conduct participant observation over the nine-week period to witness changes in caregiver attitudes and behaviours. As well as to see the extent to which children are benefitting from the program.

## **6.9 Conclusion**

This research has confirmed that there is value in home-based stimulation as an ECD intervention. It has provided more insight into challenges that caregivers face as well as to how some of the challenges can be reduced in the way that the programs are structured and implemented. Furthermore, this research provided insight into how ECD interventions of this nature can be structured in order to accommodate the context in which they are implemented. This research highlighted the need to educate caregivers on the importance of ECD and how to facilitate ECD practices in the home environment. Furthermore, emphasises is placed on the importance of building caregiver capacity for protecting the sustainability of the intervention. The findings of this study may encourage more research on this type of ECD intervention.

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## APPENDIX 1

### Ethical clearance certificates



1 March 2018

Dr Carol Mitchell 215359  
School of Applied Human Sciences  
Pietermaritzburg Campus

Dear Dr Mitchell

Protocol reference number: HSS/0163/018CA

Project Title: An exploratory study of caregivers' experiences of participating in the Play Mat programme in Mpumuza Pietermaritzburg

#### Full Approval – Expedited Application

In response to your application received 28 February 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Professor Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc. Supervisor: Dr Carol Mitchell  
cc. Academic Leader Research: Professor D Wassenaar  
cc. School Administrator: Ms Tembisa Magojo

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Humanities & Social Sciences Research Ethics Committee

Professor Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snymanm@ukzn.ac.za](mailto:snymanm@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



Forming Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

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13 March 2018

Dr Carol Mitchell 215359  
School of Applied Human Sciences  
Pietermaritzburg Campus

Dear Dr Mitchell

Protocol reference number: HSS/0163/018CA

Project Title: An exploratory study of caregivers' experiences of participating in the Play Mat programme in Mpumza Pietermaritzburg

**Approval Notification – Amendment**

This letter serves to notify you that your application and request for an amendment was received on 22 March 2018 and has now been approved as follows:

- Amendment to Data Collection to include Focus Group Interview and Individual Interview
- Additional Questions added to Interview schedule

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for period of 1 year from the date of issue. Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....  
Professor Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc. Supervisor: Dr Carol Mitchell  
cc. Academic Leader Research: Professor D Wassenaar  
cc. School Administrator: Ms Tembisa Magojo

---

Humanities & Social Sciences Research Ethics Committee

Professor Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

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Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snvmanm@ukzn.ac.za](mailto:snvmanm@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)

 1910 - 2010   
100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville



11 June 2018

Ms Kimberley Bodley (217045065)  
School of Education  
Pietermaritzburg Campus

Dear Ms Bodley,

Protocol reference number: HSS/0438/018M (Linked to study HSS/0163/018CA)  
Project Title: An exploratory study of caregivers' and facilitators' experiences of participating in the Play Mat program in Mpumaza, Pietermaritzburg

**Approval Notification – Expedited Application**

In response to your application received 11 May 2018, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Professor Shenuka Singh (Chair)

/ms

Cc Supervisor: Dr Carol Mitchell  
Cc Academic Leader Research: Dr SB Khoza  
Cc School Administrator: Ms Tyser Khumalo

---

Humanities & Social Sciences Research Ethics Committee

Professor Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 2667/8350/4557 Facsimile: +27 (0) 31 260 4600 Email: [probas@ukzn.ac.za](mailto:probas@ukzn.ac.za) / [svdnam@ukzn.ac.za](mailto:svdnam@ukzn.ac.za) / [robun@ukzn.ac.za](mailto:robun@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

## APPENDIX 2

### Information Sheet and Informed Consent Document Caregiver Focus Groups

## UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

### INFORMED CONSENT

#### **Information Sheet and Consent to Participate in Research:**

An exploratory study of caregivers' experiences of participating in the Play Mat Program in Mpumzuza

Date:

Greeting: To whom it may concern

My name is Carol Mitchell from the Discipline of Psychology at the University of KwaZulu-Natal (UKZN). My email address is: [mitchellc@ukzn.ac.za](mailto:mitchellc@ukzn.ac.za) and telephone number is 033 260 6054.

You are being invited to consider participating in a study that will help us to understand your experiences of the Dlalanathi Play Mat Program. The aim and purpose of this research is to learn about your experiences of the Dlalanathi Play Mat Program. We are interested in understanding the factors that make it easy or difficult for you to practice playing in the home environment. We are interested in the factors that influenced your investment in your child's playing and learning. We want to talk to about 12 caregivers who were enrolled in the Play Mat Program. This will involve you participating in an interview on your own, or a focus group (with other caregivers). The interview will be conducted in English or *IsiZulu* (through a translator) to ensure you are comfortable. If you participate in the group, your confidentiality cannot be guaranteed, however, I ask each of you to keep what was said in the group confidential and not to repeat what you hear to people outside this group. You should know, however, that I cannot stop people who were in the group from sharing things that should be confidential.

Please be aware that although it is unlikely, it may sometimes be uncomfortable for you to talk about your experiences of the Play Mat Program. You may be asked to talk about personal reasons for dropping out or for continuing in the program. Your responses will be kept confidential, your real name will not be used in reporting the results. We hope that the study will be beneficial in improving the Play Mat Program for parents in the future.

If we see that you are distressed we will consult you about being referred to our Child and Family Centre for support.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (HSS/0163/018CA ).

In the event of any problems or concerns/questions you may contact me on [mitchellc@ukzn.ac.za](mailto:mitchellc@ukzn.ac.za), or 033 260 6054, or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Your participation in this research is completely voluntary and you are free to withdraw at any stage for any reason. You are also free not to answer any question in the interview that makes you feel uncomfortable.

All identifying information will be kept strictly confidential. In the final report (and any subsequent publications) your anonymity will be protected by using a pseudonym (false name), and not your real name.

The interview will be audio recorded and then transcribed by the research team to facilitate the research. The audio recordings and transcriptions will be kept in locked drawers and password protected files that only the research team will have access to. All information will be kept for a period of five years. After this time, all data will be destroyed or deleted.

When this study is complete, the research team will present a report to Dlalathi. Please inform the research team if you would like your own copy of the results. If you agree to participate in this research, please complete the consent form attached to this document.

Thank you

Dr Carol Mitchell

## CONSENT

I \_\_\_\_\_ have been informed about the study entitled “An exploratory study of caregivers’ experiences of participating in the Play Mat Programme in Mpumuza” by Dr Carol Mitchell.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available support if I become distressed during the interview.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at [mitchellc@ukzn.ac.za](mailto:mitchellc@ukzn.ac.za), 033 2606054.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

### **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus  
Govan Mbeki Building  
Private Bag X 54001  
Durban  
4000  
KwaZulu-Natal, SOUTH AFRICA  
Tel: 27 31 2604557 - Fax: 27 31 2604609  
Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**

\_\_\_\_\_  
**Date**

**Additional consent to audio record**

I hereby provide consent to:

Audio-record my interview

YES / NO

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**

\_\_\_\_\_  
**Date**

# **IKOMIDI LEZENQUBONHLE KWEZOCWANINGO LEKOLISHI LEZESINTU ESIKOLENI SEZIFUNDO NGENHLALO YOMPHAKATHI (HSSREC)**

**ISICELO SOKUGUNYAZWA NGOKWEZENQUBONHLE  
Okocwaningo olusebenza ngabantu**

## **OKUKULEKELELA EKWAKHIWENI KWEFOMU LOKUVUMA**

Okumele kuqashelwe abacwaningi: Noma kubalulekile ukutholakala kwemiphumela enembayo ngokwesayensi futhi esemthethweni, kumele kwenziwe konke okusemandleni ukuze kukhiqizwe umbhalo wokuvuma oqondakalayo ngokolimi futhi ocacile kakhulu ngaphandle kokushiya imininingwane ebalulekile njengoba kubhaliwe ngezansi. Izihumusho ezigunyaziwe zizodingeka uma sekugunyazwe umbhalo wesiNgisi.

Kunezimo ngqo lapho imvume ngomlomo efakazelwe yamukelekile, nalapho imvume yomuntu ingeke idingwe yi-HSSREC.

Umbhalo Wemininingwane Nokuvuma Ukubamba Iqhaza Ocwaningweni

Usuku:

Ukubingelela: Ekuphathelene naye

Igama lami ngingu-Carol Mitchell waseNyuvesi yakwaZulu Natal(UKZN) kumnyango wezokusebenza kwengqondo. Ikheli lami le-imeyili: [mitchell@ukzn.ac.za](mailto:mitchell@ukzn.ac.za) futhi inombolo yocingo ngu-033 260 6054.

Uyamenywa ukuba ubambe iqhaza kucwaningo oluzosisiza ukuba siqonde ispiliyoni sakho nohlelo lweDlalanathi Play Mat. Inhlalo yalolu cwaningo ukuthi siqonde ispiliyoni sakho mayelana nohlelo lweDlalanathi Play Mat. Sinentshisekelo yokuqonda izinto ezenza kube lula okanye kube nzima ukuba ubambe iqhaza usekhaya. Sinentshisekelo yokuqonda izinto ezibe nomthelela ekuzinikeleni kwakho ekudlaleni kanye nasekufundeni komntwana wakho. Singathanda ukukhuluma nabanakekeli abayishumi nambili ababhalisa kuhlelo lweDlalanathi Play Mat. Lokhu kuhlela ukuba ingxenye yeqembu lokugxila elizohlangana ihora. Le ngxoxo izoqhutshwa ngesiNgisi okanye ngesiZulu (ngokusebenzisa umtoliki) ukuqiniseka ukukhululeka kwakho. Imfihlo yakho konke okushoyo akuqinisekile, kepha, niyacelwa ukuba nicine okushiwo eqenjini kuyimfihlo futhi ningakhulumi ngenikuzwile kwabanye abangekho kuleli qembu. Niyaziswa ukuba angeke sikwazi ukuvimba okanye ukunqanda abahlanganyeli ekwabeleni izinto ekufanele engabe ziyimfihlo.

Kuyangabazeka kodwa kungenzeka kube nobungcuphe noma ukungaphatheki kahle mayelana nokuxoxa nespiliyoni sakho kuhlelo lwePlay Mat. Ungase ucelwe ukuba uxoxe ngezizathi ezinesiqu ezenze ukuba uyeke okanye uqhubeke nalolu hlelo.

Izimpendulo zakho zizoba yimfihlo, igama lakho futhi ngeke lisetshenziswe uma sekubikwa imiphumela. Sithemba ukuthi ucwaningo luzoleta izinzuzo ekuthuthukiseni uhlelo lwePlay Mat kubazali esikhathini esizayo.

Uma sibona ukuthi unokuphazamiseka okanye ukucindezeleka, sizokubonisa ngokuthola ukwesekwa kwisikhungo sethu sezingane kanye nomndeni (Child and Family Centre).

Lolu cwano luhloliwe ngokwenqubonhle lwagunyazwa i-UKZN Humanities and Social Sciences Research Ethics Committee (inombolo yokugunyazwa\_\_\_\_\_).

Uma kunezinkinga noma imibuzo/ukukhathazeka ungaxhumana nomcwaningi lapha (nikeza imininingwane yokuxhumana) noma i- UKZN Humanities & Social Sciences Research Ethics Committee, kulemininingwane elandelayo:

**EZOKUPHATHWA KWEZENQUBONHLE KWEZOCWANINGO EKOLISHI**

LEZESINTU ESIKOLENI SEZIFUNDO NGENHLALO YOMPHAKATHI

IhhoVisi LezoCwano, iKhempasi i-Westville

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Ucingo: 27 31 2604557- Fax: 27 31 2604609

I-imeyili: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Ukubamba kwakho iqhaza kulomncwano kungokuzikhethela kwakho okuphelele kanti futhi uvumelekile ukuba uyeke noma inini nangabe ingasiphi isizathu. Uvumelekile futhi ukukhetha ukungaphenduli nanoma imuphi umubuzo kwingxoxo okwenza ungakhululeki.

Yonke imininingwane eveza ukuthi ungubani izogcinwa iyimfihlo. Kumubiko wokucina (neminye imishicilelo engase ilandele) ukungaziwa kwakho kuyogcinwa ngokusebenzisa igama ekungasilo elakho.

Ingxoxo izoqoshwa ngokomsindo bese iyabhalwa iqembu labacwaningi ukwelula ucwano. Izingqopho zomsindo nezibhaliwe zizogcinwa kwamadokodo akhiyiwe kanye namafayela avikelwe ngephasiwedi akwazi ukufinyelelwa iqembu locwano kuphela. Lonke ulwazi luzogcinwa isikhathi esingangeminyaka emihlani. Emva kwalokho, lonke ulwazi luzoshabalaliswa lususwe.

Uma seluphelile lolu cwano, iqembu locwano lizothula umbiko kwaDlalanathi. Sicela ukuba ulazise iqembu locwano uma ngabe ungathanda ukubanesifanekiso sakho semiphumela. Uma uvuma ukubamba iqhaza kulolucwano sicela ukuba ugcalise ifomu lemvolume elifakwe Kanye nalo mbhalo.

Siyabonga

Dkt. Carol Mitchell

**EZOKUPHATHWA KWEZENQUBONHLE KWEZOCWANINGO EKOLISHI  
LEZESINTU ESIKOLENI SEZIFUNDO NGENHLALO YOMPHAKATHI**

Ihhovisi LezoCwaningo, iKhempasi i-Westville

Govan Mbeki Building

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Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Ucingo: 27 31 2604557 - iFeksi: 27 31 2604609

I-imeyili: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Ukuvuma okwengeziwe, lapho kudingeka khona

Ngiyavuma ukuthi kwenziwe lokhu:

Kuqoshwe ingxoxo yami/yeqembu

YEBO/CHA

Kuqoshwe ngevidiyo ingxoxo yami/yeqembu

YEBO/CHA

Kusetshenziswe izithombe zami ngezinhloso zocwaningo

YEBO/CHA

\_\_\_\_\_  
**Ukusayina kobambe iqhaza**

\_\_\_\_\_  
**Usuku**

\_\_\_\_\_  
**Ukusayina Kowufakazi  
(Uma kunesidingo)**

\_\_\_\_\_  
**Usuku**

\_\_\_\_\_  
**Ukusayina Kohumushayo  
(Uma kunesidingo)**

\_\_\_\_\_  
**Usuku**

**Imvume engeziwe yokuqoshwa ngokomsindo**

Ngiyavuma ukuba ingxoxo yami

Iqoshwe ngokomsindo

YEBO/CHA

\_\_\_\_\_  
**Ukucikica komhlanganyeli**

\_\_\_\_\_  
**Usuku**

\_\_\_\_\_  
**Usuku**

## APPENDIX 3

### Information Sheet and Informed Consent Document Facilitator Interviews

## UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

### INFORMED CONSENT

#### Information Sheet and Consent to Participate in Research:

An exploratory study of caregivers' and facilitators' experiences of participating in the Play Mat Program in Mpumzuza

Date:

Greeting: To whom it may concern

My name is Kimberleigh Bodley from the Discipline of Psychology at the University of KwaZulu- Natal (UKZN). My email address is: [kimbabodley13@gmail.com](mailto:kimbabodley13@gmail.com) and telephone number is 0760845116.

You are being invited to consider participating in a study that will help us to understand your experiences of the Dlananathi Play Mat Program. The aim and purpose of this research is to learn about your experiences of the Dlananathi Play Mat Program. We would like to understand, from a facilitator's point of view, what aspects make it challenging or easy for caregivers to practice playful learning in the home environment. We are also interested in understanding whether there is a shift in caregivers' mind sets or attitudes towards playing during the course of the Play Mat Program, and what the factors are that influence this shift. Your involvement in this research would be participating in an hour long interview.

Your responses will be kept confidential, your real name will not be used in reporting the results. We hope that the study will be beneficial in improving the Play Mat Program for caregivers in the future.

If we see that you are distressed we will consult you about being referred to our Child and Family Centre for support. The telephone number is 033 260 5166.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number\_\_\_\_\_).

In the event of any problems or concerns/questions you may contact me on [mitchellc@ukzn.ac.za](mailto:mitchellc@ukzn.ac.za), or 033 260 6054, or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus  
Govan Mbeki Building  
Private Bag X 54001  
Durban  
4000  
KwaZulu-Natal, SOUTH AFRICA  
Tel: 27 31 2604557- Fax: 27 31 2604609  
Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Your participation in this research is completely voluntary and you are free to withdraw at any stage for any reason. You are also free not to answer any question in the interview that makes you feel uncomfortable.

All identifying information will be kept strictly confidential. In the final report (and any subsequent publications) your anonymity will be protected by using a pseudonym (false name), and not your real name.

The interview will be audio recorded and then transcribed by the research team to facilitate the research. The audio recordings and transcriptions will be kept in locked drawers and password protected files that only the research team will have access to. All information will be kept for a period of five years. After this time, all data will be destroyed or deleted.

When this study is complete, the research team will present a report to Dlalanathi. Please inform the research team if you would like your own copy of the results. If you agree to participate in this research, please complete the consent form attached to this document.

Thank you

Kimberleigh Bodley

**CONSENT**

I \_\_\_\_\_ have been informed about the study entitled “An exploratory study of caregivers’ and facilitators’ experiences of participating in the Play Mat Programme in Mpumaza” by Kimberleigh Bodley.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available support if I become distressed during the interview.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at [kimbabodley13@gmail.com](mailto:kimbabodley13@gmail.com), 0760845116.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus  
 Govan Mbeki Building  
 Private Bag X 54001  
 Durban  
 4000  
 KwaZulu-Natal, SOUTH AFRICA  
 Tel: 27 31 2604557 - Fax: 27 31 2604609  
 Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**

\_\_\_\_\_  
**Date**

**Additional consent to audio record**

I hereby provide consent to:

Audio-record my interview

YES / NO

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**

\_\_\_\_\_  
**Date**

## **APPENDIX 4**

### **Focus Group Schedule**

#### **Personal Information**

1. Would you mind telling me your age?
2. Do you work, if so what do you do?
3. Would you mind telling me your relationship status?
4. How many members in your family?
5. What is your highest level of education?

#### **Information on child**

1. How many children do you have?
2. How old is your child/ children?
3. What is the gender of your child?

#### **Questions about the Play Mat Program**

1. How many sessions of the Play Mat Program did you attend?
2. How did you feel about the sessions you attended?
3. If you missed sessions, what caused you to miss them?
4. If you stopped attending sessions, what caused you to stop?
5. Are there any factors that would make these sessions easier to attend?
6. Did you find the sessions helpful?
7. What did you learn throughout this process?
8. How much time do you dedicate to playing in a day?
9. What makes it easy to play at home?
10. What makes it challenging to play at home?
11. How do you fit play into your daily routine?
12. What made you invest in your child's play, learning and development?
13. Do you think the program benefited you as a mother?
14. What aspects of the program would you change?
15. How do you think the program can be improved in the future?

**Imininingwane**

1. Ungakwazi ukungitshela ukuthi uneminyaka emingaki?
2. Ngabe uyasebenza? Uma usebenza, wenza msebenzi muni?
3. Ungakwazi ukungitshela isimo sakho sobudlelwane?
4. Nibangaki emndenini wakho?
5. Yiliphi izinga lakho eliphakeme kakhulu lemfundo?

**Imininingwane Ngomntwana**

1. Unabantwana abangaki?
2. U/Baneminyaka emingaphi umntwana/abantwana wa/bakho?
3. Yibuphi ubulili bomntwana/abantwana bakho??

**Imibuzo mayelana nohlelo lwePlay Mat**

1. Ube khona kwizinhlangano ezingaki zohlelo lwePlay Mat?
2. Uzizwa kanjani ngezinhlangano ozihambile?
3. Uma kukhona izinhlangano ongaphumelelanga kuzo, yini edale ukuba ungaphumeleli?
4. Uma uphezile ukuhamba izinhlangano, yini edale ukuba uyeke?
5. Ngabe kukhona izinto ezingenza lezi zinhlangano zibe lula ukuba zihanjwe?
6. Ngabe uzithole ziwusizo lezi zinhlangano na?
7. Yikuphi okufundile ngenqubo yalolu hlelo?
8. Unikela ngesikhathi esingakanani ekudlaleni usuku nosuku?
9. Yini eyenza kube lula ukudlala ekhaya?
10. Yini eyenza kube nzima ukudlala ekhaya?
11. Ukufaka kanjani ukudlala enqubeni yakho yafuthi?
12. Yini eyenza ukuba utshale/unikele ekudlaleni, emfundweni kanye nasekuthuthukisekeni komntwana wakho?
13. Ngabe kukhona na okuvunile njengomnakekeli kulolu hlelo?
14. Yikuphi ongakushintsha ngalolu hlelo?

## APPENDIX 5

### Facilitator Interview Schedule

1. Can you explain, from your point of view, what the aims and objectives of the Play Mat Program are?
2. What do you think are the main benefits for the caregivers participating in the Play Mat Program?
3. What do you think are the main challenges that caregivers face when playing in the home environment?
4. Which elements of the program do you think make it easier for caregivers to play in the home environment?
5. Do you see a change in caregivers' attitudes towards playing at home the more they participate in the Play Mat Program?
6. How do you think that this program changes the value that caregivers attach to play?
7. What factors do you think influence caregivers investment towards participating in the program?
8. What do you understand by intentional learning?
  - a. What factors do you think influence caregivers decisions to implement intentional learning in the home environment?
9. As a facilitator, what factors do you think influence caregivers decisions to drop out of or continue with the Play Mat Program?
10. Can you explain any changes in caregivers' mind-sets, attitudes or values that are noteworthy as the program progresses?
11. Do you think that the Play Mat Program adequately prepares caregivers to facilitate playful learning in the home environment, without your support or supervision?

## APPENDIX 6

### Evidence of backtranslation

1: “We enjoyed it very much. It’s so much fun playing, because even if you were feeling down you would get there and it would be fun. Even when you get home, you would play with the children and shout...play with the ball, pass it to each other, jump...something I could not do before, now I can actually jump. At home, even when I’m tired when I arrive the children will throw the ball to me. I tell them I’m tired and they’ll insist on playing until I play because I don’t want them to be disappointed”

Bekumnandi kakhulu. Kumnandi ukudlala, ngoba ngisho kuthiwa awukho kahle emoyeni ubuthi uma ufika khona kube mnandi. Ngisho usufika ekhaya, ufike udlale nabo nimemeze...nidlale ibhola, niphonselane, nigxume...into ebengingakwazi ukuyenza mina, manje sengiyakwazi ukugxuma. Ekhaya, ngisho ngikhathele, uma ngifika bazongiphosela ibhola. Ngibatshela ukuthi ngikhathele belokh' bengincenga. Ngize ngivume ke ngoba angifuni bajabhe.

2: “We saw that they were learning because for instance when we play with the lids the child learns that you can put the lid on top of another maybe to make a triangle or anything of the like. Through the playing their minds grow and they even learn how to do new things without you having to show them”

Sibonile ukuthi bayafunda ngoba nje mhlawumbe uma sidlala ngezivalo umntwana uyafunda ukuthi ungasibeka isivalo ngaphezu kwesinye, hlampe ukwenza unxantathu nanoma yini kanjalo kanjalo. Ekudlaleni kwabo imiqondo yabo iyakhula futhi baze bafunde ukwenza izinto ezintsha ngaphandle kokuthi uze ubakhombise.

3: “Yes, because now we know and even when you see other kids, not necessarily the ones we play with but just other kids, you can correct them and show them the right way to play and you know that if a child is outside which is the right way to play with them there. Even when it’s a child that isn’t part of the program. You know how and what to show the child and they eventually see that connecting with this person makes everything good and fun”

Yebo. Ngoba manje sesiyazi. Ngisho ubona abanye abantwana ekungasibo laba esidlala nabo nje abanye abantwana, uyabakhombisa indlela ekuyiyo yokudlala kanti futhi uyazi ukuthi iyiphi indlela efanelekile yokudlala nabo khona. Ngisho kuyingane engekho kulolu hlelo. Uyazi ukuthi umkhombisa ini kanjani naye agcine esondelene/enobudlelwane nalomuntu owenza yonkinto ibe yinhle ibe mnandi.

4: “Yes, we did miss some. At times they would call and you’re not around, we’re not always around. At other times it would clash with you having to go to town and they only inform you the day before so you can’t make it. But when we did meet up again they would start with the ones you missed and then continue from there”

Yebo, kukhona esaweqa/esingawahambanga. Kwenye inkathi bebefona kanti awukho. Kwesinye isikhathi bekuqondana nokuthi kumele uye ethawini, bakwazise ngayizolo bese ungaphumeleli kanjalo ke. Kodwa ke uma sesihlangana futhi bebeqala ngalokhu owakweqa bese beqhubeka lapho.

5: “Indeed we do not have to buy things, we make them ourselves. We’ve learned to make things for the children to play with”

Ngempela/Impela asidingi ukuthenga izinto, siyazakhela. Sesifunde ukwakha izinto zokudlala abantwana.

6: “We didn’t even play with children. I for one never wanted to play with children but now I can do that, because previously I would just shout at them and say I’m an adult you go out there and play”

Besingadlali nabantwana. Mina nje ngangingafuni ukudlala nabantwana, kodwa manje sengiyakwazi ukukwenza

## APPENDIX 7

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