# Caregivers' views of play and play areas in Durban City Centre, eThekwini District

**by**

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# ABSTRACT

## Caregivers' views of play and play areas in Durban City Centre, eThekwini District

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Play is not only essential to child development but for human development. Therefore, it was important to study caregivers' views of play as they impact the amount of play that takes place in their child's life. As part of a group research project, the researcher, who is a social worker by profession and is studying through the University of Pretoria, explored the views of caregivers on play. Play may have transformed and evolved over time and will continue to transform; play may mean something completely different in different contexts, which was explored further, but the important thing is that children should still be provided with the opportunity to play, no matter how it is defined. Thus, to explore these evolving views of play the researcher conducted a study into caregivers' views on play and play areas, specifically within the Durban City Centre, eThekwini District.

The study followed a qualitative research approach, where detailed descriptions were gathered from caregivers on their views of play and play areas, within the context of Durban city centre. Caregivers' views on play and play areas within Durban were explored using applied research as the appropriate type of research. The most effective method of gathering information regarding the views of caregivers on play and play areas was the collective case study research design, which was utilised. Interviews, specifically semi-structured interviews were used as the method of data collection. The focus of these interviews was to gather more detailed, personal and in depth

information. Purposive, non-probability sampling was utilised within this study, as the entire population was and is still unknown to the researcher.

The goals and objectives of the study were to theoretically contextualise the role of play in the lives of children in early childhood. To explore and describe caregivers' views on play in the lives of their children and explore and describe how and whether caregivers engage with their children in play. To explore and describe caregivers' views of the availability and utilisation of public play areas for their children. Finally, the last objective was to raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas through conclusions and recommendations of this study.

Semi-structured interviews were conducted and the data gathered was analysed. The researcher identified four themes, with subthemes. These themes focused on the views that caregivers' have regarding play in the lives of their children. Caregiver's involvement in this play was also examined. Influences of caregiver's culture and own upbringing on these views surrounding play were another theme. Public play spaces were a focus within this study, examining who had access to a public play space and what factors encourage usage. Recommendations were given by the caregivers on how to make public play spaces more effective and useful to the community.

From the findings of the study, the researcher identified several recommendations that could be given to professionals that deal with caregivers, recommendations to municipalities and local governments and finally for future research.

## KEY CONCEPTS

**Play**

**Play areas**

**Caregivers**

**Child**

**Durban City Centre, eThekwini District**

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# CHAPTER 1

# GENERAL INTRODUCTION TO THE STUDY

## 1.1    INTRODUCTION

Thinking of children in the present day, some of the comments people may make are 'children grow up too fast' or 'childhood is not the same as it used to be'. This is due to the changing social and environmental contexts that children live in (Little, 2013:1). It needs to be maintained that even with these changes children should still gain the opportunities essential to their development. Play is one of these essential opportunities that need to be given to them despite the changes. Play forms part of the foundation to a child's healthy development and growth (Freeman & Kasari, 2013:148; Ginsburg, 2007:182). Play may have transformed and evolved over the centuries and will continue to transform; play may mean something completely different in different contexts, which will be explored further on, but the important thing is that children should still be provided with the opportunity to play, no matter how it is defined. Thus, to explore these evolving perceptions of play the researcher studied caregivers' views on play and play areas, specifically within the Durban City Centre, eThekwini District.

The unit of analysis was caregivers, as their views were what the researcher was interested in. For this study, a caregiver is viewed as any person that cares for a child, with the consent or implied consent of the parent or guardian of the child. The geographical location in which the researcher obtained these participants was from Central Durban, in the eThekwini district of KwaZulu-Natal in South Africa. Durban Central is an area characterised by an ethnically diverse community, with a cultural richness and a variety of beliefs and traditions (About Durban/Fifth Brics Summit, [Sa]). The Zulu group is the largest single ethnic group, that being 68%. The geographical area also has a large Indian population; the largest population of Indians outside of India. Indians make up 20% of Durban's demographics. The predominant language for Durban is IsiZulu. Durban has a large and diversified economy with manufacturing, tourism and transportation being the main ones. The incomes of the households within

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Durban are therefore also diverse. The area has a population of approximately 3.5 million people. Durban city centre is bordered to the West by the Indian district, to the South by the harbour, and to the East by the beaches (About Durban/Fifth Brics Summit, [Sa]).

## 1.2 DEFINITIONS OF KEY CONCEPTS

To understand the context of this study, the following key concepts need to be defined: play, play areas, caregivers and child.

**Play**: "Play is a multidimensional construct that varies in meaning across time, culture and contexts" (Fisher, Hirsh-Pasek, Golinkoff & Gryfe, 2008:306). Play is diverse and incorporates a multitude of activities, thus defining play to articulate and encompass all its parts becomes extremely difficult and complex (Fisher et al., 2008:306). Depending on what focus is placed on play will determine what may be defined as play. This limits the boundaries of what may be incorporated into the definition of play (Fisher et al., 2008:306).

Despite these difficulties in defining play, within this study play in its many forms is a natural method for children to explore and learn about their worlds. Play is characterised by a range of voluntary activities associated with pleasure and enjoyment. Play is not limited to children, but can be enjoyed by adults as well. Through play, despite what form of play they may use knowledge and information is gained, providing a platform for more complex cognitive processes to take place and develop (Fisher et al., 2008:306).

Within this study, it is important to understand experts' definition of play, but the caregivers' definition of play is ultimately what is promoted in children's lives. This determines that within this study the need to examine and explore caregivers' definitions of play and the value they place on play and compare these views with the experts' definition of play is necessary.

**Play areas:** From the literature, the researcher struggled to gather a clear definition of play and play areas as the concept is very expansive and broad. In this study, play areas will be defined as playgrounds within the community that are specifically constructed for the community. This would generally be a park, or an outside area with some variants on fixed play structures that are placed within these areas (Holt, Lee, Millar & Spence, 2013:2; Veitch, Salmon & Ball, 2007:410). The intended emphasis of these play areas is for the enjoyment of children.

**Caregiver:** A caregiver is any person that cares for a child, including a parent; guardian or foster parent. Managers of places of temporary safe care and child and youth care centres; a child heading a child headed household, or a person who cares for a child with the consent or implied consent of the parent or guardian of the child (Section 1 of the Children's Act 38 of 2005).

**Child:** A child is a person under the age of 18 years old (Section 1 of the Children's Act 38 0f 2005). For this study, the researcher will focus on children between three years and six years old.

## 1.3    LITERATURE REVIEW

To truly gain an understanding of the topic a more in-depth study must be undertaken. Play was explored thoroughly, looking at all aspects that are associated with play. The perception of caregivers was then examined to identify what knowledge they already possess about the study topic. This helped the researcher gain a comprehensive understanding of what possible perspectives caregivers may have. Play areas and the utilisation of them were explored, assessing their usefulness and effectiveness in promoting play. Without knowledge of these details, the study would not be beneficial, as gaps in research needed to be identified, to assess that the theme for this study was relatively unknown and therefore useful to be undertaken. A more in-depth literature review will be discussed in Chapter two.

### 1.3.1  Importance of play

Play is essential for human development as it promotes the cognitive, physical, emotional and social well-being of the child (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182). It has been found to enhance abstract thought, perceptual thinking, symbolic representation, memory, creativity, intelligence, language, self-regulation and literacy (Fisher et al., 2008:306; Ginsburg, 2007:183). An environment that promotes a child-initiated learning process is the most effective, where the child is an active learner and feels safe to explore by themselves or with others.

Play allows children to explore their world and gain mastery over it without pressures about meeting standards and expectations. Children are given the opportunity to conquer and overcome their fears through play. They gain confidence and resilience, learning to take on challenges. Peer interaction is cultivated and practised, they learn how to problem solve and manage conflict. Play allows a child to discover their own passions and desires, their personal areas of interest independent of external influences. Play has been proven to enhance the educational skills of a child, and to settle into school easier and have better peer relations (Fisher et al., 2008:306; Ginsburg, 2007:183; Louw & Louw, 2014:277; Talbot & Thornton, 2009:17-21). Not only does play provide a platform for all these essential skills to be learnt but also it is a joy for the child.

### 1.3.2  Forms of play

There are two forms of play, structured and unstructured play (Fisher et al., 2008:310, 314; Ginsburg, 2007:183). Structured play is when another person dictates or instructs the play. It has rules, boundaries, goals and specific objectives. Structured activities go against the natural flow of a child's learning and gathering of information, while unstructured play is wild in nature, with no rules attached to it. The child would have full control of the activity and can decide for him/herself how to play it. There is no restriction or limitation on this form of play (Fisher et al., 2008:310, 314; Ginsburg,

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2007:183). Within the study, the researcher explored what caregivers view as the different forms of play and whether structured play or unstructured play is more important. The forms of play caregivers predominately play with their child is also examined.

### 1.3.3 Types of play

There are several types of play which include: functional play, constructive play and pretend play (Louw & Louw, 2014:210; Papalia, Olds & Feldman, 2006:306). Functional play involves activities that are repetitive, that utilise muscular movements where gross and fine motor skills are developed. These activities include running, skipping, throwing, wrestling or kicking. Constructive play utilises material with the aim of building something. Blocks, crayons, paints and clay are some of the examples that are used in constructive play. More than half of a child's time may be spent in constructive play when in preschool. As they grow older their creations become more elaborate. Pretend play is imaginary play, where children play make-belief. Pretend play begins when a child is around two years old, near the end of the sensorimotor stage of development. Games with rules provide opportunities for cognitive development and social understanding. Through pretend play children try out roles, experiment with emotions and develop problem-solving skills. Language proficiency and social skills are developed (Louw & Louw, 2014:210; Papalia et al., 2006:306). Each child will have a unique style of play depending on cultural and social influences (Fogle & Mendez, 2006:508). Children's play cannot be categorised, as the nature of it is inherently free.

### 1.3.4 Developmental stages and play

Within each developmental stage of a child's growth, play transforms and develops. Louw and Louw (2014:277) and Talbot and Thornton (2009:17-21) explain that from birth to 12 months a baby is interested in sensorimotor play, with the focus being placed on sights, sounds, feelings and grasping. One to two-year-olds begin to utilise pretend play, but on a very elementary level. Three to five-year-olds develop this pretend play

and utilise it on a more complex and diverse level. Six to ten-year-olds are more interested in games with rules, with physical games the predominant activity. Children of eleven years and above focus on peer play and independence.

### 1.3.5  Trends of play

Caregivers have many influences that affect their view of play. Marketed messages, professional voices, such as teachers and other parents' views all influence these views. Recent studies show that structured, educational or academic play is taking preference to unstructured play (Fisher et al., 2008:306; Ginsburg, 2007:184; Holt et al., 2013:2). Free play is taking a back seat and is not emphasised by schools or parents. The term 'hot housing' is used to describe the intensely structured play which is seen to promote academic growth rapidly neglecting the development of creativity and social skills (Ginsburg, 2007:182).

Although this is the current trend, from all the literature that has been explored, balance is said to be essential for children (Ginsburg, 2007:182). Play needs to be valued and incorporated into a child's daily routine; not to say it is the only important aspect of a child's development but that it is part of the equation.

### 1.3.6  Caregivers' views on play

Caregivers' perceptions on play are very personal. Multiple factors contribute to their beliefs about play (Fisher et al., 2008:305). The researcher was unable to find many sources that gave information about the perceptions of caregivers. Fisher et al. (2008:307) try to gain a fuller understanding of these perceptions. How parents learned and developed personally would often influence what they see as important for their own child, and more time and energy would be placed on tasks that the parent considers important (Fogle & Mendez, 2006:508). Caregivers have often shown to ascribe importance to certain forms of play and promote forms of play that they themselves enjoyed.

Culture will also often have an impact on their views on play and the importance they place on it (Fisher et al., 2008:314; Odera & Murigande, 2010:100). Cultural expectations differ for each culture and there are certain expectations ascribed to the gender of a child in certain cultures. A caregiver's culture and dedication to that culture will, therefore, influence their view on play.

Education levels also have an impact on caregivers' perceptions. Higher-educated parents are more supportive of free play, while less educated parents are mainly focused on academic activities (Fogle & Mendez, 2006:516). However, Fogle and Mendez (2006:508) mention that assessing and defining perceptions of caregivers on play is difficult to confine as they are so diverse and limited knowledge is available.

Other environmental factors are encroaching on children's play time. Caregivers' opinions may change depending on where they live. Whether a child grows up in a rural, impoverished, urban or wealthy environment, they will all have factors that are encroaching and limiting the full benefits of play. These factors may be child labour, neighbourhood violence, poverty, hurried lifestyles or changes in family structures (Ginsburg, 2007:182; Odera & Murigande, 2010:100). There is a multitude of factors affecting play and the amount and type of play that children are engaging in (Ginsburg, 2007:182). The contexts of South Africa have not been explored in relation to the impact it may have on caregivers' views on play. The countries that most studies have been conducted in are from first world countries (Fisher et al., 2008:305; Fogle & Mendez, 2006:516; Ginsburg, 2007:182), with little or no similarities to South Africa, thus emphasising the importance to explore within South Africa's context. The similarities are educational levels, whereas culture is an aspect unique to South Africa.

### 1.3.7 Importance of play areas

Play areas ultimately promote play and as identified earlier the value of play cannot be emphasised enough. Physical activity is also promoted in play areas, which in turn

benefits children's health, weight and motor skill development (Farley, Meriwether, Baker, Watkins, Johnson & Webber, 2007:1625, 2007; Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer, Ginsburg & Mulligan, 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). Peer interaction and independence is also fostered in play (Veitch et al., 2007:419). Unsupervised play, is important for children to explore and test ideas but many caregivers don't allow unsupervised play anymore due to their fears (Valentine & Mckendrick, 1997:222). Play's benefits as mentioned above are numerous.

## 1.3.8      Utilisation of public play areas

The views that caregivers have regarding public play areas and the risks or benefits that they pose for their children, will determine whether caregivers utilise public play areas or not. Whether these risks are perceived or real is uncertain, either way, these reservations about public play areas determine how much they are utilised. Caregivers, both in South Africa and elsewhere are generally overprotective of their children and try and shelter them from all possible risks (Little, 2013:3, 10, 12). This may then prevent their children from learning or experiencing anything for themselves.

Caregivers' fears are real and need to be considered when examining the use of play areas. Traffic is one of the predominant factors, as heavy traffic generally increases fear, while in a quiet area, fears and risks are lowered (Bringolf-Isler, Grize, Mäder, Ruch, Sennhauser & Fahrländer, 2010:253; Holt et al., 2013:3; Little, 2013:12; Valentine, 1997:69; Veitch, Bagley, Ball & Salmon, 2006:388; Veitch et al., 2007:419). The distance between the play area and their houses affects the utilisation of the public play area. If it is too far away from home, or very complicated routes required getting there, caregivers fear their children could get lost (Bringolf-Isler et al., 2010:253; Holt et al., 2013:3; Little, 2013:12; Valentine, 1997:69; Veitch, Bagley, Ball & Salmon, 2006:388; Veitch et al., 2007:419). Distances to a public play area and traffic density are two of the common fears caregivers may have.

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Neighbourhood safety is identified as a key deterrent to outdoor play. Drugs, gangs and bullying are factors within neighbourhood safety. Crime is also incorporated into neighbourhood safety (Bringolf-Isler et al., 2010:253; Holt et al., 2013:3; Little, 2013:10; Valentine, 1997:69). Stranger danger was also identified as a fear within all the studies conducted; an issue which needs to be explored within a South African context (Bringolf-Isler et al., 2010:253; Holt et al., 2013:3; Little, 2013:10; Valentine, 1997:69; Veitch et al., 2006:388; Veitch et al., 2007:419). Child abduction was another common fear that was discovered (Valentine, 1997:69); all included in a neighbourhood's sense of safety.

Erosion of a sense of community is also a factor that affects the utilisation of play areas. Community members isolate themselves, which prevents comradery between neighbours and sharing child care responsibilities (Holt et al., 2013:9). This could potentially be due to crime but has not been proven in literature. Upkeep and maintenance of these public play areas could also be a factor that affects their utilisation. There is no research suggesting this as a possible factor affecting the usage of play areas and can be an area of exploration for the researcher.

### 1.3.9  Possible solutions to promote the utilisation of play areas

The availability and accessibility of play areas are not a determinant for the utilisation of play areas (Holt et al., 2013:3). Renovations of these play areas have not proven to increase the utilisation either (Holt et al., 2013:3). Other factors need to be considered in the increase of use, such as community involvement. In a study done in Canada where play areas are available and accessible, it was identified that environments that foster the use of the facilities is what is important rather than the actual facility (Holt et al., 2013:3). Children believed sometimes the play areas are designed for younger children and that they would prefer skate parks, soccer fields or basketball courts. Children thought that these areas would be more enjoyable and therefore more utilised (Veitch et al., 2007:418). No other ideas or solutions were identified, thus the need to

explore caregivers' perceptions to ensure that effective play areas are developed, to ensure maximum utilisation.

## 1.4   THEORETICAL FRAMEWORK

The paradigm that this study is based on is the developmental systems theory (DST) (Greenfield, 2011:529). This theory helped formulate the assumptions that are explored and guided how the data was interpreted. DST is concerned with the "complex transactions among individuals and social environments within diverse temporal and spatial settings" (Greenfield, 2011:529). This theory was developed by incorporating several other theories, namely: ecological perspective, complex systems theory, chaos theory and life-course perspective (Greenfield, 2011:533, 534; Vimont, 2012:505). Several key concepts identified within DST that need to be understood (Greenfield, 2011:531), include person environment systems; transactional approach, probabilistic epigenesis, time as context and diversity in human development.

Person-environment systems are the integration of systems and the existence of their subsystems (Greenfield, 2011:531). For instance, two possible subsystems for the individuals in this study would be their perceptions and background. The subsystems for the environment could possibly be the level of crime or the distance from individuals' home to play areas.

Transactional approach is the influence between the individual and the environment (Greenfield, 2011:531), ensuring that the "fusion, synthesis or integration" of the individual and the environment, and their "mutual reciprocity" is understood (Vimont, 2012:505). Within the study, a possible example may have been that individuals do not use the play areas due to crime, but because of the lack of usage of these play areas crime increases, thus perpetuating the cycle.

Probabilistic epigenesis is the knowledge that no pre-determined outline has been established within this development and that nothing is predictable, due to the uncertainties of individuals and contexts (Greenfield, 2011:531; Vimont, 2012:505).

Time as context considers the life-course perspective; that development is a lifelong process, with various scales of time (Greenfield, 2011:531, 534). The researcher also considered the diversity and limitless possibilities observed in the study.

The inter-connectedness of persons and their environments is DST's main emphasis. (Greenfield, 2011:530). DST gave the researcher insight into how "person-environment systems transact with each other over time, and how these transactions both hinder and heighten the wellbeing of individuals over time" (Greenfield, 2011:535). DST formed a conceptual anchor for the researcher when exploring and understanding the topic being researched (Greenfield, 2011:535). The researcher also better understood the complexities of the individual and the environment when analysing the data. DST focuses on the strengths of the individual and the environment (Vimont, 2012:505), which will promote "optimal human growth across diverse populations and throughout time" (Greenfield, 2011:538). This theoretical framework gave a solid foundation for the researcher to develop an understanding of the study of caregivers' views on play and play areas.

## 1.5 RATIONALE AND PROBLEM STATEMENT

The researcher found that there is limited research done on the views of caregivers regarding play and play areas. Similar studies have been done in other countries in the world, but studies within the South African context have not been explored thoroughly (Bringolf-Isler et al., 2010:252; Fisher et al., 2008:305; Fogle & Mendez, 2006:507; Valentine, 1997:65; Veitch et al., 2006:383). South Africa has dynamics very specific to this nation, that are diverse and complex and therefore, knowledge from other studies are very often not relatable to the South African context. This emphasises the need to explore South Africa's realities and experiences relating to specifics around this study.

As discovered in the literature review, play is crucial to a child's development and growth (Fisher et al., 2008:305-316). Therefore, caregivers' views needed to be assessed and explored to understand the value they ascribe to play. The value caregivers place on play determines how much play they will incorporate in their child's programme. From the knowledge generated by this study, a clear indication of what information is lacking with regards to the knowledge of caregivers regarding play is revealed. It is also useful in determining whether public play areas are utilised and the benefits that they can have on communities. The study determined whether there is a need for play areas and assess whether they would be utilised.

Therefore, the research question was: What are caregivers' views on play and play areas in Durban City Centre, eThekwini District?

## 1.6    GOALS AND OBJECTIVES

The goal of this study was to explore and describe the views of caregivers on play and play areas in Durban City Centre, eThekwini District. The objectives for the study included:

- To theoretically contextualise the role of play in the lives of children in early childhood.
- To explore and describe caregivers' views on play in the lives of their children.
- To explore and describe how and whether caregivers engage with their children in play.
- To explore and describe caregivers' views of the availability and utilisation of public play areas for their children.
- To raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas through conclusions and recommendations of this study.

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## 1.7 RESEARCH DESIGN AND METHODOLOGY

The study followed a qualitative research approach, with detailed descriptions from caregivers on their views of play and play areas, within the context of Durban city centre (Babbie, 2008:97; Blanche, Kelly & Durrheim, 2006:274; Fouché & Delport, 2011:65; Willig, 2001:9). There is limited knowledge regarding this within South Africa. The study was of an exploratory nature to gather in depth information (Babbie, 2008:97; Willig, 2001:12). The information gathered from the caregivers was analysed, and themes and categories have been formed (Fouché & Delport, 2011:66). The aim is to understand the phenomenon from the views of caregivers.

Caregivers' views on play and play areas within Durban have been explored using applied research as the appropriate type of research (Babbie, 2008:27; Durrheim, 2006:45; Fouché & De Vos, 2011:95). According to Fouché and Schurink (2011:307), the most effective method of gathering information regarding the views of participants, in this case the views of caregivers on play and play areas, would be to use the collective case study research design. As this ensures in depth information is gathered, which is needed in collecting perceptions from participants.

Purposive, non-probability sampling was utilised within this study, as the whole population is unknown to the researcher (Strydom, 2011:391). People that meet the criteria form part of this population group. This form of sampling ensures that there is a non-biased and diverse sample identified. Ten caregivers within the Durban City Centre region were invited to participate as a sample of the population for this study. The criteria that the researcher used in selecting the sample were the following (Strydom, 2011:392):

- The caregiver should reside in Durban City Centre, eThekwini.
- The caregiver should care for at least one child between the age of three and six years old.
- The caregiver will need to converse in English.
- The caregiver should be willing to participate voluntarily.

A semi-structured, one-on-one interview was utilised to collect in-depth information from the participants. The participants were found through referral from other participants. Informed consent was obtained at the beginning of the interview, the researcher went through the contents of the informed consent with participants. The researcher utilised an interview schedule as a general guide for the interview process (Greeff, 2011:351-352; Willig, 2001:22-23). The questions were set out in a logical manner and were not leading in any form (Greeff, 2011:352). The interviews were audio recorded, field notes were taken and the researcher then transcribed the interviews (Greeff, 2011:353). This ensured accurate recording.

Once the data was collected, the data was then interpreted and analysed. The findings have been explored, uncovered and tested by the researcher (Schurink, Fouché, & De Vos, 2011:403-416). The researcher reports all the findings gained about caregivers' views on play and play areas in Chapter 3.

Trustworthiness is essential to ensuring the study is a valuable contribution to research (Glesne, 2006:37; Lietz, Langer & Furman, 2006:444). To ensure trustworthiness within the study, precautions have been taken by the researcher. These precautions are discussed in detail in Chapter 3.

Ethical considerations need to be examined to ensure that this study is scientific in nature (Strydom, 2011:113-115). Ethical considerations that were taken into consideration were avoidance of harm, voluntary participation, informed consent, deception of respondents, violation of privacy, anonymity, confidentiality, and debriefing of respondents, actions and competence of the researcher and accuracy with the publication of the findings.

The research design, methodology and ethical considerations will be discussed in more detail in Chapter 3.

## 1.8   LIMITATIONS OF THE STUDY

The researcher views the following as limitations of the study:

- The sample size was small and therefore cannot be generalised to a larger population group. Despite this limitation, the participants could provide very valuable insight enabling a better understanding of the research topic.
- Participants had some relation to Child Welfare Durban and District; either as employee's, or worked for affiliated organisations. Whether this interaction with Child Welfare Durban and District has influenced their views regarding play may be a limitation in that it is not a true reflection of the greater population group.

## 1.9   CHAPTER OUTLINE

The contents of the research are divided into four chapters.

**Chapter One:** Chapter one looks at the general introduction to the research study and process. The theoretical framework was identified and explored in relation to the study. The methodology and rationale for the study are outlined. The structure and process that the researcher followed are discussed. Limitations experienced by the researcher are identified within this chapter.

**Chapter Two:** The title of this chapter is play and play areas. A detailed and in-depth literature review is undertaken within chapter two. Important aspects such as play and play areas are defined and explored. Research and knowledge relating to the caregiver's views on play and play areas are examined to ensure that the researcher was competent and knowledgeable in the field of study.

**Chapter Three:** The empirical findings of the study and the methods used to acquire it is articulated in chapter three.

**Chapter Four:** Once the interpretation and analysis of the results have been completed the researcher outlines the conclusions and recommendations that have been identified through the analysis of the data.

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# CHAPTER TWO
# PLAY AND PLAY AREAS

## 2.1    INTRODUCTION

Play is essential for human development as it promotes cognitive, physical, emotional and social well-being of the child (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182). Play today may look very different from previous generations. The relevance of play is critical to this study and understanding why it is so crucial to a child's development were identified. The advantages, developmental stages and forms of play are areas that will also be elaborated on within this chapter.

Since caregivers' views of play and play areas are the focus of this study, this chapter will examine previous studies or literature relating to it. When exploring caregivers' views, one needs to take into consideration that they have many varying views depending on multiple factors influencing them. These factors may include culture, environment, childhood, social class or social norms. These influences will be explored to try to gain an understanding of how each factor may influence a caregiver's views on play. Finally, the factors affecting the utilisation of public play spaces will be gathered. A solid foundation of knowledge for the course of the study will, therefore, be gathered.

## 2.2    CAREGIVERS' VIEWS ON PLAY

There are not many studies that have explored the perceptions of caregivers on play and play areas. Fisher et al. (2008:307) try to gain a fuller understanding of these perceptions. Caregivers' views are important because it affects the amount of time that they allow their children to play (Morris, 2013:121; Bringolf-Isler et al., 2010:251; Fogle & Mendez, 2006:508). Parents' attitudes and behaviours tend to also impact how a child views play and the value a child will place on activities (Fogle & Mendez, 2006:507). The more value and understanding a caregiver has of play the greater emphasis will be placed on it (Fisher et al., 2008:311), thus creating more time to allow for it to take place

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and ensuring that play is a priority in a child's life. Children who have parents who promote play will often display more prosocial behaviours and are less aggressive. These children tend to be more assertive and successful in social interactions with their peers (Fogle & Mendez, 2006:508), thus supporting the notion that the views of caregivers are an important aspect to explore when considering play.

There are varying views that have been reported on the views of caregivers regarding play. Findings in studies indicate that caregivers' definition of play has stayed the same over the past 20 years and that they generally define play as "an activity for fun and amusement" (Morris, 2013:121; Rothlein & Brett, 1987:45). Within another study done by Fisher et al. (2008:311), it was discovered that mothers identified a wide range of activities that are characterised as play activities. It was noted that caregivers ascribed slightly more importance on structured play activities, as they perceive them as more educational than unstructured play activities. This study did highlight that caregivers perceived that structured and unstructured activities were still play (Fisher et al., 2008:311, 313). In another study, caregivers did not perceive play as a prominent contributor to their child's cognitive development and creativity (Morris, 2013:121; Fogle & Mendez, 2006:508), thus showing that the views of caregivers on play are diverse and cannot be predicted. Bringolf-Isler et al. (2010:251) emphasise that there is a multitude of factors that can influence the views that caregivers have regarding play and the value they ascribe to play.

## 2.2.1  Education

One of the factors that affect the views caregivers have on play is their educational level. Caregivers that have a higher education level tend to be more supportive of free play, whereas caregivers from a lower educational background mainly focused on academic activities. Less educated caregivers tend to value structured play and mastering educational goals more than well-educated caregivers (Fogle & Mendez, 2006:516; Rothlein & Brett, 1987:45). Therefore, a caregiver's educational level will

determine the amount and type of activities they will encourage and facilitate with their children.

### 2.2.2  Caregiver's childhood

One fact that was discovered is that these views of caregivers can be influenced by their personal upbringing and what they were taught by their parents. Many caregivers replicate what happened within their childhood with their children, when it comes to play and the value placed on play. Caregivers have often shown to ascribe importance to certain forms of play and promote forms of play that they enjoyed themselves (Fogle & Mendez, 2006:508). How parents learned and developed personally would often impact what they saw as important for their own child, and more time and energy would be placed on tasks that the parent saw as important (Fisher et al., 2008:307, 313, 314). For instance, if a certain caregiver loved and found value in maths they would promote that as important. Or if they loved fantasy play then often the caregiver would participate and join in this activity with their child. Some caregivers may have been deprived in a certain area of play within their childhood and therefore strive to provide for their child to make up for their own disappointments.

### 2.2.3  Cultural and environmental factors

Cultural norms and standards, as well as social class, also influence the views of caregivers (Milteer et al., 2011:204). When considering diverse cultures, one culture valued play as it added educational value to children; while another culture placed little value on play and thought that it was only a source of enjoyment, with no educational value. Play in many communities is characterised by shared work activities around the house, such as chores of sweeping and cleaning or herding cattle (Milteer et al., 2011:204). Diverse cultures ascribe varying values to different tasks to show that their child is competent. Evidence from the study done by Milteer, Ginsburg and Muligan (2011:204) revealed that a child growing up within a lower income class had to be taught to succeed in very different circumstances compared to those within a middle-

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class family. Children from lower income statuses do not always have the luxury of having others perform the mundane tasks for them, so much of their time is consumed with chores and tasks that a middle or higher income status child would not need to do. It may be stated that their rights to play are infringed upon. As much as parents from lower income brackets desire their child to reach their full potential, often their day to day survival becomes the more dominant need. Ensuring time for play is not a priority for these caregivers. Single-headed households also have more obstacles to face when it comes to creating time to play. Caregivers from lower income brackets typically enrol their children in schools that are academically focused and are very structured. Whereas middle-class caregivers are less likely to place the highest importance on this, they tend to look at schools where creativity and independence are the focus. Caregivers' views did not change in regard to their child's age or gender. (Bringolf-Isler et al., 2010:251; Fisher et al., 2008:307; Fogle & Mendez, 2006: 508, 516). Even though this literature showed that lower-income caregivers generally place a higher emphasis on academic learning they still view play in a positive light.

Environmental factors also encroach on children's play time. As Bringolf-Isler et al. (2010:251) state, "…measuring the environment and the individual may have just as much importance to understanding the level of play children have". Whether a child grows up in a rural, impoverished, urban or wealthy environment, they will all have factors that are encroaching and limiting the full benefits of play. In many western societies, the view of play for children is an image of idyllic, sheltered and happy activities, sheltered from reality. This may not be the case for a developing country, where limited research has been done. The lack of safe places to play may also influence the views of caregivers and the decrease in free play (Ginsburg, 2007:182, 185). Caregivers can be incorporated into how that environment is structured and what it may include. They may choose to create environments suited for play within the house or to take their children to places that promote play. Or they may do the opposite and never create likely environments for play (Fogle & Mendez, 2006:508). Culture, income and environmental factors all have an impact on the way that caregivers view play. Each factor has an individual effect and a compounding impact on play.

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## 2.2.4  The child

Another factor that affects the views that caregivers have regarding play is the temperament of their child (Fogle & Mendez, 2006:508, 516). It has been shown that with children that are more energetic and have a positive temperament, caregivers will become more relaxed in their parenting styles, thus encouraging play and relaxed environments that would promote play. While those children who are unpredictable will likely have caregivers, who are stricter and harsher with their children (Fogle & Mendez, 2006:508, 516). This can then form a perpetuating cycle between parent and child.

The gender of a child is also a factor that may affect the views of play that caregivers have. Morris (2013:138) reiterates that cultural expectations associated with different genders may have an impact, limiting or encouraging their play.

## 2.2.5  Trends

Caregivers' views on play are also influenced by the trends within society and the messages that they receive from their surroundings. Colleagues, family, friends and neighbours may all give insight into what is important for them to do to become good caregivers. Educators also have a substantial influence on the views of caregivers, as they often advise caregivers on many aspects of parenting. Schools have even reduced their recess or free play time placing more focus on academically focused activities (Fisher et al., 2008:306; Ginsburg, 2007:183). School admission policies have also changed and placed a big level of competition and pressure on children to perform to be admitted. Secondary schools and universities often require children to show evidence of a diverse range of activities to be accepted (Ginsburg, 2007:185). This aspect changes and affects caregivers' views. Therefore, many caregivers are beginning to place more value on structured play over unstructured, exploratory free play (Holt et al., 2013:2). Due to this preference, time for free play has been reduced drastically. The utilisation of electronic devices may also have played a role in the changing trends (Milteer et al.,

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2011:204). Many caregivers may perceive this as play, but this form of play does not give as many advantages as free active, creative play. Caregivers and educators are now leaning towards more emphasis on structured play and educational games (Milteer et al., 2011:204). Whether this is the trend in all socio-economic brackets and cultures cannot be determined.

The term 'hot housing' has been used, where focus and intensity are placed on structured activities to foster academic growth rapidly, neglecting the development of creativity and social skills. Caregivers have begun to perceive that academic learning is of more value than developing other areas of their child's life (Fisher et al., 2008:306; Ginsburg, 2007:183). The marketed messages also assist in promoting this view as they tend to promote educational toys and activities from an economic perspective. Advertisements try to influence caregivers and children into thinking that they need expensive and complex toys, which do not capture the attention of the children very long; thus, forcing the caregivers to purchase more toys (Rothlein & Brett, 1987:52; Youell, 2008:121). Ginsburg (2007:184) believes caregivers and educators are identifying with this information as true that the current trend within society is a definition of good parenting that places pressure on a caregiver to offer every opportunity to their child. Caregivers believe that to be a good parent they need to buy many toys and ensure their child participates in a multitude of activities. Due to this perception, many caregivers find themselves transporting their child from activity to activity rather than spending quality time with their child. The level of anxiety and depression has increased within children over the last few years, which may be a result of the hurried lifestyles that children engage in (Ginsburg, 2007:184; AAP, 2014:208). Caregivers from lower income statuses are often more susceptible to these messages as they have a lower educational level; this can often disempower the caregiver to feel as if they are providing inadequate resources to their children (Ginsburg, 2007:184; AAP, 2014:208). They, therefore, avoid playing with their children for them to not be confronted with their inadequacies.

From the above information, it has been established that each caregiver has vast and varying views on play. There are also many influences on these views. Play beliefs are still relatively under-researched globally, and even less research has been done within the context of South Africa (Fisher et al., 2008:307, 311), therefore, showing reason why this study will be beneficial to the field of social work. Previous studies have explored views within other contexts and insight into other countries and cultures (Bringolf-Isler et al., 2010:251; Holt et al., 2013:1; Milteer et al. 2011:204; Rothlein & Brett, 1987:52). Within this study, the researcher focuses on the influences on caregivers' views within South Africa. South Africa has many diverse cultures and people from varying socioeconomic statuses. This can add many diversity implications to the views that caregivers have on play today. Within this study, the researcher could not explore every possible view on play that caregivers had but attempted to get a broad understanding.

When looking at the views of caregivers it can be a challenge to have a measurable tool, which can be noted as a methodological weakness of this study. Caregivers' perceptions on play are very subjective, as each caregiver will have an individual view on play and the value of play. Assessing and defining perceptions of caregivers is difficult to confine as they are so diverse and limited knowledge is available. Caregivers decide within themselves what more important, unstructured or structured play is or whether play is important at all (Fisher et al., 2008:305). To assess these views one can only perform interviews and explore caregivers' involvement in play with their children; their enjoyment of play and try and understand their beliefs (Fogle & Mendez, 2006:508).

## 2.3 TIME DEDICATED FOR PLAY WITH CHILDREN BY CAREGIVERS

Within the research study, one of the objectives is to explore and describe how and whether caregivers engage with their children in play. Describing how caregivers engage in play with their children is a good way to measure the views of caregivers on play. Those that have positive beliefs about play tend to enjoy playing with their children

more and then, therefore, place a higher priority on it (Fogle & Mendez, 2006:508). They view play as a way for a child to learn from it, with no focus on academic learning specifically. Whereas caregivers that view academic learning as the most important aspect for their child will not promote play unless it has an academic focus. Even if caregivers had a positive view of play they still did not believe that play was the best way to encourage academic development. In a study done by Foggle and Mendez (2006:508) within the United States of America, caregivers placed more value on reading to their children and so preferred engaging in this type of activity. Many caregivers also enjoyed pretending with their children. The caregivers within this study did believe that play was significant to their child's development and creativity (Fogle & Mendez, 2006:508). Caregivers who perceive academic activities as more important than play tend to have children who are less competent at social and peer interactions (Milteer et al., 2011:6).

Despite a caregiver's view on play, there are many factors that can affect the time that a caregiver spends with their child. These may be outside stressors; time and resource constraints and unfamiliarity to the role that they can play in promoting play. Single parenthood is a huge factor that impedes on a caregiver's ability to engage in play with their child. Economic constraints may often also force both caregivers to work, thus decreasing the amount of time they have for their children. The decrease in multigenerational households, where there is a lack of support from grandparents or extended family may also have an impact. Many caregivers struggle to find the balance between work and time with their families. This often leads to feelings of guilt and inadequacy (Center on Education Policy, 2012:2; Ginsburg, 2007:185; Milteer et al., 2011:6). There is not a great deal of research into how and whether caregivers engage in play with their children. Most of the research focuses on academic involvement and encouragement with their children, neglecting the aspect of play.

There are many advantages of caregivers engaging with their children in play as it helps to develop a strong parent-child bond. This enables the caregiver to have a 'child's eye' view of the world (Milteer et al., 2011:204). Play between a caregiver and a child helps

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to establish honest, open, cohesive and healthy families, thus promoting a healthy child. When caregivers play with their children they gain understanding into their child's development and their child's perceptions. Caregivers can identify their child's feelings and emotions easier after they have spent considerable time with their child playing. Parenting skills also develop and communication skills improve, thus making child rearing easier with better outcomes. Trust is strengthened between child and caregiver; caregivers also become more comfortable and confident in their parenting skills (Ginsburg, 2007:183). Therefore, when parents play with their children a domino effect can occur, which improves all aspects of the parent-child relationship.

Play benefits increase as the level of participation increases. Unsupervised play is beneficial to a child, but when a caregiver engages in play with their child the advantages increase drastically (Ginsburg, 2007:184). Children also feel that they are heard by their caregivers and so, therefore, trust is established. Another benefit is that the child develops better problem-solving skills and coping skills (Ginsburg, 2007:184). The child can face life challenges, which ultimately helps to become a better functioning adult that can cope with the challenges faced in life.

From this discussion above, the views of caregivers on play are very important to the amount of play that a child engages in. The next thought that needs to be explored is; why is play so important and, why is there such an interest in the amount of play a child engages in?

## 2.4    THE IMPORTANCE OF PLAY

'Let my playing be my learning, and my learning be my playing' (Singer, 2013:173) is a common statement that has been used to try and explain what play means to a child's development. Play is not only essential to child development but is also essential for human development as it promotes cognitive, physical, emotional and social wellbeing of the child. Play is work for a child in that it is an integral part of a child's growth and development, where the sum equals more than its parts. Learning and playing are

interwoven within a child's life and one cannot distinguish between the two (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer et al., 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). Theorists such as Freud believed that play is the way in which children express themselves and is the first cultural and psychological achievement. Freud believed it was one of the main ingredients to developing into healthy functioning adults (Youell, 2008:121). Play cannot be ignored; it has been established as a critical aspect to an individual's development.

## 2.5    ADVANTAGES OF PLAY

Play is a way in which a child can experience and experiment with the world (Goldstein, 2012:4). A child's play is unconscious thoughts and desires; the play activity chosen by a child is not just by random selection but it is specifically chosen to process inner thoughts, feelings and anxieties. Play provides the opportunity for children to verbalise occurrences that are too difficult for them to narrate to someone, allowing the child opportunity to gain control over the situation (Blom, 2006:200). All play means something, despite many caregivers' perceptions that their child's play is just random activities to pass time. It is crucially important for a caregiver to watch and engage in play with their child as they will gain insight into their child's processes. When caregivers play with their children they gain understanding into their child's development and their child's perceptions. Play can create a bridge between a child and caregiver and can often release tension around certain areas of conflict. Play can be used as a window into a child's mind (Milteer et al., 2011:204; Raphael-Leff, 2012:299; Singer, 2013:174). This is only one of the many benefits that play has for a child and their growth and development.

An environment that promotes a child-initiated learning process is the most effective, where the child is an active learner and feels safe to explore by themselves or with others. Play, to a child, is described as fun, spending time with friends, outdoor activity and having freedom to choose whatever they like (Goldstein, 2012:5; Singer, 2013:173).

Structured activities go against the natural flow of a child's learning and gathering of information (Fisher et al., 2008:306). Play is not a specific action or behaviour and has no specific goal in mind (Goldstein, 2012:5). The reason that play continues to occur is because of the element of fun and the experience of play. If this was not an outcome of play, then children would not continue to play. This is the beauty of play, that a child never stops playing and so therefore never stops learning (Singer, 2013:174). Play's advantage is that a child is unaware of the fact that they are learning and so they have no connection that it is work, which many children think learning is. Thus, a child learns with no pressure or negative feelings.

Play has been found to enhance abstract thought, perceptual thinking, symbolic representation, memory, creativity, intelligence, language, self-regulation and literacy (Fisher et al., 2008:306; Ginsburg, 2007:183; Goldstein, 2012:5). Play allows children to explore their world and gain mastery over it without pressures about meeting standards and expectations; to achieve a cathartic relief from emotional pain; to enable a child to experience a sense of being powerful through physical expression of emotions and thus gain mastery over past issues and events (Blom, 2006:200; Geldard & Geldard, 2008:226). Play provides an opportunity for the child to develop insight into current and past experiences; it allows a child to take risks and engage in newly learned behaviours; it allows a child to build his/her self-concept and self-esteem; and pretend play can assist the child to improve on communication skills (Karacan & Güneri's, 2010:321). It is a natural tool for children to learn coping skills and socialisation skills. They gain confidence and resilience, learning to take on challenges and prepare for real life. Peer interaction is cultivated and practised, as they learn how to problem solve and manage conflict or frustrations. This ensures that a child does not feel overwhelmed with their emotions and can release it through play (Singer, 2013:174). It may also help them to understand other people's emotions (Goldstein, 2012:5). This will help them to help others understand their own emotions and it will help a child know how to interact and engage with peers better.

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They can process issues step by step and deal with them through play (Blom, 2006:200; Singer, 2013:174, 176; Senda, 2015:106; Sweeny et al., 2014:26). This shows that play not only helps with physical development but also emotional and internal processes, again helping them to cope with the many challenges of life. Children are given the opportunity to conquer and overcome their fears through play. It offers an opportunity to escape the realities of life and look at life from a distance. They can express their thoughts and feelings, often without even realising that they are sorting through their thoughts (Blom, 2006:200; Singer, 2013:174, 176; Geldard & Geldard, 2008:226; Sweeny et al., 2014:26; Karacan & Güneri's, 2010:321). Play allows a child to discover own passions and desires, and their personal areas of interest independent of external influences. Play has proven to help children deal with emotional difficulties. It allows a child to express emotions and master these complex psychological issues that they may face. It offers the opportunity of educating children on relevant aspects regarding their problems. Play is an opportunity for children to open regarding painful life events. It helps children to generalise their circumstances when they see other people in similar situations and helps to reduce feelings of isolation.

Play can be a discharge of extra energy. It improves motor skills, increases the motion and agility of a child, balance and flexibility also improve. This may also help to prevent obesity in children (Goldstein, 2012:6). Play is rarely harmful to a child, and only when it places the child in immediate danger should it be stopped. Not only does play provide a platform for all these essential skills to be learnt but it is a joy for the child (Fisher et al., 2008:306; Geldard & Geldard, 2008:226; Ginsburg, 2007:183; Louw & Louw, 2014:277; Milteer et al., 2011:204; Talbot & Thornton, 2009:17-21). Play has so many variations; there are limitless options for a child to explore.

The implications of a lack of play are huge to the healthy development of a child. As seen above play benefits every aspect of a child's development, thus restricting their play will have negative effects on all aspects of their development. Brain activity is often related to play activities, in rapid brain growth periods, play has been seen to increase. With no stimulation, a brain will fail to develop in certain areas that are crucial for later

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development (Milteer et al., 2011:204; Goldstein, 2012:5), therefore, proving that play is not optional for a child's development but essential.

The advantages of play are inexhaustible. The advantages of play are broad and encompass social, emotional, physical and cognitive developmental benefits to a child. Play never stops and continues throughout one's life even into adulthood. This, therefore, ensures that these advantages continue to have an impact on the development of an individual throughout their lifespan.

## 2.6    DEVELOPMENTAL STAGES OF PLAY

Within each developmental stage of a child's growth, play transforms and develops. Within this study, caregivers with children in early childhood were interviewed. All ages' development will be explored and described as it is also important as it indicates the child's delay in development or advancement.

### 2.6.1   Infancy and toddlerhood

Infancy and toddlerhood is a new born baby up till the age of three. Play is important from the earliest stage of development; a baby smiling is part of development and can be described as play. The infant's first experiences of play are when adults try to elicit smiling and laughter through tickling, or playing peek-a-boo (Goldstein, 2012:9; Louw & Louw, 2014:277; Talbot & Thornton, 2009:17-21). From birth to 12 months a baby is interested in sensorimotor play, with focus being placed on sights, sounds, feelings and grasping. Baby's first play is solitary, exploring objects in his/her surroundings. One to two-year-olds begin to utilise pretend play, but on a very elementary level. At this stage, solitary play is the dominant type. This is the first stage of play. They are very busy exploring and discovering their new world. These very young children tend to play alone regardless of whether other children are in the same room (Goldstein, 2012:9; Louw & Louw, 2014:277). This is often seen where two children may sit side by side but continue to play on their own, sometimes not even noticing the child next to them.

### 2.6.2 Early childhood (3 years - 6 years)

When a child becomes older, between the ages of 3 to 6 years old they can control their environment. Solitary play is followed by parallel play - playing 'next to' but not 'with' other children. Children play next to each other simply because they are in the same area but they are engaged in their own activities. They play side-by-side, watch and listen to each other. At this age, they are interested in the same toys and both see the toys as belonging to them. After parallel play, a child will begin social play at around the age three or four. Social play can include many different activities. Social play teaches a child social skills, develops imagination, language and communication skills (Goldstein, 2012:9). There are several types of play that a child will begin to utilise within early childhood and as they become older these become more elaborate. These types include functional play, constructive play and pretend play (Louw & Louw, 2014:210; Papalia et al., 2006:306). Functional play involves activities that are repetitive, that utilise muscular movements where gross and fine motor skills are developed. These activities include running, skipping, throwing, wrestling or kicking.

Constructive play utilises material with the aim of building something. Blocks, crayons, paints and clay are some of the examples that are used in constructive play. Pretend play is imaginary play, where children play make belief. Through pretend play children try out roles, experiment with emotions and develop problem-solving skills. Language proficiency is developed, and social skills are developed (Louw & Louw, 2014:210; Papalia et al., 2006:306). Each child will have a unique style of play depending on cultural and social influences (Fogle & Mendez, 2006:508). South African influences have not been researched specifically.

### 2.6.3 Middle childhood (6 years -11 years)

Six to ten-year-olds are more interested in games with rules, with physical games being the predominant activity. Speaking and listening skills are more developed so children

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can communicate with each other (Louw & Louw, 2014:210). Children can share ideas and tell each other what to do. Communication about play is the critical skill of cooperative play. Children eleven years and above are focused on peer play and independence (Louw & Louw, 2014:210; Papalia et al., 2006:306). Since rules to games are very important at this age and peer play is the predominant type of play, many arguments may arise between peers at this age. This then helps develop conflict management skills.

## 2.7    FORMS OF PLAY

The forms of play that are identified are structured and unstructured/free play. Structured play is that which is dictated by others and has definite goals and objectives to them, with specific boundaries. Unstructured play is that which has no rules and no boundaries; the child is in full control and autonomous. Outdoor play can be in the form of structured or unstructured play, both are beneficial (Fisher et al., 2008:310, 314; Ginsburg, 2007:183). The researcher will consider unstructured outdoor play within this study and its relevance in the South African context.

## 2.8    OUTDOOR PLAY

Outdoor play is a when play happens outside, and can be classed as active free play (Veitch et al., 2007:383). As mentioned previously, outdoor play has all the benefits and advantages of play but is more intensive. Within a study done by Little (2013:6), mothers placed emphasis on outdoor play and acknowledged that there are many benefits from playing outdoors. Outdoor play has high correlations with physical activity, which is related to a child's health (Holt et al., 2013:2). Outdoor play can improve a child's health and development. The main developmental aspect that outdoor play is perceived to promote is motor development, general physical activity and fitness. Physical activity has been proved to promote social and mental health (Veitch et al., 2006:383). Learning about their environment and nature was another benefit that caregivers found emanated from outdoor play. Little (2013:6) continues to show that

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some caregivers experienced the benefits of outdoor play as holistic development, where physical, cognitive, emotional and social development occurs. Outdoor play also encourages risk taking, which helps develop a child's sense of self and confidence. Outdoor play helps a child to realise their capabilities and can develop resilience. Outdoor play allows for a wide variety and diversity of play, there are fewer constraints on outdoor play. This allows creativity and spontaneity, they are free to discover and explore their environment. Due to the increased risk factor of outdoor play, some caregivers become overly protective and prevent their child playing in a manner that encourages the full potential to be gained from outdoor play.

## 2.9    PUBLIC PLAY SPACES

There has been limited research done about the views of caregivers regarding play and play areas. Similar studies have been done in other countries in the world, but studies within our South African context have not been explored thoroughly (Bringolf-Isler et al., 2010:252; Carver, Timperio & Crawford, 2008:217; Fisher et al., 2008:305; Fogle & Mendez, 2006:507; Veitch et al., 2006:383). Due to the diverse variations in public play spaces within each context, generalisations are therefore impossible to form. South Africa has dynamics very specific to this nation, that are diverse and complex and therefore, knowledge from other studies are very often not relatable to the South African context. This emphasises the need to explore South Africa's realities and experiences relating to specifics around this study. Thus, research needs to be done within South Africa to form a good understanding of public play spaces within our own context.

The Welsh Assembly Government Play Policy (2002), stated that because play is so critical to all aspects of a child's development,

> "Society should seek every opportunity to support it and create an environment that fosters it … the child's capacity for positive development will be inhibited or constrained if denied free access to the broadest range of environments and play opportunities."

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Their study indicated that society has neglected play and creating environments for play. Assessing whether this is the same within South Africa, specifically Durban was explored within this study. This establishes that public play spaces are very important to a child. Determining whether they are available is one aspect that needs to be evaluated. The next factor to explore is if public play areas are utilised and the reasons why they are used or why they are not used. They may be present but if they are not used then they are of no value.

## 2.9.1 Factors affecting the utilisation of public play areas

As mentioned above it is important to have spaces where children can play outside as it intensifies the advantages of play. If there are outdoor facilities for children to play in, who utilises them and how often are they used? Attention will be given to the utilisation of public play areas. The usage of these areas has many determining factors; these factors were explored with specific focus on the caregivers' views of the availability and utilisation of public play areas for their children.

The views that caregivers have regarding public play areas and the risks or benefits that they will have for their children will determine whether caregivers utilise public play areas. Caregivers' desire to protect their children and so often the caregivers' preconceived perceptions of risk and fears determine the movement of their children. They may have concrete ideas of the dangers of play areas before even seeing one. Little (2013:3, 10, 12) emphasises that caregivers have been known to attempt to bubble-wrap their children and protect them from every eventuality, and become over protective towards their children.

### 2.9.1.1 Safety

Caregivers have genuine fears that need to be considered when allowing their children to play in public play areas (Veitch et al., 2007:419). Their child's safety is one of the

biggest fears they have. Safety can be associated with several aspects and is a complex concept.

Traffic is a predominant factor, whether the play area is close to big roads, or dangerous areas affect the utilisation (Veitch et al., 2007:419). The distance of the play area from their houses affects the utilisation of the public play area. Geographical locations of public play areas and the number of these areas is important. Larger towns have been noted to have more of these facilities available. Although urban areas have been noted to have more facilities, children in rural areas are often allowed to travel further from home alone, compared with children urban areas. The availability of these spaces does not always determine their utilisation, which is affected by many factors. Caregivers concerned with the safety of their children getting to and from the play areas being one of them (Carver et al.,2008:217; Holt et al., 2013:3; Veitch et al., 2007:419). Caregivers are concerned about road accidents that could take place (Senda, 2015:108). Another contributing factor was whether a child could navigate to the play area by themselves (Bringolf-Isler et al., 2010:253; Little, 2013:12; Veitch et al., 2006:388). These factors all contribute to the decisions parents make about their children utilising public play areas.

Neighbourhood safety is identified as a key deterrent to outdoor play in a study done in Switzerland (Carver et al., 2008:217; Farley et al., 2007:1625; Bringolf-Isler et al., 2010:255). An Australian study revealed that safety and societal factors played a big role in determining whether children played in public play areas (Veitch et al., 2006:383, 388). 'Stranger danger', in United States of America, Australian, Canadian and English studies have shown to be an issue which will need to be explored within a South African context (Bringolf-Isler et al., 2010:253; Holt et al., 2013:3; Carver et al., 2008:217; Little, 2013:10; Veitch et al., 2006:388). Many caregivers perceive public spaces as places where their children may be abducted and that private spaces are safe; even though research has shown that a child is more likely to be assaulted by a family member or an acquaintance rather than a stranger. 'Stranger danger' is often an exaggerated concern by the media. This concern of 'stranger danger' often impacts females more than males as females are viewed as more vulnerable in society (Carver et al., 2008:219; Senda,

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2015:110). Although society views children as more vulnerable it does not mean that they are statistically. Parents, in general, do not feel safe regarding strangers interacting with their children.

Drugs, gangs and bullying are all factors that caregivers identified as fears that they have when their children play in play areas (Bringolf-Isler et al., 2010:253; Holt et al., 2013:3; Little, 2013:12; Senda, 2015:110; Veitch et al., 2006:388; Veitch et al., 2007:419). Erosion of a sense of community is also a factor that affects the utilisation of play areas (Holt et al., 2013:9). Communities often keep to themselves and do not interact with each other, therefore not assisting neighbours with looking after children in play areas. This may differ between communities, but this collapse of community care affects the trust caregivers place on others. Upkeep and maintenance of these public play areas could also be a factor that affects their utilisation. There is no research into this as a possible factor affecting the usage of play areas and can be an area of exploration for the researcher.

### 2.9.1.2    Economic factors

Changes in family structures have also had an impact on the utilisation of public play spaces. The number of women who are required to work in full-time employment to support their family has increased. The number of single mothers has also increased (Farley et al., 2007:1625). This often leaves these families with little or no time to utilise public play areas. Many children within these homes are left to supervise themselves, which is predominantly characterised by television watching and sedentary play (Farley et al., 2007:1625). Many families live in cities, in high rise apartments which limit the use of public play spaces even more, as there are often no public spaces. Research by Valentine and Mckendrick (1997:222) were one of the very few studies that discovered that even if these spaces are available, the unsupervised nature of these spaces prevents their utilisation, as many of the caregivers who live in these spaces do not have the time to take their children to these spaces.

### 2.9.1.3        Availability and accessibility

In a study done by Holt et al. (2013:3), factors that may encourage or discourage the use of public play areas was explored. It was noted that the availability and accessibility of play areas are not a determinant for the usage of play areas. As mentioned previously, the distance from a public play area was a concern for caregivers regarding safety of a child. This shows that the concerns preventing using these spaces are all integrated and connected and that fixing or improving one aspect will not have much effect. As much as availability and accessibility are factors that can affect the utilisation, fixing this in isolation will not resolve the bigger problem. The concerns must be dealt with holistically (Holt et al., 2013:3). In other words, availability and accessibility were not the predominate deterrents of public play areas.

### 2.9.1.4        Design

Outdoor play areas often comprise of isolated and stagnant equipment that has no relation to the context, culture or desires of children (Czalczynska-Podolska, 2014:132). These designs only attract use when they are new, but then become predictable and limited in their appeal. These isolated and stiff designs of outdoor play areas also limit the amount of social play that unstructured play encourages and catalyses. Often the design and equipment of these areas lack ingenuity which does not elicit stimulation and activity within children. The designs also do not consider the upkeep and maintenance related; although renovations of these play areas have not proven to increase the usage either (Holt et al., 2013:3). In a study done in Canada where play areas are available and accessible, it was identified that environments that foster the use of the facilities is what is important rather than the actual facility (Holt et al., 2013:3). Many play areas are not developmentally appropriate for all children and do not foster any desire to some children to engage in the play area. There is a mismatch between the design and what children really want (Czalczynska-Podolska, 2014:132; Veitch et al., 2007:418). To design play areas that will be utilised and enjoyable for all ages of

children, an in-depth study should be done to explore the relationship between children and the playgrounds.

### 2.9.1.5 Views of children

These spaces are designed for children and so, therefore, their opinion matters. Within this study, we did not talk to children, but rather their caregivers. As this was not part of this study. This may be a gap in this study that can be considered for future research. Within other studies (Rothlein and Brett, 1987:52), the setup and interest factor of these spaces is crucial to a child and affects the element of enjoyment from children.

Children have very specific and opinionated views on play and public places. As Rothlein and Brett (1987:52) explore their views, they discover what children really find important in terms of play. Many children feel that caregivers hamper their independence when playing in public places spaces. Children feel that their caregivers are overprotective and do not trust them in many situations. This was noted in a study done that outdoor play is more often organised and supervised by adults (Carver et al., 2008:217). One of the main benefits as mentioned previously of public play spaces is the chance for children to gain a sense of independence and learn self-discovery without the watchful eye of caregivers. Rothlein and Brett (1987:45) purport that if caregivers do not allow this to happen, children feel claustrophobic and the element of enjoyment can be denied; therefore, making these public play spaces less attractive to children. Children need to be allowed to explore and take risks to encourage the growth of independence and confidence.

Children believed sometimes the play areas are designed for younger children and so, therefore, boring, and those they would prefer skate parks, soccer fields or basketball courts. Children thought that these areas would be more enjoyable and therefore more utilised (Czalczynska-Podolska, 2014:132; Veitch et al., 2007:418). Public play spaces need to be designed to consider all age groups, considering developmental stages and appropriate designs need to be created to incorporate these diverse ages. This will

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ensure that every child will remain engaged within the play space. Parents often have siblings from different developmental stages and for them to continue bringing their children to play spaces; all children need to be stimulated.

## 2.10   SOLUTIONS

Many solutions have been proposed on how to change the views of caregivers and on how to increase the level of play (Milteer et al., 2011:209). A suggested solution to encourage the utilisation of these areas was to consider community involvement (Czalczynska-Podolska, 2014:132). This study gathered information from the participants to explore what they perceive to be some of the solutions. Looking specifically within the context of Durban, South Africa, these solutions will be discussed within the findings of this study.

## 2.11   CONCLUSION

As discovered in the literature review, play is crucial to a child's development and growth (Fisher et al., 2008:305-316). Therefore, caregivers' views need to be assessed and explored to understand the value they place on play and their understanding of the importance of play for their child. The value caregivers place on play determines how much play they will incorporate in their child's programme. From the knowledge generated from this study, a clear indication of what information is lacking with regards to the knowledge of caregivers regarding play will be revealed. Once a thorough understanding has been gained only then can we look at possible solutions to the obstacles that have been identified.

It is also useful in determining whether public play areas are utilised and the benefits that they can have on communities. The study will also determine whether there is a need for play areas and assess whether they will be utilised. When looking at the studies that have been done, there is limited insight into the South African context. There is not enough knowledge regarding different diverse groups, race, economic

status, urban/rural; thus, showing that this study is beneficial and will add value to the knowledge and insight that is already available.  This was explored within this study and will be discussed in the next chapter where the empirical research receives attention.

# CHAPTER 3
# EMPIRICAL RESEARCH

## 3.1    INTRODUCTION

As discussed in Chapter 2, the researcher believes within society there is a trend among children, where the usage of technology has increased and play has taken a back seat. The researcher set out to determine caregiver's views of play and play areas within Durban Central, eThekwini Municipality. Her goals were to explore, describe and analyse these views.

This chapter will outline the methodology that was used to gather the data and analyse the empirical findings. Ethical aspects that the researcher adhered to through the gathering and analysing process will also be discussed in detail. The themes and subthemes that the researcher identified through analysing the data will be presented within this chapter.

## 3.2    RESEARCH DESIGN AND METHODOLOGY

The following section outlines in detail how this study was conducted and how the data was analysed. Following these guidelines ensured that this study was conducted with ethical considerations and reliable and valid results could be achieved.

### 3.2.1  Research approach

The study undertaken followed a qualitative research approach. Within this study, the researcher gathered detailed descriptions from caregivers on their views of play and play areas, within the context of Durban city centre (Babbie, 2008:97; Blanche et al., 2006:274; Fouché & Delport, 2011:65; Willig, 2001:9). Views on play and play areas within an African context had not been studied comprehensively or extensively and knowledge relating to these perceptions was relatively unknown. The main purpose of

this study was of an exploratory nature (Babbie, 2008:97; Willig, 2001:12). A small sample of participants from the Durban City centre community was interviewed. The focus of these interviews was to gather more detailed, personal and in-depth information on caregivers views on play. Ten caregivers were interviewed within this study, the emphasis placed on understanding their views (Fouché & Delport, 2011:66; Willig, 2001:9). They were selected through purposive sampling method, where one participant assisted the researcher to identify another participant that matched the criteria. Only ten participants were interviewed as saturation was reached, as the researcher felt that adequate and quality information had been gathered. The information gathered from the caregivers was studied, themes and categories were identified from the information gathered (Fouché & Delport, 2011:66). The aim was to understand the phenomenon from the views of caregivers. The process was undefined and did not have one specific formalised process; the researcher assessed what was necessary for the study and conducted those steps necessary. As emphasised by Fouché and Delport (2011:66), the researcher sought to find first-hand knowledge and a holistic understanding of perceptions on play and play areas from caregivers within Durban city centre.

### 3.2.2  Type of research

Caregivers' views on play and play areas within Durban were explored using applied research as the appropriate type of research. Based on the rationale for this study, the views of caregivers of play and play areas are an immediate challenge within society that needs to be addressed. This study aimed to explore the nature of these views with recommendations to address views where necessary (Babbie, 2008:27; Durrheim, 2006:45; Fouché & De Vos, 2011:95). Problems have been noted about the reduction or limited opportunities regarding play for children. The Capital City Project at the University of Pretoria identified that this is a problem within communities, especially with play areas utilisation (Capital Cities: Space, Justice and Belonging, [sa]*). The role that the caregivers' views on play and on the amount of play children partake in is another possible problem area. Therefore, this was a need to be explored further to understand

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the reasoning behind the actions and identify how these problems could be addressed in practice. This was done within this study.

### 3.2.3 Research design

The most effective method of gathering information regarding the views of caregivers on play and play area would be to use the collective case study research design. The reasoning behind using this design was to ensure that the holistic overview was understood, opposed to the individual views being the focus (Fouché & Schurink, 2011:307). In-depth, rich information was required from caregivers, and utilising a case study research design helped identify and define steps that would help the researcher achieve this goal of complex information being acquired (Fouché & Schurink, 2011:307; Maree, 2010:70). Practical, on the ground, relevant issues were uncovered using semi-structured interviews (Fouché & Schurink, 2011:307), consisting of several questions that will guide an interview but the researcher used discretion and used the questions to stimulate conversation rather than dictate the interview.

### 3.2.4 Research population, sample and sampling method

Caregivers within the Durban City Centre region were used as the study population for this study. For this study, these caregivers care for a child between the age of three and six years old (Strydom, 2011:223). Although small, this sample was chosen to provide a point of departure for exploring the views of caregivers within this region of Durban (Strydom & Delport, 2011:391). Ten caregivers were selected from within this population, to participate in the research study.

Purposive, non-probability sampling was used within this study, as the whole population is unknown to the researcher (Strydom, 2011:391). This form of sampling ensured that there is a non-biased and diverse sample identified. The criteria that the researcher used in selecting the sample was the following (Strydom, 2011:392):

- The caregiver should reside in Durban City Centre, eThekwini.

- The caregiver should care for at least one child between the age of three and six years old.
- The caregiver would need to converse in English.
- The caregiver should be willing to participate voluntarily.

### 3.2.5  Data-collection method

A semi-structured, one-on-one interview was used to collect in-depth information from the participants. The researcher used an interview schedule as a general guide for the interview process (Greeff, 2011:351-352; Willig, 2001:22-23). Formulating the interview schedule themes that needed to be explored were used as the base for the interview schedule (Greeff, 2011:352). The questions were set out in a logical manner and were not leading in any form (Greeff, 2011:352). The researcher did not follow the interview schedule strictly, but was rather flexible and used interviewing skills to explore and ensure relevant information was gathered (Greeff, 2011:351). With the permission of participants, the interviews were audio recorded, field notes were taken and the researcher transcribed the interviews (Greeff, 2011:353). This ensured that data gathered was accurately recorded and allowing the researcher to analysis the data, ensuring nothing was missed.

### 3.2.6  Pilot study

The researcher made use of two interviews for the pilot study. A pilot study is used to test the interview schedule and assess whether the interview schedule was understandable and effective in obtaining the data desired (Strydom & Delport, 2011:394, 395). Data from these interviews was not used for the main study and these participants were aware of this fact. They were not required to sign consent as none of their information would be recorded within the study. They were told by the researcher that they could participate willingly and if they decided at any point that they did not want to partake they could stop.

### 3.2.7  Data analysis

Once the data was collected through the interviews, the data was then interpreted. The aim of analysing the data was to understand and unpack the participants' views of play and play areas. A substantial amount of data was accumulated from the participants; order was then established to analyse the information (Schurink et al., 2011:403-416). The researcher took the following steps as a guide in the data analysis (Schurink et al., 2011:403-417). Planning was the first step in the process, identifying themes and ensuring proper recording took place within the interviews. The researcher recorded the interviews. This was explained to the participants and each signed an informed consent letter to this effect.

Once all the information was collected, the researcher transcribed the interviews to make analysis easier and ensuring accuracy. A preliminary analysis then took place which involved reading through the data repeatedly. Through the initial analysis, themes and categories were identified within the data. The researcher grouped each participant's answer to the questions from the interview schedule. The researcher then studied these answers and identified common words or phrases and then constructed themes around these common areas that were identified. The researcher examined these themes and categories that were identified to assess whether they answered the research question. She also explored how the data that was gathered related to the wider picture and from literature from other researchers. The researcher then began writing up these findings, by grouping them in the identified themes and supporting these themes with direct quotes from the interviews. The use of a qualitative strategy of inquiry ensured that the results provided a detailed description of caregivers' views.

### 3.2.8  Trustworthiness

Trustworthiness is essential to ensuring the study is a valuable contribution to research. To ensure trustworthiness within the study, several precautions were taken by the researcher. Member checking was done, also in the debriefing sessions where the

participants were consulted to ensure the researcher's interpretation was correct. The researcher reflected, clarified and paraphrased within the interviews the participants' responses to ensure that a true and thorough understanding was obtained (Glesne, 2006:37; Lietz et al., 2006:444). Emphasis on the researcher's competence was necessary for these skills to be utilised to ensure effective trustworthiness in verifying the interpretation of the data collected.

Lastly, an audit trail and reflexivity were done where the researcher tracked the whole process that was undertaken. Every step was documented and accounted for. Reflexivity was also taken into consideration, to ensure that the researcher did not ignore the impact that her decisions had on the overall investigation. This involved the researcher dissecting her own judgements and beliefs to ensure that she was fully aware of them to help minimise the effects it could have on the findings. The researcher discussed the findings with her supervisor about her experiences and perspectives helping to ensure a non-biased study occurred. This was not a onetime process but a continual process that happened throughout the research process (Glesne, 2006:37; Lietz et al., 2006:444, 447). This process helped the researcher dissect the information from every angle, allowing her to discover new theories and ideas, ensuring the data was analysed with integrity and ensuring that the researcher capitalised on the potential information that was to be gained from the data.

## 3.3    ETHICAL ISSUES

Ethical considerations were examined to ensure that this study was scientific in nature. Ethical considerations are concerned with integrity and professionalism of the researcher (Strydom, 2011:113-115). Ethical issues that were considered within this study will be discussed to show that this study was conducted in a way that the caregivers were treated honestly and ethically (Strydom, 2011:113-115).

### 3.3.1 Voluntary participation

The participants all volunteered to be part of this study. They were informed of all aspects of the study and the requirements that they were expected to fulfil (Babbie, 2008:67). The participants made an informed decision about participating. They then signed a consent form where all this information was stipulated (Strydom, 2011:116; Willig, 2001:18). They had the opportunity to withdraw from the study at any point.

### 3.3.2 Informed consent

Research cannot take place without an informed consent letter being signed by the participants (Strydom, 2011:117; Willig, 2001:18). This informed consent letter was given to participants before the interviews were started and the data was collected. This was to ensure that they made a voluntary and informed decision about their participation (Babbie, 2008:69; Strydom, 2011:117-118; Wassenaar, 2006:72). Within this consent letter, the purpose of the study was outlined, and the study process and storage details were explained in detail (Blanche et al., 2006:72; Strydom, 2011:117). Participants were informed that the interviews were audio recorded for transcription purposes. The participants were reassured that these recordings were handled with strict confidentiality. The purpose of recording the interviews was to ensure the data gathered from the interviews was accurate. The participants were given an opportunity to ask the researcher questions if they had any concerns arising from the informed consent letter (Strydom, 2011:118). They were all satisfied with the information within the consent letter and did not ask questions.

### 3.3.3 Deception of participants

The participants were not misled as they had full disclosure of the study and the requirements that were expected from them (Strydom, 2011:118; Willig, 2001:18). No information was withheld from participants.

### 3.3.4  Violation of privacy, anonymity, confidentiality

The researcher respected a participant's information and was aware of maintaining their privacy. They were interviewed in a private room either in their home or at the researcher's office. Within this study, confidentiality was considered. Participants' names and identifying details remained as confidential information to the researcher alone and were not published or shared anywhere within the study (Babbie, 2008:70; Strydom, 2011:119; Willig, 2001:18). Within this final report, participants cannot be identified in any form.

### 3.3.5  Release or publication of the findings

The researcher ensured that the findings were reported accurately and honestly (Strydom, 2011:126). Shortcomings were recorded and errors admitted. Participants were informed that the results would be released in the form of a mini-dissertation written according to specified guidelines. Research results would be published in an academic journal; and all research data would be kept at the University of Pretoria for 15 years for archiving and possible further research (Babbie, 2008:73; Strydom, 2011:126). The researcher explained to the participants that the final report remained the property of the University of Pretoria.

### 3.3.6  Actions and competence of the researcher

The researcher ensured that the interviews and study were conducted in a competent manner. Sufficient skills in interviewing and extensive knowledge were essential. The researcher endeavoured to conduct the study accurately and ethically (Babbie, 2008:73; Strydom, 2011:123). Planning was essential to ensure that the research was done correctly. The researcher constructed timelines to ensure the planning took place (Strydom, 2011:123). Plagiarism was another important aspect that the researcher was conscious of during the recording and reporting of the study (Strydom, 2011:123). The research was done under the close supervision of an experienced researcher.

### 3.3.7 Avoidance of harm

Ensuring that no emotional or physical harm was inflicted on participants was a priority for the researcher (Babbie, 2008:68; Strydom, 2011:115). A possibility of physical harm to participants was not very likely as interviews were unlikely to cause any physical harm. Within the interviewing process, sensitive questions were asked by the researcher; this could have possibly lead to emotional harm. Questions looking at their parenting and time spend with children, could have led to negative emotions. The researcher conducted the interviews in such a way to minimise the risk of emotional harm. If a participant did experience emotional distress despite the precautions taken, the researcher undertook to refer them to a counsellor at the Open-Door Counselling Centre. Costs involved would have been covered by the researcher. The risk of taking part in the study, however slight, was discussed with the participants before they consented to participate. As discussed by Babbie (2008:69) and Strydom (2011:115), the researcher informed participants of every aspect of the study. None of the participants requested to be referred for counselling.

### 3.3.8 Debriefing of participants

The researcher gave the participants an opportunity to debrief after the interview took place. This was to ensure that the researcher interpreted the information correctly and to assess if any corrections needed to be made (Babbie, 2008:73; Strydom, 2011:122). This was also done by the researcher to clarify the information that the participants shared with the researcher. Debriefing also helped to minimise harm. The researcher enquired about the feelings experienced by the participants (Babbie, 2008:73; Strydom, 2011:122; Willig, 2001:18). Debriefing also related to informing participants of the full aim of the study after completion and that ideally, they would be given access to the final study results.

## 3.4    PRESENTATION OF EMPIRICAL DATA

In view of the study conducted, the researcher presents the qualitative research data in line with the data analysis process as outlined by Schurink et al. (2011:403-417). The biographical information about the participants is presented first in the form of a table and then the findings of the semi-structured interviews are presented in specific themes and sub-themes.

### 3.4.1  Biographical Information

The biographical profile of the participants in the interviews reflects their age, gender, educational level, race and number of children relevant to this study. The biographical details of the participants are presented in Table 1 below.

**Table 1: Biographical information**

| Participant | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Age** | 43 | 54 | 30 | 33 | 36 | 28 | 37 | 41 | 28 | 33 |
| **Gender F(Female)** | F | F | F | F | F | F | F | F | F | F |
| **Home Language E(English) Z(isiZulu)** | E | Z | Z | Z | Z | Z | E | E | E | E |
| **Level of Education** | Gr 10 | Gr 8 | College | Gr 11 | Matric | Gr 10 | Gr 10 | Degree | Degree | A level |
| **Race C(Coloured) A(African) W(White)** | C | A | A | A | A | A | W | W | W | W |
| **Employment Status** | Full time | Full time | Full time | Full time | Full time | Full time | Full time | Full time | Unemployed | Full time |
| **Relational Status** | Widowed | Single | Engaged | Single | Single | Single | Partner | Married | Married | Partner |
| **Breadwinner within the home P(Participant) S(Spouse)** | P | P | P | P | P | P | P & S | P & S | S | P & S |
| **Number of children** | 1 | 3 | 2 | 4 | 3 | 2 | 1 | 3 | 2 | 1 |
| **Number of children relevant to the study** | 1 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 |
| **Gender of child relevant to the study** | M | M | F | 2M 1F | M | F | M | M | M | M |

Ten (10) caregivers were interviewed by the researcher. They were all female caregivers and were between the age of 28 years and 55 years. All the participants could speak English but more than half of them spoke isiZulu as their home language. The educational levels of the participants varied but only three participants had done any further studies after matric. Five participants had not finished matric. The cultural

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backgrounds of the participants were predominantly African and Zulu with three white South Africans, one British participant and one coloured South African. Six of the participants were single and lived alone with their children or with extended family members. All but one participant worked full time and responsible for the income within the household. Seven participants had more than one child. Participants were from diverse ages, backgrounds and educational levels which provided a wide range of perceptions and views.

### 3.4.2  Qualitative research findings

The empirical findings of the study will be presented in themes and sub-themes. The information was gathered through the interviews conducted with caregivers. These findings were identified through the data analysis process that was outlined above. The researcher allowed the theoretical approach, that being DST, to determine and guide the analysis of the data, in that the complexity and interconnectedness between the themes was always used as a lens when analysing the data. All factors were considered, nothing was viewed in isolation as the DST is interested in the "complex transactions among individuals and social environments within diverse temporal and spatial settings" (Greenfield, 2011:529). The identified themes and sub-themes can be seen in the summarised table below.

**Table 2: Identified themes and sub-themes**

| MAIN THEMES | SUB-THEMES |
|---|---|
| **Theme one: Caregivers' views on play in the lives of their children** | ● **Sub-theme 1.1** <br> Numerous influences affect caregivers' views on play in the lives of their children. <br> ● **Sub-theme 1.2** <br> Caregivers define play in different ways. <br> ● **Sub-theme 1.3** <br> Caregivers have similar beliefs about the amount of time their children should play. <br> ● **Sub-theme 1.4** <br> Caregivers view play and learning differently and do not place the same value on each aspect. <br> ● **Sub-theme 1.5** |

| | |
|---|---|
| | Caregivers view play as important and identify the benefits of play for children. <br> ● **Sub-theme 1.6** <br> Types of play that caregivers see their children playing. <br> ● **Sub-Theme 1.7** <br> Forms of play that caregivers see their children playing. |
| **Theme two: The involvement and time caregivers have in playing with their children** | ● **Sub-theme 2.1** <br> Time caregivers play with their children and the multiple factors affecting this time. <br> ● **Sub-theme 2.2** <br> The type of play caregivers played as a child and how it influences the type of play they engage in with their children. |
| **Theme three: Caregivers have different views on public play areas** | ● **Sub-theme 3.1** <br> Caregivers identified that their children prefer outdoor play to indoor play. <br> ● **Sub-theme 3.2** <br> Factors affecting the utilisation of public play areas. <br> ● **Sub-theme 3.3** <br> Caregivers' recommendations to municipalities and express wishes regarding public play areas. |
| **Theme four: Caregivers have advice to others about play** | |

These themes and sub-themes will be discussed in detail with direct quotes from the participants supporting each of these themes. In the discussion, the views of the participants will be presented first, followed by the researcher's opinion. Literature will be included to either support the participants' views or to show the unique findings within the context of this study. The themes that emerged from the interviews were as follows:

### 3.4.2.1      Theme 1: Caregivers views on play in the lives of their children

*"Child, they must play because if the child does not play and stay like*
*this (slumped posture) sitting/sleeping you would think they are sick.*
*You would always ask them are you sick? It shows you that they are*
*healthy if they play."* (Participant 6)

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Within the interview schedule, the researcher focused on the views that caregivers have regarding play in the lives of their children. The researcher analysed the information gathered and could isolate the various aspects of play that caregivers believe. From the literature study, it was established that there have been very few studies done on the views of caregivers regarding play. The value of understanding the caregivers' view is that it affects the amount of time that they allow their children to play. Their attitudes and behaviours also impact how a child views play and the value a child will place on activities (Bringolf-Isler et al., 2010:251; Fogle & Mendez, 2006:508Morris, 2013:121). Within the scope of Theme 1, several sub-themes were identified. These sub-themes elaborate on this theme and constructively break down Theme 1 into orderly sections which allow for the analysis to reveal all crucial ideas and thoughts that caregivers have. The researcher treats the data gathered from the caregiver's as priceless facts that need to be treasured and respectfully represented to acquire the maximum amount of information from it. The researcher quotes the participants when presenting the results of the study. Several of the participants are not first language English speakers. The quotes used are direct quotes, therefore, they may not be grammatically or linguistically correct.

In this careful analysis, the researcher could identify that multiple factors influence these views that a caregiver has towards play. These factors relate to the South African context, and to Durban Central specifically. Literature gathered from previous studies gave evidence of research into countries such as America, Australia, Canada and England (Bringolf-Isler et al., 2010:253; Carver et al., 2008:217; Holt et al., 2013:3; Little, 2013:10; Veitch et al, 2006:388). These findings are, therefore, more beneficial and relevant to understanding influences on South African caregivers' view on play.

In defining play, participants identified a broad number of terms that they would use to define play. Literature indicates that caregivers' definition of play has stayed the same over the past 20 years and that they generally define play as "an activity for fun and amusement" (Morris, 2013:121 & Rothlein & Brett, 1987:45). The researcher discovered

that caregivers from this study predominantly defined play in a positive manner. They also added a large amount of depth to their understanding of the meaning of play. This depth will be revealed within sub-theme 1.2 which will articulate exactly how play was defined with specific quotes from participants.

The correlation between play and a child's time was also identified as a sub-theme to theme 1. As mentioned above the value a caregiver places on play will determine how much time they will allow their child to participate in it. This correlation will be explored within sub-theme 1.3.

Not only is the amount of time caregivers allow their children to play and how they define play important but caregivers view play and learning differently and do not place the same value on each aspect. The researcher determines the line between these two activities and whether caregivers see them as one and the same thing or two completely different activities. The researcher also places these two activities on a scale and determines if caregivers place more weight and importance on one of these two aspects.

Play has been established as important within the abovementioned sub-themes which will be proven in detail below. The forms and types of play that caregivers see their children playing is the follow up sub-theme. This sub-theme not only considers what play is but specifically at identifying how a child breaks down the activity of play, namely, what does this play look like in terms of forms and types of play.

**Sub-theme 1.1:** **Numerous influences affect caregivers' views on play in the lives of their children.**

Bringolf-Isler et al. (2010:251) indicate that there is a multitude of factors that can affect and influence the views that caregivers have regarding play and the value they place on play. Using the theoretical framework which this study was based on, namely the developmental systems theory, the researcher could understand each participant in

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terms of their own personal subsystems and the environmental influences on their views (Greenfield, 2011:529). In working from this paradigm, the researcher could identify the factors that influence the participant's views within a South African context. Within this study, the numerous influences that were identified through the data-analysis process are specific to the South African, Durban Central context. The influences that the researcher could identify were their educational level, jobs and environment, cultural heritage, personal upbringing and childhood, trends within society and each individual child. Within these different influences the researcher identified, the researcher also understood and took into consideration the knock-on effect these influences will have on each other. As the researcher is working from a developmental systems theory point of view, which includes a transactional approach that encourages the researcher to explore the "mutual reciprocity" between these factors (Vimont, 2012:505), the researcher ensured that none of these factors were viewed in isolation.

o    **Educational level**

When looking at the biographical data of the participants, it revealed a very diverse range of educational levels of participants. The lowest level of education was one participant who only completed Grade 8. Only one participant had a tertiary education. Two participants had completed matric and had attended colleges and gained short courses and certificates. Two had completed their matric but had done no further studies. The other five participants had not finished their formal education.

From the participants' responses, five did not finish their formal education. The level of education of these five participants ranged from Grade 8 to Grade 11. When looking at the data gathered there was the same level of input from participants with lower educational levels as that of higher educated participants. The participant with the lowest educational level, Grade 8, was not able to articulate herself as well as the rest. This may have been due to her first language not being English rather than her ability to articulate and understand. For instance:

> *"Indoors he is everywhere on the bed, everywhere. Outside he can*
> *do everything. He likes to play with the neighbours."* (Participant 6)

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Her remarks were generalised and she struggled to articulate details. The responses from this participant gave evidence that she valued play and thought that it was very important.

*"I think all is important, playing and must teach good."* (Participant 6)

She did not have a good understanding of the diverse types of play and did not play outdoor activities with her child that much. If we look at her age, she was the eldest participant and this may influence her level of interaction in terms of play compared to the other participants. She loves singing and dancing with her child.

Evidence from the literature chapter indicated that caregivers that have a higher education level tend to be more supportive of free play, whereas caregivers from a lower educational background mainly focused on academic activities (Fogle & Mendez, 2006:516; Rothlein & Brett, 1987:45). From the interviews conducted and the data presented above, this is contradictory to the information gathered in this study. The one participant who valued learning over play had matriculated and had attended college. The educational level of the participants did not affect their beliefs surrounding play. Whether they had completed a tertiary education or had not matriculated, nine of the ten participants valued play as more important than learning activities. This will be discussed in more detail in subtheme 1.4.

o    **Environment**

The researcher believes that their environment where the participants work may influence their views of play. As discussed above their educational levels may not have differentiated their views, but their work environments and the information they have been exposed to may have affected their views on play. Some of the participants had a connection with Child Welfare Durban and District, through purposive sampling more participants were found, but not all connected with Child Welfare Durban and District. The participants were not all clients of Child Welfare Durban and District, one participant

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was, some of the others either worked for the organisation or they worked for an affiliate of the organisation. The researcher believes that this may be a limitation of the study as all participants may have been exposed to more information regarding childcare and play.

The participants' jobs were divided between child care workers, administration clerks, shop assistants, social auxiliary workers, teachers and crisis parents. From these job titles, child care workers, teachers, social auxiliary workers and crisis parents would have all been exposed to further knowledge regarding child care and what is important for a child's development.

> *"Doing this job, the more I see talking to play therapists and stuff and psychologist the more prominent it is to us how important it is to us, the one on one time. Even for the babies who aren't playing don't have a mom's yet, to have eye contact and one on one time. As crisis parent, when changing nappy, the carer needs to focus on that child and make eye contact, they talking to them so they not talking to the other cares. Fully focused on that child, it is important."*
> (Participant 5)

This would have an impact on the data gathered from these participants.

o  **Culture and upbringing of participants**

The culture of the participants and their childhood and how they were raised was identified as a factor that affects the views that they have. Milteer etal., (2011:204) identified that diverse cultures have varying views on play. One culture valued play as it added educational value to children; while another culture placed little value on play and thought that it was only a source of enjoyment, with no educational value. Play in many communities was characterised by shared work activities around the house, such as chores of sweeping and cleaning or herding cattle. Diverse cultures place varying values on different tasks to show that their child is competent. Whether this information

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is the same for the participants in this study will be assessed. From the participants, there was one coloured participant, two South African English participants, six Zulu participants and one British participant. These participants had been raised in different homes with different value systems and norms within their households.

The life-course perspective that effects culture and up-bringing on play are developed in a lifelong process (Greenfield, 2011:531, 534). The level of influence that participants' culture and upbringing had on them may vary between them. Therefore, multiple views were observed. The inter-connectedness between a person and their environment is crucial to understanding the views observed (Greenfield, 2011:530). This interconnectedness can have positive and negative effects on the individual that will be observed in the analysis below.

When participants from a Zulu culture were asked about how their culture viewed play they all had similar responses. All six participants that are Zulu said that when they were growing up their parents did not value play. This can be seen as a negative effect of the interconnectedness between an individual and their environment and the lifelong process of forming ideas. These participants' views on play were determined by factors from their culture.

> *"Few see that play is beneficial, most don't see."* (Participant 2)

They thought that if a child was playing they were not learning. Parents did not participate in any form of play with their child. If the child was outside playing they did not want to have any part to play in that. This can be seen from the quote below:

> *"Um in our culture we don't really play.  Kids need to be outside to play, when they are inside they need to be still so that everyone can hear the television or else they go play in another room.  For us it is different, some of the parents don't involve themselves in the children.  Some parents just want to be parents and children to be*

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*children. They would not want to involve themselves with the children or connect with them while they are playing."* (Participant 1)

*"When inside, um in the day we were told that the old people must be here and you must not hear what they talking about you must be outside. Not bother them, you must be outside."* (Participant 7)

Once a child came inside they had to be quiet and submissive. Participants expressed how their parents did not want to hear them. Parents were interested in teaching their children how to cook and clean, especially the girls. The boys would have to look after the cattle.

*"I don't think people like their kids to play because they want their kid to learn more work when they grow up they have to know everything about the house work. When you let your children play you not teaching the kid properly."* (Participant 3)

*"The family the old generation you will wake up in the morning the thing you will be taught is what to do as a girl in the house, what you do outside playing it is none of their business, they will teach you cooking, cleaning … So when outside they don't care, they will call you to do something to go to the shops, or bath, for a reason. If you are playing they will not be involved in the play they are busy doing the grown-up things, growing their vegetables and washing and everything as a woman, for them it is hard they don't have helpers in the house, they don't get that time to sit with their children and read."*
(Participant 7)

This information links with previous studies done as mentioned above by Milteer et al., (2011:204). All the participants grew up in rural areas. One positive aspect of growing up in a rural area that the participants identified was that they had a huge world to play

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in. They recalled memories of playing in the sand and rivers around their home. They all believed that a substantial portion of the younger generation has started to change these ideas and practises. They all personally have a different view on play and its importance. Some of the participants believed not all their peers were changing their views on play. They expressed that some of their peers still held onto the beliefs of their childhood, but others were transforming and changing their beliefs around play. They all agreed that their children do not perform nearly as many chores as they were required to; that the need to teach their children household tasks such as cooking and cleaning has become less of a priority for children growing up now. They expressed how if they go back to the farm to visit their parents, their children are not expected to collect water or cook and clean. This shows that expectations of children have changed within the Zulu culture over the generations.

The coloured participant expressed that her culture sees playing outside as a method of ensuring the children do not bother them. She expressed that most working parents in her neighbourhood do not have time to play with their children and do not place any priority on play. She felt that her culture did not place any value on play.

> *"Coloured people, if they (being children) are playing outside on the road, they are happy. They don't have to interact with their child or show them right and wrong. They are working parents so some of them don't have the time, but as long as they outside, out the way they are happy. This is true for the majority. They do not believe play is important or adds value to the child."* (Participant 9)

She was of the belief that her generation was not changing in their beliefs. They wanted the children to be playing outside so that they could carry on drinking, without the children disturbing them. She believes that she has a different view on play because of the way her parents raised her. She said her father valued time with them and would ensure that on the weekend he would prioritise spending time with his children. The participant remembers the value and impact this had on her life and so sees the

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importance of it for her own child's life. Fogle and Mendez (2006:508) speak of the influence of activities that caregivers enjoyed as a child on the activities they engage in with their children. This can be seen in the example that this participant spoke about when thinking of what she enjoyed as a child with her father. With the Zulu participants, this was not necessarily true as they all stated that they view play very differently from how they were brought up.

The British participant stated:

> *"I think in England things are so different as a lot is indoors. And I know a lot of my friend's kids they all spend their time inside and will be in their bedrooms with their games and TV's. Where here you have got such free range to be outside. You don't have that there which is quite sad. And also people are scared to let their kids go outside and play. Parents don't want to sit outside and watch their kids."* (Participant 4)

The two South African, English participants spoke about how they experience parents' view regarding play. One participant said that parents don't have time for play. Those children are entertained with TV to keep them distracted.

> *"I think it is very mixed, a lot of parents don't have time to play actively with their kids so they are left to their own devices or to the TV, but I think generally it is quite good.* (Participant 5)

She does feel that her culture has a fair understanding of play and its importance. This is not very good for children, but the participant sees it happening all the time. She was raised with parents that tried to give her a broad range of experiences. This is what she desires to give for her children. Another participant spoke about how income status plays a key role in the type of play that can be promoted. She noticed that wealthier families who live in estates can offer their children a freer, less restrictive form of play

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because of the perceived view of safety in the estates. She stated that city kids do not have this luxury. She felt that income was more of an influencer in child's play rather than culture. As Bringolf-Isler et al. (2010:251) state, "…measuring the environment and the individual may have just as much importance to understanding the level of play children have". As this participant identified, the environment where a child grows up influences the level of play a child will engage in and what parents will allow their children to play. This participant spoke specifically of wealthy environments in estates and their advantages in terms of play.

Unfortunately, the incomes of the participants within this study were not disclosed and so this as an influence cannot be examined. All participants were working and did have an income but the level of income was not explored.

o    **Society**

When exploring society's influence on caregiver's views on play, this has been mentioned when looking at the culture and upbringing of the parent. It all is interwoven as society is often related to their cultural heritage. As seen above, many of the participants said that their peers did not see play in the same way that they did. Many made comments that their peers saw play as a way for a child to be entertained and not bother them. They stated that many of their peers held onto the beliefs of their childhood that play was not important.

> *"Yes, for black kids you have to work at home so when you grow up you can go and get married so that you have house experience."* (Participant 3)

> *"I would say they find it less important, like they don't interact with their children while playing, they just stay in their corners and they are the adults and the child only comes inside when they want to tell their mothers that so and so did something to me and that is the only*

*time that they would interact or maybe when the child is hurt."*
(Participant 1)

Other participants did believe that the new generation of Zulu people was changing their views.

> *"But now the Zulu people they enjoy everything because the time is changing, Zulu dance, playing, singing, everything."* (Participant 6)

> *"In our generation, yes because we know the problem with the older generation."* (Participant 7)

> *"Yes, very different, if I talk about me the way that I grew up is very different to how my kids have grown up. They don't know what it is like I tell them that they live in a fairy tale. For me when I was in grade 5 when I come back from school I have to wash my socks and uniform and hang it up and I had to take the tub to go and fetch the water. My daughter does not know this or what that is, never did it. At our farms now we have taps so it is easier for them. For us on the weekends we had to go to the bushes and collect the woods and clean the house and if not take the tools and go to the garden. To us and them, it is more different."* (Participant 7)

This analysis above shows the strengths of an individual and the environment and the power to change views and influences upon them (Vimont, 2012:505). Within the DST approach it emphasises the "optimal human growth across diverse populations and throughout time" (Greenfield, 2011:538), which is what can be seen above. These participants have developed and grown to form their own views and perceptions over time, incorporating old cultural views and new modern views into a view that works for them personally.

One participant spoke about how each race group or cultural group has different societal pressures on them. She was of the opinion from her experience that the Indian community places a huge importance on academic learning and will push extra lessons for their child, while the white community valued play more and allowed their children to have more free play. As a parent, this participant did not feel the pressures from media and society to make sure her children were involved in every extracurricular activity. She stated that her children make the decision on what they want to participate in; she does not place any pressure on them. The other participants did not speak specifically on the pressures they face from peers or society. Many of the participants felt that they were different and progressive in their thinking of play compared to their communities.

o       **The child**

As Fogle and Mendez (2006:508) stated that every child will have a different and unique style of play depending on cultural and social influences, these unique styles of play, therefore, will affect how a parent interacts and views play with regards to their child. Caregivers within this study spoke very specifically that every child is different and that needs to be considered when playing with your child.

> *"Yes, I think there is importance, but different for each child. One child, importance is colouring to do work and he likes to work and sit down and look at books. For another child, he likes singing and we can sing those songs that can teach him things."* (Participant 7)

The gender of a child is also a factor that may affect the views of play that caregivers have (Morris, 2013:138). Most the caregivers had boys and the responses showed that outdoor play and physical play were prominent for the participants when describing what is important for their child. This will be discussed in more detail when considering the type of play that children engage in.

**Sub-theme 1.2: Caregivers define play in different ways**

The participants all had several ways in which they described and defined play. Although they may have used different words to describe play, they all were similar in their definitions. Within the literature chapter, it was mentioned that the definition of play has stayed the same over the last 20 years. This definition generally defined play as "an activity for fun and amusement" (Morris, 2013:121; Rothlein & Brett, 1987:45). From the data collected this can be confirmed as an accurate description. Six of the participants mentioned play as something that is fun. Some of their descriptions of play were as follows:

> *"Play is fun, anything that you will laugh and giggle at, anything that makes you and your child enjoy."* (Participant 9)

> *"As a parent, I think it is anything to do with exciting times and getting dirty and enjoying your childhood."* (Participant 1)

> *"Where kids have fun."* (Participant 3)

Learning was another predominate definition of play. Seven of the participants mentioned learning when they were asked how they would define play.

> *"At his age, he can learn so much more through playing."*
> (Participant 5)

> *"At a young age, any kind of learning should be play."* (Participant 4)

> *"I am paranoid about play; it is the most important learning tool."*
> (Participant 8)

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These were some of the participants' exact descriptions when asked about play. Participants said play is healthy and good for the development of children. The literature stated that caregivers did not perceive play as a prominent contributor to their child's cognitive development and creativity (Fogle & Mendez, 2006:508; Morris, 2013:121). This is contradictory to the information gathered from the interview process. Participants identified that play helps a child with social, emotional and cognitive development. Participants said:

> *"They teach each other, one boy is small and the other two boys can teach him how to kick."* She continued to state: "*One child had that problem he was fighting when he wanted to take something from others but now he is fine he can share."* (Participant 7)

> *"Through play, you develop their language skills as it's the best time to learn it."* (Participant 8)

> *"It shows you that they are healthy if they play."* (Participant 6)

> *"Right and wrong are being taught."* and *"to learn what is wrong and what is right."* (Participant 9)

> *"If we make things into play he learns quicker."* (Participant 4)

From these quotes, it gives evidence that the caregivers that were participants in this study saw playing as a very important aspect of a child's development and growth.

The activity of play was described as anything and everything by the participants.

> *"Everything comes from play."* (Participant 8)

When participants were asked the question, 'How would you define play?' they were taken aback and struggled to initially put a word to the definition of play as they felt it was anything. It encompassed a range of activities and it was difficult to place play in a box. They described play as:

> *"Free-interpretation … It is their own decision."*  (Participant 8)

> *"Free spirited … Activities with no guidance."* (Participant 1)

They described play as a way for a child to explore their environment and participating in something that will benefit them.

> *"So they will spend more time engaging in something that they consider is play than saying this is your work and you have to sit down and do it so for me the play aspect is so important."* (Participant 8)

From these responses that have been revealed above, this study has shown that the participants of this study had some views that agree with the literature from previous studies and some contradictory views (Morris, 2013:121; Rothlein & Brett, 1987:45). In summary, it can be stated that the participants viewed play as a fun, free-spirited activity that children enjoy that leads to learning and healthy development.

**Sub-theme 1.3: Caregivers have similar beliefs about the amount of time their children should play.**

When researching the amount of time that caregivers believe their children should play in a day. Caregivers responded saying:

> *"Play as much as possible."* (Participant 8)

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*"Never set a time limit."* (Participant 1)

*"The whole time, unless you are eating."* (Participant 3)

Four participants said children could play all day and that the only time they stop playing is when they sleep. When asked to describe their child's day, the participants described their child's day as they wake up, play until lunch and then play until bedtime. For those children that went to school, they would come back from school and play until bath time at 5 pm and then play inside until dinner time and then play again until bed time. They stated that after bath time, the playing was calmer and less boisterous but still play.

**Sub-theme 1.4: Caregivers view play and learning differently and do not place the same value on each aspect**

The participants of this study had different views on what they defined as play and what they defined as learning. One participant described it as:

"*Play you don't concentrate … but when you are writing and reading you are concentrating.*" (Participant 2)

Another participant differentiated between play and learning by saying:

*"Play is free spirited and has no guidance, while learning is someone in front of you dictating to you."* (Participant 1)

Some caregivers stated that there is no difference between play and learning; that learning happens when playing, while some caregivers felt that with play you are always learning but with learning activities you are not always playing.

In examining the caregivers' views on the value of play and learning the views were varying. There were mixed opinions on which activity is more important and which

activity should be promoted with their children. They also spoke about whether their children prefer playing or learning. They also shared how their children learn the best.

Out of the ten participants, one participant said learning is more important than play. She said:

> *"Studying is more important but children like play."* (Participant 3)

She was aware of her own opinion but was not naive to claim to know what children prefer. She is aware that children will ultimately spend more time playing than participating in learning activities as children prefer playing. This caregiver also stated that you can incorporate playing and learning together. She gave an example of a game that she plays with her child that teaches him things.

> *"When I play with them, there is a game that I can think of something with a letter and they have to find what I am thinking. It is learning."*
> (Participant 3)

Another caregiver said she liked learning activities where she gives guidance more than play, not because it is more important for her child but because she feels that it can ensure the protection of her child. One will have control over what one's child is doing when you guide them but when they play there are no boundaries. Although she personally preferred learning activities she did state that:

> *"You can incorporate the two as some children … tend to catch up while playing. So not all children are the same and they don't learn the same."* (Participant 1)

She was not the only one with this view; another caregiver stated:

*"Yes, I think there is importance, but different for each child. One child, importance is colouring to do work and he likes to work and sit down and look at books. For another child, he likes singing and we can sing those songs that can teach him things."* (Participant 7)

These participants understood that both aspects have value and as a caregiver, they need to assess what their child personally enjoys and then facilitate that activity.

Even if they choose learning activities for their child, a participant said that:

*"Kids make all things into a game."* (Participant 7)

Some tasks that caregivers may view as a learning task may be seen in a different light and children will often view these tasks as play and enjoy them.

The other participants saw playing as more significant, or a combination of both playing and learning is the most beneficial to their child. They said that through play a child is learning. For children in early childhood, play is crucial to their development and formal education is not going to work with children within this age group. If a child finds learning a game, then he enjoys it and ultimately learns without even being aware of it.

One participant said:

*"Even when they playing they are learning when they don't know it. So, they will spend more time engaging in something that they consider is play than saying this is your work and you have to sit down and do it so for me the play aspect is so important."* (Participant 8)

From literature, Singer (2013:174) says, "Let my playing be my learning and my learning be my playing", emphasising that this is the beauty of play; that a child never stops

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playing and so therefore never stops learning. This is exactly what this participant is stating in the above quote. She sees the value in play and that children will participate in this activity more, therefore, ensuring that the learning never stops. She promotes her child should play as much as possible.

Another caregiver stated that she believes:

> "For his age, he is quite young to be learning through sitting in a classroom and being taught. At his age, he can learn so much more through playing and if someone is playing with him the interaction of explaining things to him is helping him with the learning process." (Participant 5)

She stated that without a doubt for her child playing is far more crucial for her son. She mentioned that:

> "For him specifically because his attention span is quite short and he gets distracted easily and so if he is sitting in front of a teacher listening to a teacher it is not going to work." (Participant 5)

Another participant stated:

> "At a small age … my son, everything at school is a task and not enough play is happening and he really battles and he probably isn't where he should be learning because he views everything as a task. If they make it more into play he would be fine, like at home if we make it into a game he will do it and is more than able to do it … It is important to know he works with play." (Participant 4)

A caregiver who thought play is more important than learning activities emphasised that play reinforces important concepts. She felt that teachers need to incorporate play into

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any learning activity to reiterate the learning goal. This is because children learn so much more through play in her opinion. A participant mentioned having a balance between playing and learning activities and that she is of the belief that both these activities are necessary for a child's development.

From the responses above it can be agreed that all participants placed importance on play and believed that children did learn while playing. Most the participants believed that play was more important than specifically designed learning activities. From the literature chapter, it was established that learning and playing are interwoven within a child's life and one cannot distinguish between the two. (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer et al., 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). This belief was confirmed by the participants of the study. Many caregivers expressed this sentiment and believed that their children are constantly learning. One participant said that from play children experience the following:

> *"Learn everything, talking, just everything, to move, to talk with others, everything."* (Participant 6)

Literature indicated that caregivers have begun to perceive that academic learning is of more value than developing other areas of their child's life (Fisher et al., 2008:306; Ginsburg, 2007:183). Even if caregivers had a positive view about play they still did not believe that play was the best way to encourage academic development. From the data retrieved from the participants, they had contradictory views to the literature. They perceived playing as having greater value to a child's development. Therefore, they encouraged their children to play as much as possible.

In the literature chapter, it was discussed that the value that caregivers place on play will impact the amount of time that they allow their children to play (Bringolf-Isler et al., 2010:251; Fogle & Mendez, 2006:508; Morris, 2013:121). It indicated that parents' attitudes and behaviours tend to also impact how a child views play and the value a

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child will place on activities (Fogle & Mendez, 2006:507). The information gathered in the literature chapter showed that the more value and understanding a caregiver has of play the greater emphasis will be placed on it (Fisher et al., 2008:311), thus ensuring that play is a priority in a child's life.

To assess whether this is true for this study, the researcher will examine the responses above regarding the caregiver's views of play in correlation to the amount of time their children play which was discussed in sub-theme 1.1. It was established that the caregivers that participated in this study placed a great deal of value on play. They believed that play is integral to a child's development. Most of them believed play is more important that learning activities. If literature is correct on this aspect, then one can predict how much time caregivers will permit or encourage their children to participate in. As established above, caregivers within this study placed a big emphasis on play, therefore they would encourage their children to play a lot. When examining sub-theme 1.1, it was determined that all participants revealed that their children play most of the day if not all day, therefore, proving that the information gathered in the literature chapter from previous studies correlates with the data gathered in this study. The more value a caregiver places on play, the more time children will be encouraged to play. They place a high value on play; therefore, their children play all day.

**Sub-theme 1.5: Caregivers' view play as important and identify the benefits of play for children**

Sub-theme 1.1 indicated that caregivers within this study view play as very important to their child's development. They emphasise that their children play as much as possible. The reasons why they view play as important is because of their beliefs around the benefits of play that will be outlined below. When caregivers within the study were asked what they believe are some of the benefits of play, they responded in the following ways:

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*"I think play is healthy for a child to develop and you also like the child to learn what is wrong and what is right."* (Participant 2)

*"Learn anything, colours and numbers depend on how interactive the play is and what they doing, sinking and floating, learning about trees and birds and feeding the birds. Endless so much that they can learn."* (Participant 5)

*"Stimulation …. the way they were before they have improved through play they are learning a lot."* (Participant 7)

Stimulation, growth and childhood development was one of the most common benefits of play that caregivers within this study identified. Six (6) of the participants mentioned one or more of these three benefits when interviewed. They saw play to promote social development, spatial development, fine motor skills and gross motor skills, cognitive development and verbal development.

*"Child learns through play, fine motor skills, gross motor skills, spatial development, cognitive development and language development."* (Participant 8)

Within the literature chapter, play was established as an essential activity for a child's development as it promotes cognitive, physical, emotional and social well-being of the child (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer et al., 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). This is what the caregivers identified as benefits of play for their children. They identified several of these key developmental areas specifically.

One participant spoke about verbal development specifically:

*"He loves to use big words in the right context."* (Participant 9)

Three participants spoke about specific social development examples where their children have improved through play. These caregivers could see the value in play. Children are learning the skills of socialisation, and peer interaction which takes place through play.

> *"Not fighting, they are playing nicely together. One child had that problem he was fighting when he wanted to take something from others but now he is fine he can share. He likes to be alone, even though he still does but he knows how to play with others."* (Participant 8)

> *"They learn how to work together and play together."* (Participant 9)

> *"Sharing, you're sharing, taking turns, manners. It's all your basic social skills and functioning in the real world. Got to take turns, wait your turn, can't just snatch things away from others. They learn the skills of playing a game and hopefully those will carry through when they go to school. They don't just go free for all and take whatever they want."* (Participant 8)

Literature indicates that it is a natural tool for a child to learn coping skills and socialisation skills. Peer interaction is practised, they learn how to problem solve and manage conflict or frustrations (Singer, 2013:174).

Two participants identified developing fine and gross motor skills as a benefit of play:

> *"Both so important, need outdoor play for gross motor skills..…, so important and as I said their spatial awareness ... So as far as your fine motor skills it is more your indoor play."* (Participant 8)

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*"Water play, drums, also kicking the ball around and throwing things and playing with sand and it's all good for their gross motor skills and fine motor skills."* (Participant 4)

Play stimulates children and encourages growth (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer et al., 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). This is what was identified as another benefit of play. It helps children to think out of the box and opens their minds to so many things.

*"It also helps the child think out of the box, so there are a lot of benefits."* (Participant 1)

*"Just opens their mind to so much more."* (Participant 4)

These benefits match what literature states regarding play. Within the literature, play is an integral part of a child's growth and development, where the sum equals more than its parts (Fisher et al., 2008:306; Freeman & Kasari, 2013:148; Ginsburg, 2007:182; Goldstein, 2012:5; Holt et al., 2013:1; Milteer et al., 2011:204; Rothlein & Brett, 1987:45; Singer, 2013:173-176; Youell, 2008:121). The caregivers could identify these benefits that experts in the field have identified. They have seen these benefits first hand when observing their children.

Children gaining confidence through play was another benefit that was identified by a caregiver within the study.

*"And where they realise where they are in the world and what they can and can't climb on and they learn what dangers are what to stay away from and their confidence levels increase. I can get this high on the jungle gym and I can try to go a bit further."* (Participant 8)

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Literature also identified this as a benefit to play; children gain confidence and resilience. Children can take on difficult tasks and try them slowly as they become more confident. As the participant mentioned above, they learn to conquer something to a certain point where they feel comfortable. They will then push this level of confidence another day and challenge themselves. Therefore, helping them prepare for real life (Singer, 2013: 174).

Two participants identified that they believe that children learning the difference between right and wrong are one of the benefits of play.

*"The child to learn what is wrong and what is right."* (Participant 2)

*"Right and wrong are being taught."* (Participant 9)

One participant made this comment:

*"She is experimenting and learning."* (Participant 8)

She believed that through play her child has the freedom to try out new and different tasks and activities with no expectations or pressure placed on them. Goldstein (2012:4) states that children can experience and experiment with their world through play.

These are not the only benefits that caregivers identified. Two participants spoke about how they learn so much from playing with their children. They stated:

*"Very important to play with your child, you learn from your child, how they think and the level of your child's mind and what they know as right and wrong from what you have taught them. You can talk but the child cannot say it all, they can say things so what they want you*

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*to know. When they are playing, they will just blurt out things that will make you know what is going on."* (Participant 9)

*"They love it. I don't think it is even the fact that you are playing with them but that they know that they have your undivided attention and time…… It is also the time and they know the attention is on them and you asking questions and they in charge of deciding what to do."* (Participant 8)

The literature described play as a window into a child's life, an opportunity for caregivers to gain insight into their child's processes and development (Milteer et al., 2011:204; Raphael-Leff, 2012:299; Singer, 2013:174). This is exactly how these caregivers from this study viewed play with their children.

When exploring the caregivers' views regarding play and learning in sub-theme 1.1, an advantage of play was identified. Caregivers expressed that the benefit of play is that a child is unaware that they are learning, therefore, they continue to play. Literature also identified this as a benefit of play, children feel no pressure or negative feelings when learning through play (Singer, 2013:174).

The caregivers could identify many benefits of play. They understood the value of play to a child's development. They identified specific examples that they recalled where a benefit of play was displayed.

Play has a multitude of other benefits. These benefits are inexhaustible. Play helps with emotional development, physical development, cognitive development, social development and verbal development (Blom, 2006:200; Singer, 2013:174, 176; Senda, 2015:106). Play also allows a child to process difficult circumstances and to achieve a cathartic relief from emotional pain (Fisher et al., 2008:306; Geldard & Geldard, 2008: 226; Ginsburg, 2007:183; Goldstein, 2012:5). Self-esteem is also developed through play (Karacan & Güneri's, 2010:321). Play allows children to release energy and

increases their balance and flexibility, as well as helps control weight gain (Goldstein, 2012: 6). Play is rarely harmful to a child, therefore, allowing children to learn and develop without profound consequences. Children love to play and do not need to be convinced or bribed to play. Play has so many variations; there are limitless options for a child to explore. Play never stops and continues throughout one's life even into adulthood.

**Sub-theme 1.6: Types of play that caregivers see their children playing**

The caregivers within this study were not always able to identify the specific, academically named types of play. When the researcher asked them to describe the type of play their children engage in they could describe what they observe. When examining the descriptions that the caregivers gave, the following types of play were identified by the researcher. Caregivers differentiated outdoor play, indoor play, physical play, and fantasy play, creative and constructive play, educational play and social play.

The literature identifies types of play that a child in early childhood will start to utilise; early childhood is between 3 to 6 years. This age group is relevant for this study as participants had to fit the criteria that they must have one child between the age of three and six years old. The types of play that literature identifies as relevant to this age group are social play, functional play, constructive play and fantasy play. In taking the examples of play that the caregivers described and using literature's four types of play to categories these examples the following information was acquired.

o  **Social play**

Children within this age group have moved from parallel play, where they play next to each other but do not engage with each other. They then move into social play at the age of three and four. Goldstein (2012:9) explains that social play teaches children social skills, develops imagination, language and communication skills. Within sub-theme 1.5 the caregivers identified this as a benefit of play.

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*"Not fighting, they are playing nicely together. One child had that problem he was fighting when he wanted to take something from others but now he is fine he can share. He likes to be alone, even though he still does but he knows how to play with others."* (Participant 7)

*"Sharing, you're sharing, taking turns, manners. It's all your basic social skills and functioning in the real world. Got to take turns, wait your turn, can't just snatch things away from others. They learn the skills of playing a game and hopefully those will carry through when they go to school. They don't just go free for all and take whatever they want."* (Participant 8)

They may not have said that it is social play but these examples identify that their children were learning to play with each other. That their socialisation skills were increasing through the activities that they partook in.

They also identified that their children's language skills improved

*"They learn from us and learn how to pronounce the words and learn from that."* (Participant 2)

*"Through play, you develop their language skills as it's the best time to learn it. And get language skills going."* (Participant 8)

Participants could identify that social play was a benefit of play.

o **Pretend play**

Pretend play or fantasy play also helps develop social skills and language development. Children will play out different scenarios and utilise problem-solving skills and

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experiment in made up scenarios (Goldstein, 2012:9; Louw & Louw, 2014:210; Papalia et al., 2006:306).

The caregivers could identify that their children partook in imaginative play.

> *"Just opens their mind to so much, know a boy of 5 and he does not understand fantasy play.  He came to play and they created a tent with blankets and chairs and we said come into our tent and he said this is not a tent, this is blankets and chairs. Our son will run around pretending to play and the friend does not get it.  Fantasy is very important."* (Participant 4)

> *"Mummy see here is your food, or here is your tea."* (Participant 7)

> *"He plays pretend or fantasy and pretends to be a mom."*
> (Participant 3)

> *"He makes up games."* (Participant 6)

> *"If you put "coakies" out it will become horses. Everything goes to horses."* (Participant 8)

> *"When they put tops on their heads and pretend that they have long hair, or sometimes they even have imaginary friends and you would actually think are we going insane now and they are like, they actually give them a name, no it's their imaginary friend. So it does involve a lot of imaginary play."*  (Participant 1)

Six of the ten participants spoke of these examples of fantasy play above. That is more than half of the participants that could identify pretend play within their child's play. They

were not always able to identify why pretend play was important for their child. One caregiver responded:

>*"Not sure, just know it is important and a normal kid thing to do."*
>(Participant 4)

This shows that despite their knowledge on why it is important, they saw that their child really enjoyed it and knew that it was an activity that they should encourage with their child. In the quotes above the mother stated that she will sometimes think that they have gone insane but she continues to allow it and encourage it.

o      **Functional play**

When exploring the types of play that literature identifies, functional play is described as activities that develop their fine and gross motor skills. These activities may include running, skipping, throwing, wrestling or kicking. Repetitive activities are common for children within this age group (Louw & Louw, 2014:210; Papalia et al., 2006:306).

Caregivers identified that their children loved all these activities that literature identified above. Eight of the participants have boys that are within this study's age criteria. This may affect the type of play that was described as predominate. All ten participants identified a form of functional play that their child participated in. Most examples of functional play that were identified were outdoor, physical play. They included running, skipping, fighting, kicking, riding their bikes, climbing and dancing.

When caregivers were asked to describe what their child's favourite activity was they stated the following:

>*"He loves his scooter and rides it on the road and his bike. In the yard, we have balls and the swing set and see-saw and they play that."* (Participant 9)

*"Obviously, we have a boy so play more rough with bikes and balls and play stuff outside and cars. Riding on a bike, scooter, skateboard, just got roller skates, any kind of wheels, dangerous, he is just learning." (*Participant 5)

*"He likes everything, he likes food, likes kicking the ball, rolling on the floor, climbing trees, climbing on the walls hiding, he likes everything."* (Participant 6)

*"Dolly's, stones, throwing and catching, make a ball with plastics and one has to throw and one has to duck it, it is a nice game. Sometimes with tins and then they have to jump it, sometimes with rope."* (Participant 3)

*"Like one boy is small and the other two boys can teach him how to kick. Maybe I can teach the other child how to throw. Riding the bikes they love to do it, it is the first thing that they do when they go outside, kicking the ball, the boys and playing in the sand. They love that."* (Participant 7)

*"Water play, drums, also kicking the ball around and throwing things and playing with sand ya and it's all good for their motor skills and fine motor skills."* (Participant 4)

Caregivers could identify the benefits of functional play for their child. They understood that running, kicking and riding their bikes developed their child's gross motor skills. Functional play and outdoor play seemed to be a common connection. This connection will be discussed more in sub-theme 3.1. This type of play, as mentioned above, was the most ordinary form of play that caregivers identified within their children. The researcher, from the data analysis, would deduce that a functional play activity, especially for boys, is the preferred type of play. If they are given a choice of play they

would choose a functional activity over another type of play. This is not to say it is for every child or for every boy. As some of the participants identified above, and as discussed in sub-theme 1.4, each child is an individual and may differ in preferences.

o   **Constructive play**

Literature identified this as another type of play, where a child will focus on building and creating something. This could include blocks, paint, crayons or anything around them (Louw & Louw, 2014:210; Papalia et al., 2006:306). Participants also identified with this as a type of play they observed their children partaking in.

> *"We do a lot of baking, art, painting, and drawing.  They have all their Lego and even if me and my partner go and sit on the floor and play with them we sometimes just watch them play."* (Participant 4)

> *"They can do puzzles, they are good at that, and they are putting the puzzles in the right positions, the older kids especially. Colouring they also enjoy, the one child can sit and concentrate and enjoys it."* (Participant 7)

> *"Yes, especially since he is a boy he does, although you may get him toys he prefers creating his own.  I think it comes from being creative and he is trying to improvise on his own and learn something out of the box.  Which surprises me sometimes because I would not think sometimes that instead of playing with his own toys he would create something out of nothing."* (Participant 1)

According to participants' responses, fantasy/pretend play, functional play and constructive play would interweave with each other. The children would construct something to use in fantasy play or functional play. This is shown in the quotes below:

*"They use old things in the house to create some type of play they may call it three tin, that is putting three tins on top of each other and they start running around and jumping around and if they fall they have to start all over again. They are very creative."* (Participant 1)

*"Make a ball with plastics and one has to throw and one has to duck it, it is a nice game."* (Participant 3)

Some of these quotes have been used previously to illustrate other results in this study. The researcher has quoted them again as they give evidence supporting what the researcher has identified within this theme.

**Sub-theme 1.7: Forms of play that caregivers see their children playing**

Literature identified that the forms of play are structured and unstructured play (Fisher et al., 2008:310, 314; Ginsburg, 2007:183). When the participants were asked about these two forms of play they had the following to say. In understanding these two forms of play the participants had several definitions. One participant defined structured and unstructured in the following way:

*"I think structured would be where you have your jungle gyms and swings, aeroplane, that are actually put in place to see that this is a jungle gym and that's what I think is structured. Unstructured I think is when you play in an area that is just an open place and they can just do whatever they like within those spaces."* (Participant 1)

Once clarity was given by the researcher regarding what structured and unstructured play is they gave the following responses:

*"I think I direct them when it comes to dolls, more like the learning kind of play, where you have your squares and put them in correct*

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*order and knowing what this is and where this might go, and sometimes it also in toys and dolls you give them names, you dress them up and teach them how they should be dressed or placed with or teach them how to bath them. And allow them to teach me something when it comes to improvising. Like my son is very creative when it comes to things like he will create a cart, so I give him the platform there to tell me what to do, where the wire goes and the wheel goes and why should it be there and how the cart should move."* (Participant 1)

*"Structured play, they learn from us and learn how to pronounce the words and learn from that. Unstructured play, help the child to not be dependent on the parent and do things on their own."* (Participant 2)

When caregivers were asked which form of play they observe their children enjoying more, the researcher deduced from the responses below that children preferred to partake in unstructured activities where the child determined what activity to do.

*"Only if he wants to he is quite defiant if he does not want to do something it is quite hard to make him."* (Participant 5)

*"Yes, like I said you cannot push them to do things they do not want if I want to read a story but they will sing they will hum while I am reading they will just do it."* (Participant 7)

Five participants did mention that their child does enjoy including them in their play. This form of inclusion would be the child instructing the caregiver.

*"When I play with him he likes to be hands on, he wants me to be involved, if he's doing something on his own he always calls me to*

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*see what he is doing. Does not like me telling him what to do. He is*
*the boss and tells me what to do."* (Participant 9)

When asked which form of play the caregivers felt was more valuable to their child. The responses were varied. One participant stated that she prefers structured play because she feels that her child is safer as she would instruct him on what he can play. Two participants saw the value in structure and unstructured activities. Personally, one participant would structure her child's play, in a way where she directs what or where they play but then allows her child the freedom to play however they like with what she has placed in front of them.

> *"So there is structure to their day, so it's not a free for all, but you*
> *guide them in the direction of what to play but then allow then to*
> *determine how to play it."* She continued to state: *"You have to show*
> *them, you can't give them a new toy and they don't have a clue*
> *about it. So you show them how it works and they try it. Often if I go*
> *back to play dough I can show them to roll as much as you can but if*
> *you sit beside them and you do it they will mimic you and work out*
> *for themselves what they enjoy doing and they will stick to what they*
> *actually like, from observing you they will see what you can and can't*
> *do with the apparatus or toy."* (Participant 8)

She saw value in both structured play and unstructured play, which they need to be interwoven to make them effective. This participant did not enjoy tasks that were too structured or observing other parents who were too restrictive in their engagement with their children. She gave this example:

> *"......my worst is watching parents do puzzles with their children. Find*
> *the corners first, no do this, look for this.  No turn it, (Laughing) they*
> *can work it out, come on."*

According to previous studies, caregivers valued structured play more than unstructured play. This was because they saw structured play as more educational (Fisher et al., 2008:311, 313). This statement could not be confirmed by the researcher's analysis of the data gathered in this study. As mentioned above, one participant preferred structured play but for reasons of safety and not educational reasons. Three participants said their child could not be forced into a structured activity, so they did not place this as very important. This supports literature in that structured activities go against the natural flow of a child's learning and gathering of information (Fisher et al., 2008:306). This may be the reason these caregivers experience resistance with their children engaging in structured play. Two participants valued both, but gave a broader definition of structured play, as guidance but not instructing specific activities.

### 3.4.2.2 Theme 2: The involvement and time caregivers have in playing with their children

An objective of this study is to explore and describe how and whether caregivers engage with their children in play. Fogle and Mendez (2006: 508) believe describing how caregivers engage in play with their children is a good way to assess the level of importance caregivers give to play. They were of the belief that caregivers who saw play as advantageous to a child would enjoy playing with their children more, whereas caregivers that view academic learning as more valuable would not promote play unless it had an academic focus.

Theme 2 analyses the data gathered from the interviews and sets out to achieve this objective stated above. The time caregivers dedicate to playing with their children will be examined. As established through the literature, the level of play between child and caregiver is a good indication of caregiver's opinion around play's importance to their child. The factors affecting this time will also be explored in sub-theme 2.1. The researcher will go further and explore how a caregiver's childhood and personal preferences affect the type of play they engage in with their own children.

**Sub-theme 2.1: Time caregivers play with their children and the multiple factors affecting this time**

From the participant's responses, only one participant admitted to not spending much time with her child. The rest expressed that they did spend time playing with their children.

Some participants believed that they have sufficient time to play with their children. While other participants felt that they had too many demands on their time and that they could not spend the desired time with their children. Whether their belief about the sufficiency of the time they spend with their child is enough or just their belief is another area to explore altogether. From the participants, the following factors affected the time they could play with their children. The time and resources available to a caregiver determined the amount of time they could allocate to playing with their children. Working caregivers felt that this was the predominant factor consuming their time. Resources in terms of their economic constraints and what tasks they had to perform personally at home affected playing time. Support resources were also factors; whether the participant is a single mother, married or had extended family helping them influenced the time.

o **Time and resources**

Economic constraints were identified within the literature as a factor that pushes caregivers to work. Working caregivers spend many hours doing their job, when they get home they may have many other responsibilities. The balance between work and time with their families is a constant struggle for caregivers (Center on Education Policy, 2012:2; Ginsburg, 2007:185; Milteer et al., 2011:6). This was confirmed in the interviews. Caregivers expressed that work often restricts the time they can spend with their children. When the researcher asked the participants about the time they spend playing with their children, the one said:

*"Sometimes, but most times I am at work."* (Participant 2)

Not only did work take a substantial portion of their time but it would also take their energy. When they got home they would be exhausted and would not have the strength to play with their child.

> "*I get tired easy.*" (Participant 1)

> "*Honestly not enough time to talk to them, after work cook and am tired and honestly I don't get time … too many other things to do and when I do get time off I need to rest.*" (Participant 2)

Housework also impacts their time. Many of the participants do not have the financial means to employ another person to do these tasks. They will then return from work and must cook, clean and wash the house.

> "*It is a challenge working all day and then going home and you have homework and food and other things.*" (Participant 1)

Those that did not have a very structured job found it easier to be available for their children. They could be with them when they came home from school. These participants also had more financial resources to employ someone to help with household tasks.

> "*I am lucky that I don't have an 8-5 job so from the time the kids come home from school I am with them.*" (Participant 8)

Just because these participants had flexible hours it did not mean that they had none of their own challenges. They spoke about how their job never stops. There are always people coming through asking for different things. They mentioned that their phones often distract them and disturb the quality of the time they spend with their children.

*"We also need to work, we end up doing a lot of our work in the mornings, then we can dedicate the afternoons for him. Sometimes our work spills over into the afternoon and then that gets in the way."* (Participant 4)

Guilt was a side effect that many caregivers had regarding the time that they spent with their children.

*"Yes, very hard to balance it and often we will take an afternoon off because we are home to be with him and then work when he goes to bed."* (Participant 5)

Six of the participants felt that despite these challenges they could balance their lives. They felt that they spent enough time each day playing with their children.

The makeup of the family also impacts the time a parent gets to play with their child. Single-headed households have more obstacles to face when dealing with time available to play with their child (Bringolf-Isler et al., 2010:251; Fisher et al., 2008:307; Fogle & Mendez, 2006: 508, 516). This was found to be true within the study. Out of the ten participants, six participants were the breadwinners in their home and were single. Some of these participants live with extended family and this helps them caring for the child. Within the literature, multigenerational households were on the decrease and so they suggested that there is a lack of support for single households due to this factor (Bringolf-Isler et al., 2010:251; Fisher et al., 2008:307; Fogle & Mendez, 2006: 508, 516). Within this study, many of the participants that were single stayed with extended family. They identified that living with a multigenerational family was a huge help to the participants.

*"It does help with my sister, as I don't have to find someone to look after him after school, or cook, clean or bathe him. That is all done before I get there. My brother in law drops him at school, it is walking*

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*distance but I would not want him walking alone. It takes off a lot of pressure; I don't have to deal with school work. I do check with him when I get home to double check, messages from teachers and the like. It helps a lot. Work is the main thing that impacts the time with him. When I used to stay at home he had all my attention, I enjoyed being a housewife, I only had to look after him and my husband. I would cook and clean. Work was a dread for me."* (Participant 9)

For this mother's excerpt above the researcher can deduce that if financial resources were not an issue she would love to be a stay at home mother. Unfortunately for her, she does not have the luxury of choice. This can be seen in many of the participants' situations that lack of resources can take away time that could be spent with their child. They all expressed the frustrations they feel towards this fact and if things were different they would choose to spend the time with their children.

**Sub-theme 2.2: The type of play caregivers played as a child and how it influences the type of play they engage in with their children**

*"From when he gets home to bedtime, its play. He likes cuddle time and story time. He loves his books. It's not just running around. We will sit and do puzzles. He likes adult company rather than child time. He loves painting and once he trashed a friend's wall with paint. They had to shout at him but I found it so funny."* (Participant 9)

Play benefits increase as the level of participation increases. Unsupervised play is beneficial to a child, but Ginsburg (2007:184) identified that when a caregiver engages in play with their child the advantages increase drastically. Within the literature chapter, the relationship between what parents enjoyed as a child and what they encouraged in their own child was strong. Fisher et al. (2008:307, 313, 314) showed that parents placed more time and energy on play that they personally learned and developed from.

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Within the responses from the participants, the researcher found that what parents were exposed to in comparison to their children was very different, making a comparison between what they played as a child and what they play with their child a hard comparison to make. One participant spoke about how she grew up in a rural area and so her play looked very different to her child's living in an urban home. For her playing was in rivers and sand, herding cattle or sheep. Her children do not have this form of play as a possibility as she lives in an urban area where there are small gardens if any garden. She spoke about playing outside would be dangerous for her children and so often they must stay inside which can stunt their development. An interesting correlation with this participant is that she was allowed as a child to wander far from her home as it was rural. This participant also allowed her child to go to a playing field far from her home. She did not agree with them going there as she felt it was unsafe but felt she had no alternative for her boys. Showing she did see the importance of outdoor play and felt she had to allow it to take place despite her fears. When expressing what play she did engage in with her child, it was going out to Suncoast (a casino and restaurant mall close to the beach). This she admitted did not happen often as she did not always have the money to go. Another participant agreed with this and said her childhood was characterised by coming home from school and staying at home; her parents would not play with her. When she did play, she was climbing trees and making games out of cans or stones. When asked if she plays this with her child she laughed and said:

> *"No, no time for toys, no need for old things, as there are fancy things. Not at all, no need for stones."* (Participant 6)

This participant encourages time playing out in parks and play areas. She never had this opportunity as a child and now sees it as important. She loves singing and dancing with her child as a form of play.

Two participants spoke about how their childhood was extremely different from their children as well. They shared that in their household growing up they had to cook and clean as a child. Parents felt that they had to teach them skills on how to run a

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household one day. They expressed that play was not viewed as important to parents. Children were required to entertain themselves outside and not disturb their parents. They were only called when they were required to do chores or tasks. Both these participants spoke about how their children do not need to do these tasks. The one shared how her children would help her with them but she encouraged them to play more. She spoke about how she loves to play games with her children who require no toys just singing and movement. She expressed how she loves to laugh and joke with her children. Another participant also dealt with play and her children completely different to how she was brought up. She also loved singing and dancing with her child. She participated actively with her child as much as possible.

Another participant also had a different childhood as she was the eldest child in the family and was required to look after her siblings. She did recall that her father would really try his best with them and spend Sunday with them specifically. He made the children a priority and she has taken this valuable lesson and wants to ensure she imparts this to her child as well. She ensures that every evening she makes time for just her and her son. She does try and get out with him on the weekends but financially and logistically it is a challenge for her. She tries to ensure that at home she is attentive in playing with her son.

Other participants expressed that they have very different styles of parenting to what they grew up with. Many of them expressed that their parents never played with them and would just want them to be outside. If they were inside they would have to be quiet so everyone could hear the television. One participant when asked if her parents interacted with her growing up she responded:

*"I would say my granny, but not parents."* (Participant 1)

This participant's idea of play with a parent was very different when comparing her childhood with her children's childhood. She shared what she likes to do with her children when given the opportunity:

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*"Um I would take them out on a Saturday; I want them to learn different types of animals that are around. I want them to know which ones are friendly and which ones to be aware of them and keep your distance. I want them to know about flowers and the weather. On the road, I will tell them different things. How to cross the road, which is very important. Sometimes we just take things from within the home and play together."* (Participant 1)

Evidence supporting the literature was shown from two participants. Although the circumstances may have been different they placed high value and importance on activities they enjoyed as a child. With their own children, they gave the same activities priority. The one participant spoke about how as a child they had a big open space at the back of the house that was connected to all the neighbours. She recalled how the neighbourhood would all play together with no adult supervision. When discussing what she enjoys doing with her children she spoke about how emphasis is placed on taking them to open spaces and parks where they can run and play freely. So, although it is not as easy as the back garden to play in open spaces she ensures that this form of play is facilitated within her children.

Another participant had a similar view to her as she recalls being allowed to ride on her bicycle anywhere and they were safe. She and her sisters would take the bus to town alone. She said she would never let her children do that now. She said safety has decreased as well as population and traffic density has increased. She does promote outdoor learning and prioritises taking her children to spaces where they can ride their bikes and play. The other participant spoke about how her parents promoted her experiencing a wide range of activities. She expressed that this is what she strives for with her own children. She wants to expose her children to as many different experiences so that they can make informed decisions on what they would like to pursue. This supports the notion in literature that what she found beneficial in her childhood she prioritised for her children.

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As can be seen from the participants above it is very hard to make this comparison between what caregivers enjoyed as a child and what they encourage with their children. This is because many of the participants grew up in completely different circumstances where play was not promoted or encouraged. Most of the caregivers that were interviewed had completely different views on play in comparison to their parents. It is very interesting in assessing their responses to see how different their views of play and parenting are in comparison to their parents. Within one generation the value placed on play has grown significantly in these participants. Due to the small pool of participants, this cannot be generalised to bigger population groups but play's importance and value is becoming more recognised by all cultures.

### 3.4.2.3 Theme 3: Caregivers have different views on public play areas

A predominant aspect of this research is to assess caregivers' views of the availability and utilisation of public play areas for their children. As one of the goals of this research study, it is important to separate their views around outdoor play and public play areas so we can really understand where the challenges around this aspect lie. The researcher aims within this theme to analyse the data collected to ascertain whether the caregivers have knowledge relating to indoor and outdoor play. The researcher will consider public play areas and the factors that affect their utilisation. From the literature chapter, the researcher discovered that these factors had been assessed in other countries but not in a South African context. The researcher aims to see where the correlations from previous studies are and where certain aspects are unique to the South African context.

**Sub-theme 3.1: Caregivers identified that their children prefer outdoor play to indoor play**

> *"I think you need to be outside and explore and don't need to sit inside and watch TV."* (Participant 6)

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Outdoor play is regarded in literature as play that happens outside and can be classed as active free play (Veitch et al., 2007:383). As mentioned previously, outdoor play has all the benefits and advantages of play but is more intensive. All participants spoke about how their children prefer outdoor play. One participant spoke about how her girl may play indoors more with her doll but that her son prefers to be outside. She did express that she keeps her daughter inside more for safety reasons than her daughter's preference. They all expressed that they see the importance of both indoor and outdoor play.

> *"Both so important, need outdoor play for gross motor skills, that is often when their imagination goes wild. And a box becomes a tugboat or a fort and things like that. As much for your gross motor development, but also for your imagination your outdoor play is so important and as I said their spatial awareness and where they realise where they are in the world and what they can and can't climb on and they learn what dangers are what to stay away from and their confidence levels. I can get this high on the jungle gym and I can try to go a bit further. So as far as your fine motor skills it is more your indoor play and your structured set activities, so puzzles and dough is important but the outdoors is equally as important."* (Participant 8)

Indoor play for the participants constituted of playing dolls, doing puzzles, singing, dancing, reading, baking, crafts, cutting, art, painting, Lego and cars. More than one participant spoke about how indoor play was forced upon them due to their living circumstances. As mentioned above the one mother mentioned that she keeps her daughter indoors for safety reasons. Another participant spoke about how they have a very small garden that has no fence and so can be dangerous for her child. Another participant stated:

*"My son was cooped up at one stage when I lived in a flat and that is was not good. I used to let him ride his bike in the house; if I was busy I could not let him go play outside. If I am sweeping he was young but I would let him play near the door, but in flats, it was not good. When I had finished my chores then the front door was locked and we were indoors. It was a hard time."* (Participant 9)

Three participants spoke about how indoor play was more structured play and often required more participation from them. They spoke about how their children had very short attention spans and would change from one thing to the next very quickly. One participant stated that her son is everywhere indoors and that they do not have a big house. The researcher got the impression that the child has too much energy to be contained indoors and can cause chaos if indoors for too long. Another participant mentioned:

"*Rainy days are a nightmare, he is not happy."* (Participant 5)

Her statement gave an indication that for her child outdoor play was more important than indoor play.

When discussing outdoor play, participants indicated that their children partake in the following activities: riding bikes, kicking the ball, playing in sand, water play, throwing and climbing. Several participants identified the benefits of outdoor play. Imagination and pretend play seemed to be a predominate type of play that took place.

"*They engage a lot in um cars, creating steering wheels and you know boys being boys."* (Participant 1)

"*They are digging in the sand, putting the sand in the bucket with the spade and putting it back and baking the cakes and even cooking*

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*the food and bringing it to me and saying mommy here is the food and the tea.”* (Participant 7)

As quoted above from participant 8, she also mentioned that her child's imagination is developed through outdoor play.

Gross motor skills development was identified as a benefit of outdoor play by three participants. Self-esteem and confidence building was also identified as a benefit of outdoor play. The participants agreed that outdoor play is preferred by their children. Several of the participants did mention that their living circumstances can sometimes hamper their ability to allow their child to play outside. This leads to sub-theme 3.2 and the importance of public play areas. Many communities do not have outdoor areas that their children can play in at their home. This, therefore, places more value and importance on public play areas within these communities. The utilisation of these areas will be discussed in sub-theme 3.2 below.

**Sub-theme 3.2: Factors affecting the utilisation of public play areas**

The views that caregivers have regarding public play areas is one of the main focal points that the researcher set out to explore; the reasons for this that data relating to the South African context is very limited. The researcher set out to see the correlations between other studies and unique dynamics specific to the South African context.

**Sub-theme 3.2.1    Availability and accessibility**

The first aspect that the participants mentioned was the availability and accessibility of these spaces. From the ten participants, six participants had public play areas that were in walking distance from where they live. From these six participants, only one participant let her son go alone to this area, which was a big field where the children would play soccer. He was going alone at the age of six. Two of these six participants used the area occasionally when they took their child there. The other three did not use

the areas close to their home as they were not maintained. These three participants had access to areas further away that were well maintained. These areas were only accessible by driving as the available areas were 20 to 30 kilometres away. Four participants did not have any areas that were accessible to them. Those that were available to them were far from their homes, such as the beach or Suncoast casino. To get to these areas they would have to take more than one taxi and spend money to get to them. The participants admitted that it is very rare that they get a chance to take their children there as they either do not have the energy or the money to go.

From the participants, six of them had availability and accessibility of public play areas. Although six participants did make use of public play areas, only three participants had areas that were near where they live. From these three only one child used the area available to him regularly. The other two would not let their children go without them, and they found that realistically they only managed to get to take their children to these areas once a month or once every two months. So, despite these areas being close to them they still did not use them regularly.

The participants that had cars utilised public play areas more regularly because they had more freedom and flexibility in getting to these areas. These three participants from higher income brackets also live in bigger homes with a safe garden space for their children to play in. The need for public play areas may not be as pertinent and necessary as it is for the other participants. The other participants had limited areas outside where their children could play. Five of the participants did not have a garden or a fence around their home. They expressed that they did not even feel safe allowing their child to play outside their own home. The researcher believes from the data collected the beneficiaries of public play areas that need this service the most have the least amount of access to it.

From the literature study that was conducted in Chapter 2, Holt et al. (2013:3) deduced that availability and accessibility of play areas were not the sole deterrents for the usage of play areas. Their study gave evidence that the distance from a public play area was a

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concern for caregivers regarding the safety of a child. This revealed that all factors affecting the utilisation are intertwined and connected. Within this study, the two participants that had public play areas close to their homes would not let their children go there alone due to safety reasons that will be explored in more detail below. Even if they did take their child there the one mentioned that she cannot go too often as her children will get bored, giving support to the design factor having a role in the utilisation of a public play area. This will be discussed in more detail below. This shows using the developmental systems theory (Greenfield, 2011:529) guided the researcher to conclude that the concerns preventing utilising these spaces are all integrated and connected. That fixing or improving one aspect will not have much effect.

The data collected in this study is in correlation with the literature from previous studies as noted above. Accessibility and availability of public play spaces does affect the utilisation of these areas but is not the only factor that plays a role.

**Sub-theme 3.2.1    Safety**

Safety was brought up by every participant within this study. As indicated in the literature study, the views that caregivers have regarding public play areas and the risks or benefits that they will have for their children will determine whether caregivers utilise public play areas. Caregivers' desire to protect their children and so often the caregivers' preconceived perceptions of risk and fears determine the movement of their children. Several safety issues were brought up by the participants in relation to several aspects of safety.

o    **Traffic**

The first issue regarding safety was to do with traffic. Having the children walking to the public play spaces was a concern for caregivers. One participant reminisced about how as a girl she would be allowed to cycle everywhere or caught the bus alone. She expressed that she would never allow her children to do what she could do as a child. She expressed that more people equals more danger. Cities have grown and more

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people live in closer proximity. More people have cars and the roads are busier. Therefore, this creates more opportunities for accidents. Participants within this study expressed that accidents are a reason for concern. Participant 9 expressed a fear that what if her child got hit by a car and no one knew who his family was and he would be alone and hurt without her there to look after him. She could not even think about her child being alone when he was hurt. She spoke about how she does let her children play on the road sometimes with their bikes but that she will always be there with them. The one participant who allows her son to walk to the open area close to their home mentioned that there is very little traffic in her area which makes her feel better.

When recommendations were given, which will be discussed in more details below, more than half of the participants suggested a fenced off area to keep them safe from traffic, evidence supporting that they felt traffic was a fear relating to their child's safety with regards to public play areas. These results support the research conducted by Senda (2015:108) in that caregivers are concerned about road accidents that could take place (Senda, 2015:108). Without protection from traffic, parents would limit their children from utilising public play areas.

o **Crime**

Crime within South Africa is a common fear that most individuals face at some point. Caregivers have a deep desire to bubble wrap their children and protect them from every potential problem.

> *"Hard in this country because of crime"* (Participant 4)

They do not want to place their child in harm's way. Playing in a public play area according to the participants of this study was viewed as potentially placing their child in harm's way. Several issues relating to crime were mentioned by participants.

'Stranger danger', in the United States of America, Australian, Canadian and English studies have shown to be an issue (Bringolf-Isler et al., 2010:253; Carver et al., 2008:217; Holt et al., 2013:3; Little, 2013:10; Veitch et. al, 2006:388). This was an issue

within the South African context as well. Rape and paedophiles were fears that the participants had. One participant felt that her daughter was more susceptible to this. She allowed her son to go out and play in these areas but did not allow her daughter to. Whether boys are less vulnerable is another study altogether, but this was her perceived reality. The view that this participant had is in line with what the literature chapter revealed. Within Chapter 2, this concern of 'stranger danger' was seen too often impact females more than males as females are viewed as more vulnerable in society (Carver et al., 2008:219; Senda, 2015:110). Many caregivers perceived public spaces as places where their children may be abducted. One participant did acknowledge that one cannot be completely safe anywhere within South Africa. On the other end of this spectrum, caregivers feared photos being taken from their children. They also feared people being horrible or mean to their children. As mentioned above, caregivers want to prevent any harm, no matter how big or small it may be from happening to their children. No matter how true these fears are parents will still act on these fears and prevent their children from going to areas where these perceived or real fears exist in their mind.

Drugs and alcohol also affected the utilisation of the public play spaces. If caregivers believe that drugs or alcohol could be present within a public play area they will not allow their child to go there. One participant did express that the area that she uses is very big. On the one side, older boys will sit by their cars and listen to music and drink, on the other side of the park she will take her child. She did not see them as a problem or that they interfere with her child, she just would prefer to keep them separate and not allow her son to interact with them. Other participants feared that friends or older boys could influence their child to take drugs or alcohol. The one participant spoke about how the neighbourhood is very dangerous and drugs and alcohol is very prominent within the area. She feels that she will never let her child out of her sight as she is uncertain of what could take place. One caregiver expressed that one public play area that they love going to is one where everyone respects each other. The community respects the facilities and looks after it. In research, erosion of a sense of community was identified as a factor that affects the utilisation of play areas (Holt et al., 2013:9). The participant's

comment shows proof that when respect is given the utilisation of the play areas increases.

o **Maintenance**

Upkeep and maintenance of these public play areas were identified as a possible factor that affects their utilisation. There was no research into this as a possible factor affecting the usage of play areas and the researcher explored it within this study.  Five of the participants expressed that their closest public play area was not maintained.

> *"It is also always clean, where Essenwood is not clean and I am quite a germaphobe, so I don't like it. People's park is very clean which I like." (*Participant 10)

One participant spoke about how the park close to them is trying to improve the safety of the park by organising events to bring people to the park. They believe that more people will improve the safety of the place. Areas that are not maintained do not encourage respect for community members. As mentioned above respect for a facility encourages the utilisation and safety of an area. Maintenance of a public play area also makes caregivers feel less worried about their child getting hurt which was another factor that affects the utilisation of public play areas.

o **Injuries**

Participants spoke about how they worry about their child getting hurt. The one participant shared how she lets her son go to a play area by himself and the one day he came back with a bump on his head. She was so upset that she was not there for him. Two participants expressed that they hate the thought of their child getting hurt and they are not there to comfort them and soothe their pain. This was one of their main reasons for ensuring they are always there to supervise their child's play.

> *"I will not allow them to go alone, nor will my sister, anything can happen they can get knocked when a car drives by … I am very*

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*protective and he is just as protective over me. Traffic, get hurt on the road, if no one is watching him who will hear him."* (Participant 9)

If public play areas are not well maintained the chances of getting injured are more likely. Caregivers will be more reluctant to allow their child to play within these areas. This was not identified within the literature as an issue affecting the utilisation of public play areas.

o   **Other children**

Another factor affecting the utilisation of public play areas that the participants identified was the influence of other children utilising the facilities. One participant felt that her son has learnt bad language from spending time with other children within public play areas. More than one participant feared their child being influenced by older children to smoke or drink alcohol.

*"Friends start smoking and drugs, so kids are not safe, strong language and swearing and I don't like it but I have no choice."* (Participant 2)

Bullying was another factor that affected the utilisation of these areas. Participants of this study were very sensitive that their children were not spoken harshly to or that other children were mean to them. They feared that their child would be teased or picked on by other children. If they felt any threat of this, they would not use these outdoor play areas.

o   **Economic factors**

The participant's income and economic factors will influence the utilisation of public play areas. As mentioned above, participants from lower income brackets with smaller homes and no gardens have less public play areas available to them. If they do have facilities in their area they admitted that they do not go there often. They said they have

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many responsibilities and tasks to finish on the weekends when they could potentially take their child.

> *"To be honest no, to many other things to do and when I do get time off I need to rest."* (Participant 2)

The one participant who let their child go alone felt that she had no choice in this matter. She could not provide an alternative for her son and so allowed him to go alone despite her fears. This is in line with the research conducted by Valentine and McKendrick (1997:222). Only the participants with cars made regular visits to public play areas as it was convenient and easy to access. They were also able to access the best facilities in the area. The time constraints that caregivers felt due to household tasks that needed completion prevented the participants from utilising the facilities available to them.

o **Lay out/Design**

Outdoor play areas often comprise of isolated and stagnant equipment that has no relation to the context, culture or desires of children (Czalczynska-Podolska, 2014:132). These designs only attract utilisation when they are new, but then become predictable and limited in their appeal. The literature gave evidence to this; within the study, the researcher noted that one participant mentioned that she does not take her children to the public play area regularly as they will get bored. This is supported by the information gathered in the literature chapter. From observations by the researcher all public play areas within the Durban City area, the geographical area of this study, comprise of isolated and stagnant equipment as noted by Czalczynska-Podolska (2014:132). These isolated and stiff designs of outdoor play areas also limit the amount of social play that unstructured play encourages and catalyses. Often the design and equipment of these areas lack ingenuity which does not elicit stimulation and activity within children (Holt et al., 2013:3).

Participant 8 agreed with this literature in her recommendations. She expressed that the layout and design of a public play area is so important. She felt the need to ensure

small and big children were catered for. She felt that if there is only big children equipment, caregivers of small children are less likely to utilise the areas. It needs to be appropriate for all children. If children are more susceptible to get hurt due to poor layout, for instance, she gave an example of swings being placed too close to a free running space, then caregivers would also be more hesitant to use the space. This is again in line with literature that stated that many play areas are not developmentally appropriate for all children and do not foster any desire to some children to engage in the play area. There is a mismatch between the design and what children really want (Czalczynska-Podolska, 2014:132; Veitch et al., 2007:418). One participant spoke directly to the design by saying the following:

> "*Got to look good, unfortunately, no matter how good equipment is for play but if it is dull and drab parents and kids are not going to be drawn to it. So, it has to look appealing."* (Participant 8)

These factors that have been discussed above affect the utilisation of public play areas. There is no point in having these facilities available but not utilised, as this makes them redundant. There is no use of a public play area that sits dormant. It is a waste of resources. There may be good intentions when these facilities are initially built but the execution, placement, design and maintenance of these areas is often neglected and forgotten. As noted above from the interviews the researcher conducted and the data gathered, these aspects are critical in ensuring the successful usage of these facilities. Throughout this study, the benefits of play and outdoor play specifically have been emphasised again and again. It would be a huge shame for a city to allow a source for such potential childhood growth, stimulation and development to go to waste by their underutilisation.

Two main theories of DST relates to this theme. Person-environment systems and the Transactional approach are evident as both theories look into the connectedness between subsystems and the influences of an individual and environment (Greenfield, 2011:531). One factor cannot be examined in isolation. An example that the researcher

noted from the above theme, is how depending on how a caregiver views the safety of a public play area will determine if they utilise the area. One factor that determines its safety is the number of people using a public play area. An isolated public play area is often avoided as it is viewed as unsafe, as can be seen from participant 10:

*"Yes, Essenwood park, but I don't really feel safe as no one really goes there."*

This creates a perpetuating cycle between the individual and the environment. If individuals choose not to use an area the environment it deteriorates more and then appears more unsafe, influencing how individuals view the space, continuing the cycle. Sub-theme 3.3: Caregivers make recommendations to municipalities and wishes regarding public play areas.

After the discussion above the researcher felt that it would be beneficial to find out what the participants would recommend to municipalities regarding public play areas. The researcher felt that solutions to the issues identified above needed to be explored as identifying problems but not proposing solutions are almost as bad as the problems themselves. After hearing all the factors that affect the utilisation in sub-theme 3.3 the participants were given a chance to state how they felt public play areas could be improved to increase their utilisation. The researcher asked participants if they could create any space with no limitations or restrictions what would they like to see in public play spaces.

The first recommendation from participants was to have access to a fenced off area. They felt that this would help protect their children from traffic. One participant also spoke about an area with one entrance and so that parents can monitor the coming in and out of the play area, ensuring that they know where their child is always. One participant also mentioned that a space protected from the sun would also be beneficial within an outdoor play area.

With regards to safety, fencing was a common tool identified to help in this regard. A gate with a latch, giving parents peace of mind that their children will not get out was suggested as a tool to give the impression of safety to parents. Safety was identified as a predominant factor that affects the utilisation of public play areas and so, therefore, needs to be given significant focus when creating new areas. A beautiful space that is not utilised due to safety is of no benefit to a community. Participants were asked how they would create spaces that were safe. Several were unsure of how to make safe spaces a possibility. They were not sure if this was ever feasible within our South African context. Guards and caregivers were mentioned as a possible precautionary measure, although several participants felt that they would not be much help. One participant stated that she would still never leave her child unsupervised in any public space. She did state that she has a choice in this regard and some parents are so desperate that they will leave their children unsupervised in these areas but not always by choice. Enforcement of rules was mentioned as one measure to increase safety within public play spaces. One participant suggested spaces that would only be for girls. This would not be feasible though as many parents have boys and girls. Mutual respect for public play areas is needed to ensure that everyone who utilises the area cares for it. A well-maintained area would help ensure that this took place. One participant mentioned the following:

> *"There are so many beautiful parks but because they are not well maintained they don't get used and then they become more unsafe."*
> (Participant 4)

No one had specific solutions on how safety could be ensured undoubtedly in public play areas.

When exploring what would be in these play areas, the participants mentioned several ideas. Whether all their ideas are realistic or feasible was not the aim of this discussion. Identifying their thoughts and ideas was the focus with no restrictions to them. One participant pointed out that the area needs to look good. She stated that no matter how

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good equipment is for play if it is dull and drab parents and kids are not going to be drawn to it, so it must look appealing. She also stated that there needs to be variety in the facilities available. She recommended that these spaces need to cater for small children and big children.

The participants suggested that they would like the following within these public play areas: karate facilities to meet their sons dare devil impulses. A tennis court and trampoline was also suggested. Participant one said that for girls one can make dolls houses and pretend toys but that boys are harder to entertain. Soccer fields, jungle gyms, slides and swings and open spaces and paths for bike riding were suggested. Having fitness areas in the park and gym equipment was suggested as an idea to encourage utilisation of parks. This was looking at utilisation for children and for adults. Some parents may not enjoy this as this then brings more strange adults to the area which may be perceived as more danger to their child. An area with games and books was also suggested. A space with computers was also a wish of a participant. One participant spoke about one play area that is incredible and she would love to see more areas like it and ensure that more people have access to it. Within this area, there are tunnels, ropes and slides. Activities that challenge her child to go higher and higher, that improves his confidence. Water features, where they can get wet and have fun was another suggestion. Open fields were also recommended so that the children can run around freely. Sensory tools were also indicated as necessary within public play areas. A space for parents was also suggested, allowing parents to supervise their children in comfort.

The layout of a play area is also important as noted by a participant. Swings are wonderful tools but the placement of them is important. They cannot be placed where young children may run through and get knocked over by the swings. It needs to be safe. One participant stated that these public play areas need to be within a one kilometre radius from their home. She felt that this would increase their utilisation as their accessibility would be easier.

A few of the participants felt this very hard to answer as they have never had an opportunity to even dream of an outdoor play space for their child. The participants interviewed came from broad experiences; some participants had access to amazing facilities while some had access to no facilities. This gave a diverse range of ideas from participants regarding these public play areas. The researcher believes these suggestions made by the participants are feasible and can be accomplished. Safety will always be a problem within South Africa. As one participant mentioned she will only trust a person who she has screened and found appropriate to care for her child. Another participant stated the following:

> *"I doubt any place is ever safe, even at home you may think you are safe but you are not."* (Participant 1)

This is a reality of the context in which these participants have found themselves raising children in. Safety will always be a concern for parents within our specific context.

### 3.4.2.4 Theme 4: Caregivers have advice to others about play

The researcher asked the participants what advice they would give to other caregivers regarding play. They shared their wisdom with the researcher and this is what they wanted to tell other caregivers. The predominant theme that came out within their thoughts was that caregivers need to prioritise play with their children. The more time they spend playing with their children the better. The participants could not put enough emphasis on how important play was to children. Fully focusing on their child, making eye contact and stimulating their child were critical for caregivers. One participant spoke about how she is always giving advice to community members to look after their children and to remember that their children are important; that playing with your child is a form of communication and that you can understand so much more from your child through play; that despite being busy caregivers must try to take at least 30 minutes to spend with their child. Caregivers must just play and not worry about the mess; they can use this as a learning tool for children to tidy up. Playing is a way for children to learn

and develop. It is a parent's responsibility to raise their child and not the teachers or neighbours.

Some quotes from the participant's words of advice were the following:

> *"Keep out of sun when hot and have fun."* (Participant 1)

> *"They don't understand how important it is."* (Participant 5)

> *"The baby is important."* (Participant 6)

> *"Learn to play with the children it is important it is another way to communicate with them."* (Participant 7)

> *"You can't keep them stuck in front of the TV or isolated, they have to get out there and explore and learn about their environment as much as possible. So play as much as possible."* (Participant 8)

> *"Very important to play with your child, you learn from your child, how they think. You can talk but the child cannot say it all, they can say things that they want you to know. When they are playing they will just blurt out things that will make you know what is going on."* (Participant 9)

From these pieces of advice that the participants shared with the researcher it only confirms what the research study set out to achieve. The participants that were interviewed have a very good understanding of what play is and how important it is to their children.

## 3.5  CONCLUSION

The study required 10 caregivers with children between the ages of three and six from the Durban City area. The researcher identified four major themes, each with sub-themes. The findings indicated that caregivers generally believed play to be an activity that consisted of fun, free spirited and spontaneous activities. They saw play as beneficial to their child although they did not always know what these benefits were specifically. Some participants could identify many of the developmental advantages of play. The participants saw play and learning to be in conjunction with each other. Despite caregivers' educational levels they all had similar beliefs about play. The participants encouraged their children to play as much as possible.

A caregiver's culture and upbringing did have an impact on the way they viewed play. Many Zulu participants expressed how they grew up in very different environment and that they perceive play in an opposite light to that of their predecessors. They acknowledged that not all caregivers in their generation viewed play as they did, some still hold to the beliefs of the older generation that viewed play as a waste of time.

Caregivers from this study emphasised that every child is different and therefore, will determine their own play. When asked to describe their child's play they all had very different descriptions.

The caregivers enjoyed playing with their children, although there were several factors that restricted this time that they could play with them. Time was the biggest challenge, many caregivers worked and when they came home from work they were tired or had other responsibilities that they needed to attend to. This created limited time to play with their child. Economic and support resources also was identified as a factor that influenced the time available to spend with their child.

The researcher explored public play spaces and outdoor play. Caregivers indicated that outdoor play was preferred to indoor play but many of the participants did not have

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outdoor spaces to allow safe play to take place. Public play spaces were not easily accessible to the vast population and if they were they were not very well maintained. Privately owned, paying public spaces were described as fantastic but not all participants were able to access these spaces. Safety was one of the main concerns that caregivers had regarding public play spaces. Caregivers reinforced that they really would utilise public play spaces and suggested certain recommendations to municipalities to help ensure these public play spaces are accessible and utilised.

The key findings of this study are summarised in Chapter 4. Conclusions and recommendations based on the findings were also represented.

# CHAPTER 4

## CONCLUSIONS AND RECOMMENDATIONS

### 4.1    INTRODUCTION

Play and the views caregivers have of play and its role in their child's life has been the focal point of this study. In chapter one of this study, the researcher outlined the rationale and methodology behind the study. Chapter two contains a literature overview of play and play areas to contextualise the study. The findings of the study were analysed and discussed in chapter three. In this chapter, the findings are summarised, and the conclusions and recommendations about the empirical data and findings of this study are discussed. The achievement of the goals and objectives will be examined, to assess whether they were achieved.

### 4.2    GOAL AND OBJECTIVES OF THE STUDY

The goal of this study was to explore and describe the views of caregivers on play and play areas in Durban City Centre, eThekwini District. The objectives of this study include:

- To theoretically contextualise the role of play in the lives of children in early childhood.
- To explore and describe caregivers' views on play in the lives of their children.
- To explore and describe how and whether caregivers engage with their children in play.
- To explore and describe caregivers' views of the availability and utilisation of public play areas for their children.
- To raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas through conclusions and recommendations of this study.

## 4.3 KEY FINDINGS

The researcher will discuss the key findings in terms of the themes that were identified within the empirical findings of Chapter 3. The findings will be summarised in point form.

### 4.3.1 Theme 1: Caregivers' views on play in the lives of their children

The initial theme that was identified was how caregivers define play and how they see play's relevance in their child's life. The following views were discovered through the data collected:

- Play was described as an activity for fun and amusement
- Play was generally viewed in a positive light and as important to the participants of this study.
- Play and learning were viewed as a concurrent activity that could not be separated.
- Educational levels of caregivers did not create a big division in their opinions around play. A difference was noted by the researcher between literature and the information gathered from the interviews. Within the literature chapter, it was established that caregivers with higher educational levels valued free play over structured, academic focused play, where caregivers from a lower educational level felt the opposite. From analysing the data, the researcher discovered that this was not true for this study. The participants' educational levels did not affect their beliefs surrounding play which was that they all valued play with no affection to one type of play over another.
- Caregivers' working environment exposed them to various additional inputs affecting their view on play. The researcher was of the belief that it may have affected the views of the participants of this study. Most of the caregivers that participated in this study were working in an environment that caused them to interact with children or individuals with knowledge regarding play and children.
- Culture and upbringing affect how a person views play. Older generations within

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many of South African cultures saw little or no value in play. Many of the participants were of the view that this opinion regarding play was changing amongst some of their peers. Income was identified as a factor that can determine what a child may be exposed to around play opportunities. Some children are expected to complete chores and tasks, and have limited play facilities available to them, while others have little expectations placed on them around chores and have a large range of play facilities available to them.

● Many of the participants from this study were of the belief that they were progressive in their thinking around play when comparing it to those from their communities.

● Participants from this study strongly believed that each child is very different and will often determine the type of play engaged in. Boys were identified to enjoy outdoor and physical play more predominantly over other types of play. Treating a child as an individual was viewed as important when engaging in play with the child.

● Play was viewed as a prominent contributor to a child's social, emotional, physical, verbal and cognitive development. Participants believed it was an integral part of their child's development.

● Caregivers believed that children should play as much as possible and no time limit should be placed on this time.

● The types of play identified in literature; social, pretend, functional and constructive play were expressed and identified by participants of this study. Participants spoke about how they observe their children learning sharing skills and taking turns. They expressed that they see through social play their child's vocabulary will also improve. With pretend play participants spoke about how they see this form of play opening their child's mind to so much diversity. Functional play was identified as one of the most predominant types of play that children enjoy. Participants saw constructive play as more of an indoor activity that their children enjoyed.

● The two forms of play, structured and unstructured play was observed by the participants. From the data, the researcher was of the belief that there was a

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good balance between these two forms of play amongst the research sample.

## 4.3.2 Theme 2: The involvement and time caregivers have in playing with their children

How caregivers engage in play with their child was also explored through this research. The following key points were identified:

- Participants were of the belief that they spent enough time playing with their child.
- Time restrictions and demands was a challenge identified by the participants. Working caregivers felt that this consumed a large portion of their time and when they did get home they were tired and had multiple other chores that they had to complete. This then prevented them from playing with their children. The balance between work and time with their families was a constant struggle for caregivers. Caregivers that had flexible job hours felt they could spend more time with their children when they needed to but there were challenges of their job never stopping. Many participants felt guilty when work took them away from time they could spend with their children.
- Economic resources affected time caregivers could spend with their children, whether they were forced to work due to finances and whether they could afford someone to assist with household tasks or not. Those from lower economic circumstances had no assistance and expressed that they had less time for their children.
- Support resources and the family makeup was another factor that affected participants' time with their children. Single-headed households had more pressures placed on them, which influenced the time they had for their children. Those that lived with extended families expressed that they were extremely helpful and gave them more flexibility to be with their child.
- Comparisons between what participants played as a child to what their children played, was difficult to determine as many participants lived in completely

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different circumstances to what they grew up in. Expectations that were placed on the participants when they were small were very different to what expectations are placed on children of today.

### 4.2.3 Theme 3: Caregivers have different views on public play areas

The factors that affect the use of public play areas were explored further and this was revealed:

- Outdoor play was preferred to indoor play by most of the participants' children.
- Availability and accessibility of public play spaces were a challenge that was identified by participants. Most participants had public play spaces near where they lived. Only one participant allowed her child to go alone to a public play area. She only allowed her child to go because she felt she had no other choice. Two other participants occasionally used these areas. The other participants expressed that they did not utilise them as they were not well maintained. Participants expressed that there were well maintained, lovely public play spaces but that they were 20 to 30 kilometres away from their home. Only those participants from higher economic brackets could utilise these facilities. Four participants had no public play spaces that were accessible to them.
- Safety was a factor that correlated with literature that the participants identified as a deterrent in the utilisation of public play spaces.
  - Traffic was considered one safety aspect, as participants were scared their children could get hit and hurt by cars. They felt that communities have grown substantially and therefore cars increase every day.
  - Crime was another fear common among the participants. Participants felt that girls were more at risk over boys. They feared rape and paedophiles. This correlated with information gathered in the literature chapter. Participants revealed that they feared that their children could get abducted from these areas. The participants did acknowledge that within South Africa nowhere is completely safe.

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○ Drugs and alcohol were also identified as a deterrent preventing the utilisation of these spaces. If individuals that were doing this stayed in a separate place to the kids' play area the caregivers were not too worried.

● Maintenance and upkeep of an area affected the utilisation. Well maintained spaces would encourage utilisation which would improve safety. It would stop caregivers fearing their children getting injured or hurt while using the equipment.

● An injury while a caregiver is not around was another factor caregivers identified as a preventative to usage of these areas.

● Other children and bad influences were identified as a preventative to caregivers allowing their children into these spaces. Bullies were a common fear, where their children may be teased or spoken to harshly. Bad influences, where bad language and unhealthy habits are passed down to their children were viewed as a factor affecting the utilisation.

● Economic factors affected utilisation; lower income homes felt that they did not have a choice and allowed their children to go unsupervised to public play spaces despite their fears. Those participants with cars could go to the public play spaces that were well looked after and safe.

● The layout and design of an area also affected the utilisation. The accessible play areas comprised of stagnant isolated equipment that did not stimulate or encourage play and children became bored easily.

● Recommendations were given by caregivers:
  ○ Have fenced off areas to protect from traffic and to easily monitor the children
  ○ Have an area that is protected from the sun
  ○ Have fun and appealing equipment that is well laid out and diverse for all age groups
  ○ Ensure that these areas are maintained and well looked after.

### 4.3.4 Theme 4: Caregivers have advice to others about play

When the caregivers were asked what they would tell their peers, the following pieces of advice were given:

- Play needs to be prioritised by caregivers
- The more time spent playing with their children the better
- Fully focused play with their children is critical for caregivers
- Playing with your child gives you a window into your child's world
- Caregivers must not worry about the mess around play that children can help with cleaning up.
- Play is a way for children to learn and develop

### 4.4 CONCLUSIONS

The conclusions that were deduced from the outcomes of this study were that play was generally seen in a positive light. It was viewed by caregivers as an effective and essential tool for their child's growth and development. A caregiver's background and upbringing, culture, income level and the job did influence the caregivers' views on play in the lives of their children, although these influences often contradicted those indicated in previous studies conducted, as indicated in the literature chapter. The participants had a knowledgeable understanding of the benefits of play for their child.

Most of the participants did find time to play with their children, although their explanations of enough time cannot be confirmed to be adequate as each participant's understanding of 'enough time' will differ. There were several challenges that many caregivers expressed when examining what hinders this time they can play with their children. These challenges included work and returning home tired, with other household chores to complete. Economic and support resources were identified as obstacles that interfere with the time spent playing with their child.

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Public play areas were viewed as a necessary facility for their children to enjoy outdoor play, which was identified as the play of choice for most children. Of those that had access to these facilities, hardly any were maintained and only one participant allowed her child to use the area regularly. Safety was a universal concern, injuries, and influences from other children were the main concerns that were identified. Caregivers identified several recommendations when considering public play areas to ensure they are more accessible and utilised.

Caregivers encouraged other parents to promote play with their children. They were advocates of play and saw it as a window into their child's world. Not only are public play areas a necessary tool to promote play but also a networking opportunity for caregivers. Caregivers should be given an opportunity to engage with other caregivers and share wisdom and advice. As revealed in this study the participants have very valuable knowledge that would be very useful if shared with others. Peer education is often seen as a more effective tool for knowledge dissemination.

## 4.5 RECOMMENDATIONS

The recommendations that can be made from the findings collected from this study are the following:

### 4.5.1 Recommendations to professionals dealing with caregivers

- Caregivers should be made aware of the benefits of play as many believed that play is important but that they were not certain of the specific benefits.
- Caregivers should be educated on creative ideas for play with their children, thus play that will promote stimulation.
- Caregivers can also be educated on simple, small activities that will not require lots of time or energy but will be effective. This will help combat one of the challenges caregivers identified, which was that work took up a lot of their time and when they did have some time to play with their child they were tired.

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- Professionals should consider the use of peer education as a tool of parent education, as knowledge dissemination between parents is much more effective than a top-down approach.
- Caregivers should be educated on how to make the outdoor space around their home into a safe and stimulating environment through innovative ideas.
- Culture beliefs should be challenged slowly by professionals and caregivers to ensure that the old-school view of play being irrelevant disappears and that the new stand point, where play is seen as beneficial is promoted.

### 4.5.2  Recommendations for municipalities and local government

- Municipalities and local authorities need to be made aware that public play areas will be used if they are maintained; fenced off from traffic and are secure.
- Municipalities and local authorities need to ensure that public play areas are more available and accessible to the lower income population. To be accessible they need to be within a one kilometre radius. These are the communities that do not have outdoor facilities available to them within their home and cannot access areas that are not near them.
- Municipalities and local authorities need to be aware that the design and appearance play a vital role in encouraging the use of public play areas.  A pleasing environment, age appropriate and diverse infrastructure improves the usage of public play areas.
- Municipalities and local governments need to consider creating facilities for caregivers when designing these areas. If caregivers have a comfortable space to use while their children play they will be more likely to use these spaces.
- Municipalities and local governments need to be made aware that the usage of a public play area has the potential to create a perpetual cycle, be that positive or negative. The more people use the space, the community perceives the environment as safer and more community members will utilise it. When the number of people using the area is less it is perceived as less safe and will be avoided. The use of these public play areas needs to be promoted and

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encouraged by municipalities and local governments.

### 4.5.3 Recommendations for future research

● Future studies could include analysing public play areas to ascertain how the most effective spaces can be created that will utilise a minimal space, require minimal maintenance and will encourage diverse play for all developmental ages.

● Future studies could include observations of caregivers playing with their child and noting the emotional and developmental responses. Potentially looking at how playing with one's child can improve a parent-child relationship.

● An in-depth study could be done to explore the relationship between children and the playgrounds.

● Future studies could consider the feasibility of community parenting, where single parents with a lack of support systems, could potentially form forums and team up to support each other with child care and the pressures they face.

● These spaces are designed for children and so, therefore, their opinion matters. Within this study, we do not talk to children, but rather their caregivers. This may be a gap in this study that can be considered for future research. Within other studies, the setup and interest factor of these spaces is crucial to a child and affects the element of enjoyment from children.

## 4.6    ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

**Table 3: Accomplishment of the goal and objectives of the study**

| Objective | Accomplishment of the objective |
|---|---|
| Objective 1:<br>To theoretically contextualise the role of play in the lives of children in early childhood. | This objective was achieved by means of the literature study in Chapter 2. |

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| | |
|---|---|
| Objective 2:<br><br>To explore and describe caregivers' views on play in the lives of their children. | The view of caregivers on play in the lives of their children was discussed under the empirical findings in Chapter 3. Theme 1 dissected this objective and critically examined all aspects relating to caregivers' views. |
| Objective 3:<br><br>To explore and describe how and whether caregivers engage with their children in play. | Whether caregivers engage with their children in play was examined in the empirical findings in chapter 3. Theme 2 addressed this objective in detail. |
| Objective 4:<br><br>To explore and describe caregivers' views of the availability and utilisation of public play areas for their children. | The availability and utilisation of public play areas were again explored within Chapter 3 the empirical findings of the study. Theme 3 within the findings looked at this objective. |
| Objective 5:<br><br>To raise awareness among caregivers, professionals and local authorities on the value of play and access to play areas through conclusions and recommendations of this study. | Chapter 4 provides conclusions and recommendations based on the key findings of the study. Achieving the outcomes of objective 5. |

## 4.7   CONCLUDING STATEMENT

From the research study, it can be concluded that caregivers see play as crucial to their child's development and growth. Caregivers had a very good understanding of the benefits of play for their child. They were advocates of play and desired more opportunities to be provided for their children to play. Recommendations looked at empowering caregivers to educate their peers. Educating caregivers on creative and

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innovative play tools was another outcome that could be concluded from analysing the data gathered. Children depend on their caregivers to allow them to play, as discovered within this study, how a caregiver perceives play directly correlates with this time. All the caregivers within this study valued play and so, therefore, encouraged their children to engage in play. Statements such as "all day" and "four to five hours a day" were some of the recommendations given by the participants on how much time a child should play. The participants saw learning and play as one entity that helped their child develop and grow. The participants understood that play was not an option for their child but a necessity and desired to create environments that stimulated their child.

Public play areas were viewed as a potential opportunity for play to be encouraged, but currently viewed in a negative light. Several opportunities and ideas were identified by the participants on how to ensure these potential opportunities were turned into a reality and materialised, ensuring effective play promoters were established within their communities. Design factors and maintenance factors were key elements in looking into effective public play spaces. Public play spaces do not need to be big, but need to be designed in a way that they can stimulate a diverse age group and encourage imaginative play, for children to remain entertained. Recommendations included that these areas need to be near homes for constant use to be ensured. A public play area that is used regularly and has a steady stream of users encourages a positive cycle of perceived safety. Municipalities and local authorities need to understand the complexities of community members mind frames and understand their reasoning before designing areas that miss the target and don't meet the needs of the community ending in a wasted space. Public play spaces have the potential to impact not only children's lives but whole communities if developed and designed with these recommendations and ideas in mind. As one participant stated:

> *"Child, they must play because if the child does not play and stay like this (slumped posture) sitting/sleeping you would think they are sick. You would always ask them are you sick? It shows you that they are healthy if they play."*

Play helps develop healthy, well-functioning children that have the capacity to deal with challenges that will come their way. Play does not have to be forced, does not get old and never stops teaching new and wonderful things to all those who engage in it.

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# APPENDICES

- Appendix 1: Ethical clearance letter.

- Appendix 2: Letter of intent.

- Appendix 3: Permission letter from Child Welfare Durban and District.

- Appendix 4: Letter of informed consent.

- Appendix 5: Interview schedule

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## APPENDIX 1: ETHICAL CLEARANCE LETTER

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

17 February 2016

Dear Prof Lombard

| | |
|---|---|
| **Project:** | **Caregivers' views of play and play areas in Durban City Centre, Ethekweni District** |
| **Researcher:** | **H Green** |
| **Supervisor:** | **Prof R Prinsloo** |
| **Department:** | **Social Work and Criminology** |
| **Reference number:** | **28116187 (GW20160108HS) Group Research** |

Thank you for your response to the Committee's correspondence of 7 February 2016.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 16 February 2016. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

**Prof Karen Harris**
**Acting Chair: Research Ethics Committee**
**Faculty of Humanities**
**UNIVERSITY OF PRETORIA**
**e-mail: karen.harris@up.ac.za**

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof KL Harris(Acting Chair); Dr L Blokland; Dr R Fasselt; Dr E Johnson; Dr C Panebianco-Warrens; Dr C Puttergill; Dr C Reyburn; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr E van der Klashorst; Ms KT Govinder (Committee Coordinator), Mr V Sithole (Comm Admin)

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# APPENDIX 2: LETTER OF INTENT

**Faculty of Humanities**
**Department of Social Work & Criminology**

20/08/2015

Our Ref:      Prof CE Prinsloo
Tel:          0124202601
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**TO WHOM IT MAY CONCERN**
**LETTER OF SUPPORT FOR PROPOSED RESEARCH (STUDENT NUMBER 28116187)**

This is a request for permission to conduct research interviews within Child Welfare Durban and District clients. The research topic is '***Caregiver's views on Play and Play areas within Durban City Centre, Ethekwini District'.***

As a MSW (Play Therapy) student at the University of Pretoria I need to complete interviews with 12 caregivers, being parents or guardians of children within early childhood development to complete my research into the views of caregivers on play and play areas. Therefore I request permission to use clients from the Child Welfare Durban and District clients as interview subjects.  These clients will only be interviewed if they give permission and their confidentiality will be ensured.  All ethical considerations will be taken into account when conducting the interviews.  The researcher will ensure that the interviews will not interfere with the researcher's work at Child Welfare Durban and District.

This research plans to expand the knowledge base and provide valuable knowledge on views of play and play areas.  This is an area of research that has very limited knowledge around it, especially within the South African context.  Play is a very important aspect within a child's development, without understanding caregiver's views on play and play areas we cannot determine how to develop play areas or change views.  This research plans to develop a better understanding of caregiver's views on play and play areas.

The researcher will also give feedback to Child Welfare Durban and District.  This information could provide valuable knowledge to the organisation which could help improve services that Child Welfare Durban and District render.  The findings of the research will be shared with Child Welfare Durban and District.

I thank you for considering my request.

Regards
Hannah Green

| | | | |
|---|---|---|---|
| Department of Social Work & Criminology | Tel: Number | 00 27 12 420 2325/2030 | www.up.ac.za |
| University of Pretoria | Fax: Number | 00 27 12 420 2093 | |
| PRETORIA 0002 | | | |
| Republic of South Africa | | | |

## APPENDIX 3: PERMISSION TO CONDUCT RESEARCH FROM CHILD WELFARE DURBAN AND DISTRICT



*Giving Childhood Back to Children*

*Non-Profit Organization (002-259 NPO)*
*Main Office: Stormhaven 20 Clarence Road Morningside Durban 4001*

23 October 2015

University of Pretoria

Faculty of Humanities

Department of Social Work and Criminology


Dear Prof. C.E. Prinsloo


RE: Researcher: Miss Hannah Green


Your request dated 20.08.2015 regarding Miss Green's research refers.

Please be informed that permission is hereby granted for the research to be undertaken.

As mentioned in your correspondence, we look forward to receiving feedback on the findings of Miss Green's research.


We wish Miss Green all the best in her post-graduate studies.


Senior Manager: Community Services

Mrs Shere Banoo Khan

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Tel: (031) 3129313 Fax2email 0862398975 or 0862398971

Postal: P O Box 47569 Greyville 4023

E-mail: director@cwdd.org.za   director.pa@cwdd.org.za

http://www.cwdd.org.za

Affiliate of Child Welfare South Africa



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**APPENDIX 4: LETTER OF INFORMED CONSENT**



Faculty of Humanities

19/07/2017

**INFORMED CONSENT**

**1.     NAME OF RESEARCHER**
**Hannah Green**
Tel: 072 0479 179

**2.     RESEARCH TITLE**
**Caregivers' views of play and play areas in Durban City Centre, eThekwini District**

**3.     PURPOSE OF THE RESEARCH STUDY**
The purpose of the research is to explore the views of caregivers on play and play areas in Durban City Centre, eThekwini District.

**4.     DESCRIPTION OF PROJECT**
The aim of the research is to explore the views of caregivers on play and play areas within Durban. The researcher will conduct one-to-one interviews, guided by a semi-structured interview schedule, with the selected participants. The researcher will explore their views on play and play areas. The interview will take between 45 minutes to an hour. Every interview will be recorded with a digital recorder for the researcher to be able to transcribe the content and analyse the research data. Participants are guaranteed of confidentiality and their responses will be anonymous in the final research report.

**5.     NUMBER OF PARTICIPANTS**
Twelve (12) to fifteen (15) participants will be selected to take part in the research project.

**6.     RISKS INVOLVED IN THE RESEARCH STUDY**
The participants will not be subjected to any harm and the researcher will make every effort to conduct this research in a manner that will minimize possible harm, however,

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should the researcher perceive any participants to be negatively affected by the research a debriefing session would be conducted.

## 7.    BENEFITS OF THE RESEARCH STUDY
There are no economic benefits for participating in this research project. However, the long-term benefits are that by talking about their views on play and play areas it will be contributing towards the recommendations the research findings will propose and as a result, strategies may be developed to address them.

## 8.    VOLUNTARY PARTICIPATION
Although the researcher seeks my permission to be part of the research, it does not obligate me to do so. My participation is voluntary. I will be free to withdraw my participation at any point, and will experience no negative consequences.

## 9.    RECORDS OF PARTICIPATION IN THIS RESEARCH
The information provided will be protected and my responses will be kept confidential. Recordings and transcripts will be stored in a locked cabinet. The only individuals who will have access to this information will be those directly involved with this research project that have been trained in methods to protect confidentiality. The research information will be safely stored at the Department of Social Work and Criminology, University of Pretoria for a period of fifteen years. The results of this research may appear in publications but participants will not be identified.

## 10.    CONTACT PERSONS
If I want more information about this research, I may contact the researcher as indicated at the beginning of this document.

## 11.    AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY
My signature indicates that I have read, or listened to, the information provided above and that I received answers to my questions. I have freely decided to participate in this research and I know I have not given up any of my legal rights.

**I hereby freely give my permission to participate in this research project.**
This document was signed at _____ on the _____day of _____ 2016.

**NAME:** ……………………………………………………………………………

**SIGNATURE:** ……………………………………………………………………

**SIGNATURE OF RESEARCHER:** …………………………………………………
**Hannah Green**

**APPENDIX 5: INTERVIEW SCHEDULE**

**INTERVIEW SCHEDULE: Play and play areas**

**SECTION A: BIOGRAPHICAL DETAILS**
**Biographical profile of participant (parent/care-giver)**

| Age | |
|---|---|
| Gender | |
| Home language | |
| Level of education | |
| Employment status | Full time/ part-time/ unemployed |
| Type of employment | |
| Relational status | Single / Married / Divorced / Widowed / Live-in partner |
| Main breadwinner in the home | Participant / Spouse / Partner / other* *Please specify …………………………. |
| Sources of income | Salary / pension / social grant / other* *Please specify …………………………… |

**Family composition**

| Children in the home | Age (yrs) | Bio-logical child | Gender | Full-time day care | Attend pre-school | Attend school | Attend after school | Chronic illness | Dis-ability |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 2 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 3 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 4 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 5 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| 6 | | Y/N | M/F | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| | | | | | | | | Please specify: ……… ……… | Please specify: ……… …….. |

Number of children relevant to the age group for the study:     ………
(indicate with an X in the table above)

**SECTION B: INTERVIEW SCHEDULE**

1. What are your views (or your opinion) on play?
   - Definition/description of play
   - Importance of play vs. learning or tasks in the home
   - Types of play children should engage in (e.g. educational, fantasy, physical play)
   - The amount of time that children should play in a day
   - Indoor/outdoor play
   - Structured play (determined and planned by parent/care-giver) vs. unstructured play (determined by child)

2. How do people in your culture regard/view play? (e.g. Pedi, Xhosa, White)

3. Do you play with your child?
- If yes, describe how you and your child play
    - Duration (how long) and frequency (how often)
    - What type of play, e.g. board games, puzzles, fantasy play, watching movies/cartoons
    - If no, what are possible reasons for not playing with your child?
    - What factors influence your involvement in play with your child (time, responsibilities/chores, motivation to play, likes/dislikes)

4. Where does (do) your child/ren mostly play? (e.g. inside/outside, bedroom, garden, sidewalk, next door)

5. Do you have any public play areas in your environment where child/ren can play?
- If yes (there are play areas):
    - Describe the play areas (nature and quality)
    - Do your children make use of these areas?
        - If yes, how often, how long, with/without supervision
        - If no, what are reasons? (e.g. concerns over safety, strangers, traffic)
- If no (there are no play areas):
    - Would you like to have a public play area where your child/ren can play?
    - What would you expect these areas to be like? (safety, distance, structures)

6. What advice on children's play can you give to other mothers or care-givers?
7. What recommendations regarding play areas can you make to the local authorities or municipality?