The needs and expectations of parents for guidance on healthy food, nutrition and lifestyle behaviour

by

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Declaration of Authenticity

I, Aliece van der Merwe (student number 18251791) hereby declare that all the resources consulted are included in the reference list and that this study titled *The needs and expectations of parents for guidance on healthy food, nutrition and lifestyle behaviour* is my original work. This mini-dissertation was not previously submitted by me for any other degree at another university.

A. M. van der Merwe

26 July 2019

Ethical Clearance Certificate

RESEARCH ETHICS COMMITTEE

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:
- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

Abstract

This study forms part of a broader school-based intervention project focused on the promotion of healthy nutrition-related practices, physical health and the socio-emotional functioning of primary school children in resource-constrained communities in South Africa. The initial intervention was offered to Grade 1 to 3 learners at two schools situated in Gauteng. The purpose of the current study is to explore the needs and expectations of the parents whose children have been involved in the broader research project, with regard to the guidance they require on healthy food, nutrition and lifestyle behaviour. As a next phase of the broader project, the findings of my study will inform the development of a parent-guidance intervention for the parents of the learners in the participating schools.

I integrated the Parental Involvement Process model and Ecological Systems theory in compiling a conceptual framework that guided me in undertaking my research. I utilised interpretivism as epistemology and followed a qualitative approach. I implemented a case study design utilising Participatory Reflection and Action (PRA) principles in generating data with 22 parent participants who were purposively selected. For data generation and documentation, I used PRA-based workshops, observation-as-context-of-interaction, field notes, reflective journaling and audio-visual techniques.

Following inductive thematic analysis, four themes and related sub-themes emerged in relation to potential topics for food and nutrition-related guidance; guidance on physical activity and fitness; guidance required for supporting the psycho-social wellbeing of children, and suitable modes of delivery for a parent guidance intervention. Based on the findings of this study, I can conclude that parents from the two communities were motivated to support the health and wellbeing of their children and families; however, some structural and psychological barriers prevented them from adopting healthy lifestyle behaviour and parenting practices. To this end, the parent participants identified specific areas that they require additional support and guidance in, based on their unique life circumstances. Furthermore, parents identified mobile technology as potential suitable way in which guidance can be offered, in combination with parent workshops and information pamphlets.

Key Concepts

- Alternative modes of delivery for parent guidance

- Food and nutrition-related needs

- Health promotion intervention

- Healthy lifestyle behaviour

- Nutrition and lifestyle-related needs

- Parent guidance

- Participatory Reflection and Action (PRA)

- Psycho-social support of children

- Resource-constrained communities

- School-based intervention

Proof of Editing

I HATE
MISTEAKS

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EDITING │ PROOFREADING │ TRANSLATION

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TO WHOM IT MAY CONCERN

I, the undersigned, hereby declare that the master's dissertation titled **The needs and expectations of parents for guidance on healthy food, nutrition and lifestyle behaviour** [excluding the appendices] by **Aliece Margot van der Merwe** has been edited for grammar errors. It remains the responsibility of the candidate to effect the recommended changes.

Prof. Tinus Kühn

List of Abbreviations

- Care and Support for Teaching and Learning (CSTL)
- Centres for Diseases Control and Prevention (CDC)
- Community Health Intervention Programmes (CHIPs)
- Department of Agriculture (DoA)
- Department of Basic Education (DoBE)
- Department for International Development (DFID)
- Electronic learning (e-learning)
- Expanded Food and Nutrition Education Program (EFNEP)
- Food and Agriculture Organisation (FAO)
- Information and Communication Technology (ICT)
- Integrated Food Security Strategy (IFSS)
- Integrated School Health Programme (ISHP)
- Living Conditions Survey (LCS)
- Millennium Development Goals (MDGs)
- Mobile learning (m-learning)
- Multimedia Messaging Service (MMS)
- National Research Foundation (NRF)
- National School Nutrition Programme (NSNP)
- Participatory Reflection and Action (PRA)
- Short Message Service (SMS)
- Socio-Economic Status (SES)
- Southern African Development Community (SADC)
- Sustainable Development Goals (SDGs)
- Understanding Your Child's Behaviour (UYCB)
- United Nations Development Programme (UNDP)
- Wellness in Lifestyle, Intake, Fitness and Environment (Win-LIFE)
- World Health Organisation (WHO)
- Young Adults Eating and Active for Health (YEAH)

Table of Contents

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

CHAPTER 2

LITERATURE REVIEW

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Table

List of Figures

List of Photographs

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1   INTRODUCTION AND RATIONALE FOR UNDERTAKING THE STUDY

This study forms part of a broader funded[1] school-based intervention project, undertaken in the Tshwane region in Gauteng, South Africa, led by Prof Peet du Toit, Prof Ronél Ferreira and Ms Gerda Gericke of the University of Pretoria since 2014. The aim of the broader project is the promotion of healthy nutrition-related practices, physical health and the socio-emotional functioning of primary school children in resource-constrained communities. The project has involved a school-based intervention with Grade 1 to Grade 3 learners, which was implemented in two schools during 2015 and 2016. Post-intervention data generation with teachers and parents revealed a need for continued parent guidance. As a result and in response, my study focuses on the expectations and exact needs of the parents in the two participating schools in terms of specific topics they require guidance on. As the attendance of parents was poor in the past when arranging meetings as part of the broader project, an exploration of suitable modes of delivery also formed part of my study.

High rates of poverty prevail in South Africa, particularly in rural areas and informal settlement communities (Mayosi, Flisher, Lalloo, Sitas, Tollman & Bradshaw, 2009). Poverty-stricken communities typically face a combination of challenges across multiple areas of life, including education, health, living conditions as well as civic and political life (Dulani, Mattes & Logan, 2013; United Nations Development Programme [UNDP], 2016). In the current study the focus falls on healthy food, nutrition and lifestyle behaviour as way of promoting the wellbeing of children and their families in resource-constrained communities.

Global and local shifts in food consumption and energy expenditure, coinciding with economic, demographic and epidemiological changes are currently evident and pose distinct challenges worldwide (Popkin, 2015). As a result, diseases related to unhealthy food and lifestyle behaviour have increased over the years and reached pandemic proportions in many countries (WHO, 2014; WHO, 2018). In addition, chronic diseases of lifestyle, together with communicable diseases associated with undernutrition and resource-constrained environments are evident (Darmon & Drewnowski, 2015; Pearce & Witten, 2016; Stringhini, Sabia, Shipley, Brunner, Nabi, Kivimaki & Singh-Manoux, 2010).

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[1] National Research Fund (NRF) Competitive Programme for Rated Researchers, project number 90575.

An ongoing focus on interventions that may address such issues is necessary in the light of the detrimental effects of malnutrition and an unhealthy lifestyle, specifically in the context of a poverty ecology. To this end, school- and community-based nutrition and lifestyle interventions can be regarded as promising pathways to healthier livelihoods for vulnerable communities (Du Toit, Ferreira, Fraser, Gericke, Botha, Nortje & Kleynhans, 2015). Furthermore, health education facilitated with parents in resource-constrained contexts has provided positive outcomes in terms of the healthy development of young children (Zarnowiecki, Sinn, Petkov & Dollman, 2012). Improving the physical health of parents, children and their families may not only lower the risk of malnutrition and its associated lifestyle diseases but can also buffer against the impact of multiple difficulties faced by people living in poverty (Ebersöhn, 2017).

1.2 PURPOSE AND AIMS OF THE STUDY

The purpose of my study was to explore and describe the needs and expectations of parents who have been involved in the said broader project with regard to the guidance they require on healthy nutrition and lifestyle behaviour. More specifically, I aimed to understand the needs and expectations of parents in relation to two aspects, being the topics that parents require guidance on in the field of healthy food, nutrition and lifestyle behaviour, and the modes of delivery they preferred for parent guidance.

Insight could be gained into suitable strategies for providing guidance and addressing parents' needs by investigating their needs and expectations in the specific resource-constrained communities. My exploration of the parents' needs and expectations subsequently informed the development of a parent guidance programme as part of the broader project, with the ultimate aim of supporting the health and general wellbeing of families living in the two resource-constrained communities.

1.3 RESEARCH QUESTIONS

In undertaking the study I was guided by the following primary research question:
What are parents' needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour?

The following secondary research questions apply:
- *Which topics related to healthy food, nutrition and lifestyle behaviour do parents from resource-constrained communities require guidance on?*
- *How can parents from resource-constrained communities be supported to adopt healthy food-consumption and lifestyle behaviour?*
- *Which mode(s) of delivery do parents from resource-constrained communities prefer when receiving guidance on healthy food, nutrition and lifestyle behaviour?*

1.4   WORKING ASSUMPTIONS

Based on the literature review I undertook, I formulated the following working assumptions:

- Parents and primary caregivers fulfil a prominent role in the health and wellbeing of children and families.
- Community members, more specifically primary caregivers, will be able to adopt healthy food consumption practices and lifestyle behaviour when receiving guidance on these topics.
- Parents from resource-constrained contexts will be able to identify topics on which they require guidance with regard to healthy food, nutrition and lifestyle behaviour.
- Parent guidance can be provided *via* different modes of delivery, with parents from resource-constrained communities preferring some of these modes more than others.

1.5   CONCEPT CLARIFICATION

In this section, I conceptualise key constructs and describe my understanding of these in my study.

1.5.1   Resource-constrained communities in South Africa

Resources entail all the assets that people can access to meet their basic needs, overcome obstacles and live productive lives (Chaskin, 2001). According to the Sustainable Livelihoods Framework (Department for International Development [DFID], 1999), people can draw on five types of interconnected resources or assets to fulfil their needs. These include human, economic/financial, physical, natural and social/political resources (Petersen, 2011).

In this study the concept *resource-constrained community* refers to a geographically distinct and socially-bound group of people (Visser, 2012a) residing in South Africa that face limitations in terms of the availability of or access to any of the aforementioned resources, which may hinder individuals' ability to meet their basic needs and overcome hardships. In terms of the participating communities in this study, poverty, malnutrition and limited access to basic health-care services are prevalent, thereby implying insufficient access to the resources required to meet people's basic needs.

1.5.2   Healthy food, nutrition and lifestyle behaviour

Nutrition implies the process of food consumption as related to the body's dietary needs (WHO, 2018). Without adequate nutrition the human body cannot function and develop optimally, with severe nutritional inadequacy resulting in disease and even death (WHO, 2017). Next, *lifestyle behaviour* entails the habits and customs related to day-to-day activities such as diet, exercise and recreation (Dean & Söderlund, 2015). Lifestyle can be defined on the level of individuals, groups or nations; however, individual lifestyle behaviour is typically formed in lifelong contexts, which are influenced by various geographical, economic, political, cultural and religious factors (Farhud, 2015).

Dietary and lifestyle behaviour has a significant impact on any individual's health and quality of life (WHO, 2017). As such, dietary and lifestyle behaviour is taken as central to the promotion of wellbeing. Furthermore, an adequate and balanced diet together with healthy lifestyle practices is key to good health. In the context of this study the concept *healthy food, nutrition and lifestyle behaviour* thus refers to habits, customs and behaviour that can contribute to physical health, which in turn can prevent pathology and promote wellbeing among people living in resource-constrained communities.

1.5.3 Parent guidance

Due to factors such as poverty, labour migration and limited housing opportunities, it is not uncommon for South African children to live with relatives, have multiple caregivers at different times of their lives, or live without one of their biological parents (Hall, Meintjes & Sambu, 2015). Therefore, the term *parent* does not refer exclusively to a child's biological mother or father in this study but is used to describe any significant caregiver.

In the context of educational research, the education of parents and caregivers may act as a mediating factor and protective buffer for children who live in resource-constrained communities (Ebersöhn, 2017). Parent guidance programmes generally entail developmental and preventative interventions that can "strengthen families and improve children's chances of healthy growth towards adulthood" (Lewis, Lewis, Daniels & D'Andrea, 2011, p. 145). *Parent guidance* in this study thus refers to any form of support offered to parents or caregivers that aims to improve awareness, knowledge, skills and competencies about aspects that are central to the health and wellbeing of children and their families.

1.6 CONCEPTUAL FRAMEWORK

In developing a conceptual framework for my study, I relied on the Hoover-Dempsey and Sandler model of Parental Involvement Process (1997) as well as Bronfenbrenner's Ecological Systems Theory (1979). The Parental Involvement Process model (Hoover-Dempsey & Sandler, 1995, 1997) provided me with a framework from which to explore possible factors that may influence parent involvement in school-based activities. According to this model, parents' motivational beliefs, life context variables, and perceptions of invitations to involvement are the three major factors that determine parent involvement (Green, Walker, Hoover-Dempsey & Sandler, 2007). For the purpose of this study I focused on the factors central to parents' motivational beliefs and life contexts in attempting to understand the potential barriers to and facilitators of involvement in parent guidance programmes.

Ecological Systems Theory (Bronfenbrenner, 1979) recognises the influence of the wider environment on human development and behaviour, situating individuals at the centre of a series of interdependent nested systems of their social and physical environment (Visser, 2012b). The theory recognises the

bidirectional influence of processes occurring at various systemic levels, as an event occurring in one system may potentially influence other systems, which may in turn impact the individual. This notion emphasises the holistic nature of human development in the environment (Bronfenbrenner, 1994), and provided me with a basis from which to explore how parents' needs and expectations may be influenced by their micro-, meso-, exo- and macro-environments (Donald, Lazarus & Lolwana, 2010).

To this end, Bronfenbrenner's model provided me with a foundation to examine contextual circumstances in which parent involvement may play out, thereby recognising the interface between individuals and various social dimensions. Integration of the existing theories enabled me to consider the factors central to parent engagement in school-based parent guidance programmes in the context of the participants' lives. I discuss my conceptual framework in more detail in Chapter 2.

1.7   PARADIGMATIC PERSPECTIVES

In this section I introduce the epistemological and methodological approaches I selected. A more detailed discussion of the paradigmatic perspectives follows in Chapter 3.

1.7.1   Epistemological stance

I relied on interpretivism as epistemological paradigm, thereby recognising that reality is socially constructed in multiple ways and cannot be objectively determined (Kelliher, 2011). Interpretivist research is concerned with understanding social phenomena by exploring participants' actions, perceptions and experiences in-depth in their social contexts (Basit, 2010; Ormston, Spencer, Barnard & Snape, 2014). Interpretivist studies do not focus on reaching generalisations, but instead allow one to "build rich local understandings of life world experiences" (Taylor & Medina, 2013, p. 4).

As such, interpretivist research appreciates the importance of understanding the way in which people make sense of their subjective experiences and attach meaning to these, while recognising the social, cultural and historical factors that play a role in shaping human experience and meaning making (Ormston et al., 2014). In this manner, interpretivism recognises that values and facts cannot be separated, and that the social world can thus not be understood in terms of objective truths. It follows that the values and perspectives of the researcher may influence the way in which findings are understood and interpreted (Wahyuni, 2012). By stating my working assumptions and implementing reflexive practice throughout the research, I aimed to reconstruct and interpret the perceptions of the parents in an authentic manner, thereby guarding against subjective interpretations. In following this epistemological paradigm, I aimed to gain insight into the subjective understandings of the participants and represent these as experienced in their unique social contexts (Kelliher, 2011).

1.7.2   Methodological approach

I selected qualitative research as methodological paradigm. This interpretive research approach aims to understand specific groups or individuals within their natural environments, thereby applying nonmanipulative and noncontrolling data generation strategies to study real-world situations as they unfold (Christensen, Johnson & Turner, 2015). Qualitative research utilises various material and interpretive strategies that may be applied to make sense of social phenomena (Denzin & Lincoln, 2017), relying on multiple types of data to develop a depth of understanding.

In following a qualitative approach I was able to explore the subjective ideas and perceptions of the participating parents in great detail in the specific context of the study (Leedy & Ormrod, 2015). My aim was to develop a deep understanding of their perceived needs and expectations related to topics they require guidance on, as well as of suitable modes of delivery for such guidance. This mode of inquiry allowed for in-depth data generation that could support the insight I obtained.

1.8   BRIEF OVERVIEW OF METHODOLOGICAL CHOICES

In this section, I introduce the research process and relevant aspects of the selected methodology. A detailed discussion of these follows in Chapter 3.

1.8.1   Research design

I implemented a multiple case study design (Creswell & Poth, 2017) utilising Participatory Reflection and Action (PRA) principles, involving two primary schools from similar contexts as cases. A multiple case study design involves the study of two or more cases to understand a particular phenomenon (Leedy & Ormrod, 2015), which in the context of this study amounts to an exploration of the needs and expectations of parents for guidance in two specific schools. As such, I was able to explore a specific phenomenon through two cases in a circumscribed setting or context (Yin, 2014) by generating comprehensive data *via* multiple modes of inquiry (Creswell & Poth, 2017).

PRA (Chambers, 2002) is rooted in the broader field of participatory action research, relying on active participation, interactive learning and shared knowledge in order to gain insight into the world views of participants (Ferreira & Ebersöhn, 2012). In line with case study research, PRA focuses on the co-generation of rich and detailed data in the context of the participants' lives (Mouton, 2001). Due to the collaborative nature of PRA, I attempted to facilitate the active involvement of the participants and remained flexible and respectful of multiple opinions throughout the research.

1.8.2 Selection of cases and participants

I relied on convenience sampling to select the two cases (schools), and on purposive sampling to select 22 parent participants (Etikan, Musa & Alkassim, 2016). Convenience sampling allows for the selection of a representative subset of a population by selecting readily available participants or cases to participate in research (Christensen et al., 2015; Leedy & Ormrod, 2015). As such, convenience sampling is relatively cost- and time-effective (Etikan et al., 2016). Given that my study forms part of an existing broader project, I was able to conveniently select two primary schools that have been involved in the ongoing project since 2014.

As stated, I next relied on purposive sampling to select parent participants from each of the two schools. According to McMillan and Schumacher (2010), this sampling technique implies the purposeful selection of participants according to a specific set of criteria or characteristics related to the field of interest. All the parents that met the selection criteria (included in Chapter 3) were invited to participate in the study, with the final number of participants being determined by the responses of the parents following my invitation.

1.8.3 Data generation and documentation

I utilised PRA-based workshops, observation-as-context-of-interaction, field notes, reflective journalling and audio-visual techniques for data generation and documentation purposes. I facilitated two PRA-based workshops lasting approximately two hours each, one at each of the research sites (schools). During these workshops, parents reflected on their needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour, following their children's participation in the broader research project since 2014. The parent participants explored these topics by engaging in creative and interactive activities, such as the compilation of posters in small groups (Chambers, 2002).

I also utilised unstructured observation (Christensen et al., 2015), more specifically observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000). This approach allowed me to recognise and respond to events and interactions as they unfolded (Leedy & Ormrod, 2015), while facilitating data generation activities and interacting with participants (Angrosino & Mays de Pérez, 2000). I relied on field notes, audio-recordings and photographs to record and document my observations and the discussions that took place. Field notes entail the informal writings of a researcher that capture the atmosphere, settings, behaviour of participants and events that occur during data generation activities (Christensen et al., 2015; Creswell, 2007). Together with taking field notes during the PRA-based workshops, I also made audio-recordings of the discussions, which I later transcribed verbatim for data analysis purposes (Gibbs, Friese & Mangabeira, 2002). I also used photographs to record the non-

verbal aspects I observed, compiling a visual data record which includes the PRA-posters (matrices) made by the participants during the workshop.

Finally, I kept a reflective research journal to record my assumptions, thoughts and subjective experiences throughout the research process (Houghton, Casey & Shaw, 2013). Chambers (2002, p. 7) highlights the importance of reflexive practice in PRA research, stating that "good facilitation … demands action, reflection, learning and change". Research journals can stimulate reflexivity by encouraging researchers to assess their personal assumptions and motivations. Furthermore, drawing on reflective journals allows both the researcher and the reader to review the researcher's thinking behind certain decisions, thereby enhancing transparency in the research process (Ortlipp, 2008).

In an attempt to obtain rigorous findings, I relied on crystallisation to integrate various data generation and documentation techniques (Ellingson, 2009). For this purpose, I provide a detailed account of the study and related processes in this mini-dissertation (Houghton et al., 2013). I acknowledge my position as novice researcher and therefore trusted the expertise and guidance of my supervisor in preparing myself to undertake the research. I furthermore recognise that my presence during the PRA-based workshops may have influenced the participants' responses and behaviour (Leedy & Ormrod, 2015). I therefore strived to maintain an unobtrusive, yet amicable demeanour during these workshops and remained attuned to the impact that my position as researcher may have had by relying on reflective journalling and debriefing discussions with my supervisor (Chambers, 2002).

1.8.4 Data analysis and interpretation

In order to analyse the data obtained *via* the various data generation and documentation strategies, I relied on Braun and Clarke's (2006) guidelines for conducting thematic inductive data analysis. According to Creswell (2007), qualitative data analysis involves the preparation and organisation of generated data from multiple sources, then condensing the data into smaller parts by producing codes, and finally presenting the data through figures, tables or in the form of narrative discussions. It is through this process of data analysis and interpretation that I identified themes, trends, patterns or relationships (Mouton, 2001).

By means of inductive reasoning, thematic inductive analysis supports the researcher to draw meaning from specific events or situations to garner insight into a broader topic (Leedy & Ormrod, 2015). Due to the open-ended and flexible nature of this strategy, data analysis may be influenced by the researcher's subjective observations and interpretations (Leedy & Ormrod, 2015; Riger & Sigurvinsdottir, 2016). I therefore put measures in place in attempting to ensure that the study preserved rigorous subjectivity (Wolcott, 1994). In order to achieve an unbiased, balanced and comprehensive analysis, I relied on multiple sources of data, and sought feedback from the participants

through member checking. I also documented my analysis procedures in detail, while remaining objective about my own biases and values that could have predisposed a particular way of interpreting the data (Leedy & Ormrod, 2015). I detail the process of data analysis in Chapter 3.

1.9   ETHICAL CONSIDERATIONS

Throughout the study I adhered the University of Pretoria's Code of Ethics in Research (University of Pretoria, 2013), and remained responsive to ethical principles when conducting research. Before conducting any field work, I first obtained permission to do research. I also obtained informed consent from every parent participant, explaining participants' right to decline participation if they wished to do so, or to withdraw from the study at any time, without any negative consequences (Mouton, 2001).

I respected the privacy of the participants throughout. All documented information has been kept confidential and is securely stored and password protected (Christensen et al., 2015). I furthermore use pseudonyms when reporting on the study in this mini-dissertation in order to safeguard the anonymity of the participants (Leedy & Ormrod, 2015). Given the fact that the PRA-based workshops involved multiple participants working in a collaborative manner, I acknowledge that confidentiality and anonymity cannot guaranteed. To this end, I requested participants handle information shared during the workshops in a confidential manner, respecting each participant's right to privacy. Finally, I recognised my responsibility to protect participants from harm throughout the study (Neuman, 2014). As such, I treated the participants with respect, aspiring to develop trustworthy relationships built on honesty and transparency (Christensen et al., 2015). The manner in which I attended to the ethical principles is discussed in more detail in Chapter 3.

1.10   TRUSTWORTHINESS OF THE STUDY

I strived to adhere to the quality criteria established by Lincoln and Guba (1985), namely credibility, transferability, dependability, confirmability and authenticity. *Credibility* relates to how convincing or believable the research findings are (Leedy & Ormrod, 2015) and is therefore related to the congruence between research findings and reality. I aimed to reach credible findings by generating in-depth data on the phenomenon I explored and uphold integrity during analysis by making use of crystallisation, engaging in discussions with my supervisor, and validating my interpretations through member checking (McMillian & Schumacher, 2010). *Transferability* entails the extent to which research findings can be applied to other settings (Toma, 2011). As previously stated, I did not aim to produce generalisable findings, yet the findings of this study may be transferred to similar contexts, given the rich descriptions and detailed information I provide on the context, participants and research process (Burchett, Mayhew, Lavis & Dobrow, 2012; Nieuwenhuis, 2016a).

Next, *confirmability* indicates the extent to which research findings reflect the thoughts and perceptions of the participants, and not those projected by the researcher (Lincoln & Guba, 1985), whereas *dependability* refers to the extent to which a study's findings may be repeated if replicated with the same or similar participants in the same or a similar context (Cope, 2014). According to Lincoln and Guba (1985), confirmability will inevitably lead to dependable findings. I kept a reflective journal and made detailed field notes to be able to include an audit trail, in an effort to enhance dependability and confirmability. Finally, *authenticity* is concerned with the relevance and value of a study for the participants and the community where a study is conducted. I aimed for authenticity by conducting member checking (Houghton et al., 2013), and reported my results in a descriptive manner (Cope, 2014). I discuss how I aimed to adhere to these quality criteria in greater detail in Chapter 3.

1.11   OUTLINE OF THE CHAPTERS

Chapter 1: Introduction and overview of the study

This introductory chapter sets the stage for the mini-dissertation. After stating my rationale, purpose and research questions, I introduce the conceptual framework, as well as the paradigms that I relied on. Next, I outline the research design and related methodological strategies I utilised.

Chapter 2: Literature review

In Chapter 2, I explore existing literature on nutrition, health and lifestyle behaviour in relation to poverty and the challenges generally faced by resource-constrained communities. I conclude the chapter by explaining my compiling a conceptual framework.

Chapter 3: Research design and methodology

This chapter includes a detailed description of the research process. I explain the selected epistemological and methodological perspectives, the research design, selection procedures, and data generation, documentation and analysis. I end by discussing ethical considerations and quality criteria.

Chapter 4: Research results and discussion of findings

In Chapter 4, I present the results of the study in terms of the themes and sub-themes I identified. I then interpret the results and discuss my findings against the background of the existing literature presented in Chapter 2.

Chapter 5: Conclusions and recommendations

In this chapter I draw conclusions, reflect on challenges and limitations, and highlight the potential value of this study. I conclude with recommendations for training, practice and future research.

1.12 CONCLUSION

In this first chapter, I aimed to orientate the reader by explaining my rationale for undertaking this study. I stated the purpose of the study and formulated research questions. I introduced the selected frameworks that guided me, and introduced the research design and methodological strategies.

In the next chapter I discuss the current literature related to the focus of my study, in order to provide the necessary background for the empirical study I undertook. I also explain my conceptual framework.

2.1   INTRODUCTION

I introduced and contextualised the current study in the previous chapter, in terms of the rationale and purpose, research questions, and working assumptions. I also introduced my conceptual framework and the research paradigms that guided me. Lastly, I provided a brief overview of the research process, ethical considerations, and quality criteria I relied on.

In this chapter I discuss existing literature related the topic I explored. For this purpose, I focus on national efforts, as well as school- and community-based strategies for addressing current food, nutrition and lifestyle behaviour challenges in South Africa. I also explore literature on health-related parent guidance interventions and potential alternative modes of delivery when providing parent guidance. I conclude the chapter by explaining my conceptual framework.

2.2   CONTEXTUALISING RESOURCE-CONSTRAINED COMMUNITIES IN SOUTH AFRICA

In this section I explore the current status of children and families in South Africa, particularly in terms of the factors that may impact the health and wellbeing of those living in resource-constrained contexts.

2.2.1   Current status of health and wellbeing in South Africa

South Africa is a diverse nation that boasts a range of cultures, ethnicities, languages and beliefs. Although population dynamics and related indicators differ across different parts of the country, large-scale inequality persists, following South Africa's history of oppression and racial segregation (Coovadia, Jewkes, Barron, Sanders & McIntyre, 2009; Davids & Gouws, 2013). To this end, the Living Conditions Survey (LCS) 2014/2015 conducted by Statistics South Africa confirms persistent inequality among South African households (Statistics South Africa, 2017), despite ongoing attempts to address this issue. Although South Africa is considered to be a middle-income country, vast proportions of the population are affected by poverty or resource constraints (UNDP, 2010). Furthermore, in South Africa rapid urbanisation has added pressure to employment, education, healthcare, energy and water supply, sanitation, housing and transport (Amoateng & Richter, 2007).

Among the most visible consequences of poverty is the failure to access basic amenities necessary for safe and sanitary living. Only 71,2% of the population across South Africa have access to clean water, 83,8% to household sanitation, 63,2% to refusal waste services and 89,1% to electricity in their homes

(Statistics South Africa, 2016). Although electricity is widely available, the cost of electricity limits its accessibility to all households. Similarly, access to water and sanitation is often characterised by sub-standard systems and water supply interruptions (Booysen, 2014). Inadequate provision of such essential services signifies a distinct stressor for those living in a poverty ecology (Ebersöhn, 2017).

Another notable concern for many South Africans relates to limited access to nearby quality services and essential institutions such as schools, police stations, clinics and hospitals (Statistics South Africa, 2016). Services such as transportation may not be accessible to families living in resource-constrained settings (Ebersöhn, 2017). Although South Africa offers opportunities for free basic education, educational problems remain salient depending on geographic location and socio-economic status (Booysen, 2014). According to Spaull (2013), with the exception of the wealthy minority, educational outcomes in South Africa are exceptionally poor when compared to other middle and low-income countries. Challenges such as the sub-standard nature of public education, a limited number of teachers, poor infrastructure, barriers to accessing books and school uniforms, and challenges with transportation, remain prevalent for many South African children (Booysen, 2014; Ebersöhn, 2017).

According to Coovadia and colleagues (2009), South Africa faces four concurrent health epidemics that have placed mounting pressure on an already overburdened healthcare system. These include diseases of poverty, non-communicable diseases, HIV and AIDS, as well as violence and injury (Coovadia et al., 2009; Mayosi et al., 2009). A marked difference can be observed among the prevalence rates of such diseases in different population groups in South Africa, reflecting the differential access and accessibility to basic household living conditions and other important health determinants (Mayosi et al., 2009). Furthermore, South Africa has the world's largest number of people living with HIV (UNICEF, 2018), with varying prevalence rates among socio-economic lines (Steinert, Cluver, Melendez-Torres & Herrero, 2017). Children exposed to HIV within the family may experience a number of challenges that may impact their physical, social, academic and emotional wellbeing (McGarry & Shackleton, 2009; Richter, Dawes & De Kadt, 2010).

High rates of poverty and inequality are furthermore believed to contribute to a series of social issues that may threaten social cohesion and the overall wellbeing of South African citizens. The National Planning Commission (2011) outlines the following issues as important to address: institutionalised racism; class division; social fragmentation; spatial exclusion; gender disparities; crime, corruption and unequal experiences of the law; and moral decline. Booysen (2014) adds drug abuse, gangsterism and unemployment as common challenges faced by South Africans. In conclusion, literature related to the current status of South Africa suggests that individuals living in resource-constrained settings face a myriad of risks that may be chronic and cumulative.

2.2.2   Challenges related to food security and nutritional needs

Resource-constrained communities face a number of health concerns, including but not limited to undernutrition, hidden hunger, communicable diseases, and diseases of lifestyle associated with over-nutrition and unhealthy lifestyle behaviour (Kimani-Murage, Kahn, Pettifor, Tollman, Dunger, Gómez-Olivé & Norris, 2010; Mayosi et. al., 2009). Among the developmental challenges faced by many households in South Africa is food insecurity, due to demographic and economic shifts (Battersby, 2012), despite South Africa being regarded as a food secure nation (De Cock, D'Haese, Vink, Van Rooyen, Staelens, Schönfeldt & D'Haese, 2013). Food security entails the availability of, access to and utilisation of nutritious, safe and sufficient food supplies that can be acquired through stable food distribution channels (Battersby, 2012). A food secure community thus implies that all people in the community will enjoy dependable access to culturally acceptable food that meets their dietary needs.

Associations between food security and income consistently indicate that poverty-stricken households will be vulnerable to food insecurity, poor levels of nutrition, and incidences of malnutrition (Statistics South Africa, 2010). However, poverty is not the only determinant, as households with incomes above the poverty line have also been found to be food insecure (Gundersen, 2013). De Cock and colleagues (2013) identified factors such as education and age of the household head, household size and dependency ratio, household income and location as key determinants of household food security. Homogeneity of diets may furthermore contribute to food insecurity and malnutrition.

Research indicates that in South Africa and elsewhere, meals dominated by energy-rich carbohydrates are common among resource-constrained communities (De Cock et al., 2013; McGarry & Shackleton, 2009). As such, many individuals consume sub-standard quantities of proteins, fats, micronutrients and other components of a nutritious diet on a daily basis. Introducing dietary variety is an essential pathway to improving micronutrient intake and is also important in preventing obesity (Steyn & Ochse, 2013). A study by McGarry and Shackleton (2009), for example, indicates that vulnerable children's diets are less diverse and nutritious than the required standards set by the Food and Agriculture Organisation (FAO) of the United Nations (FOA & WHO, 2002). This study furthermore indicates that children not attending school on average follow poor diets, which may be partially explained by their not accessing school feeding schemes (Mc Garry & Shackleton, 2009).

Material deprivation associated with poverty may result in a range of harmful nutritional consequences − not only those associated with undernutrition and hunger, but also those resulting in excessive weight gain and non-communicable diseases. Diseases that were previously associated with more affluent societies have, as result, become increasingly prevalent in under-resourced communities (Wilkinson

& Pickett, 2010). As such, the double burden of nutrition-related diseases due to both under- and over-nutrition has become a mounting problem in South Africa (Mayosi et al., 2009; Vorster, Badham & Venter, 2013; Vorster, Kruger & Margetts, 2011), characterised by an increased prevalence of obesity and diseases of lifestyle (Armstrong, Lambert, Sharwood & Lambert, 2006; Labadarios et al., 2008).

Shifts in nutrient consumption and energy expenditure can be related to factors such as economic and social development, urbanisation, and acculturation (Caprio et al., 2008; Popkin, 2015; Ronquest-Ross, Vink & Sigge, 2015; Vorster et al., 2011). In this regard low-income urban environments are at an increased risk of the consumption of unhealthy energy-rich diets as the "increase in exposure to the global market economy led to a shift from traditional foods, low in fat and rich in fibre, towards meat and dairy products containing high levels of saturated fats and more highly refined foods" (Pienaar & Strydom, 2012, p.198). As such, societal trends that encourage over-eating, high-energy diets, and little exercise have resulted in a mounting health crisis (Delormier, Frohlich & Potvin, 2009).

2.2.3 Challenges related to a healthy lifestyle

According to the Farhud (2015), individuals' behaviour and lifestyle choices have a prominent impact on their quality of life, health and wellbeing. Various studies suggest that, in South Africa and elsewhere, socio-economic status (SES) can influence health-related behaviours and belief systems (Davis, Befort, Steiger, Simpson & Mijares, 2013; McKinnon, Giskes & Turrell, 2014; Pretorius & Sliwa, 2011; Ristovski-Slijepcevic, Chapman & Beagan, 2008). In this regard, a study by Bukman and colleagues (2014) suggests that healthy eating and physical activity during leisure times are less likely to occur in groups from lower SES backgrounds than those from higher SES groups. A study by McVeigh, Norris and De Wet (2004) similarly indicates that the level of physical activity of South African school children can be related to socio-economic variables. In this regard, increased sedentary behaviour has been observed as highly prevalent in middle to high income environments, where many children watch television and play computer games during leisure time (Pienaar & Strydom, 2012). However, increased television time has also been reported for low SES adolescents (Lennox, Pienaar & Coetzee, 2007), perhaps pointing to trends among age groups rather than a differentiation based on SES (Sartorius, Veerman, Manyema, Chola, & Hofman, 2015).

Various factors may influence the time spent on exercising. For example, households where both parents work often rely on afterschool programmes and day-care centres, limiting participation in sport activities (Clayton, Thomas, Schaffer, Stratton, Garrison, & Mathews, 2017; Pienaar, 2009). Parents may also perceive the cost of required sports gear or equipment as an unfeasible expense (Chang, Liu, Huang & Wang, 2017). In addition, high crime rates and unsafe environments may limit children's freedom of movement, thereby restricting physical activity (Botha, Moss & Kolbe-Alexander, 2013).

According to Kruger, Puoane, Senekal and Van der Merwe (2005) cultural norms and ideologies may furthermore shape lifestyle habits, as the way weight is perceived may differ between people belonging to different cultural groups.

Physical inactivity, coupled with an unhealthy diet, is regarded as a major contributor to obesity. Increased prevalence of childhood obesity as a result of lifestyle habits may not pose immediate health threats in childhood years; however, lifelong consequences are a cause for concern (Truter, Pienaar & Du Toit, 2010). According to Pienaar and Strydom (2012, p.194), "exposure to health risks due to physical inactivity, which is one of the main causes of childhood obesity, already starts in childhood, although the consequences or clinical symptoms may only occur in mid- to later life". As lifestyle habits are largely developed in early childhood it is imperative to foster healthy lifestyle behaviour during this stage of life (Kempen, Muller, Symington & Van Eeden, 2012; Scaglioni, Arrizza, Vecchi & Tedeschi, 2011; Zarnowiecki et al., 2012). To this end, parent guidance interventions may support the development of healthy habits among children.

2.2.4 Challenges related to the psycho-social development and functioning of children

In South Africa, the prevalence of poverty, urbanisation and labour-migration may result in various social issues, such as overcrowded households, unstable family relationships, patterns of household desolation and reconstruction, and the transformation of family socialisation (Louw & Louw, 2014). In this regard poverty threatens various aspects of childhood by depriving children of opportunities and impacting the social environments where development occurs (Vandermoortele, 2012). Children exposed to such negative circumstances are particularly vulnerable given their developmental immaturity and relative dependence on others for economic and social support. It follows that family stability and support can play a fundamental role in children's wellbeing (Louw & Louw, 2014).

It is widely accepted that consistent positive parent involvement and support plays a significant role in the health and wellbeing of children (Guerra, Williamson & Lucas-Molina, 2012; Lösel & Farrington, 2012). Children who are positively attached to their parent figures and are exposed to positive parenting, are more likely to succeed in life (Elia, 2015; Louw & Louw, 2014; Mata, Pedro & Piexoto, 2018) and less likely to engage in risky or antisocial behaviour (Morawska, Winter & Sanders, 2009; Ryan, Jorm & Lubman, 2010; Ward, Gould, Kelly & Mauff, 2015). Even though various challenges may negatively affect parenting, research suggests higher rates of family conflict and disengagement when families face stressors such as poverty (Hillis, Mercey, Amobi & Kress, 2016).

In conditions of poverty, parents generally face a myriad of barriers in their efforts to protect and provide for their children (Ward, Makusha & Bray, 2015). Financial hardship may increase parental stress (Aliber, 2003; Cluver et al., 2018), elevating the risk of emotionally distant parent-child

relationships, and harsh and inconsistent parenting practices (Kotchick & Forehand, 2002). Low levels of parent education are often associated with poverty and can effect parent self-efficacy and involvement in the education of children (Wilder, 2017). Parents from resource-constrained contexts face the specific challenge of financially supporting their children to secure a better future (Han & Rothwell, 2014). As such, poverty is associated with limited access to early childhood education and stimulation, as well as lower quality schooling and extracurricular support (Louw & Louw, 2014).

SES may influence family functioning patterns that relate to the way in which household members interact and work towards attaining shared goals (Botha, Booysen & Wouters, 2018a; 2018b; Walsh, 2016), which may impact individual psycho-social wellbeing and the development of children (Conger, Conger & Steinert, 2010). Various studies suggest that resource-constraints can contribute to family stress (Gudmunson, Beutler, Israelsen, McCoy & Hill, 2007; Han & Rothwell, 2014; Kabudula, Houle, Collinson, Kahn, Tollman & Clark, 2016; Mansfield, Dealy & Keitner, 2013), thereby impacting family relationships (Botha et al., 2018a), parenting behaviours (Goosby, 2007; Lansford & Deater-Deckard, 2012) and satisfaction with family life (Botha et al., 2018b). Moreover, family instability or discord may negatively affect children's cognitive, psychosocial and emotional functioning (Louw & Louw, 2014).

Despite the fact that many South African families face a number of challenges related to poverty, emphasis has recently shifted from a deficit perspective to considering the potential of family strengths (Koekemoer, 2018; Nkosie & Daniels, 2007; Raniga & Mthembu, 2017). Many South African families draw on relational connections beyond the boundaries of family as an institution (Koekemoer, 2018; Malde, Scott & Vera-Hernández, 2015), relying on a system of shared social interactions and resources in the community (Black & Lobo, 2008; Raniga & Mthembu, 2017). As such, interventions focusing on family resilience in the light of economic hardships may draw on social networks in and beyond the immediate community (Raniga & Mthembu, 2017).

2.3 ADDRESSING FOOD, NUTRITION AND LIFESTYLE-RELATED CHALLENGES IN RESOURCE-CONSTRAINED COMMUNITIES IN SOUTH AFRICA

In the light of the current health-related challenges experienced in South Africa, as well as an overburdened health care system, emphasis has been placed on interventions that focus on preventing malnutrition and disease in healthy populations, and on mitigating complications and improving the quality of life in affected communities (Cluver et al., 2018). Furthermore, preventative initiatives may also foster health-promoting behaviours that can contribute to overall wellbeing (Pienaar & Strydom, 2012). In this section, I explore some national responses to health-related challenges, the importance of involving the community, and examples of school-based interventions.

2.3.1 National responses to food, nutrition and lifestyle-related challenges

Response on a national level involves a complex process of interconnected national development plans, policies, budgets and other interventions. Despite the adoption of the Millennium Development Goals (MDGs) in 2000, which set the developmental path for South Africa, challenges in achieving these goals still remain (Statistics South Africa, 2015). However, the National Development Agenda, Vision 2030 (National Planning Commission, 2013), as espoused in the National Development Plan, denotes continued efforts to improve the lives of the marginalised, associated with the post-2015 Sustainable Development Goals (SDGs).

In direct response to challenges associated with food security and nutritional wellbeing, multiple policies and programmes have been introduced on a national level. These aim at, for example, supporting subsistence farming and small-scale agricultural initiatives to boost food production, micro-nutrients and Vitamin A supplementation, implementation of the National School Nutrition Programme (NSNP) and the National Nutrition Security Development Programme, and promoting the Integrated Food Security Strategy (IFSS) for South Africa (Statistics South Africa, 2015). The IFSS aims to attain "universal physical, social and economic access to sufficient, safe and nutritious food by all South Africans at all times to meet their dietary and food preferences for an active and healthy life" (Department of Agriculture [DoA], 2002 p.6). In order to achieve this vision, challenges beyond making food available to all citizens are being addressed. Other important elements involved in ensuring food security include a focus on food prices matching people's income, educating and empowering people to make optimal choices about nutritious and safe food, and helping people to receive adequate nutrition if they are unable to meet their own food needs (DoA, 2002).

Addressing the health and wellbeing needs of youth is a national priority, as pledged by the South African Government to put children first. As most children spend up to thirteen of their formative years in the school system, school health programmes have the potential not only to promote the healthy development of children, but also to enhance the health of communities where children live (Department of Basic Education [DoBE], 2012). In 2000, a joint strategy session at the World Education Forum recommended the following basic components of school health programmes: health-related school policies; a healthy physical learning environment; skills-based health education; and school-based health and nutrition services (DoBE, 2012). In response to this, the Integrated School Health Programme (ISHP) was ratified to build on existing school services (DoBE, 2012). The ISHP aims to realise "optimal health and development of school-going children and the communities in which they live and learn" (DoBE, 2012, p.10), is governed and influenced by a number of international, regional and national initiatives, and is thus located in a legislative, policy and programmatic context (DoBE, 2012). Among these initiatives is the Care and Support for Teaching

and Learning (CSTL) programme, which is a co-ordinated multi-sectoral response to address barriers to instruction and learning, including nutrition, health promotion, and psychosocial and curriculum support (Southern African Development Community [SADC], 2015).

The National School Nutrition Programme (NSNP) started as a presidential institutive in 1994 and is responsible for providing nutritious meals to learners in Quintile 1, 2 and 3 public schools in South Africa[2] (DoBE, 2009). Daily school meals are planned to include protein, a portion of fresh fruit or vegetables, and a starch or carbohydrate, with fats or oils, salt and flavourants added to make meals tasty (DoBE, 2018). In addition to providing participating learners with healthy meals at school, the Department of Basic Education encourages fruit and vegetable gardens at schools that may supplement the NSNP, provide learners, parents and teachers with opportunities to develop skills to grow their own food, and be utilised as instruction and learning resources (DoBE, 2018).

2.3.2 Community-based initiatives to address food, nutrition and lifestyle-related challenges

National efforts to reduce poverty and inequality, while improving the quality of life of marginalised individuals through social protection services, healthcare, and education can be complemented by community- and school-based initiatives that aim to foster healthy food, nutrition and lifestyle behaviour. By mobilising service delivery at a community level and enlisting community engagement in areas considered high-risk, health promotion efforts may be strengthened (Pienaar & Strydom, 2012). To this end, a systematic review of community health interventions (Barrera, Castro, Stycker & Toobert, 2013) indicates that culturally adapted health interventions are more successful than universal strategies, thereby highlighting the value of community-oriented approaches to intervention.

A retrospective evaluation of the Community Health Intervention Programmes (CHIPs) by Draper, Kolbe-Alexander and Lambert (2009) provides insight into some principles for implementing community-based programmes. CHIPs incorporate a collection of long-standing health promotion initiatives, developed in 1997 and implemented in various resource-constrained communities in the Western Cape. CHIPs follow three key principles for community development, namely accessibility, empowerment and sustainability. These programmes are accessible when implemented as they require little equipment and allow for affordable maintenance. The process of community consultation and involvement when implementing the programme can be perceived as empowering and involves members of the community as leaders in the community. Due to the accessibility of the programmes and the empowerment of individuals and communities as a whole, the CHIPs initiative is viewed as a sustainable intervention (Draper et al., 2009).

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[2] South African public schools are classified into quintiles in relation to the financial needs of the community they serve. Quintile 1, 2, and 3 groups refer to the poorest 20%, 40% and 60% of schools respectively.

On the whole, health promotion interventions generally seek health behaviour change by focusing on community members' knowledge, skills and attitudes, or by targeting structural barriers or facilitators (Jepson, Harris, Platt & Tannahill, 2010). For example, reviews of non-governmental projects focusing on community-based home garden agricultural interventions (Girard, Self, McAuliffe & Olude, 2012; Masset, Haddad, Cornelius & Isaza-Castro, 2012) suggest positive health outcomes with regard to family nutritional status. Similarly, community-based nutrition education programmes and physical activity interventions have shown varying degrees of positive behavioural and health outcomes. However, no conclusive evidence exists on the long-term impact of such interventions (March et al., 2015; Van Sluijs, Kriemler & McMinn, 2011).

For example, a nutrition education programme based on the *Eating Right is Basic* intervention reported positive dietary behaviour outcomes among participants from resource-constrained settings (Dollahite, Pijaj, Scott-Pearce, Parker & Trochim, 2014). The *Young Adults Eating and Active for Health* (YEAH) intervention, a community-based web-delivered intervention similarly resulted in increased fruit and vegetable intake and increased physical activity (Kattelmann et al., 2014). Finally, community-based parenting programmes, such as *Parenting for Lifelong Health: Sinovuyo Teen*, have shown promising outcomes in terms of responsive parenting practices, economic welfare, financial management and violence avoidance by caregivers and children (Cluver et al., 2018).

2.3.3   School-based initiatives focusing on food, nutrition and lifestyle-related challenges

In the context of resource-constrained communities in South Africa, schools are regarded as protective resources that may function as units of support for children, their families and communities (Ebersöhn, 2017), and are indicated as important sites for promoting healthy dietary and lifestyle behaviour (De Villiers et al., 2012). Studies on school-based interventions suggest positive outcomes when focused on changing awareness, knowledge and attitudes to nutrition and lifestyle behaviour, as well as cultivating related skills and competencies (Steyn, Lambert, Parker, Mchiza & De Villiers, 2009).

Multi-component school-based interventions have been effective in promoting health behaviour among learners, especially when focused on incorporating nutrition and physical activity into the curriculum, developing healthy school policies, and fostering supportive school and community environments (Oakley, Strange, Bonell, Allen & Stephenson, 2006). Based on the outcome of existing school-based interventions, it is recommended that interventions target multiple school role players, including learners, teachers, school administrators, parents and community members (Pienaar & Strydom, 2012). For example, a study by Oosthuizen, Oldewage-Theron and Napier (2011) indicated no positive change in the dietary intake patterns of children following a child-focused nutrition education programme, despite increased nutritional knowledge post-intervention. The authors suggest

that parents' influence on food choices and purchases may have contributed to the lack of significant change in dietary practices and recommend programmes include a parent guidance component.

To this end, existing studies indicate that many successful school-based health promotion programmes have incorporated a parent guidance element (Steyn et al., 2009). Parents fulfil a key role in monitoring and motivating children to comply with healthy lifestyle behaviour (Beets, Vogel, Chapman, Pitetti & Cardinal, 2007). Furthermore, parents are often primarily responsible for food purchasing and preparation choices, directly impacting children's dietary intake. Consequently, parents' role in setting limits while modelling appropriate dietary and lifestyle behaviour may have significant implications for shaping the lifelong dietary and physical activity practices of children (Bois, Sarrazin, Brustad, Trouilloud & Cury, 2005; Kröller & Warschburger, 2008; Slusser, Prelip, Kinsler, Erausquin, Thai & Neuman, 2011).

According to the Centres for Diseases Control and Prevention (CDC, 2009), schools are important sites for promoting parent leadership, decision-making and effective parenting skills to build positive health attitudes and behaviour among learners and their families. Schools that encourage parent engagement can promote shared responsibility and meaningful participation of parents in supporting children's learning and development (CDC, 2009). Furthermore, school-based interventions that involve parents and families in the community have been found to result in positive outcomes on the broader community level (Oldewage-Theron & Slabbert, 2008). Incorporating a parent guidance component into the broader research project of which this study forms part therefore seems justifiable.

2.4   PARENT GUIDANCE IN RESOURCE-CONSTRAINED SCHOOL SETTINGS

Parent guidance programmes acknowledge the value of supporting parents to develop health-promotion parenting strategies and nurturing parent-child relationships (WHO, 2009), thereby improving the life chances and healthy development of young children (CDC, 2009). Parent involvement is highlighted as a fundamental factor for mediating the positive lifestyle behaviour of children (Berge, Wall, Bauer & Neumark-Sztainer, 2010; Fredricks & Eccles 2004), as well as healthy social, emotional and scholastic development (Guerra et al., 2012; Shaffer & Kipp, 2013).

2.4.1   Parent guidance initiatives that focus on child and family psycho-social wellbeing

Parent guidance programmes that focus on parenting skills, emotional regulation and problem-solving have had promising outcomes, particularly in resource-constrained settings (Knerr, Gardner & Cluver, 2013; Levey, Gelaye, Bain, Rondon, Borba, Henderson & Williams, 2017). More specifically, various parent guidance programmes have been developed to prevent or intervene in problematic child behaviour, following the widely accepted belief that children's behaviour is mediated through parent

behaviour (Baumann et al., 2015; Walsh, 2016). To this end, existing literature suggests that guidance on parenting can be an effective early intervention strategy for children presenting with behaviour problems (Appleton, Douglas & Rheeston, 2016; Lindsay & Strand, 2013). As such, parent involvement can play a significant role in the prevention and management of school-based behaviour problems and anti-social peer interaction, such as bullying. In the case of bullying, parent guidance on the topic has in the past resulted in a decrease in bullying and victimisation (Ttofi & Farrington, 2011).

According to Tekin (2011, p.1), "assuring their children's academic achievement and success in school is one of the most important aspirations of every parent in many cultures". In addition to parent involvement having a positive effect on children's academic success (Boonk, Gijselaers, Ritzen & Brand-Gruwel, 2018; Hill & Tyson, 2009), active parent involvement in children's education generally also promotes the social, emotional and academic development of children (Green et al., 2007). In this regard, existing parent guidance programmes that focus on increased parent involvement have resulted in better learner achievement and general wellbeing (Boonk et al., 2018). More specifically, Boonk and colleagues (2018) frames high expectations or aspirations for children by their parents, open communication, and encouragement and support for learning as the most consistent indicators of academic achievement. Parent guidance programmes may furthermore support parents in establishing supportive home environments that may foster school success (Sheldon & Epstein, 2005a, 2005b), which are suggested to be a fundamental aspect of support to learners as they grow older (Boonk et al., 2018). In addition, providing parents with information on how to assist their children with schoolwork in the home environment can be associated with improved academic performance by children (Epstein, Sanders, Simon, Salinas, Jansorn & Van Voorhis, 2002).

Parenting for Lifelong Health (Cluver et al., 2018), a South African parent guidance initiative launched in 2012, aimed to address abusive parenting, poor parent supervision, inconsistent discipline, and corporal punishment among families in resource-constrained settings. The intervention furthermore aimed to limit adolescents' externalising behaviour, and to foster positive parenting strategies, parental involvement, as well as the overall emotional wellbeing of parents and their children. The outcome of this intervention was found to be positive, with an impact on a range of parenting, family, caregiver and adolescent behaviour five to nine months after completion of the intervention. However, no change in adolescent depression or behaviour problems could be detected (Cluver et al., 2018).

Another community-based parent support group intervention, the *Understanding Your Child's Behaviour* (UYCB) intervention, focuses on emotional reciprocity and containment to manage problematic child behaviour (Appleton et al., 2016). This intervention aims to teach parents how to understand their children's development and behaviour. Initial studies on the outcomes of the UYCB intervention indicated improved understanding of children by parents, which in turn reduced parent

anxiety, resulting in parents being better able to deal with the problematic behaviour of their children (Appleton et al., 2016; Bateson, Delaney & Pybus, 2008). Follow-up studies confirm that UYCB interventions can reduce behaviour difficulties among children, while promoting parent self-efficacy (Appleton et al., 2016; Cabral, 2013; Vella, Butterworth, Johnson & Law, 2015). To this end, it is suggested that interventions focusing on parenting skills be utilised to support parents' experiences of parenting and foster better relationships with their children (Appleton et al., 2016).

2.4.2 Challenges limiting effective parent guidance

The availability of parent-focused programmes does not necessarily guarantee positive outcomes, as programme success hinges on parental attendance and engagement (Whittaker & Cowley, 2012). Furthermore, parent education in isolation has resulted in limited positive change in parental health-related attitudes and behaviours (Slusser et al., 2011), in turn limiting the possibility of positive outcomes for children. Parents need to be equipped on various levels to change family attitudes and practices, as lifestyle change relies on a repertoire of appropriate knowledge, skills and resources for support (Hart, Herriot, Bishop & Truby, 2003). In order to optimise parent attendance and engagement when offering parent guidance, factors pertinent to the personal lives of the prospective participants and those specific to the programme design need careful consideration (Whittaker & Cowley, 2012).

Various studies have explored factors that may influence parents' attendance of and engagement in guidance programmes, particularly with regard to minority and culturally diverse population groups. To this end, low income has been identified as a prominent limiting factor in programme participation (Peters, Calam & Harrington, 2005; Whittaker & Cowley, 2012), due to both structural and perceptual barriers. Structurally, numerous studies have identified time, transport and financial constraints as prominent hindrances to participation in parent guidance programmes (Cortis, Katz & Patulny, 2009; La Placa & Corlyon, 2014; Mendez, Carpenter, La Forett & Cohen, 2009). As such, inconvenient times for sessions and busy personal schedules, together with limited access to timely, reliable and cost-effective transportation services may keep potential participants from attending sessions (Barlow, Kirkpatrick, Stewart-Brown & Davis, 2005; Kelleher, Davoren, Harrington, Shiely, Perry & McHugh, 2017; Garvey, Julion, Fogg, Kratovil & Gross, 2006; Winslow, Bonds, Wolchik, Sandler & Braver, 2009). Difficulty in arranging suitable childcare has also been identified as a potential barrier that may keep parents from participating (Atkinson, Billing, Desmond, Gold & Tournas-Hardt, 2007; Whittaker & Cowley, 2012).

Internal or perceptual factors related to the thoughts and feelings of participants may also influence the acceptance and uptake of a parent guidance programme by parents. These factors are often related to an individual's readiness to participate in such a programme and may influence parent engagement

(Cortis et al., 2009; Kelleher et al., 2017). Individual factors that may furthermore play a role include parental anxiety or misconceptions about support services (Cortis et al., 2009), beliefs that programmes are intrusive or overly demanding (Heinrichs, Bertram, Kuschel & Hahlweg, 2005), and perceived irrelevance of interventions (Attride-Stirling, Davis, Farrell, Groark & Day, 2004).

Language and literacy can also influence the successful delivery of parent guidance (Cortis et al., 2009), specifically in a multi-lingual context such as South Africa. Limited education, together with poor verbal and literacy skills that may limit social competence may in turn hinder parents' willingness or ability to engage in guidance programmes (CDC, 2012; Moore & Fry, 2011; Whittaker & Cowley, 2012). Furthermore, parents may anticipate or experience cultural differences as restrictive, given the fact that parenting services often originate from a Eurocentric perspective not recognised by other ethnic and cultural groups (La Placa & Corlyon, 2014). Access to support may also be challenged when participants have different expectations about child rearing practices, posing a hurdle that may be further complicated by language barriers (Mendez et al., 2009).

The efficacy of health promotion interventions, however, involves more than participant attendance, as positive outcomes require an actual change in attitude and behaviour of the participants following an intervention. Limited access to affordable and healthy food is a commonly cited barrier to adopting healthy diets (Goh et al., 2009; Hart et al., 2003). Complicated personal lives and busy schedules may furthermore limit the time available to plan, purchase and prepare healthy meals. This is closely tied to the relative ease at which inexpensive, unhealthy foods can be acquired, increasing the accessibility and desirability thereof, specifically in low SES groups (Goh et al., 2009; Guillaumie, Godin & Vézina-Im, 2010; Slusser et al., 2011). In this regard, a study by Power, Bindler, Goetz and Daratha (2010) indicates that children's poor appetite, picky eating, desire for fast foods, and resistance to parental limits are all prominent factors that may limit healthy family practices. Findings such as these highlight the importance of not only motivating parents to make healthy choices, but to involve as many family role-players as possible in an intervention (Slusser et al., 2011). In response to the complex nature of potential barriers to parent guidance programmes succeeding, it is recommended that interventions adopt a client-centred approach to address the specific needs and expectations of a target audience in support of worthwhile participation and engagement (Mendez et al., 2009).

2.4.3 Tailoring interventions according to parents' needs and expectations

If the content and delivery method of an intervention can be matched with the needs of the target population, tailored programmes may be offered, with the potential of providing successful parent guidance (Lachman, Sherr, Cluver, Ward, Hutchings & Gardner, 2016; Pienaar & Strydom, 2012). A tailored approach can enhance parental engagement, as such an intervention will be designed against

the background of parents' established views, thereby incorporating "behavioural and attitudinal components, as well as relationships with providers and the organisational contexts that influence these" (La Placa & Corlyon, 2014, p.227).

Asking parents about their needs and the ways in which they would like to be supported or involved in health-promotion activities is an important first step towards tailoring interventions that may promote parent engagement (CDC, 2012). In this regard, La Placa and Corlyon (2014) highlight parent consultation as a prominent component in designing and implementing services, even in cases where more structured modes of delivery are required. Furthermore, intervention strategies related to health behaviour are required to consider socio-cultural and environmental factors that may play a role in the dietary and lifestyle behaviour of the particular community (Delormier et al., 2009; McKinnon et al., 2014). In undertaking the current study, I addressed this recommendation by consulting with the target audience before the research team developed an intervention for the broader project.

A study by Slusser and colleagues (2011) suggests that, by increasing parents' knowledge of the health benefits of certain dietary and lifestyle practices, parents can be supported to overcome their perceived barriers to adopting healthier lifestyles. Some of the key topics aimed at parents regarding improving their food, nutrition and lifestyle behaviour focus on information on dietary requirements and recommendations, food purchasing practices, food preparation skills, the importance of regular exercise, hygiene practices, strategies to encourage healthy behaviour in children and behaviour change techniques (Slusser et al., 2011; Wyse et al., 2012). As knowledge is derived from complex interactions with one's social, physical and biological environments (Vorster et al., 2011) information can be explicated in the context of prior knowledge, attitudes and beliefs (Zarnowiecki et al., 2012).

However, providing parents with knowledge on healthy diet and lifestyle behaviour only, may not be sufficient to promote healthier lifestyle practices. Hart and colleagues (2003) advocate interventions that may build awareness through repeated exposure, encouraging the whole family to take responsibility for their diet and exercise, and addressing the myth of healthy eating being expensive, restrictive and unobtainable by introducing the concept of dietary variety. Moreover, a follow-up study of the *Expanded Food and Nutrition Education Program* (EFNEP) that has been implemented across the United States of America since 1968, suggests that constructs such as self-efficacy, self-regulation, modelling and behavioural skills can be regarded as important strategies for overcoming barriers associated with healthy home environments (Cullen, Smalling, Thompson, Watson, Reed & Konzelmann, 2009). To this end, parent guidance can be tailored to meet parents' needs for information and address the perceptual barriers they face.

The CDC (2012) proposes inter-organisational partnerships for utilising and mobilising community resources. Although the importance of analysing the dietary and lifestyle needs, perceptions and expectations of people in different settings is widely accepted, little research has been conducted on the needs and expectations of parents from resource-constrained communities in South Africa regarding healthy food, nutritional and lifestyle guidance. In the context of this study and the broader project it forms part of, community partnership and collaboration seemed suitable in "creating opportunities for parents to be actively involved in the planning, delivery and evaluation of the services and facilities they use" (Moore & Fry, 2011, p.17). In this regard I was able to consider social and environmental factors when exploring the needs of the target audience (parents).

2.4.4 Traditional and alternative modes of delivery for parent guidance

Successful parent guidance programmes do not only rely on relevant content of a good quality, but also require effective delivery thereof. Various approaches to parent guidance have been adopted over the years, such as seminars or parent evenings, group activities, newsletters, leaflets and worksheets. Most of the existing parent guidance interventions involve a didactic component and/or take-home material, with the former often taking place at schools (Silk, Sherry, Winn, Keesecker, Horodynski & Sayir, 2008; Steyn et al., 2009). In the light of some of the unique barriers to the participation and engagement of low-income populations in parent guidance initiatives, these modes of delivery may limit the viability of such interventions.

On-site parenting interventions imply a number of advantages, including opportunities for modelling, rehearsal and reinforcement feedback, group bonding experiences and active engagement (Whittaker & Cowley, 2009). Furthermore, peer support and interaction may enhance parents' sense of control and self-efficacy when engaging in parent guidance programmes (Barlow & Stewart-Brown, 2001), possibly enabling the development of social support networks (Zeedyk, Werritty & Riach, 2008). In a study by Slusser and colleagues (2011) parents, for example, expressed the desire to attend school-based nutrition classes that included the whole family. As such, opportunities for relationship building, collaboration and social interaction among facilitators, families, and group members may influence the overall success of and engagement in parent guidance interventions.

Despite the long-standing tradition of didactic parent-education interventions, more recent health promotion interventions have introduced the use of information and communication technologies (ICTs) as primary or supplementary mode of delivery. Strategies include the use of computers, telephones, mobile phones or other portable devices with many programmes incorporating an online component (Ajie & Chapman-Novakofski, 2014). Studies evaluating the use of technology generally indicate positive health behaviour outcomes, such as increased knowledge of child-feeding practices

(Scheinmann, Chiasson, Hartel & Rosenberg, 2010; Thompson, Joshi, Hernandez, Bair-Merritt, Arora, Luna & Ellen, 2012); change of dietary intake (Bensley, Anderson, Brusk, Mercer & Rivas, 2011; Maes et al., 2011; Mangunkusumo, Brug, De Koning, Van der Lei & Raat, 2007); increased physical activity (Matthews, Win, Oinas-Kukkonen & Freeman, 2016; Wang, Sereika, Chasens, Ewing, Matthews & Burke, 2012) and weight management (Anderson-Bill, Winett, Wojcik & Winett, 2011; Chen, Weiss, Heyman, Cooper & Lustig, 2011).

As the availability and accessibility of mobile technologies has become increasingly ubiquitous (International Telecommunication Union, 2010), incorporating aspects of mobile learning (m-learning) and electronic learning (e-learning) may provide new opportunities for parent guidance interventions (Keskin & Metcalf, 2011). By utilising innovative technological strategies, barriers to participation and engagement in on-site parent guidance sessions may also be overcome (CDC, 2012). Keskin and Metcalf (2011) offer examples of mobile approaches that can be utilised in an educational context, such as using Short Message Service (SMS) and Multimedia Messaging Service (MMS) to deliver information and content, applying multimedia approaches (text, audio, video, animation or images) to deliver content *via* email, podcasting or mobile television, introducing collaborative and interactive mobile learning *via* handled games, and facilitating social interactions *via* social media and other mobile-supported collaborative learning portals. The CDC (2012) suggests similar innovative strategies to enhance parent participation and engagement.

A telephone-based parent intervention aimed at increasing children's fruit and vegetable consumption reports high retention rates, suggesting an appeal for alternative modes of intervention (Wyse et al., 2012). Similarly, a study by Atkinson and colleagues (2007) suggests that internet-based health promotion interventions can be utilised with low-income mothers, given the inclusion of adequate training and technical assistance. To this end, interventions aimed at parents in resource-constrained communities may be enhanced by incorporating carefully-selected and supported ITC. Another recent study comparing the efficacy of online and in-person group nutrition education (Au, Whaley, Rosen, Meza & Richie, 2016) indicates that online modalities are an effective addition to traditional in-person modes of delivery, with both modes showing positive results. These findings correlate with other comparative studies that focus on similar improvements in knowledge and behaviour-change outcomes (Bensley et al., 2011; Neuenschwander, Abbott & Mobley, 2013).

Technological approaches to nutrition education may furthermore incorporate aspects of gamification, as this method can allow for the delivery of complex messages in a fun and engaging manner that may benefit low- and high-literate users (Hingle & Patrick, 2016; Silk et al., 2008). Furthermore, Hingle and Patrick (2016) argue that alternative modes of delivery, such as the use of applications (Apps), are often based on mediating factors of behaviour change, such as self-efficacy, internal motivation, and

readiness to change. Nevertheless, despite ever-increasing rates of internet access, some sub-groups in society still display disproportionally low use of online sources of information (Atkinson et al., 2007).

Moran, Ghate and Van der Merwe (2004) propose parent guidance programmes that will accommodate different modes of delivery, thereby maintaining a degree of flexibility in response to the needs of the prospective participants. Providing alternative ways for parents to access information, aside from attending school-based workshops or meetings, may assist them in overcoming scheduling and transportation barriers (CDC, 2012). Incorporating alternative modes of delivery may furthermore be effective for those in the early contemplation stages of behaviour change, or alternatively for those who want to maintain healthy behaviours (Hingle & Patrick, 2016). In the context of this study I explored the availability and accessibility of mobile devices connected to the internet in order to determine participants' views on the use of this modality in resourced-constrained communities.

2.5 CONCEPTUAL FRAMEWORK

My conceptual framework is based on the Hoover-Dempsey and Sandler model of the Parental Involvement Process (1995, 1997) and Bronfenbrenner's Ecological Systems Theory (1979).

2.5.1 Parental Involvement Process Model

The Hoover-Dempsey and Sandler model of the Parental Involvement Process (1995, 1997) provides a theoretical framework from which to understand parent involvement. Although this model refers to parent involvement in children's schooling, I also relate its underlying principles to parent involvement in school-based parent guidance. The model proposes three major determinants of parent involvement, namely parents' motivational beliefs, life context variables and perceptions of invitation to involvement (Green et al., 2007). As the latter involves specific school, teacher and child variables, I decided not to include it in my conceptual framework, as these variables do not apply to my study.

Parents' motivational beliefs relative to their involvement in school-based activities incorporate parental role construction and self-efficacy beliefs for helping their children (Green et al., 2007). Parental role construction relates to parents' beliefs about what they are supposed to do to support their children (Hoover-Dempsey, Walker, Sandler, Whetsel, Green, Wilkins & Closson, 2005), and includes their beliefs about parenting practices and child development (Green et al., 2007). Existing studies suggest that parents who maintain an active role construction are more likely to be involved in children's education and school-based activities, which may influence both their home and school involvement (Deslandes & Bertrand, 2005). Parents' beliefs about their ability to act in ways that will produce the desired outcomes is also regarded as important factors determining their level of involvement (Green et al., 2007). Drawing from self-efficacy theory (Bandura, 1997), involvement

decisions are regarded as based in part on parents' beliefs about the likely outcomes of their involvement (Hoover-Dempsey & Sandler, 1997). In developing an understanding of parents' needs and expectations for guidance, I thus considered parental role construction and self-efficacy beliefs relative to parents' involvement in school-based initiatives.

Next, personal life context variables influence parents' perceptions of the forms and timing of involvement that seem viable, as well as parents' skills and knowledge for involvement and supporting certain child outcomes (Green et al., 2007). According to Hoover-Dempsey and colleagues (2005), personal skills and knowledge shape parents' ideas about the ways they can become involved. Closely tied to self-efficacy beliefs, this model suggests that "parents are motivated to engage in involvement activities if they believe they have skills and knowledge that will be helpful in specific domains of involvement activity" (Green et al., 2007, p.354). In the context of the current study, parents' needs for guidance on specific topics may indicate the skills and knowledge parents feel they require to become more involved in supporting their children. Parent involvement is also subject to perceptions of time and energy demands, including the demands of varied family and work responsibilities (Green et al., 2007). For example, parents with multiple children or extended family responsibilities may experience involvement in school-based activities as challenging (Hoover-Dempsey et al., 2005).

2.5.2 Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory (1979) posits that people function in a series of interdependent nested systems in their physical environment and social context (Donald et al., 2010). This model focuses on the phenomenon of continuity and change of different processes and their contextual variations (Darling, 2007), following the central principle that change in one part of the system may result in change in other parts (Bronfenbrenner, 1994).

Bronfenbrenner identifies four socially organised nested systems that situate individuals in the contexts of their social and physical environments, thereby considering the proximal and distal factors that may influence human development and behaviour (Bronfenbrenner, 1977). The innermost system, the microsystem, includes the setting in which patterned activities, interpersonal roles and relationships are engaged in over time. Common examples of microsystems include home, school and the workplace (Bronfenbrenner, 1979). The individual is actively engaged in these setting and is directly influenced by and reciprocally influences the relationships that constitute the microsystem. The relations between facets of an individual's microsystems constitute the mesosystem. Therefore, interactions in one microsystem may influence the interactions in another microsystem (Swart & Pettipher, 2016), and activities and interpersonal roles and relations may occur across settings (Rosa & Trudge, 2013).

The third concentric layer of an individual's context is known as the exosystem. The individual is not centrally situated in the exosystem, nor is he or she an active participant in the relationships that occur in this context (Bronfenbrenner, 1979). However, the exosystem influences and may be influenced directly or indirectly by what happens in the settings or relationships in which the individual is directly involved (Swart & Pettipher, 2016). Factors such as education policies, healthcare services and community safety all occur in an individual's exosystem and have the potential to be empowering or hindering. The most distal level of an individual's environment is known as the macrosystem (Bronfenbrenner, 1979) that encompasses dominant societal and economic structures. The cultural attitudes, beliefs, values and ideologies of a particular society influence the structure and content of all the other levels (Shaffer & Kipp, 2013).

The systematic view of an individual's contexts and the interaction among them provides a framework for identifying, developing, and mobilising resources and assets on various ecological levels (Swart & Pettipher, 2016). Similarly, risk factors may be made prominent, informing appropriate preventative interventions. The Ecological Systems Theory provided me with the opportunity to apply a holistic approach in analysing multilevel and interactive influences that may impact human development and functioning, including the determinants of healthy food, nutrition and lifestyle behaviour (Lawman & Wilson, 2012). As this model recognises a wide range of variables and multiple pathways through which they interact, assessing the ecological complexity of an individual's social environment can be systematically approached. Not only does this model provide a framework by which to understand the variables that may impact dietary and lifestyle behaviour, it also situates the process of parent guidance in the context in which it occurs, providing a holistic view of the determinants of successful health promotion efforts. Accordingly, Whittaker and Cowley (2012) encourage the application of the Ecological Systems Theory in identifying and mitigating the potential challenges associated with participation and engagement in parent guidance programmes.

2.5.3 Integrating the two theories into a conceptual framework

In conceptualising this study, I situate the key determinants of parental involvement in the broader context of parents' lives. As such, the fundamental aspects of parent involvement can be understood from an ecological perspective, placing the determinants of involvement in the nested systems of parents' physical environments and social contexts. This may bring about awareness of the interactions between parents' personal characteristics and factors in the environment, and provide insight into parents' needs and expectations for guidance.

As captured in Figure 2.1, the personal characteristics and motivational beliefs of parents can be regarded as situated at the centre of the interdependent nested systems of the environment. As such,

the determinants of parent involvement in school-based activities may be influenced by factors in the parents' micro-, meso-, exo- and macro-environments. According to Hoover-Dempsey and Sandler (1997), parental role construction develops from parents' experiences with individuals and groups, and is subject to social influence. Similarly, self-efficacy is influenced by personal experiences of success in parent involvement, vicarious experience of successful involvement experiences, and social persuasion (Bandura, 1997). Bronfenbrenner's theory provides a framework from which to explore the factors that may influence parental role construction and self-efficacy beliefs. Furthermore, the factors central to parents' perceived life contexts can be explored and understood systemically, providing insight into potential barriers to and facilitators of parent involvement on various levels.
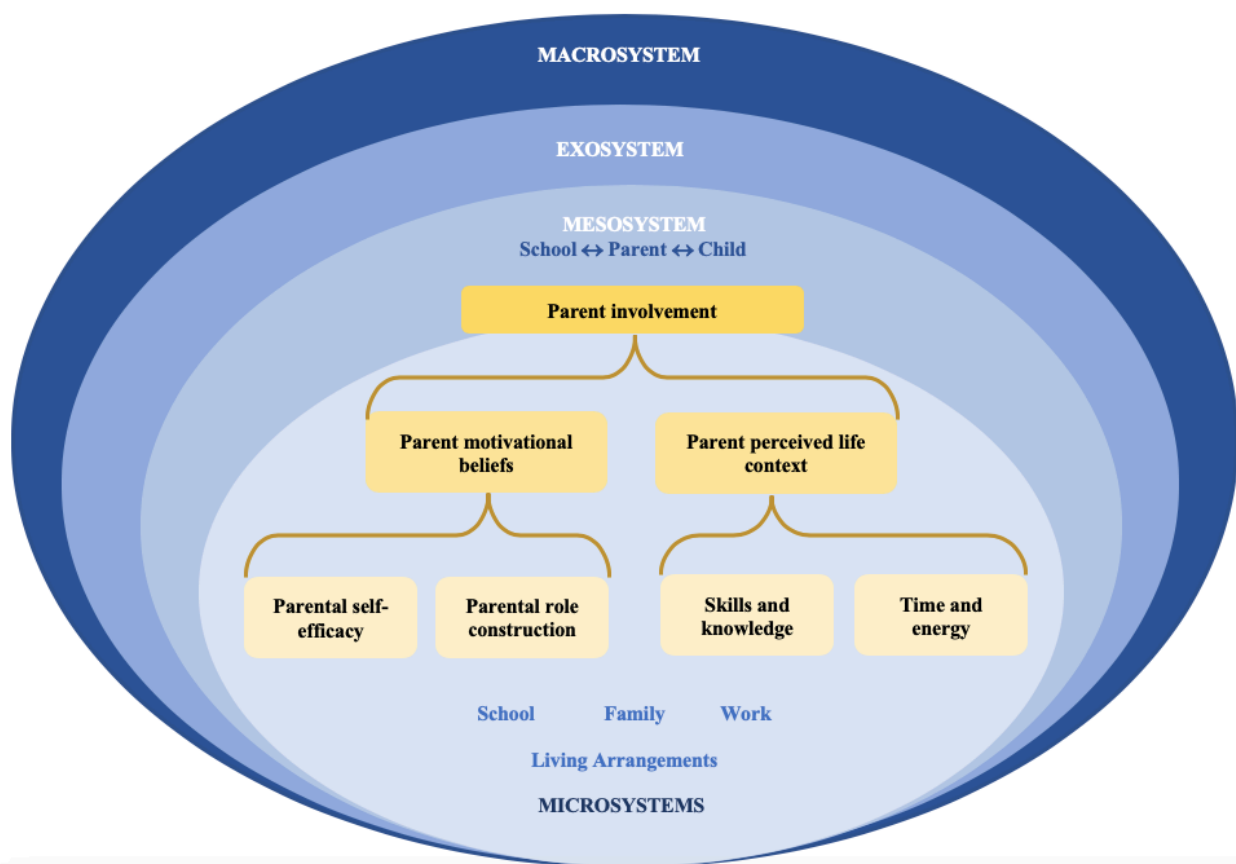
Figure 2.1: Conceptual framework based on the model of the Parental Involvement Process (Hoover-Dempsey & Sandler, 1997) [yellow] and Ecological Systems Theory (Bronfenbrenner, 1979) [blue]

As shown in Figure 2.1, parent involvement in school-based activities can be situated in the mesosystem, as this involves interaction between various facets of the parents' microsystems. Parenting activities and interpersonal roles occur in multiple settings, including the home and school environment, resulting in interactions in the school context being influenced or influencing interaction in other contexts, such as the home environment (Swart & Pettipher, 2016). To this end, school-based parent guidance has the potential to influence parent-child interactions at home, which will conversely affect parent and child interactions in the school context.

2.6   CONCLUSION

In this chapter I explored the current status of resource-constrained communities in South Africa and discussed existing interventions focused on the challenges these communities face. I next explored literature related to challenges associated with parent guidance in resource-constrained settings, as well as the potential use of alternative modes of delivery. Finally, I explained my conceptual framework.

In the following chapter I explain my selected epistemology and methodology, discuss the research design and selection of cases and participants, and outline the data generation, documentation and analysis strategies. I also discuss the ethical considerations and quality criteria that I adhered to.

RESEARCH DESIGN AND METHODOLOGY

3.1   INTRODUCTION

In the previous chapter I explored existing literature on health, nutrition and lifestyle behaviour in relation to poverty, and focused on the challenges typically faced by resource-constrained communities in South Africa. I discussed examples of existing interventions, and the potential value and format of parent guidance programmes. I concluded the chapter by explaining my conceptual framework.

In this chapter I describe the paradigmatic orientation I adopted, justifying my choice of interpretivism and qualitative research. Thereafter I discuss the research methodology, referring to the research design, selection of cases and participants, and the data generation, documentation and analysis strategies I employed. I also explain the steps I took to honour quality criteria and ethical guidelines.

3.2   PARADIGMATIC PERSPECTIVES

In the following sections I discuss my selected epistemological and methodological paradigms.

3.2.1   Epistemological paradigm

I utilised interpretivism, which denotes that the nature of reality is socially constructed, subjective, multiple and open to change (Mack, 2010; Tuli, 2010; Wahyuni, 2012). From this epistemological perspective, individuals' preconceptions of reality are continuously constructed in their broader social contexts *via* social interactions (Wahyuni, 2012). Interpretivism furthermore acknowledges that these perceptions are generally influenced by individuals' varied experiences, assumptions and backgrounds (Creswell & Poth, 2017; Wahyuni, 2012). It follows that this paradigm values the social context in which a certain event or practice takes place, emphasising the importance of understanding the social world from the participants' perspectives (Neuman, 2014).

As such, the interpretivist paradigm is concerned with uncovering subjective meanings by focusing on the details of a specific situation or social phenomenon, and the subjective reality behind these details (Wahyuni, 2012). The focus is on the lived experiences of participants to establish an understanding of the everyday meaning of a phenomenon (Wu & Chen, 2005). In order to attain an in-depth understanding of the social worlds of participants *via* the experiences and subjective meanings that people attach to them, research in this paradigm typically favours qualitative data that offers detailed descriptions of the social phenomenon under study (Wahyuni, 2012; Wu & Chen, 2005). From an interpretivist stance, uncovering inside perspectives and meanings constitutes good social knowledge,

as the purpose of inquiry is to develop a deep understanding of a social phenomenon and not to generalise findings to a broader population (Chowdhury, 2014).

Interpretivist research is generally naturalistic and attends to real-world situations as they unfold in the context in which they are found. As such, data generation in this paradigm is usually non-manipulative, unobtrusive and non-controlling (Tuli, 2010). Following this epistemological framework, I considered the needs and expectations of parents as experienced in their social environments. In this way I could respect the idea of multiple constructions of realities, allowing me to consider the perspectives of multiple individuals. In-depth analyses of the parents' perceptions in turn assisted me in gaining insight into their subjective understandings, which can be linked to their unique contexts (Kelliher, 2011).

3.2.1.1 Advantages of utilising interpretivism

Wu and Chen (2005, p.94) highlight some advantages of interpretivism, including "its strength as a mode of discovering and describing meaning, its flexibility, and its capacity to provide valuable information". As previously stated, interpretivism assumes that individuals develop unique subjective meanings, thereby allowing the researcher to consider the complexity of the social world, rather than to define narrow meanings in discrete categories (Creswell & Poth, 2017). Wu and Chen (2005) emphasise the richness and variations that can emerge from different interpretations of data sources.

As interpretivism allows researchers to explore social phenomena in their contexts (Willis, 2007), researchers are able to consider participants' sense making in their natural settings when utilising this paradigm (Denzin & Lincoln, 2017). Given the naturalistic stance towards data generation, interpretivism allows for socially negotiated meanings to come to the fore (Creswell & Poth, 2017). As such, researchers can be sensitive to the cultural and historical contexts that have shaped participants' world views (Willis, 2007). Wu and Chen (2005) argue that such an understanding of the contextual configuration and relational structures of participants can enable a researcher to develop a more complete interpretation of the significance of events.

The flexibility of interpretivist conceptions that refute the belief in absolutes implies the possibility of unanticipated data coming to the fore (Wu & Chen, 2005). To this end, the complexity of social phenomena may be revealed through the examination and appropriation of unexpected information, made possible through the inherently iterative process of interpretivist inquiry. Furthermore, interpretivism can assist researchers in overcoming cultural differences between themselves and the participants as interpretivist conceptions may assist in connecting verbal and nonverbal behaviour in a flexible manner. Utilising interpretivism for this study allowed me to be actively involved and reflexive throughout the research process (Creswell & Poth, 2017), enabling me to adjust strategies when needed and remain attuned to unexpected information that arose.

3.2.1.2 Challenges associated with interpretivist research

The validity of interpretivist research may be questioned due to the subjective nature of interpretations and the potential influence of bias or fabrications (Wu & Chen, 2005). Chesebro and Borisoff (2007) refer to the time-consuming nature of interpretivist research, issues surrounding trustworthiness due to the typical small-scale nature of such studies, and potential ethical challenges. In an attempt to mitigate these limitations, I employed a number of strategies to enhance trustworthiness and remained aware of my subjectivity and biases throughout the research process. I focused on taking an objective stance when analysing the data, implementing reflexivity throughout the study, and employing member checking for participants to confirm my interpretations of what they had shared with me (Mack, 2010).

As the experiences and values of both the participants and the researcher may influence data generation and analysis when conducting interpretivist research (Wahyuni, 2012), the researcher inevitably becomes part of what is being studied and cannot be separated from the research. In this regard the potential impact that a researcher's normative frame of reference may have on the act of understanding and meaning making can pose a challenge (Wu & Chen, 2005). As such, researchers are required to position themselves in terms of how their personal, historical and cultural experiences may shape the way they interpret others' worldviews (Creswell & Poth, 2017). To this end, regularly reflected upon how my personal world-view may have influenced the interpretation of the data (Ponterotto, 2005). For this purpose, I utilised a reflective journal and regularly engaged in discussions with my supervisor.

Following the central premise that people's experiences are shaped by how they interpret and make meaning of events, interpretivist research cannot result in generalisable findings to the broader population (Mack, 2010). Closely related, interpretivist research often implies small sample sizes, once again resulting in generalisability not being possible (Williamson, 2006). Moreover, the context-specific nature of interpretivist studies limits the potential to generalise findings to a broader population (Knight, 2002), as is the case in the current study where I involved a small sample of parents from two resource-constrained communities in South Africa to gain a deep understanding of their specific needs and expectations. However, I did not aim to generalise my findings but rather focused on acquiring rich and detailed data that can inform future phases of the broader research project. By including detailed descriptions of the research process, I aimed to maintain a high degree of transferability (Cope, 2014), where readers can determine for themselves to what extent the findings can be linked or applied to other individuals or groups (Houghton et al., 2013).

3.2.2 Methodological paradigm

Tuli (2010, p.102) defines a methodological paradigm as "a research strategy that translates ontological and epistemological principles into guidelines that show how research is to be conducted, and

principles, procedures, and practices that govern research". The qualitative paradigm focuses on uncovering the meaning that individuals or groups of people ascribe to their lives, experiences and structures of the world. This focus is aligned with the philosophical underpinnings of interpretivism (Atieno, 2009; Creswell & Poth, 2017), and can be viewed as a suitable choice for my study as I set out to investigate, interpret and describe participants' needs and expectations for parent guidance.

According to Christensen and colleagues (2015, p.68), qualitative research is "an interpretivist research approach that relies on multiple types of subjective data and investigates people in particular situations in their natural environment". It follows that qualitative research does not denote a rigid set of specified practices or methods (Denzin & Lincoln, 2017), but instead relies on a number of data generation methods that can result in detailed descriptions of a social phenomenon that is sensitive to the specific context of a study (Neuman, 2014; Tuli, 2010). Atieno (2009) posits that detailed observation and explanations are key to qualitative research, highlighting the importance of the research process, rather than the outcomes. Interviews, focus groups, group-based activities and naturalistic observation are commonly employed for data generation (Tuli, 2010). Following the underlying premise that meaning can be uncovered through dialogue and social interaction (Ponterotto, 2005), the qualitative researcher is often actively involved in data generation and analysis, which implies fieldwork in the context in which a phenomenon occurs (Atieno, 2009).

3.2.2.1 Advantages of qualitative research

Qualitative research aims to develop a realistic picture of participants' social lives to develop a cohesive depiction, model or theory of a particular social phenomenon (Neuman, 2014). This approach allows for rich and detailed data to be simplified, managed and organised in a manner that does not negate the complexity and contextual richness of a study. In following this approach, researchers may be able to discover and do justice to the complexity of participants' thoughts, beliefs and experiences (Atieno, 2009), thereby acknowledging multiple factors and perspectives.

Qualitative research implies a degree of flexibility (Atieno, 2009), as this process-oriented approach permits continuous revisions that may arise during experience in the research field (Creswell & Poth, 2017). As the researcher is actively involved throughout the process, questions may emerge and changes may thus occur. As such, I entered the research field with few preconceived ideas about the parents' needs and expectations for guidance on healthy food, nutrition, and lifestyle behaviour (McMillan & Schumacher, 2010), following a flexible approach to what I was about to hear and observe. To this end, I relied on continuous reflection and revisions where required.

According to Tuli (2010), qualitative research may be empowering as participants are not regarded as subjects to be researched but rather as the authors of their own history and experience. By utilising

PRA-based workshops, I respected the participants as experts and co-researchers. I appreciated their own construction of knowledge through interactive activities, acknowledging their ability to make meaning of their own realities. I furthermore encouraged the participants to freely express their views, and valued their position as experts of their own lives.

3.2.2.2 Challenges associated with qualitative research

Following the philosophical principle that multiple meanings and realities exist, as well as multiple interpretations of one set of data, a single generalisable truth cannot be reached when doing qualitative research (Ponterotto, 2005). As such, the rigour of a qualitative study cannot be considered based on external validation but rather rests on thick descriptions included (Ponterotto, 2005). In support of this, I include quotations and contributions of the participants in Chapter 4 where I present the results of the study (Creswell & Poth, 2017). As previously stated, I did not seek to obtain generalisable findings based on the specific focus of my study. Yet by providing detailed descriptions of the contextual characteristics of the study, a degree of transferability may be possible (Burchett et al., 2012).

Another potential challenge often associated with qualitative research is related to the possibility of interpretive subjectivity and the impact of researcher bias (Christensen et al., 2015). In acknowledging the value-laden nature of qualitative methodology (Creswell & Poth, 2017), I regularly reflected on my personal values and potential biases. I relied on member checking, maintained a reflective journal, and attended regular debriefing sessions with my supervisor to mitigate this limitation. Finally, qualitative research may be viewed as labour intensive, time-consuming and potentially costly (McMillan & Schumacher, 2010), as the complexity of the research process may not always be anticipated. In the light of this potential concern, I put the necessary measures into place to ensure that my study progressed at an acceptable tempo (Mouton, 2001).

3.3 RESEARCH METHODOLOGY

In this section I describe the research process in terms of the research design, selection of the research sites and participants, and the data generation, documentation and analysis strategies.

3.3.1 Research design

I implemented a case study design utilising Participatory Reflection and Action (PRA) principles, thereby aligning my study with the methodology of the broader research project. Case study research involves the in-depth exploration, description or explanation of a specific phenomenon through one or more cases in a specific context (Creswell, 2007; Yin, 2014). As such, this involves the investigation of one or more bounded systems through the generation of detailed and comprehensive data over time (Creswell, 2007), which is grounded in real-world, contemporary events (Yin, 2014). Data generation

typically involves multiple sources of evidence, including, for example, naturalistic observation, interviews, focus groups, audio-visual material and other documented material (Yin, 2014).

A multiple case study design entails the study of one particular matter by investigating more than one case (Christensen et al., 2015; Leedy & Ormrod, 2015), often involving multiple research sites. Yin (2014) categorises case study research according to the intent of the research, describing studies as either exploratory, descriptive or explanatory. In the current study I utilised a multiple case study design that was exploratory in nature, as I aimed to explore and gain insight into the needs and expectations of parents regarding food, nutrition and lifestyle guidance in two specific schools. By facilitating participation and reflection activities, I encouraged the active involvement of the participating parents (Ferreira & Ebersöhn, 2012) in co-generating rich and detailed information that may inform follow-up studies on the implementation of such parent guidance interventions.

In line with case study research, PRA focuses on gaining insight into the worldviews of participants (Leedy & Ormrod, 2015), and situates the study of a phenomenon in its context. PRA applies the principles of active participation, teamwork, interactive learning and shared knowledge when conducting research in the context of participants' lives (Chambers, 2002; Ferreira & Ebersöhn, 2012). A central underlying principle is that people may be empowered when involved in the construction of their own knowledge. As such, PRA challenges the asymmetrical control of knowledge generation on the part of the researcher, by recognising participants' agency in the process of knowledge co-production (Gaventa & Cornwall, 2009). As I support the view that "knowledge as power determines definitions of what is conceived as important, as possible, for and by whom" (Gaventa & Cornwall, 2009, p.122), I honoured the views of the participants throughout my study.

3.3.1.1 Advantages of case study research applying PRA principles

Yin (2014) argues that case study research is best suited to situations where studies ask "how" and "why" questions, and that are focused on contemporary issues, or when researchers have little control over behavioural events. Although the primary research question of this study is framed as a "what" question, and can be considered exploratory, the underlying line of inquiry sought to understand "how" to go about parent guidance (Yin, 2014). In my attempt to gain authentic accounts of the participants' perspectives, I did not seek to limit, control or manipulate their behaviour, yet remained focused on stimulating open and honest reflections on the topic at hand.

According to Gustafsson (2017), the implementation of a case study design can result in a comprehensive view of a situation, enabling one to define and explore a setting or circumstance, as a way of understanding it. Selecting multiple cases may reveal different perspectives on the same issue, allowing for a more complete understanding of a particular topic (Creswell & Poth, 2017). Multiple

cases can furthermore allow for data analysis in each case, yet also across various situations (Gustafsson, 2017). This implies that the differences and similarities between cases can be analysed (Baxter & Jack, 2008). Yin (2014) states that, by selecting more than one case, a researcher can replicate the same procedure for various cases. In so doing, multiple case study design research draws on the logic of replication, thereby strengthening the transferability of findings (Cope, 2014; Creswell & Poth, 2017). Although the current study was not intended to produce generalisable findings, the selection of two research sites allowed me to implement crystallisation, thereby enhancing the extent to which the findings may be transferred to similar settings or contexts (Houghton et al., 2013).

Gaventa and Cornwall (2009) argue that participatory knowledge strategies, such as those implied by PRA, challenge the deep-rooted power inequalities inherent in society and knowledge creation. I believe that, by facilitating democratic participation and collaboration *via* PRA-based workshops, the participants could exercise greater agency and had a voice. The PRA-based workshops therefore allowed me to conduct research in a collaborative manner and include concrete, visual and creative methods to generate data. These strategies engaged the participants and seemingly fostered positive relations between the participants and the research team.

3.3.1.2 Challenges associated with case study research applying PRA principles

Gustafsson (2017) argues that qualitative case studies can be difficult to evaluate due to the multiple variations and possible interpretations of the data. To this end, Yin (2014) expresses concerns regarding rigour due to possible haphazard or non-systematic procedures, as well as the impact that researcher bias may have on the direction and interpretation of a study's results. I guarded against this challenge by carefully planning and monitoring all data generation and analysis procedures, implementing structured and systematic procedures while being guided by PRA principles. I also remained aware of the potential influence of personal biases and subjectivities, and relied on the on-going support of and discussions with my supervisor (Houghton et al., 2013).

Another potential challenge of case study research, applying PRA principles, relates to the implied shift from implementing more traditional research strategies, where the researcher is regarded as the expert to research grounded in collaboration and partnership (Cornwall & Pratt, 2011). The collaborative nature of PRA required of me to remain flexible, respectful of multiple opinions and humble (Ferreira & Ebersöhn, 2012). I viewed the participants as experts who possess embedded knowledge of their community, specifically in terms of their nutritional- and lifestyle-related needs for guidance. This implied handing over the research process to the participants as they worked in groups and presented the information to one another and to the research team (Chambers, 2002).

Any study involving multiple cases may pose challenges regarding the overall analysis of the data. In this regard, some authors argue that the more cases included in a study, the less depth (Creswell & Poth, 2017). As my study involved only two schools in the Tshwane region, I focused on a specific population group in an in-depth manner. I thus did not find the inclusion of only two schools to pose any challenges. Next, I also do not view limited generalisability as a limitation of the current study as I did not attempt to obtain generalisable findings, due to the paradigmatic and methodological choices I made (Yin, 2014). As already stated, I strived to maintain a degree of transferability by including detailed and thorough documentation and reporting (Houghton et al., 2013), thereby allowing for the extrapolation of the findings I obtained that may inform research in similar contexts.

3.3.2 *Selection of cases and participants*

I used convenience sampling to select two schools situated in the Tshwane region as cases. Both schools have been involved in the on-going intervention since 2011, of which this study forms part. Convenience sampling involves the selection of participants or cases that are readily accessible and available to participate in research (Christensen et al, 2015), and is therefore a relatively inexpensive and time-effective sampling technique (Etikan et al., 2016).

Next, I relied on purposive sampling to select participants from each of the selected schools. Purposive sampling involves the selection of participants according to specific criteria or characteristics related to the interest at hand (McMillan & Schumacher, 2010). I invited all parents of the two schools that met the selection criteria as listed below. The final number of participants was determined by the response of the parents following my invitation. Even though both schools indicated that around 50 parents would attend the sessions, the realisation rate was only 12 parents at the first school and 10 parents at the second. The 22 participants were selected according to the following criteria:

- Participants had to be parents of children involved in the broader research project.
- Participants had to be able to communicate in English.
- Participants had to be able to attend a 90-minute PRA-based workshop session after school hours at their children's schools.
- Participants had to be willing to partake in the study and had to provide informed consent.

As convenience and purposive sampling are both examples of non-probability sampling procedures (Etikan et al., 2016), researchers do not attempt to select participants who represent a wide population. As such, these strategies do not allow for generalisable results (Fogelman, 2002). As previously stated, I did not aim for generalisability. Further possible limitations associated with convenience and purposive sampling relate to an increased likelihood of over- and under-representation of participants, and vulnerability of a sample to hidden biases (Etikan et al., 2016). To this end, I remained aware that

participants who could have contributed may have been excluded from the study (Patton, 2002). I furthermore reflected on potential biases through detailed observations, field notes and regular discussions with my supervisor.

3.3.3 Data generation and documentation

By integrating various data generation and documentation techniques, I could rely on crystallisation in my attempt to obtain rigorous findings (Ellingson, 2009).

3.3.3.1 PRA-based workshops

I facilitated two PRA-based workshops, one at each of the two schools, involving parents of the selected schools. PRA is viewed as a communal research approach that may enable people to do their own appraisal, analysis and planning, through, for example, visual techniques such as diagrams, drawings, posters or mind maps (Chambers, 2002). During the two workshops, I worked alongside my supervisor to facilitate activities and discussions that prompted parents to reflect on their needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour. Data generation among parents were encouraged through creative activities, such as the compilation of posters (PRA matrices) in small groups. Throughout, I viewed participants as experts in their community, particularly with regard to understanding their specific needs and preferences (Gaventa & Cornwall, 2009).

The workshops were presented in November 2018, lasting approximately two hours each in the early evening. We started with refreshments in order to build rapport. After introducing ourselves and the purpose of the current study, I obtained informed consent from each of the participants[3]. Thereafter, participants were asked to work in small groups of three to four, each discussing specific questions and noting their ideas on the posters provided. Each group completed two posters with one focusing on specific health-related topics parents wanted to know more about, and the other on the advantages and disadvantages of various modes of delivery for parent guidance. After completing each poster, the groups were asked to share their insights with the larger group, resulting in a form of joint initial analysis and reflection (Ferreira & Ebersöhn, 2012).

The workshops thus resulted in the participants noting their thoughts and ideas in written format (consult Appendix G), as well as expressing these ideas verbally in their small groups and then to the larger group. All group discussions were audio-recorded and transcribed verbatim (refer to Appendix D). The visual and audio data, together with my field notes, were later analysed and interpreted. After

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[3] A number of the parent participants were accompanied their children during the PRA-based workshops. The children inevitably become a part of the PRA-based discussions and some children supported their parents with written tasks. The participating children have been involved in the broader research project since 2014, at which time the children's parents provided informed consent and the children assented to their involvement in the project.

I had completed my initial analysis, I conducted member checking in support of the credibility of the findings (Anney, 2014). This allowed the participants to verify my initial analysis and make additional contributions. Member checking was conducted *via* a WhatsApp group and participants providing feedback through WhatsApp messages, in respect of the participants' time and availability.

As I was fully aware of my position as novice researcher I relied on the expertise of and guidance by my supervisor in preparing to undertake fieldwork. Even though my presence during the PRA-based workshops may have influenced what the participants said as well as the way in which they interacted and behaved (Leedy & Ormrod, 2015), I aimed to be unobtrusive yet friendly, and approachable during all activities and discussions. I remained attuned to the impact that my position as researcher may have had on the research participants through regular reflective journalling (Chambers, 2002).

3.3.3.2 Observation-as-context-of-interaction

During the PRA-based workshops, I utilised unstructured observation as a means of generating and recording the context and process of the research, as well as the behaviour of the participants (Christensen et al., 2015). According to Mulhall (2003), unstructured observation is suited to qualitative research and can be used to understand and interpret cultural behaviour. This author stresses the value of unstructured observation as a way to understand the interactions between individuals and groups, capture the process and context, recognise the potential influence of the physical environment, and develop a big-picture perspective.

The term *unstructured* does not imply observation that is haphazard or sloppy, but rather refers to a method where researchers "enter 'the field' with no predetermined notions as to the discrete behaviours that they might observe" (Mulhall, 2003, p. 307). Such a flexible and free-flowing approach to observation allowed me to identify and take advantage of unforeseen events or interactions as they occurred (Leedy & Ormrod, 2015), and gain an idea of how the participants experienced and approached the questions posed to them (Wagner, Kawulich & Garner, 2012).

Based on the underlying epistemological assumptions of my study, the context of the research was taken as significant as the researchers and participants co-constructed meaning in their specific contexts (Mulhall, 2003). As such, I specifically relied on observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000), by facilitating discussions and interacting with the participants while observing. I was actively involved in the process of data generation, and interacted with the participants while maintaining an unobtrusive disposition and observing events as they unfolded. This mode of observation allowed me to move between the roles of total participant and total observer, giving me the freedom to remain flexible (Mulhall, 2003).

A number of challenges can be associated with observation, such as the potential deception of participants, the impact of researcher subjectivity, and the role of the researcher as observer and/or participant (Creswell & Poth, 2017; Mulhall, 2003). In acknowledgement of my position as a novice researcher, I anticipated and prepared for such potential challenges related to observation. With the support of my supervisor I was able to take field notes, thereby recording my observations accurately, and staying attuned to my position as observer and facilitator.

3.3.3.3 Field notes and reflective journal

I relied on field notes (refer to Appendix E) to record and document my observations during and shortly after the data generation sessions (Wagner et al., 2012), including details on the environmental settings and order of events, individuals who attended, and other information that struck me as interesting or significant to the study (Nieuwenhuis, 2016b). According to Mulhall (2003), field notes entail informal writings that are constructed during data generation activities, which are likely to be informed by the researcher's professional and personal worldviews. To this end, I attempted to monitor and mitigate the impact of my personal assumptions and biases by keeping a reflective research journal (refer to Appendix F).

Drawing on my reflective journal, I aimed to ensure transparency in the research process, making my thoughts, values and experiences behind certain decisions evident to both the reader and myself (Ortlipp, 2008). In illuminating the values that guided this study, my reflective journal assisted me in ensuring rigour and trustworthiness (Houghton et al., 2013; Leitch & Day, 2000). Reflection centres on more than simply bringing one's thoughts and assumptions into awareness; it involves "the cognitive processes of both 'problem finding' and 'problem-solving'" (Leitch & Day, 2000, p. 180). The problem-solving component of reflective thinking led to Schön (1983) defining two forms of reflective thinking, namely *reflection-on-action* and *reflection-in-action.* Reflection-on-action involves the thoughtful consideration of one's actions to gain knowledge from experience, whereas reflection-in-action implies on-the-spot reframing and adjustment of practice in response to emerging challenges (Leitch & Day, 2000). I attended to both modes of reflection in the current study in ensuring responsive practice and analysis of the data. As such, I maintained a critical stance towards my own actions and interpretations, making explicit the interplay between my thinking and actions.

3.3.3.4 Audio and visual data documentation

I audio-recorded and transcribed all discussions that took place to crosscheck and corroborate the data generated by the participants and myself during the PRA-based workshops (Gibbs et al., 2002). In order to document non-verbal aspects, I took photographs and compiled a visual record. This enabled me to capture a holistic image of the setting, participants and activities involved (Creswell, 2007).

A challenge often associated with audio-recording procedures involves the generation of good-quality audio recordings free of background room sounds (Creswell, 2007), making accurate transcriptions possible. During the group discussions I placed the recording device close to the speaker and requested participants to speak clearly. By utilising written field notes and the participants' posters I was able to triangulate data, guarding against data being lost. I acknowledged the time-consuming nature of compiling transcriptions, and therefore allowed sufficient time to generate accurate transcriptions.

The photographs that were taken during the PRA-based workshops (Appendix G) aided me in recalling the details pertaining to the activities and allowed me to enrich my descriptions of the research setting and events that unfolded during the workshops (Patton, 2002). In respect of the participants' privacy, I requested informed consent to record the discussions and take photographs during the PRA-based workshops from them. The participants were given the option to have their faces published or not and provided written consent if they were comfortable with being photographed. Each data source, including audio and visual material, was carefully considered and pieced together, aiding me in obtaining a big-picture understanding of the phenomenon (Baxter & Jack, 2008).

3.3.4   Data analysis

I conducted thematic inductive data analysis in accordance with Braun and Clarke's (2006) guidelines, supported by the work of Creswell (2007). Thematic inductive analysis relies on inductive reasoning, where the researcher draws meaning from specific events or situations in order to gain insight into a broader topic (Leedy & Ormrod, 2015). Using Braun and Clarke's (2006) six-step process for conducting thematic analysis, I firstly became immersed in the data by transcribing the audio recordings and then familiarising myself with the data by reading and rereading all generated data. Next, I systematically collated the major features of the data to identify initial codes. By processing and organising the initial codes, I could determine potential themes, such as the recurring nutrition and lifestyle behaviour concerns perceived by the participating parents.

Once the initial potential themes had been identified, I reviewed and compared these to the coded material, as well as the entire data set in order to produce a so-called thematic map. This supported me in confirming that the identified themes were relevant, and provided me with the opportunity to ensure a cohesive and comprehensive representation of the generated data. Through on-going analysis and clarification of the emergent themes, I established working definitions and determined names for the themes, refining the overall story of the analysed material. I engaged in on-going discussions with my supervisor regarding the emergent themes and sub-themes, and documented my thoughts and decisions in my reflective journal.

My final step of data analysis involved writing this mini-dissertation, and selecting compelling extracts and examples that address the original research question and can be linked to my literature review. It was through this process of induction that I analysed the data, allowing themes, trends, patterns or relationships to come to the fore (Mouton, 2001), both in and between the two cases (Creswell, 2007). This mode of analysis allowed me to search for and interpret patterns or prominent themes in the data (Braun & Clarke, 2006), thereby identifying factors and variables from the data that may influence the issue at hand, moving from precise content to broader themes and concepts (Alhojailan, 2012).

A challenge often associated with thematic analysis, as a consequence of its open-ended and flexible nature, relates to the possible influence of the researcher's subjective observations and interpretations of the analysis (Riger & Sigurvinsdottir, 2016). To this end, I guarded against interpretations that reflect my preconceptions and biases, refraining from developing themes that speak directly to the research question, or the *expected* outcomes, in the exclusion of other prominent, unexpected themes. Even though I acknowledge that total objectivity is not feasible in qualitative enquiry (Leedy & Omrod, 2015), I strived to achieve a balanced, fair and complete analysis of the data by applying strategies such as triangulation of multiple data sources.

3.4   ETHICAL CONSIDERATIONS

Throughout all phases of my study I remained sensitive to ethical considerations when conducting research with human participants. In this regard I adhered to the ethical principles outlined by the University of Pretoria's Code of Ethics in Research (University of Pretoria, 2013).

3.4.1   *Permission to conduct research and voluntary participation*

The Ethics Committee of the Faculty of Education approved the broader NRF-funded project at its onset in 2011 and granted me permission to conduct this specific study within the project. Furthermore, the Gauteng Department of Basic Education provided permission for the project to be conducted in the selected primary schools. Thus, fieldwork commenced only once permission had been obtained.

I respected the participants' autonomy by communicating their right to information about the study and its purpose, whether or not they would like to participate, and their freedom to terminate their participation at any point, should they wish to do so (Webster, Lewis & Brown, 2014). As such, I sent letters of invitation to potential participants prior to the PRA-based workshops, requesting their participation and explaining their right to decline participation if they wished to do so (refer to Appendix A). Before conducting any fieldwork, I obtained written informed consent from each of the participants (Appendix B). In line with Webster, Lewis and Brown's (2014) guidelines, the consent

form I discussed with the participants included information about the purpose and the procedures of the study, voluntary participation, and participants' right to withdraw and ask questions.

3.4.2 *Confidentiality, anonymity and respect for privacy*

Researchers are expected to respect participants' privacy and put the necessary measures in place to protect the identity of participants as well as the research location (Ryen, 2011; Webster et al., 2014). It is therefore important to maintain confidentiality of participants' identities and contributions by safeguarding all documented information. In this regard I used pseudonyms and abbreviations in compiling this report to safeguard the anonymity of the participants (Leedy & Ormrod, 2015). Throughout, I aimed to report what was said and observed in a manner that cannot be attributed to a particular participant or setting. I handled the data in a professional and confidential manner, restricting access to all documented information to my supervisor and me (Christensen et al., 2015). In line with the current guidelines for qualitative research, I warranted that all data will be stored and safeguarded at the University of Pretoria for 15 years. Electronic data files are password-protected.

Even though I have ensured anonymity, confidentiality and the safeguarding of data, I acknowledge the fact that I cannot guarantee confidentiality and anonymity for the PRA-based workshops, given the interactive nature of the sessions involving multiple participants (Webster et al., 2014). In this regard I requested that participants respect everyone's right to privacy and deal with all information shared during the workshops in a confidential manner.

3.4.3 *Trust*

I recognised my responsibility to treat the participants with the utmost respect throughout the study, aspiring towards sound relationships built on honesty and transparency (Christensen et al., 2015; Leedy & Ormrod, 2015). I informed participants of the aim and process of the study and did not deceive them regarding any aspect of the research (Christensen, et al., 2015). Participating parents were informed about the intended use of the generated data. I remained aware that various factors can play a role in developing professional and trustworthy relationships with research participants, and carefully considered and reflected on my role as researcher.

Weis and Fine (2000) highlight important considerations when entering a research field, including the researcher's role as insider or outsider; how one may go about disclosing sensitive information; and how to establish supportive, respectful relationships with participants, without using labels that they do not embrace. Furthermore, Creswell (2007) stresses the importance of remaining sensitive to potential power imbalances that may arise as a result of one's presence in the field. Due to the subtle nuances and deep meanings that are embedded in cultures, it is essential to consider the possible effects

of race, class, gender, language and social attitudes before commencing with research. In response to these considerations, I remained reflexive and constantly monitored and regulated my personal views.

3.4.4 *Protection from harm*

As qualitative research implies in-depth probing and investigation, it is important to avoid undue intrusions when planning and implementing data generation strategies (Webster et al., 2014). In this regard, I remained aware of the participants' wellbeing and reviewed any potential risks of the study beforehand (Neuman, 2014). However, no physical or psychological risks could be identified. To ensure that I conducted this research in a respectful and professional manner, I worked in close collaboration with my supervisor throughout the research process. I respected the participants' time, and scheduled the PRA-workshops in the evenings when the parents were available.

I utilised a case study design, applying PRA-principles, which required the active engagement of both the participants and myself. It was therefore important to ensure that the participants would benefit from the research process and be protected from harm (Ryen, 2011). Informed by the underlying values of democracy, co-ownership and co-construction of knowledge that underpin PRA research, I was driven to conduct research in the spirit of equality (Ferreira & Ebersöhn, 2012). The parents' involvement and contributions may have provided them with valuable insights and an understanding of the health and wellbeing of their children and families. Furthermore, future projects that may emerge following this study may contribute to the reciprocity of the study, thereby ensuring beneficence.

3.5   QUALITY CRITERIA

Lincoln and Guba (1985) established quality criteria that are central to upholding the scientific rigour of qualitative research. In this section I describe these criteria.

3.5.1 *Credibility*

The credibility of a study is related to the value and believability of the findings (Lincoln & Guba, 1985). This necessitates conducting research in a manner that reflects truthful as well as fair interpretations and representations of the participants' views (Cope, 2014). To this end, Sandelowski (1986) argues that a study can be considered as credible if the descriptions of social phenomena are easily recognisable by individuals who share a similar experience. Houghton and colleagues (2013) list prolonged engagement and persistent observation, triangulation, peer debriefing and member checking as key strategies to enhancing credibility. To this end I ensured that I spent sufficient time at each research site and allowed for enough time to explore the participants' needs and expectations (Creswell, 2007). I also gained insight into the context of the study through discussions with my supervisor. The longstanding partnership between the participating schools and the broader research

project team assisted me in gaining trust and establishing rapport with the participants, which is necessary to foster rich, detailed responses and engagement from participants (Cope, 2014).

Triangulation entails the process of including several methods to study a phenomenon, thereby allowing one to confirm data as comprehensive (Curtin & Fossey, 2007). By comparing data that had been generated through different methods I was able to explore the extent to which the data could be verified, allowing me to ascertain the credibility of the findings (Houghton et al., 2013). In addition to this, I was able to triangulate my findings by comparing the data from the two research sites. I was furthermore able to verify my initial interpretation of the data by sharing a summary of the results with the participants to confirm that their views were not misinterpreted (Anney, 2014). I also engaged in regular discussions with my supervisor.

3.5.2 *Transferability*

Transferability implies the extent to which the findings of a study may be applied to a similar situation or context (Houghton et al., 2013). As previously discussed, qualitative research does not seek to generalise findings to a broader population; however, its value can be extended if the findings can be applied to groups beyond the participants included in a study (Lewis & Ritchie, 2003). A key strategy to enhance transferability entails thick descriptions of the context and the research process (Anney, 2014). Cope (2014) encourages researchers to provide adequate information about participants and the context of a study, allowing readers the opportunity to determine whether or not findings can be transferred to similar situations. In addition to providing in-depth descriptions of the setting, research participants and the context of this study, I include visual data to exemplify what I had observed.

3.5.3 *Dependability*

Dependability refers to the stability or consistency of the data generated (Anney, 2014). Koch (2006) states that a study can be considered dependable if the findings can be replicated with similar participants in similar circumstances. One strategy for enhancing the dependability of qualitative research is to maintain an audit trail (Ryan-Nicholls & Will, 2009), including the notes of the researcher; thereby capturing the assumptions and decisions made throughout the research process (Morrow, 2005). Materials that may be included in an audit trail include transcripts, process notes, analysis notes and drafts of final reports (Cope, 2014). To this end, the process of data analysis and progress of my work are included as appendices to this mini-dissertation. Another important way of enhancing the dependability of a study is to ensure that interpretive subjectivity and researcher bias is limited (Morrow, 2005). As such, it was important for me to record and reflect upon my personal responses throughout the study (Jasper, 2005).

Reflective journals can provide important tools to stimulate self-awareness and reflexivity, highlighting how a researcher's values, personal history and interests can play a role in shaping a study (Houghton et al., 2013). I kept a reflective journal throughout the research process, recording my rationale for decisions, my instincts, and the challenges I experienced throughout the research process. By recording my thoughts and feelings I was able to isolate value-laden perceptions and subjectivity, thereby mitigating possible researcher bias (Cope, 2014).

3.5.4   Confirmability

Confirmability is concerned with the neutrality and accuracy of the qualitative data generated for a study (Lincoln & Guba, 1985). This implies that data represent participants' meanings and not the researcher's biases of viewpoints (Ryan-Nicholls & Will, 2009). Confirmability and dependability are closely related and require similar strategies to be achieved (Houghton et al., 2013).

As such, reflective journalling and the inclusion of an audit trail played a significant role in enhancing the confirmability of this study (Anney, 2014). My supervisor assisted me in deriving and confirming my results, ensuring that the findings are consistent with the generated data. In writing this report, I aimed to exemplify how the conclusions and interpretations were reached, demonstrating how the findings were derivatives of the data (Cope, 2014; Creswell, 2007). I also include quotations from the participants to depict each theme in Chapter 4, bringing the voices of the participants to the fore. By providing detailed explanations of the research process, together with rich, vivid quotations from the participants, I aimed to provide interpretations that can be substantiated.

3.5.5   Authenticity

Authenticity relates to the extent to which participants' experiences are expressed by the researcher in a faithful manner, or to the degree to which a study displays openness and negotiated meaning (Cope, 2014). Morrow (2005) states that fairness, in terms of solicitation and appreciation for different constructions, is a central component of authentic research. Therefore, qualitative research can allow for individual constructions to be expanded, matured and elaborated. I conducted member checking in order to confirm that my results resonate with the participants and represent their meaning making (Houghton et al., 2013). According to Curtin and Fossey (2007, p.9), "researchers can learn a great deal about the accuracy, fairness and validity of their data analysis when participants review the findings". In support of authenticity, I also include direct quotations of the participants in Chapter 4, allowing readers to appreciate the essence of the participants' thoughts and feelings (Cope, 2014).

3.6 CONCLUSION

In this chapter I described the paradigmatic stance I took in this study, justifying my choice of interpretivism and qualitative research. I discussed the selected research design, the procedures for selecting cases and participants, and the strategies for generating, documenting and analysing data. I explained the ethical considerations and steps I took to uphold trustworthiness and rigour.

In the following chapter I present the results of this study by discussing the themes and sub-themes that I identified. My interpretation of the results is then presented against the backdrop of existing literature, drawing attention to the correlations and discrepancies that emerged.

CHAPTER 4

RESEARCH RESULTS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In Chapter 3 I discussed the research process. I explained the paradigmatic perspectives and described the case study design applying PRA principles that I utilised. Next, I discussed the data generation, documentation and analysis techniques as well as ethical considerations and quality criteria.

In this chapter, I present the results of the study in terms of the four themes and related sub-themes I identified. I complement the discussions with photographs and excerpts from the data. I then discuss the findings of the study against the background of existing literature on the topic.

4.2 RESULTS OF THE STUDY

In this section, I describe the themes and sub-themes I identified through inductive thematic analysis. Figure 4.1 provides an overview of the results of the study.

Theme 1: Potential topics for food and nutrition-related guidance

Sub-theme 1.1: Making healthy choices

Sub-theme 1.2: Producing, preparing and preserving healthy food

Sub-theme 1.3: Considering special dietary requirements and medical conditions

Sub-theme 1.4: Making correct choices despite financial constraints

Theme 2: Potential topics for guidance on physical activity and fitness

Sub-theme 2.1: Understanding the value and reason for exercising

Sub-theme 2.2: Including exercise in a busy schedule with limited resources

Sub-theme 2.3: Doing exercise and sports in the correct way

Sub-theme 2.4: Adopting and maintaining regular physical activity in the family context

Theme 3: Potential topics for supporting the psycho-social wellbeing of children

Sub-theme 3.1: Understanding your child and recognising his or her developmental needs

Sub-theme 3.2: Fostering a supportive family environment

Sub-theme 3.3: Supporting children who face emotional and behavioural difficulties

Sub-theme 3.4: Supporting your child to succeed, now and in the future

Theme 4: Relying on a combination of delivery modes when providing parent guidance

Sub-theme 4.1: Efficient, affordable and convenient modes of delivery

Sub-theme 4.2: Ways of gaining knowledge and understanding information
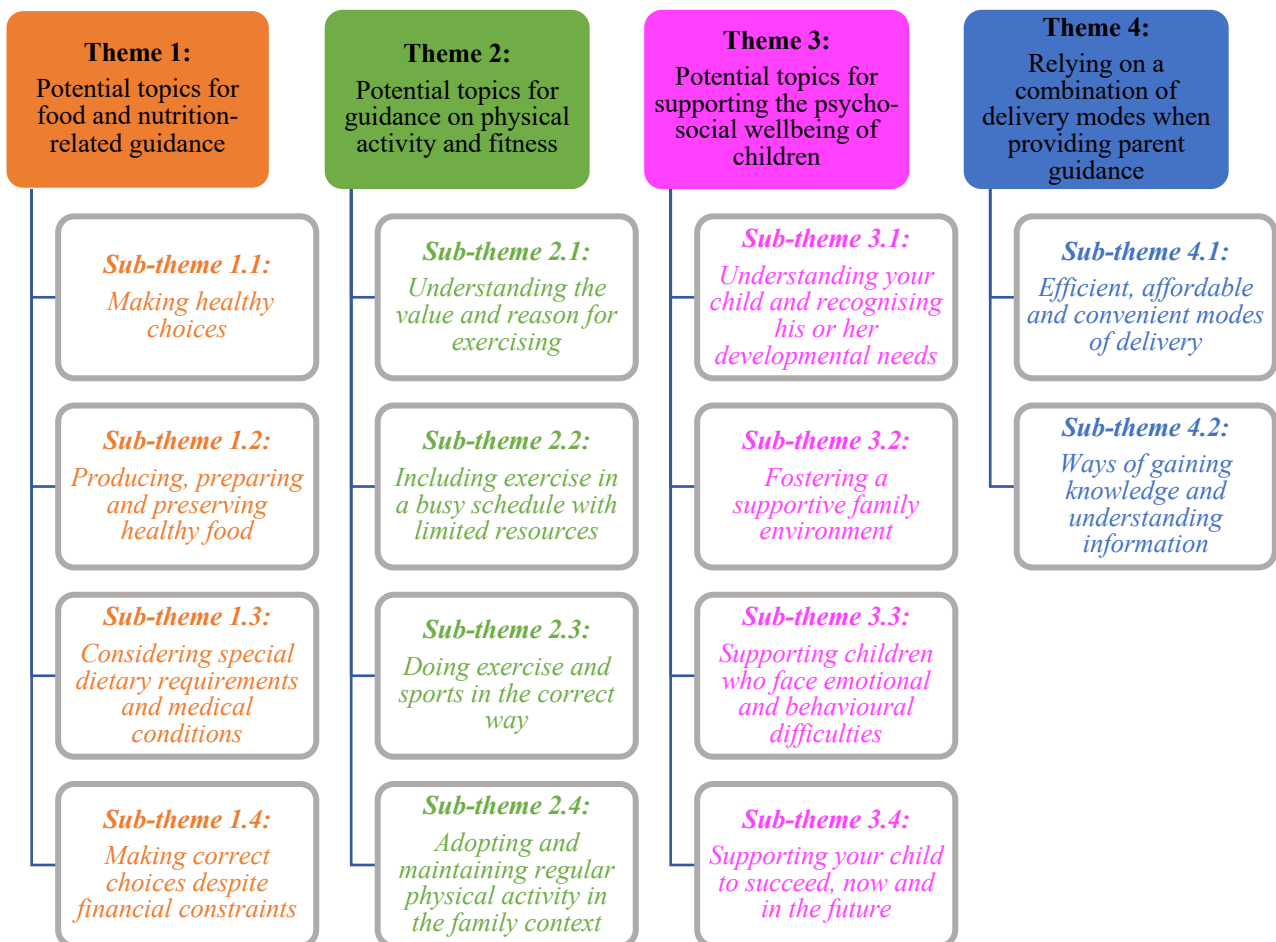
Figure 4.1: Overview of the themes and related sub-themes

4.2.1 Theme 1: Potential topics for food and nutrition-related guidance

This theme captures the food and nutrition-related topics that the parent participants identified as needs to receive knowledge and guidance on. Refer to Appendix I, Table I-1 for an overview of the inclusion and exclusion criteria I used to identify the various sub-themes.

4.2.1.1 Sub-theme 1.1: Making healthy choices

Parent participants expressed a need to develop an accurate understanding of whether or not certain dietary practices are healthy, and why. For example, the participants sought clarity on why certain foods are regarded as beneficial, asking, *"... this fruit, what value is it adding to our kids?"*[4] (PRA-2, S-B, G1[5]). In addition to requiring knowledge on the benefits of healthy food choices, the need for clarification on whether or not specific foods are healthy or unhealthy was apparent. Participants asked directed questions such as, *"... this instant porridges, this instant macaroni's, and whatever, are they healthy?"* and "*...are supplements very important? Which ones are good?*" (PRA-1, S-A, G1).

Participants requested guidance on the recommended frequency of intake and portion size of healthy food. In relation to this, one participant stated, "*See, we just wrote it quantity. We want you explain this, you know, this amount*" (PRA-1, S-A, G2). As such, the participants seemingly required clear-cut, concrete recommendations, particularly with regard to portion size. Some participants debated this, as noted in my reflective journal in the following way: "*One group engaged in a lively debate about the optimal portion sizes and food group variation required per meal. Portions were described in concrete terms, such as 'the size of your fist'. Disagreement among the group members led them to ask for clarity on this topic, particularly with regard to the best portion sizes for children*" (RJ, 21 November 2018). From this observation, it appears as if the participants did consider portion size and food variety when preparing meals; however, they required more detail on this.

Some participants specifically enquired about unhealthy food, asking about acceptable alternatives, quantities and frequency. One group, for example, asked about the healthiest starch options, "*because that is the most that we are eating [...] and like these are the dangerous ones*" (PRA-2, S-B, G1). I captured this idea in my reflective journal, stating, "*The participants held strong beliefs about what foods were particularly 'bad', such as sugary drinks and fast foods. However, there appeared to be consensus among the parents that these foods may be acceptable in moderation, yet there seemed to be confusion regarding the exact quantities that are acceptable*" (RJ, 24 November 2018). Moreover, the participants seemingly realised that health-related risks are associated with sugar; however, they

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[4] The participants' responses are transcribed verbatim without being edited; however, Afrikaans responses were translated.
[5] Henceforth, the following abbreviations apply: PRA-1 = PRA-based workshop 1, conducted on 21 November 2018; PRA-2 = PRA-based workshop 2, conducted on 22 November 2018; S = School; G = Group; FN = Field Notes; RJ = Reflective Journal.

required clarity on the types of sweet food that are fairly healthy, posing the following question: "*We want to know which sugar, which value of sugar is more reasonable*" (PRA-2, S-B, G1).

In relation to making healthy food choices*,* the need for guidance on choosing between different available food options or alternatives was apparent. Parents' need for this kind of information appeared to be linked to their need for being informed about the exact reasons for particular recommended food alternatives. One of the groups asked the following questions in this regard: "*What's really the difference? Like in terms of being healthy, what's really the best one?*" and "*If they are saying, you must stop with eating like, some things. So, what is the difference?*" (PRA-2, S-B, G1). I summarise the food and drink categories that were noted as areas where guidance is required in Table 4.1.

**Table 4.1**   Specific food and drink categories mentioned by participants

Specific food/drink alternatives	Group(s)
Different kinds of drink (fruit juice, concentrates, soft-drinks, etc.)	Groups 1, 2, 3, 4, 5 and 6
Tap water and bottled water	Group 4
Different kinds of oil (sunflower, canola, olive, etc.)	Groups 4 and 6
Different kinds of starch (mealie meal, stamp, rice, pasta, etc.)	Groups 1 and 4
Different kinds of bread (brown, white, wholegrain, vetkoek, etc.)	Groups 4 and 6
Different kinds of meat (processed/unprocessed, white/red, cuts, etc.)	Groups 4 and 6
Different kinds of fruit	Group 4
Different kinds of spread (butter, margarine, etc.)	Group 5
Different additives (herbs, spices, condiments, etc.)	Groups 1 and 6
Different kinds of cheese (Gouda, feta, spreads, etc.)	Group 6
Vitamins/supplements (type and brand)	Groups 1 and 6

Parents' need for this type of information may be linked to their seeking justification for choosing certain food items that are typically perceived as less desirable or convenient. For example, one group noted the challenges of getting children to eat brown bread, stating that *"… they are throwing it away. But if you can put it on a white bread, they're going to eat. So, I don't know what's the difference between white and brown*" (PRA-2, S-B, G1). This excerpt captures some of the difficulty that parents faced when trying to encourage healthy eating habits at home, and reflects some uncertainty they experienced regarding the benefits of certain food choices. In relation to this, the participants asked, "*How do I encourage my kids to eat nutritious foods?*" (PRA-1, S-A, G2) and similarly, "*How do you encourage your children to eat vegetables?*" (PRA-1, S-A, G2). Therefore, parents also appeared specifically interested in ways of supporting healthy dietary habits of children.

4.2.1.2 Sub-theme 1.2: Producing, preparing and preserving healthy food
Participants indicated a need to gain knowledge on how to prepare healthy meals, including healthy lunch boxes for their children. This need includes knowledge on how to produce or select healthy

ingredients for meals; how to adopt healthy food preparation practices, and which recipes to make. Furthermore, participants displayed the need for information on storing and preserving food. Supportive evidence of these needs is captured in Photograph 4.1.
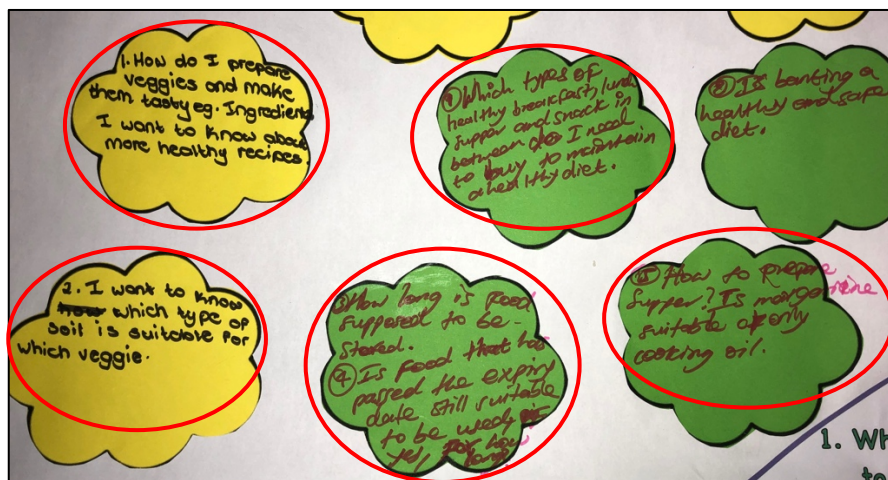
Photograph 4.1: Need for information on producing, preparing and preserving healthy food (PRA-2, S-B, G2)

As captured in the PRA poster, participants indicated the need to be knowledgeable and skilled to grow their own produce. In this regard, one of the participants asked, "*These healthy foods, how can we produce them?*" (PRA-1, S-A, G1). Another participant explained that she has tried to grow vegetables at home, yet required more guidance on how to get her garden to thrive. She asked, *"If it does grow, which veggies do I need to grow there? How do I know? Because sometimes I'll plant something and it doesn't grow, or it does not grow properly*" (PRA-2, S-B, G2).

In addition to the participants' need for knowledge and skills on food production, they apparently required guidance on preparing healthy meals and nutritious school lunch boxes. The following contributions serve as examples: "*What do we put in the lunch boxes that is more healthy for our kids?"* (PRA-2, S-B, G2) and *"Other meals as well […] the one that talks about type of meals, how to prepare?"* (PRA-2, S-B, G3). One of the participants expressed the need to develop basic cooking skills, stating, *"... cooking isn't really like my expertise. I'm really, really struggling with that*" (PRA-2, S-B, G2). Other participants requested more specific guidelines, such as, "*Which one is more healthy between frying, baking and grilling? Like the way you are preparing your food*" (PRA-2, S-B, G3) and "*...how to prepare a fruit salad on low cost and also a green salad*" (PRA-1, S-A, G3). Participants seemingly wanted to prepare meals that are both healthy and tasty. One group, for example, asked how to prepare "*meals without sugar that are still tasty*" (PRA-1, S-A, G3) while another group expressed a similar need by saying, "*How do I prepare veggies and make them tasty, because I'm always struggling with that. Like I really don't know what to add, like sauces or maybe spices if needed* […] *And I also want them to be healthy*" (PRA-2, S-B, G2).

Finally, various small groups of participants requested information on food preservation, particularly in terms of freezing and defrosting leftover food. One group of participants, for example, had the following questions: "*So, the freezing of food, the timeframe. How long can you freeze it? Can you re-freeze? Can you cook it, can you heat it, can you de-frost it and then re-frost for later?*" (PRA-2, S-B, G3). In summary, the essence of the participants' need for information on food preparation and preservation is captured in the following extract: "*We want to know how to prepare them. And then how to store them? Can I store these cabbage for eight days and eat it again? So, we want to know how to prepare, how to store them, and how to make them attractive [tasty]*" (PRA-1, S-A, G1).

4.2.1.3 Sub-theme 1.3: Considering special dietary requirements and medical conditions

Parents' need for information on special dietary requirements was clearly evident. In this regard, participants sought clarification on the value (or potential risks) of adopting specific diets, as captured in Photographs 4.2 and 4.3.
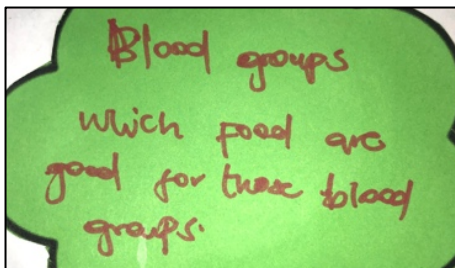
Photograph 4.2: Need for diets suitable for blood groups (PRA-1, S-A, G1)
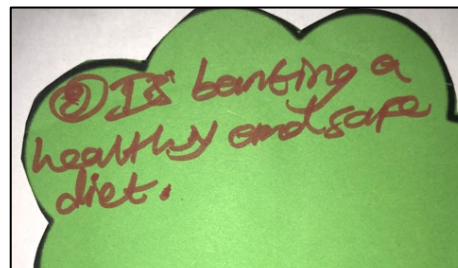
Photograph 4.3: Need for information on special types of diet (PRA-2, S-B, G2)

Even though some participants seemed to be aware of certain personalised or popular diets, they expressed a need for clarification on the potential risks and benefits of these. One participant captured this idea, stating, "*Banting[6] exercise. Is it healthy? I want to know that. Because, I was doing banting. But then, there's these things, these talks that say it isn't healthy. Even though, I can see it is working for me. But I mean, is it healthy? Because, when you're banting you're not allowed to eat fruits, because fruits have too much sugar*" (PRA-2, S-B, G2). Furthermore, the participants' interest in adopting specific diets was seemingly related to their wanting to know which food can contribute to optimal wellbeing. Participants, for example, asked, "*I think we would appreciate to know what kinds of food to eat, maybe as a type of blood group, what food are perfect for me?*" (PRA-1, S-A, G1).

Interest in special dietary requirements for existing medical conditions as well as to prevent certain conditions was furthermore indicated as a specific need for information by the participants. The

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[6] Banting is a popular weight-loss diet based on limited intake of carbohydrates, especially those of a starchy or sugary nature.

following examples apply: "*We want to know like kinds of food, for people with allergies*" (PRA-1, S-A, G1) and "*... if maybe they had sugar diabetes in the family, or whatever*" (PRA-2, S-B, G3). For the prevention of medical conditions, concerns seemingly revolved around diseases of lifestyle, such as obesity and cardiovascular diseases. One group, for example, asked, "*How to prevent obesity, so in terms of healthy food and nutrition*" (PRA-2, S-B, G3). Closely related, participants seemed concerned about potential risk factors associated with chronic diseases and, for example, wanted to know how a perceived "*healthy person dies of heart failure, kidneys?*" (PRA-2, S-B, G3).

Awareness of chronic diseases and physical health concerns were, however, not always stated in direct relation to food and nutrition. One participant, for example, said, "*I sat at work, now look how swollen my feet are [...] I am permanently tiered. Understand? I want to know why*" (PRA-1, S-A, G2). Furthermore, health-related concerns sometimes overlapped with questions on physical activity and fitness. For example, one participant raised concerns about specific incidences of chronic disease in people who do regular exercise, finally stating in an exasperated manner, "*So how come are some people dying of heart attacks?*" (PRA-2, S-B, G3). Therefore, general guidance on preventing and managing diseases and other physical conditions seemed to be an apparent need.

4.2.1.4 Sub-theme 1.4: Making correct choices despite financial constraints

Participants expressed an interest in learning how to incorporate healthy and nutritious food into their daily living, in ways that are both affordable and convenient. The cost of healthy food seemed to be a distinct concern, with participants asking questions such as, "*How can they cost this healthy food, you know? How much can they be?*" (PRA-1, S-A, G1) and "*What can I buy cheap and also healthy?*" (PRA-1, S-A, G2). In support, Photograph 4.4 provides another example of this need.
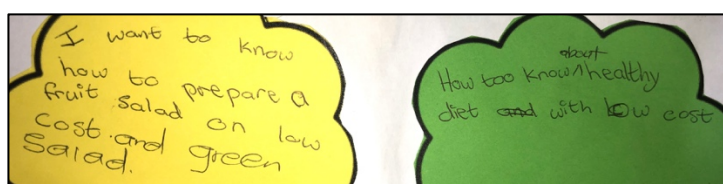
Photograph 4.4: Need for guidance on preparing healthy and affordable meals (PRA-1, S-A, G3)

As such, the need for guidance on how to access or choose affordable, yet healthy food seemed important to the participants. They apparently required support on healthy dietary practices that "*we [can] be able to afford on a daily basis*" (PRA-1, S-A, G3). This need seemed more prevalent in school A, suggesting that financial constraints may be more prevalent for parents at that school. I captured this thought in my reflective journal, stating, "*... although both schools expressed concerns regarding the financial implications of adopting more healthy lifestyles, participants at the second school did not express the same concern about the cost of food*" (RJ, 22 November 2018).

4.2.2   Theme 2: Potential topics for guidance on physical activity and fitness

I identified four sub-themes in relation to potential topics for parent guidance on physical activity and fitness. Appendix I, Table I-2 provides a summary of the inclusion and exclusion criteria I relied on.

4.2.2.1 Sub-theme 2.1: Understanding the value and reason for exercising

Participants indicated the need to understand the value and reasons behind exercising, as captured in the following contribution: "*Why really, why is it good to exercise, really? Why do we really have to be, live, healthy living?*" (PRA-2, S-B, G1). More specifically, participants seemingly required information that could support them in understanding the importance of adopting exercise as part of a healthy lifestyle in terms of health-promoting benefits. They explained their need of wanting to understand the value of being physically fit in the following way: "*We want to know how important it is to be physically fit. Like how, how important it is?*" (PRA-1, S-A, G1). To this end, the need to understand what fitness entails was implied, as captured in Photographs 4.5 and 4.6.
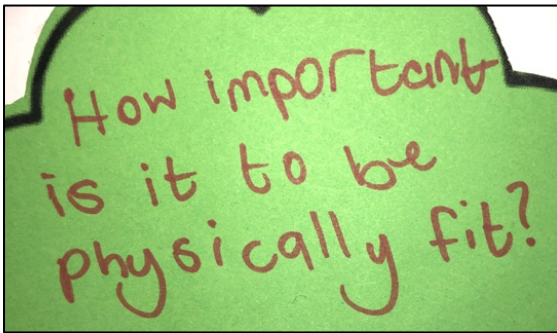
Photograph 4.5: Need to understand the value of physical fitness (PRA-1. S-A, G1)

Photograph 4.6: Need to understand physical fitness and its value (PRA-1. S-A, G1)

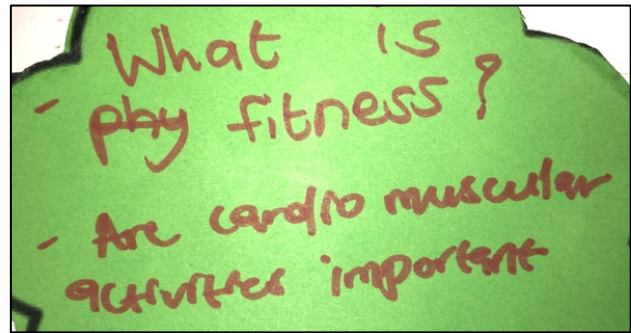Building on this need to understand the meaning and importance of fitness, participants furthermore asked questions related to the link between exercise and physical fitness. For example, one group asked, "*Do you have to exercise to keep your body fit?*" (PRA-1, S-A, G3). In this regard the participants expressed interest in receiving information that could explain the drawbacks or potential consequences of maintaining a less healthy lifestyle. For example, in referring to sedentary behaviour one participant stated, "*So I sit, and then when I stand, I'm permanently tired*" (PRA-1, S-A, G2).

4.2.2.2 Sub-theme 2.2: Including exercise in a busy schedule with limited resources

This sub-theme relates to the participants' expressed need for guidance on how to incorporate regular physical activity into their lives in ways that are inexpensive and attainable in the context of normal daily living. In terms of cost, participants wanted to be able to do exercise "*that is affordable and has the same effect as if I go to gym. But we don't want to go to gym as a family, we want to do something that is affordable*" (PRA-1, S-A, G1). Guidance on how exercising at home or in the community was seemingly valued, despite the participants' uncertainty of how to do this, as confirmed by the following

contribution: "*What type of exercise can we do at home?*" (PRA-1, S-A, G2). Some of the small groups specifically indicated that they did not want to buy expensive gear and/or equipment, asking questions such as, "*How to be physically active without proper gear (e.g. tekkies)?*" (PRA-1, S-A, G2) and "*How can you create your own DIY equipment?*" (PRA-1, S-A, G2).

Time and energy also appeared to be factors that the participants considered when thinking of physical activity and fitness. In this regard, some of the participants asked how they could adopt a healthy lifestyle and stay physically fit with minimal effort. This is exemplified in Photograph 4.7 where an apparent aversion to strenuous exercise can be noted. A participant stated, "*I hate training*" (PRA-1, S-A, G3), however, participants displayed a general need to be physically fit.
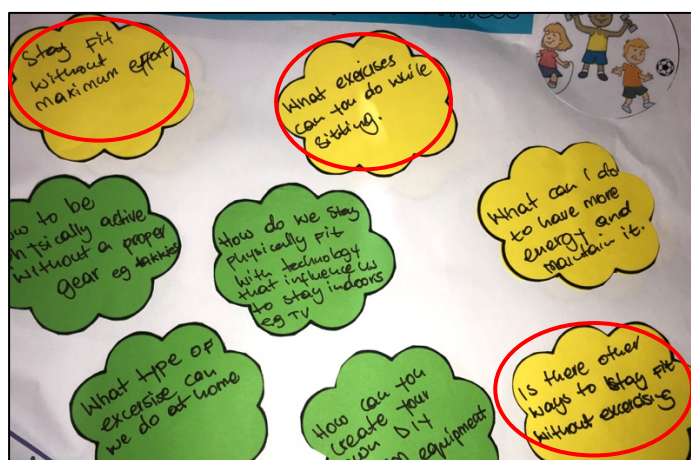
Photograph 4.7: Need to maintain fitness with the minimal effort (PRA-1, S-A, G2)

4.2.2.3 Sub-theme 2.3: Doing exercise and sports in the correct way

Participants displayed the need for guidance on different types of exercise and the manners in which exercises had to be executed. Participants asked questions on the level of intensity, frequency and duration of certain types of exercise. Other questions related to food or nutrition required during exercise, as well as to ways of treating injury or fatigue. Photograph 4.8 captures these results.
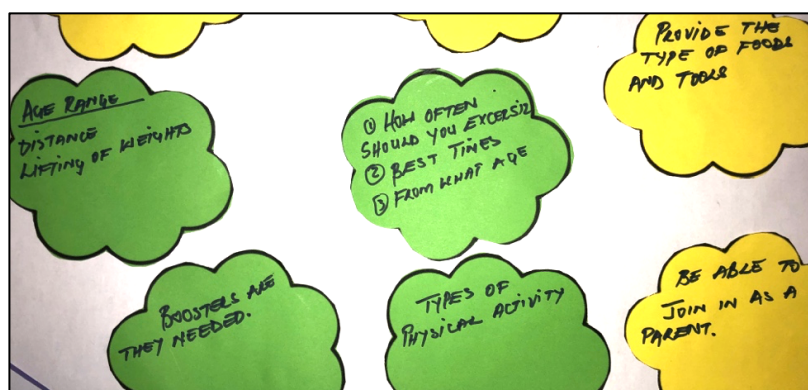
Photograph 4.8: Need for information on how to do exercise and sport in the correct way (PRA-2, S-B, G3)

The participants therefore expressed a need to obtain information on the types of physical activity most suitable for them, as expressed in the following words: "*What physical activities are good for our bodies? Like can I, like me now, can I just do whatever activity, physical activity?*" (PRA-1, S-A, G1). The majority of the groups of participants referred to walking and jogging as "*the most common types*" (PRA-2, S-B, G1) of exercise, however, they also indicated an interest in other activities such as boxing, weight training, aerobics and cycling.

In terms of the frequency of physical activity, participants conveyed a need for information on the recommended amount of exercise needed to maintain or promote physical health, both in terms of too much and too little exercise. In one group, participants debated the recommended number of days per week to do exercise, stating in the end, "*Well some people, they don't know*" (PRA-1, S-A, G1). Closely related, a need for information on balancing physical activity was expressed, as captured in the following questions: "*Ya, how fit is fit? You understand? Are we pushing it too much? Are we doing it too little? So there needs to be a balance in the activity*" (PRA-2, S-B, G3).

In addition, some participants apparently required information on the required exercise to lose weight and maintain weight loss. They stated, "*Can you control weight-loss through gyming? And how often should one do it?*" (PRA-2, S-B, G3) and "*How do I maintain the weight I have lost? Do I just eat healthy, or do I still do that hectic exercise, or should I just go light on the exercise?*" (PRA-2, S-B, G2). To this end, the need for specific information on suitable exercises and the purpose of these seemed apparent, as captured in the following extract: "*They say it's the best exercise, according to the statistics that you check, the research. They say punching is the right thing*" (PRA-2, S-B, G1).

Closely related, specific information on the appropriate distance or duration for jogging exercises, suitable mass for weight lifting exercises, and the duration of other activities such as dancing was also requested by the participants. For example, one participant asked, "*How long does an exercise have to take? If I'm jogging, for how long? Thirty minutes, an hour?*" (PRA-2, S-B, G2). When referring to the duration and intensity of exercise, one group expressed a specific need for information related to "*… something about over the course of our lives*?" (PRA-1, S-A, G1) while another group similarly stated, "*The age ranges. If a person does physical or fitness activities, what is the distance they should go? And, lifting of weights at what age are they supposed to do that?"* (PRA-2, S-B, G2). From these contributions it seems clear that the participants were of the view that exercise would differ across ages, yet were uncertain about the exact requirements for different age groups.

Finally, questions regarding the intake of food, water and supplements when exercising were asked by the participants. They namely asked, "*How much amount of water can you drink if you are exercising?*" (PRA-1, S-A, G3), "*What food you must focus on when you are exercising or playing sport?*" (PRA-

1, S-A, G3), "*The intake of water when you exercise, like really how good is that? Do you really have to take those kinds of things? Do you take water, do you take Energade?*" (PRA-2, S-B, G1) and "*Is boosters needed when they are doing these physical activities and fitnesses?*" (PRA-2, S-B, G3).

4.2.2.4 Sub-theme 2.4: Adopting and maintaining regular physical activity in the family context

Participants expressed the need to develop strategies for maintaining a healthy lifestyle as a family, thereby indicating a motivation to change their lifestyle behaviour. It appeared as if some of the participants had attempted to or contemplated adopting healthy lifestyle behaviour in the past, yet experienced difficulty in committing to change. They seemingly realised the importance of adopting suitable strategies for sustained adherence to healthy lifestyle behaviour that would respond directly to the question, "*How do we keep going? And, how do I keep mentally fit, yes, mentally fit?*" (PRA-2, S-B, G2), however, they apparently did not know how to go about changing this.

In this regard, some parents indicated that they found it challenging to instil discipline and routine both into their personal lives and into supporting their children's lifestyle habits. One participant shared her experience of trying to incorporate regular exercise into her daily routine, saying, "*We are not disciplined. How can we discipline ourselves as a family to do this physical activity, ya, according to the routine?*" (PRA-1, S-A, G1). Closely related, participants seemingly experienced difficulty to encourage their children to adopt regular physical activity. In this regard, parents expressed the need to develop strategies that "*support our children, to encourage them to exercise and to eat healthy food*" (PRA-1, S-A, G2). As such, parents allegedly required guidance on motivational strategies and other ways in which they could support their children's fitness. One group of participants highlighted the fact that sedentary behaviour may be exacerbated due to increased access to technology by asking, "*How do we stay physically fit with technology that influences us to stay indoors?*" (PRA-1, S-A, G2).

In summary, parents displayed an interest in developing healthy habits that can make health and fitness a regular part of their families' lifestyles. In essence, participants indicated that they wanted "*to be able to join in as a parent, so that we can support and make it a family thing, or a one-on-one, or the two of us ... okay let's go for a session as a family, so that it becomes a fun type of thing*" (PRA-2, S-B, G3). Related to the need to adopt healthy lifestyle practices as a family, reciprocal support seemed important to the parents, as one group asked, "*How can we motivate each other?*" (PRA-1, S-A, G2).

4.2.3   Theme 3: Potential topics for supporting the psycho-social wellbeing of children

This theme concerns the participants' need for guidance on promoting the psychological, emotional, social and scholastic development of their children. Consult Appendix I, Table I-3 for a summary of the criteria I relied on in identifying the theme and related sub-themes.

4.2.3.1 Sub-theme 3.1: Understanding your child and recognising his or her developmental needs

Parents expressed concern about understanding their children, both in terms of recognising the individual qualities of their children as well as understanding their needs based on their age or developmental level. One of the parents explained this need in the following manner: "*How to understand this child according to his age? Or maybe I can also say social behaviour, you know, kids are different. How, as a parent, how can I understand this kid?*" (PRA-1, S-B, G1). As such, it appears that the participants wanted to know that their children were developing according to expected milestones and therefore required information on child development. For example, participants indicated the following: "*How do you know if it is time for your child to do something?*" (PRA-1, S-A, G3). Two groups requested specific guidance on understanding and supporting a child's psychosexual development, asking the following questions: "*What is the right age/stage to approach them covering their sex types, emotional types*" (PRA-1, S-A, G1) and "*As a single parent with a girl child, how to assure her of being a female, without the presence of a lady?*" (PRA-2, S-B, G3).

Participants furthermore indicated the need to be able to recognise and appreciate an individual child's interests, talents, needs and challenges. Aspects of this sub-theme are depicted in Photograph 4.9.
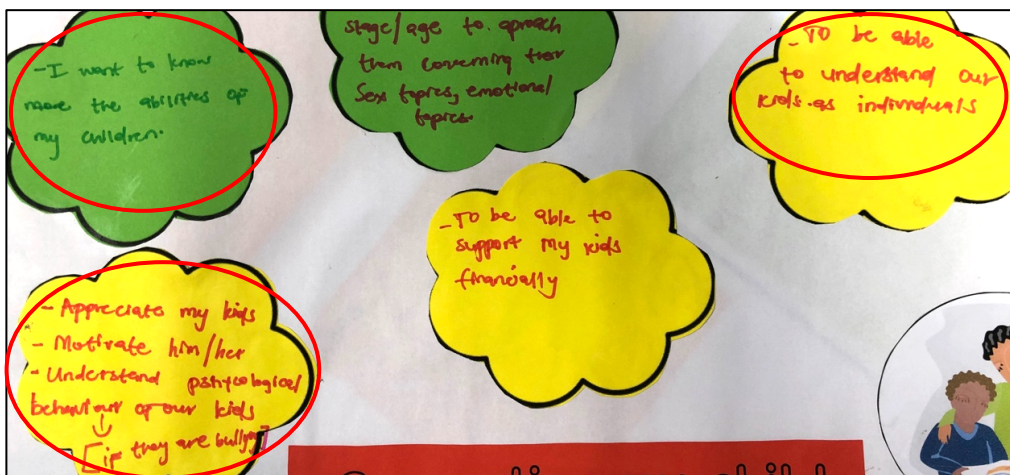
Photograph 4.9: Need to understand and appreciate children (PRA-1, S-A, G1)

When discussing the poster included in Photograph 4.9, one of the participants elaborated as follows:

> So how can I know, like this one, his interests are this one and his needs are this one… How to be able to understand our kids as individuals, like I said, I have maybe five kids at home. I want to be able to understand these kids as individuals. And then I also, we also want to know how I can appreciate my kids, motivate them, understand them psychologically, or their behaviour (PRA-1, S-A, G1).

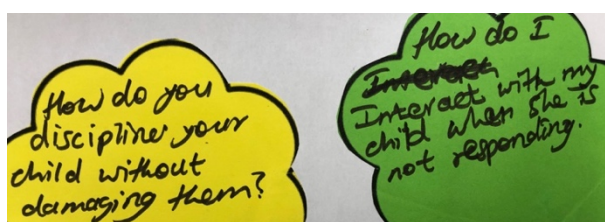The participants also asked for support regarding recognising a child experiencing specific challenges, such as being bullied at school, or when a child presents with emotional or behavioural problems. For example, one participant asked, "*I wanted to know, sometimes your child is having difficulties or challenges, maybe at school or with the peer pressures. How can I know?*" (PRA-2, S-B, G2). The

participants voiced trepidation with regard to differentiating between behaviours that can be considered as normal and those suggesting a problem. For instance, a participant stated, "*We need to know how not to ... maybe you know he is reserved, shy, sometimes. We know they will not all be the same, but you know sometimes there's a problem, you know?*" (PRA-2, S-B, G1). In conclusion, parents wanted to know "*how to notice if there is something wrong in my child. For example, how can I see of maybe my child does something wrong, or something is wrong with my kids. Maybe he is bullied or is bullying, or whatever. How can I notice that as a parent?*" (PRA-1, S-A, G1).

4.2.3.2 Sub-theme 3.2: Fostering a supportive family environment

Closely related to Sub-theme 3.1 that refers to the participants' desire to recognise problems when their children experience these, some parents expressed concern about not being able to communicate openly and effectively with their children and feared that their children might not reach out for support when needed. As such, parents displayed the need to develop skills that could enhance healthy parent-child relationships and general family cohesion. In terms of the need for forming close parent-child relationships, a group of participants said, "*Sometimes you need a relationship where you can see those signs that something is not right*" (PRA-1, S-A, G2). Central to this is the apparent need for quality time spent as a family, requiring "*activities to help strengthen those relationships with each other*" (PRA-1, S-A, G2). In terms of parent-child cohesion, open lines of communication were viewed as important by the participants who wanted to know how to "*help them to open up or to talk, when pressed. We need to help them, we need to assist them to cope, to talk*" (PRA-2, S-B, G3).

Several participants highlighted the need to acquire skills to discipline their children without creating emotional distance between them. Concerns about finding a balance between being too strict and too lenient were prominent. Some parents felt that they were being too lenient, stating, "*We also spoke about, when to say no or yes, because, most of the kids are not behaving, because they know they can get away with everything*" (PRA-2, S-B, G3). Others, however, feared that, by being too strict, they might be isolating their children, as expressed in the following excerpt: "*Some of the parents will be saying I'm discipling, but they will be over-doing it to the extent that the child might have ideas, might have things to show you or to tell you. But she already can't, because she already knows that you are going to say no*" (PRA-2, S-B, G3). Parents' interrelated concerns are captured in Photograph 4.10.
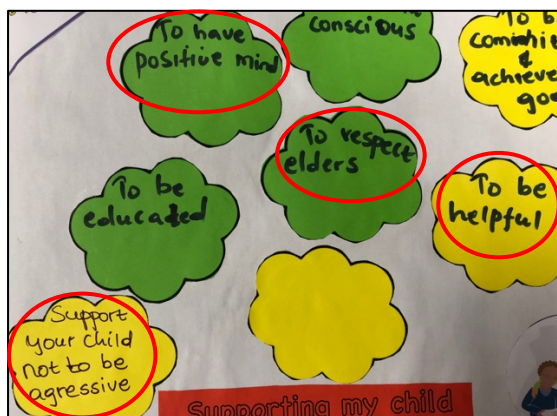

Photograph 4.10: Need for guidance on effective parenting strategies (PRA-2, S-B, G2)

In addition to the concern about disciplining children, the participants also asked, "*How can we deal with the emotional stress of home?*" (PRA-1, S-A, G2), thereby adding the challenge of dealing with emotional strain due to such concerns. To this end, the participants elaborated as follows: "*Because you see, you become so closed up in here and you have to pretend the whole time for their [the children's] sake. After a while you crack. And then this one comes, then my child comes because she needs that time so much, then you explode*" (PRA-1, S-A, G2). As such, it seemed as if guidance on ways of coping with emotional stress at home could assist parents to be more receptive to their children's needs and foster family cohesion.

4.2.3.3 Sub-theme 3.3: Supporting children who face emotional and behavioural difficulties

Participants indicated a need for guidance on how to support their children to develop healthy intrapersonal and interpersonal skills to overcome emotional and behavioural challenges. As such, the participants required skills to support their children in having positive "*self-esteem, self-image and self-worth. Because for a child to concentrate, she must be confident. So how best can we support him or her as a parent?*" (PRA-2, S-B, G3). Participants furthermore stated that they wanted their children "*to be to be helpful, respect others, have accountability, responsibility*" (PRA-2, S-B, G1). Concern about children's respect for older people is exemplified in the following excerpt: "*Kids are no more respecting. Because they tell, 'I got rights'. And that causes a barrier between child and educator, parent*" (PRA-2, S-B, G3). Aspects relevant to this sub-theme are shown in Photographs 4.11 and 4.12.

Photograph 4.11: Need for guidance on supporting healthy psycho-social development of children (PRA-2, S-B, G1)
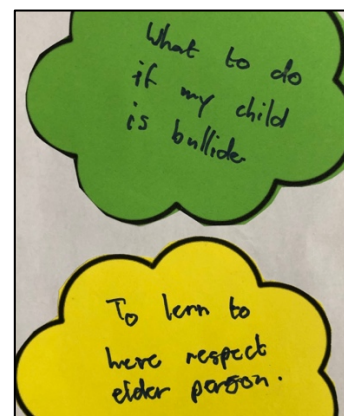
Photograph 4.12: Need for guidance on supporting children who face difficulties (PRA-1, S-A, G3)

In terms of peer relationships, participants from both schools indicated that they wanted to be able to support children who experience bullying as well as those who themselves bully others. Therefore, providing children with skills necessary to develop positive peer relationships was identified as a need of the participants. In this regard, participants identified their role as parents "*to support your child not to be aggressive, as we know bullying in our schools is a very serious matter. A major concern. So, we*

believe starting at home, instilling those kind of rules and how you raise your child plays a very big role" (PRA-2, S-B, G1). In terms of knowing how best to intervene and offer emotional support, one participant asked, "*How to go about bullying and assault? Trying to resolve that issue as a parent, to make sure that you… talk*" (PRA-2, S-B, G3). Another participant referred to concerns regarding the emotional ramifications of peer rejection, specifically stating, "*… bullying and such, that affects the child, they will be sad. And you know, already their self-esteem is affected*" (PRA-2, S-B, G1). In conclusion, parents related their ability to deal with issues such as bullying to the possibility of developing positive self-esteem and coping skills, as well as parents knowing how to intervene.

4.2.3.4 Sub-theme 3.4: Supporting your child to succeed, now and in the future

Participants indicated a need for guidance on how to support their children to achieve success at school, both academically and with regard to sports and cultural activities. This includes the need for guidance on providing direct support, such as helping children with homework or advocating for more after-school sports as well as indirectly supporting children to be "*dedicated and committed to achieving their goals*" (PRA-2, S-B, G1). Evidence for this is exemplified in Photographs 4.13 and 4.14.
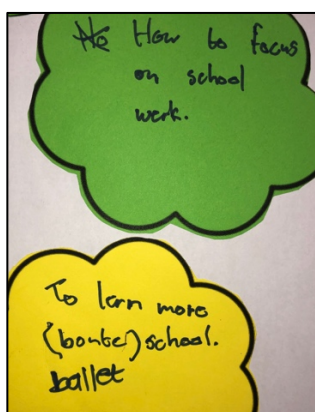
Photograph 4.13: Need for guidance on supporting children with schoolwork and extramural activities (PRA-1, S-A, G3)
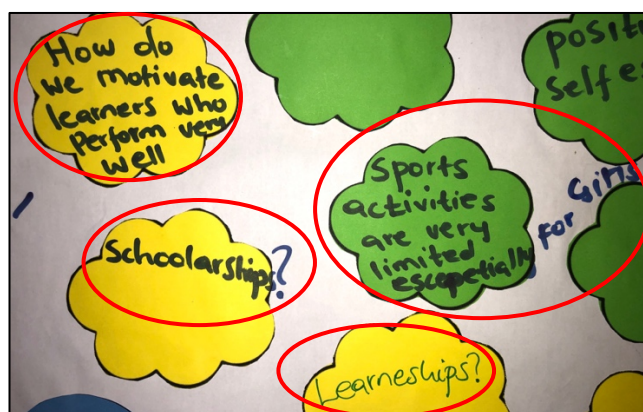
Photograph 4.14: Need for guidance on supporting children with their schooling and accessing future opportunities (PRA-2, S-B, G1)

The participants apparently valued academic success, with one group stating that they wanted their children to "*have outstanding marks, to achieve more, and ya, to have goals! To see them also in another level*" (PRA-2, S-B, G1). This result suggests that the participants seemingly regarded motivation as an important task of parents helping their children to achieve success at school. Assisting children with their homework was another area that parents needed guidance in, particularly with regard to specific subjects that they seemed less familiar with. To this end one participant said, "*Sometimes I feel like I don't know this subject, and the child has homework, and I have to help her or him. And I don't know the subject. Maybe mathematics*" (PRA-2, S-B, G2).

Participants furthermore indicated the need for guidance on securing a prosperous future for their children. More specifically, they wanted to know how to expose their children to opportunities, such as further education, and how to support them financially. They said the following: "*How to be able to support my kids financially? For example, you can see that this child is very good in soccer, he is very good in dancing, is very good in chess. So as a parent, I want to know how can I be able to support this child financially?*" (PRA-1, S-A, G2).

In terms of exposing their children to opportunities, participants mentioned a need for information on *inter alia* learnerships and scholarships, specifically for children who excel academically. One participant said, "*Maybe something if you [a learner] can achieve, maybe the child can get those scholarships? What is going to be the reward to motivate our learners who are doing well*" (PRA-2, S-B, G1). The possibility of receiving scholarships or learnerships was perceived as a potential incentive for promising learners, with parents wanting to know how to access these. To this end, the participants expressed interest in learning about opportunities from a primary school level. Similarly, a need for early career guidance was specified, with a group stating, "*No, not wait till last minute. Now you're there, you're faced with you don't know what she wants to study*" (PRA-2, S-B, G3). In summary, participants displayed the need for guidance and information on future educational and career opportunities for their children to assist the parents to support their children from a young age.

4.2.4 Theme 4: Relying on a combination of delivery modes when providing parent guidance

The use of mobile phones to deliver parent guidance was preferred by the parent participants from both schools; however, most groups underscored the value of additional modes of delivery. Refer to Appendix I, Table I-4 for a summary of the criteria I relied on to identify the theme and sub-themes.

4.2.4.1 Sub-theme 4.1: Efficient, affordable and convenient modes of delivery

Participants seemingly valued and preferred delivery modes that are efficient, affordable and convenient. Efficiency refers to how quickly and reliably information can be received *via* different modes of delivery. This was identified by the participants as an advantage of using mobile technology when providing parent guidance. The participants seemingly viewed letters and pamphlets as inefficient due to the fact that they often take a long time to reach parents, or may not reach parents at all. In this regard participants stated, "*We said cell phone, because we were saying with the letters, some of the parents, they don't even reach them*" (PRA-2, S-B, G3), and that letters may "*… be lost in the post or misplaced. The letters may be delivered after a long time*" (PRA-1, S-A, G1). As such, a prominent perceived advantage of using mobile phones related to "*the parents getting information directly to them, they won't have to ask kids for newsletters which they sometimes loose*" (PRA-1, S-

A, G2). Furthermore, participants stated, *"… it reaches a vast, like large amount of people at the same time, and it is efficient and effective. Via live chats communication is immediate"* (PRA-1, S-A, G1).

The use of mobile phones was furthermore regarded as a convenient way to receive guidance as *"… the cell phone is always with you and its more convenient"* (PRA-1, S-A, G2). This advantage can address some of the noted disadvantages of parent evenings and workshops, where participants reported "*lack of availability due to work, and lack of interest*" (PRA-1, S-A, G1). In addition, "*Attending to family matters on the agreed date*" (PRA-1, S-A, G3) was mentioned as barrier to parents' participation in workshops. Therefore, prior commitments at home and at work may hinder parents' availability, limiting the practicality of on-site group interventions. In support of this, I noted the limited turnout of parents at the two PRA-based workshops in my field notes, stating, "*We waited approximately 30 minutes for more participants to arrive as fewer than a quarter of the expected participants arrived. Relatively small turnout*" (FN, 22 November 2018).

In response and as a possible solution, some participants suggested that parent involvement in workshops may be increased if they take place "*when there is parent meetings at school … Don't schedule meetings separate from school meetings*" (PRA-1, S-A, G2). Closely aligned, one of the school principals suggested that contact sessions could occur when parents collect their children's school reports, as documented in my research journal in the following way: "*The headmaster, although hopeful, warned me that very few parents attend after-school meetings or workshops unless the learners' reports are to be collected at the same time. He stated that many parents experience difficulties with transportation and childcare arrangements*" (RJ, 21 November 2018). As such, in addition to time constraints, participation in parent evenings was limited due to a lack of childcare support. I captured this in my reflective journal stating, "*Many of the parents who attended had brought their children along … I recognised that difficulties arranging babysitting or childcare may contribute to some of the drawbacks associated with school-based workshops*" (RJ, 21 November 2018).

In summary, mobile technology was apparently preferred by the participants as mode of delivery for parent guidance, due to the various possibilities for passing on information. Participants also mentioned the options of e-mails, text messages, WhatsApp messages and live chats. Their major concern about mobile phones as mode of delivery was related to the cost of mobile data and a potential lack of network coverage. One participant explained this as follows: *"… the thing with cell phones is that it uses too much data. If you get half your tips through your phone or you want to use an App, you will always need the internet. That uses your money"* (PRA-1, S-A, G2). This concern was not ubiquitous, as another participant stated that "*it's cheaper*" (PRA-1, S-A, G1) to use mobile phones as mode of delivery than email-communication or contact meetings.

4.2.4.2 Sub-theme 4.2: Ways of gaining knowledge and understanding information

Participants allegedly viewed the different modes of delivery as suitable for conveying different types of information and allowing for alternative pathways to knowledge acquisition. They seemingly regarded the use of mobile phones as suitable for frequently communicating concise information on healthy food, nutrition and lifestyle behaviour. One group indicated a preference to receive information "*every time there is something new, that is important*" (PRA-1, S-A, G2). To this end, regular contact *via* mobile phones was perceived as beneficial for sustained engagement in health-related practice, as expressed in the following words: "*... it will keep you going, because if you say once a month, you forget*" (PRA-1, S-A, G2). In terms of the way in which information is presented, participants apparently preferred messages that are written in an easy to understand and clear manner. Furthermore, a preference for "*short and informative*" (PRA-1, S-A, G2) messages was mentioned.

Although mobile phones were indicated as preferred mode of delivery for regular communication and quick information sharing, many of the participants highlighted the value of attending workshops or parent evenings, as these offer opportunities for collaborative problem-solving and active participation. The collaborative nature of parent workshops was evident during the PRA-based workshops, where participants shared their thoughts with one another and reached joint understanding of their ideas. In the parents' words, workshops enabled them "*to exchange ideas, we get to share different types of information*" (PRA-1, S-A, G1) and "*It works. Here we are working, and we are brainstorming, and we are getting to know how it needs to be done and what needs to be done*" (PRA-2, S-B, G3). Parent evenings that do not offer opportunities for active participation were perceived less favourably. One participant described his experience saying, "*You just come, and you do the hour session and you sit and listen and go without having an input*" (PRA-2, S-B, G3).

Participants alluded to the fact that their presence at a workshop could help them to understand the information presented, stating, "*Most people will get the information*" (PRA-1, S-A, G2). Being "*well informed and knowledgeable*" (PRA-2, S-B, G1) was highlighted as an advantage of parent evenings, as direct communication during workshops was regarded as an avenue to developing deep understanding of health-related topics through e.g. talks by expert facilitators and during peer discussions. For example, one participant stated, "*... here we are sitting, and I am talking to them, we learn different things*" (PRA-2, S-B, G3). Additionally, workshops were perceived as opportunities to meet other parents and extend their support networks, as stated as follows by a participant: "*... you know, to network, its good, we can also make a network*" (PRA-1, S-A, G3). To this end, interactive workshops were regarded as opportunities for parents to support one another and find ways to deal with challenges, which are perhaps also experienced by other parents. One of the participants explained

that, "*…I'm struggling here that my kid is bullying, and they are struggling that their kids are being bullied, parents should be able to get together and see, and try*" (PRA-2, S-B, G3).

With regard to receiving support on healthy food and nutrition, participants requested clear practical guidelines such as "*manuals showing you, like, how do you boil, how do you … you know, ya. So, it must be quite clear about that*" (PRA-2, S-B, G1). Participants displayed a particular interest in receiving "*… types of information through recipes and how to prepare those food*" (PRA-1, S-A, G1), stating, "*I think recipes together with pictures. Because if its only recipes written there, I won't be able to get everything*" (PRA-2, S-B, G2).

Central to this sub-theme, I observed some language and literacy barriers experienced by selected parent participants. These barriers may limit the feasibility of lengthy written sources of information. Proof can be found in my reflective journal, where I stated the following:

> *The children supported the parents in terms of reading and writing. The children's presence acted as a valuable resource for the parents, providing non-threatening support. I think it is of the utmost importance to remember that some parents might have limited literacy skills, particularly in English. The content should be delivered in a manner that supports parents of varying reading and writing abilities, and the language used must be concrete (preferably including visual media)* (RJ, 21 November 2018).

4.3   FINDINGS OF THE STUDY

In this section I relate the results of my study to existing literature. I highlight similarities and inconsistencies in terms of the themes that I identified, interpreted against the background of the existing literature I presented in Chapter 2.

4.3.1   *Parents' need for guidance on nutrition and healthy dietary practices*

The findings of this study suggest that parents required guidance on nutrition, particularly in terms of the components of a healthy diet and the benefits or risks associated with certain food products. This finding correlates with the findings of Davis *et al.* (2013), Pretorius and Sliwa (2011) as well as Vorster *et al.* (2013) that indicate that parents from resource-constrained settings generally have limited knowledge of nutrition and may have an insufficient understanding of the nutritional contribution of widely-available foods. In this regard education on nutrition is suggested to support healthy dietary behaviours by several authors, e.g. Dickson-Spillmann and Siegrist (2011); Miller and Cassady (2015); Vorster *et al.* (2013); and Zarnowiecki *et al.* (2012). Knowledge on health issues may also support parents in overcoming perceived barriers such as cost (Slusser et al., 2011). As such, the findings I obtained support other studies focusing on the importance of being informed in terms of nutrition.

My findings furthermore suggest that parents require guidance on dietary variety, more specifically in relation to their concerns about relying on meals dominated by energy-rich carbohydrates and processed food. This finding correlates with those of numerous other studies (De Cock et al., 2013; Pretorius & Sliwa, 2011; Ronquest-Ross et al., 2015; Steyn & Ochse, 2013; Vorster et al., 2013) that suggest similar trends in the dietary patterns of resource-constrained South African households. In addition, the current study indicates that parents require guidance on adopting healthy yet affordable diets, as the cost of healthy food was an apparent concern for some of the participants, often resulting in limited dietary variety, also highlighted in other studies (Consult e.g. Caprio et al., 2008; Davis et al, 2013; Pretorius & Sliwa, 2011; Scaglioni et al., 2011). The finding can be linked to the increasing price disparity between low-nutrient, high-energy foods and more healthy food options (Caprio et al., 2008; Steyn & Ochse, 2013), as well as the convenience and appeal of processed and pre-packaged food options as foregrounded by Ronquest-Ross *et al.* (2015) and Scaglioni *et al.* (2011).

The parent participants in my study believe that an increased understanding of nutrition can support them in motivating and encouraging healthy family dietary practices, particularly with the purpose of changing their children's eating habits. Participants experienced their children's picky eating habits and preference for unhealthy foods as a distinct barrier to adopting healthy dietary practices as a family – a finding that is supported by existing studies, such as Atkinson *et al.* (2007); Power *et al.* (2010); and Scaglioni *et al.* (2011). Davis and colleagues (2013) similarly found that a preference for unhealthy foods presents a barrier to healthy diets in resource-constrained communities. Closely related, Guillaumie *et al.* (2010) found that household taste preference can restrict the intake of fruit and vegetables despite awareness of the associated health benefits, which is once again also reflected in the findings of the current study.

Next, the participants in my study indicated the need for trusted and substantiated sources of information on food intake and nutrition. This finding can be linked to a study by Davis *et al.* (2013), indicating that low-income parents generally receive information from family, friends or popular media sources. The participants in my study found it difficult to assess conflicting sources of information, which is a challenge also noted by Vorster and colleagues (2013) who indicate that South Africans are often exposed to confusing and misleading dietary information. In addition to gaining knowledge on nutrition, the participants indicated the need for guidance on producing, preparing and preserving healthy foods. This need for practical knowledge and skills is supported by Pienaar and Strydom (2012) who suggest that the transfer of knowledge and behaviour into effective health-enhancing strategies is necessary to support dietary change. Furthermore, parents' beliefs about their capabilities is suggested to play a role in predicting healthy dietary behaviour (Guillaumie et al., 2010).

Finally, the current study indicates that parents from resource-constrained contexts may require guidance on specific special dietary requirements, for example to prevent or manage diseases of lifestyle. Concerns about diseases of lifestyle were previously primarily associated with more affluent societies; however, various recent studies indicate the increased prevalence of such diseases in resource-constrained communities (Consult, for example, Kimani-Murage et al., 2010; Mayosi et. al., 2009; Pienaar & Strydom, 2012). Therefore, the need for specific guidance on the prevention of a phenomenon such as obesity seems relevant in contemporary resource-constrained settings.

4.3.2   Parents' need for guidance on physical activity, fitness and healthy lifestyle practices

The findings of the current study suggest that parents in resource-constrained communities require guidance on the benefits of exercise and being physically fit, particularly in the light of a dislike to doing strenuous exercise as well as limited time and/or energy. Similarly, Davis and colleagues (2013) found that parents often lack knowledge on exercise and healthy lifestyles, and that a perceived lack of time, feeling tired and dislike of exercise are common barriers to adopting a healthy lifestyle. To this end, the participants in the current study indicated the need for guidance on how to be physically active despite limitations associated with time, energy and resources. In line with these findings, Botha and colleagues (2013) highlight the ongoing need for strategies that may increase knowledge on physical activity in South Africa, focusing specifically on the advantages of being physically active, and information on the duration, intensity, frequency and modalities of physical activity. All of these aspects were identified as specific needs by the participants in my study.

The participants furthermore indicated a need for guidance on how to adopt regular physical activity despite limited access to recreational facilities or specialised exercise equipment or gear. According to Botha *et al.* (2013) limited access to such facilities may be a prominent barrier to physical activity in resource-constrained settings in South Africa. Similarly, the perceived need for expensive equipment or gear may limit physical activity for those who face financial constraints (Chang et al., 2017). Other commonly cited barriers to physical activity in resource-constrained settings include unsafe built environments that may limit freedom of movement (Caprio et al., 2008), as well as high crime rates and reliance on motorised transportation (Botha et al., 2013). These barriers were not indicated by the participants in the current study, even though some participants highlighted increased sedentary behaviour due to the time spent on watching television as a prominent concern, which is once again aligned with the findings of the studies of Lennox *et al.* (2007) as well as Sartorius *et al.* (2015).

The participants in my study suggested guidance on how to adopt and maintain regular exercise as a family, across various age groups. Questions regarding encouragement and motivation for physical activity within the family context were prominent, as well as questions concerning routine exercise.

Various other studies similarly indicate that parenting can play a prominent role in the promotion (or not) of physical activity of children and adolescents (refer to Bois et al., 2005; Fredricks & Eccles, 2004). For example, modelling and encouragement by parents are important factors associated with increased child physical activity (Beets et al., 2007; Berge et al., 2010). These findings suggest that parent involvement will promote physical activity among children, once again supporting the notion that guidance on parent encouragement and motivation is important, as indicated in my study.

A study by Clayton *et al.* (2017) indicates that work and family demands may limit engagement in physical activity and exercise among adults, given time and schedule conflicts. This indication correlates with the findings of the current study that suggest that parents experienced difficulty scheduling routine physical activity in their daily lives. In this regard participants requested guidance on specific types of physical activity that can be done as a family; with these being activities that can be done quickly and easily in the home environment. Existing literature on the promotion of physical activity primarily focuses on child, adolescent or adult-focused interventions, with limited research on how physical activity can be enhanced in the family context. As such, further research on family-focused physical activity interventions in the context of resource-constrained settings is warranted.

4.3.3. *Parents' need for guidance on supporting the wellbeing and development of their children*

The findings of the current study suggest that parents from resource-constrained settings may require guidance on understanding their children's individual behaviour and developmental stages. This confirms various other studies that indicate how interventions teaching parents how to understand their children's development, behaviour and emotional state can improve their capacity for responsive parenting, leading to positive outcomes for both parents and their children (Appleton et al., 2016; Bateson et al., 2008; Vella et al., 2015).

The findings of my study furthermore suggest that parents require guidance on effective parenting strategies that may foster healthy family processes. A study by Lachman and colleagues (2016) similarly indicates that parents from resource-constrained settings in South Africa require guidance on managing child behaviour problems, addressing corporal punishment and discipline challenges, building positive relationships with children and coping with stressful lives. To this end, concerns about harsh parenting strategies were also prominent in my study, which is consistent with the findings of other studies that associate inconsistent and harsh parenting strategies with financial hardship (such as Kotchick & Forehand, 2002; Lansford & Deater-Deckard, 2012). Furthermore, participants in the current study reported concerns about establishing open communication and emotional involvement in their children's lives, which is consistent with other studies that explain how resource-constraints may limit the affective involvement of parents with their children (e.g. Mansfield et al., 2013).

Parental stress was another concern noted in this study, with personal stressors being found to contribute to family discord. This finding is consistent with the findings of other studies that associate resource-constraints and financial hardship with parental stress (Consult Botha et al., 2018a; Cluver et al, 2018; Han et al., 2014). Furthermore, multiple studies have consistently found that parental stress associated with economic hardship can be related to relationship distress in families (Conger et al., 2010; Gudmunson et al., 2007), as well as emotionally distant relationships and harsh parenting practices (Kotchick & Forehand, 2002). These findings highlight the importance of parents developing effective coping strategies and conflict resolution skills.

Finally, the current study indicates that parents value academic achievement and require guidance on supporting their children with school work, career choices and securing a better future. Central to this finding was the need for support on how to become more involved in children's education, both directly (e.g. support with homework) and indirectly (e.g. increasing child motivation at school). The current study indicates that parents may, however, find it difficult to provide direct support for learning, as indicated by Boonk and colleagues (2018) who found that low socio-economic status and limited parental education are predictive of less effective forms of direct involvement by parents in schoolwork. Furthermore, parents' self-efficacy beliefs regarding their ability to support the education of their children may results in lower levels of involvement in the education of their children (Wilder, 2017). Together with direct support, the participants in the current study viewed encouragement and motivation as key aspects of their role as parents, which correlates with the suggestion that parents may "contribute to academic achievement indirectly through the influence of other proximal student outcomes, such as motivation, attitudes, and learning strategies" (Boonk et al., 2018, p. 40).

4.3.4 *Parents' recommendations for modes of delivery for parent guidance*

The findings of the current study suggest that parents consider efficiency, affordability and convenience when deciding on suitable modes of delivery for parent guidance. The primary barriers to on-site parent evenings or workshops include time constraints and busy schedules of parents – a finding that correlates with the findings of a number of other studies that also link time constraints to limited participation and engagement in parent guidance interventions (Barlow et al., 2005; Garvey et al., 2006; Kelleher et al, 2017; Winslow et al., 2009). Furthermore, attending to prior family commitments and difficulty in arranging childcare may contribute to limited parent participation, as suggested by Atkinson and colleagues (2007) as well as Whittaker and Cowley (2012).

The participants in my study perceived the use of mobile phones for parent guidance as efficient, accessible and convenient. Support for mobile phones as mode of delivery is provided by numerous other studies that have identified several opportunities and advantages associated with the application

of such technology (e.g. Bensley et al., 2011; CDC, 2012; Neuenschwander et al., 2013; Wyse et al., 2012). The current study furthermore suggests that mobile phones can provide opportunities for consistent engagement in quick and easy to understand messages, which once again also correlates with the findings of Hingle and Patrick (2016).

The parent participants in the current study however highlighted a preference for multiple pathways to knowledge acquisition and required information that is easy to understand and clear. Central to this lies the need for information to be attainable to parents with limited literacy skills or to those whose first language is not the language of communication. The limitations associated with language and literacy are highlighted by numerous authors who have identified verbal and literacy skills as essential to consider when implementing parent guidance interventions (refer to CDC, 2012; Cortis et al., 2009; Mendez et al., 2009; Moore & Fry, 2011; Whittaker & Cowley, 2012). Closely related, the participants in the current study highlighted active participation and social support as key advantages to parent workshops, stating that such modes of delivery may facilitate a better understanding of the content as opposed to written sources. In this regard, Barlow and Stewart-Brown (2001) suggest that group interactions may play a significant role in enhancing a parent's self-efficacy when engaging in guidance programmes. Furthermore, collaborative workshops may enhance social support among parents (Zeedyk et al., 2008) and contribute to positive parent behavioural and attitude change (Whittaker & Cowley, 2012).

In summary, the findings of the current study support the use of a variety of modalities for delivering parent guidance, as opposed to relying on one delivery mode alone. This idea is supported by the CDC (2012) that advocates a variety of innovative strategies that can support the needs of communities. Similarly, Moran and colleagues (2004) propose interventions that accommodate a range of modalities that may respond to diverse needs and expectations of target populations.

4.4   CONCLUSION

In this chapter I presented the results of my study in terms of the themes and associated sub-themes that I identified following thematic inductive analysis. I then situated my results in the existing body of knowledge on these topics, highlighting similarities and contradictions.

In the following chapter I draw conclusions when addressing the research questions I formulated in Chapter 1, based on the research findings discussed in this chapter. I reflect on potential challenges and limitations I faced, describe the contributions of my study, and make recommendations for training, practice and future research.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION AND OVERVIEW OF PRECEDING CHAPTERS

In Chapter 1, I explained the rationale for undertaking the study and stipulated the purpose and research questions. I defined the key concepts and provided a brief introduction to the conceptual framework, as well as the epistemological and methodological paradigms I utilised. I outlined the research design and methodological strategies, and briefly referred to ethical principles and quality criteria.

In Chapter 2, I explored existing literature on food, nutrition and lifestyle behaviour in the context of resource-constrained communities in South Africa and elsewhere. I discussed national efforts to address associated challenges, as well as existing interventions that focus on child and family wellbeing. I also explored literature on parent guidance programmes, with particular regard to suitable modes of delivery. I conclude by describing my conceptual framework.

In Chapter 3, I discussed the research process, explaining the manner in which I undertook an empirical study. I described interpretivism as selected epistemology and the qualitative methodological approach I followed. I detailed the research design, methods used to select participants as well as the data generation, documentation and analysis strategies I applied. The chapter is concluded with a discussion of ethical considerations and quality criteria.

In Chapter 4, I presented the results of the study, explicating the themes and sub-themes I identified through inductive thematic analysis. I also presented the findings, where I interpreted the results against the background of the existing literature, highlighting differences and similarities.

In the current chapter I draw conclusions in addressing the research questions I formulated in Chapter 1 and relating the findings I obtained to my conceptual framework. I discuss the potential contributions of the study and reflect on its limitations and challenges. I conclude with recommendations for training, practice and future research.

5.2 CONCLUSIONS

In this section I draw conclusions based on the findings of this study. I first discuss the secondary research questions that guided my study, and then the primary question formulated in Chapter 1.

5.2.1 Secondary research question 1

Which topics related to healthy food, nutrition and lifestyle behaviour do parents from resource-constrained communities require guidance on?

Parents participating in this study displayed the need for information on healthy nutrition and lifestyle practices, particularly in terms of understanding the benefits and ways of adopting such behaviour. To this end, information on the benefits of consuming healthy diets and doing regular exercise was important for parents from recourse-constrained communities to overcome the perceived barriers associated with healthy practices. Central barriers to maintaining a healthy lifestyle, as indicated by the participants, include financial constraints, lack of time and energy, difficulty in motivating children to adopt healthier lifestyle practices, and a preference for unhealthy food and a sedentary lifestyle.

Parents furthermore indicated a need for information on the differences between various food and drink alternatives, specifically in terms of the healthiest options. A need for information on the recommended quantity and frequency of consuming specific healthy food was indicated, as well as for information regarding what is acceptable in terms of unhealthy, yet desirable foods. In this regard parents requested information on portion size and on adopting balanced diets, particularly for different age groups and energy expenditure. Some participants in this study identified special dietary requirements for the prevention or management of specific medical conditions, including obesity.

Next, the participants indicated a need for guidance on the practical aspects of adopting healthy diets. Identified topics related to preparing healthy meals included selecting healthy ingredients and additives, healthy cooking methods, and preparing healthy meals that are enjoyable. Some participants asked for guidance on how to start a vegetable garden and grow their own fresh produce. Finally, information on preserving and storing food was requested, particularly in terms of preserving leftovers.

In terms of physical activity and fitness, the parent participants required guidance on the best forms of physical activity, as well as the appropriate intensity and duration of the exercise required to remain healthy throughout the life cycle. Prominent identified barriers associated with exercise include a dislike for strenuous activity, difficulty in scheduling regular physical activity, and limited access to exercise facilities, equipment and gear. To this end, the parents sought guidance on how to encourage their families to be physically active, particularly in the home environment.

Finally, with regard to psycho-social support, the participants indicated a need to understand their children's behaviour and developmental needs. This need is related to guidance on communication and problem-solving skills, particularly to support their children when experiencing behavioural and emotional difficulties. Parents required information on parenting styles and discipline strategies, as discipline and remaining emotionally responsive were experienced by them as challenging. Lastly,

parents expressed the need for guidance on supporting their children to succeed in life. As such, parent guidance is recommended to include topics related to supporting children with schoolwork, as well as ways of providing them with opportunities to foster their talents and plans for future occupations.

5.2.2   Secondary research question 2

How can parents from resource-constrained communities be supported to adopt healthy food-consumption and lifestyle behaviour?

Existing literature indicates that parent guidance programmes can be used as avenues for supporting healthy food consumption, nutrition and lifestyle behaviour in resource-constrained settings. However, parent guidance interventions need to be designed and implemented while keeping prospective participants and their contexts in mind. The manner in which information or training is presented should make provision for time, energy and financial constraints, and consider factors such as the language and literacy skills of the target audience. Furthermore, guidance can include practical ways to support healthy living in the context of the target group's daily lives, and can therefore be aligned to overcome identified barriers while drawing on community strengths.

Based on the findings of the current study, parents from resource-constrained communities prefer short, useful, and easy to understand information on a variety of health-related topics (Consult Sub-section 5.2.1). In this regard, parents may be motivated to adopt healthier lifestyles if they have access to trusted sources of information that will support them in understanding healthy living, and the value associated with certain practices and lifestyle behaviour. Parents can be supported to develop knowledge on important health-related topics *via* parent guidance offered in a clear and concrete manner, suitable to individuals with varying language and literacy skills.

In terms of food and nutrition, parents can benefit by receiving recipes and guidelines that include visual media and simple step-by-step instructions. Concerning physical activity and fitness, *quick tips* and suggestions for ways to become more physically active as a family are required. Guidance on how to access certain resources is an avenue to support parents, particularly to access institutional support in and beyond the broader community. Closely related, parent involvement in the school community can provide opportunities to gain knowledge and information pertinent to child wellbeing and development, as well as information on family health. Furthermore, school involvement can provide an avenue for collaboration and networking that may support parents in problem-solving, accessing resources and attaining shared goals. School-based parent guidance interventions can as a result incorporate various support initiatives, including parent education, training and collaboration.

5.2.3 Secondary research question 3

Which mode(s) of delivery do parents from resource-constrained communities prefer when receiving guidance on healthy food, nutrition and lifestyle behaviour?

The findings of my study suggest that parents from resource-constrained communities can be best supported by using a combination of delivery modes. Parent guidance *via* mobile phones, parent evenings and/or workshops, and information pamphlets or letters seemed to be preferred, in that order of priority. However, each mode of delivery has specific advantages and disadvantages, often in distinct contrast to one another. Parents suggested guidance *via* their mobile phones as suitable to receive short and informative messages on a frequent and continuous basis. Mobile technology was indicated as easily accessible and convenient, allowing sustained engagement in health-promotion parent guidance interventions. However, concerns about network coverage as well as the cost of mobile data are among the most prominent barriers associated with mobile phones as mode of delivery.

In contrast to the convenience and accessibility of mobile phones as delivery mode, parents perceive parent evening meetings and workshops as difficult to attend given time constraints, inconvenient scheduling, transportation difficulties and prior family commitments. Parent evenings and workshops do present certain advantages, such as offering opportunities for active participation and engagement in health-related topics, networking and peer support, as well as direct instruction that may aid understanding. To this end, group-based sessions are regarded as valuable, yet sessions need to be carefully scheduled and presented on a less frequent basis.

Finally, letters and pamphlets can be viewed as a somewhat unreliable mode of delivery for parent guidance as these do not always reach parents. Although this mode of delivery is viewed as suitable for longer messages or written information, alternative ways of getting letters to parents, other than through children, should be explored. In conclusion, carefully planned interventions may incorporate a variety of modes of delivery that can support one another, given frequency and timing that need to be aligned with parents' needs and expectations.

5.2.4 Conclusions in terms of the Primary Research Question

This study was guided by the following primary research question: *What are parents' needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour?* Based on the findings I obtained I can conclude that the parents in the resource-constrained communities where I undertook the research require guidance on a range of health-related topics to develop and strengthen their knowledge and skills in specific areas of health and wellbeing. I propose that the content, style and method of delivery respond to the participants' unique needs, more specifically with regard to their prior knowledge and attitudes, as well as their available time, energy and financial resources. I

furthermore argue that, if a target group's needs and contextual factors are considered, the success of a parent guidance intervention may be augmented, as the intervention can be focused and meet joint objectives.

In linking the findings I obtained on parents' needs and expectations with the conceptual framework, I furthermore recommend that parent guidance topics be aligned with aspects of parents' perceived life contexts. In this regard I argue that such a focused programme may support parent motivational beliefs, which may in turn support involvement in school-based activities, as predicted in Figure 5.1.
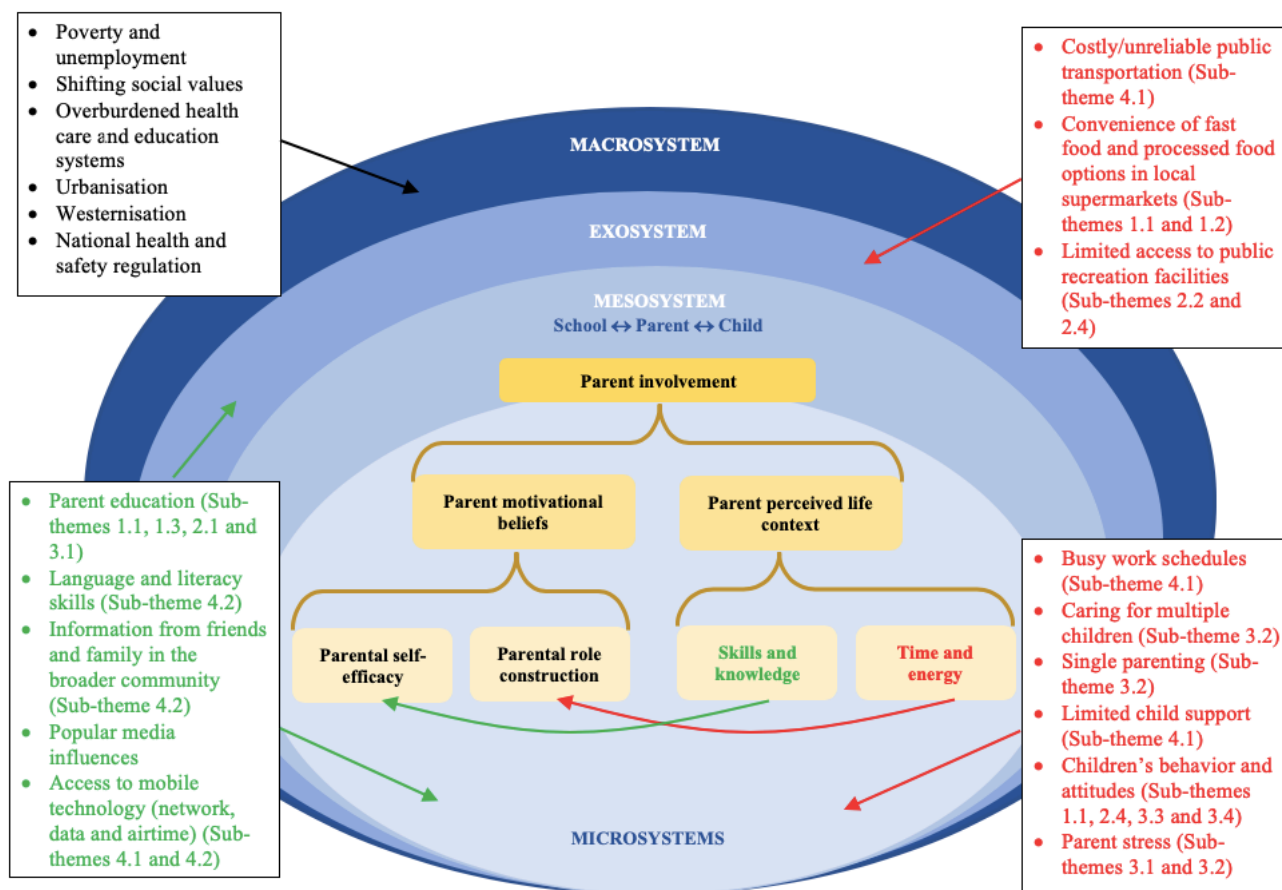
Figure 5.1: Situating findings in the conceptual framework

As indicated in Figure 5.1, parents' time and energy can be influenced by a number of contextual factors present in the microsystem and exosystem (represented in red). Similarly, factors that can mediate parents' knowledge and skills are also found in these systems (represented in green). Macrosystemic factors may, in turn, have an overarching influence on all other levels of parents' physical environment and social context, ultimately shaping parents' knowledge and skills, as well as time and energy resources. Based on these findings, I recommend that any parent guidance planning should consider such factors, thereby responding to time and energy constraints while developing knowledge and skills indicated as important by potential participants.

Participants in the current study identified specific topics for parent guidance that can expand their current knowledge on food and nutrition, physical activity and fitness, and ways of supporting their children's development and future success. Parents identified specific skills they wished to acquire that may allow them to respond to their identified needs and concerns in an effective manner. The findings suggest that, by focusing on the acquisition of these specified knowledge and skills, parental self-efficacy may be enhanced, in turn promoting their motivation to support their children and being involved in school-based health promotion initiatives. Against the background of these findings, I posit that parent guidance interventions responding to parents' limited time and energy resources can enable parents to support their children effectively despite limitations, thereby allowing positive parental role construction in the contexts of their lives.

In conclusion, the findings of the current study suggest that parent guidance interventions can meet the specific challenges faced by a group of people related to healthy food, nutrition and lifestyle behaviour. I thereby propose the development of health promotion strategies to accommodate the challenges and needs of specific people, by tailoring interventions to meet the needs of specific groups of people as these relate to their life contexts.

5.3   CONTRIBUTIONS OF THE STUDY

The findings of this study contribute to the existing body of knowledge on guidance on health and wellbeing in the South African resource-constrained context, more specifically in terms of the potential value of providing directed parent guidance. The findings I obtained add specific insight into the topics that parents from resource-constrained settings may require guidance on with regard to food and nutrition, physical fitness and exercise, and supporting the social-emotional wellbeing of their children.

The current study furthermore contributes to the body of knowledge on the practical facilitation of parent guidance programmes in resource-constrained urban settings in South Africa, in terms of suitable modes of delivery. In addition to foregrounding some of the psychological and structural barriers and facilitators associated with parent guidance programmes, the findings provide insight into parents' preferences in terms of the preferred mode of delivery. To this end, the findings of my study provide support for the potential application of alternative modes of delivery when providing parent guidance, more specifically in terms of the use of mobile technology.

Finally, the current study contributes to the findings of the broader research project it forms part of. It adds to the findings of preceding studies in the broader project and provides baseline data for follow-up studies, which will focus on the development and implementation of a parent guidance intervention offered *via* mobile technology to parents of the participating schools, thereby responding to their expressed needs and expectations. As such, the proposed parent guidance intervention will be tailored

to the topics identified by the parents who participated in the current study, in a manner that they indicated as relevant to their specific contexts.

5.4   CHALLENGES AND POTENTIAL LIMITATIONS OF THE STUDY

Differences between the cultural backgrounds of the participants and myself can be regarded as a potential limitation, based on the possible influence of subjectivity. As such, the findings may have been influenced by my frame of reference, which has been shaped by specific cultural beliefs over years. Furthermore, as my presence during the PRA-based workshops could have influenced the interaction of the participants, I remained mindful of my position as qualitative researcher and engaged in regular debriefing discussions with my supervisor. I kept a reflective journal to monitor my experiences, thoughts and perceptions, and how these may have influenced my participation, analysis and interpretation of the data.

In an attempt to account for the various factors that may influence human interactions in collaborative environments, I considered structural and social forces that could have influenced the parent participants' responses. I realise that the participants' language and literacy skills may also have affected their willingness and confidence in contributing to discussions. Furthermore, certain participants may have attempted to offer the *right answer* and this may have shaped their responses during the discussions. However, I encouraged participants to share their personal views, and emphasised that there was no right or wrong answer.

Finally, the lack of generalisability of the findings may be regarded as a limitation by some, given the limited number of parents that participated and the fact that only two schools in the Tshwane region of South Africa were involved. As I did not aim for generalisable findings, I however do not regard this as a limitation. The limited number of participants who attended in fact confirms the finding that school-based workshops may be difficult for parents to attend. I did, however, aim to attain transferability of the findings by including detailed descriptions of the research process and context in this mini-dissertation.

5.5   RECOMMENDATIONS

In this section I make recommendations for training, practice and future research.

5.5.1   Recommendations for training

The findings of this study highlight some areas in which parents from resource-constrained communities can be supported to promote the health and wellbeing of their children, families and by extension, the broader community. Including parents in planning health promotion interventions,

particularly when deciding on content and format, can enhance the success of such interventions. As such, I recommend that undergraduate students in the various helping professions, for example teaching, social work, counselling and educational psychology be trained in terms of the value of involving parents in the planning of school- and community-based interventions. Moreover, by highlighting the importance of parent consultation, collaboration and support, professionals may be equipped to put these principles into practice when planning interventions.

People in practice may similarly benefit from in-service training and development programmes, especially people who work with children and families in resource-constrained settings. Specialised training can provide a platform from which to involve community members in health promotion initiatives, grounded in empowerment.

Finally, the findings of this study offer insight in terms of the needs and expectations of parents for guidance, underscoring the barriers and facilitators that may influence parent participation and engagement in such programmes. In addition to teachers-in-training and students in community-related careers benefitting from being informed about these needs and expectations, the study can serve as an example of training in community-based interventions, which may seek to elicit parent involvement, particularly in the context of resource-constrained settings in South Africa.

5.5.2   Recommendations for practice

I recommend that the findings of this study be used to guide the development and implementation of future parent guidance interventions, not only in the resource-constrained communities where the study was undertaken, but also in other communities in similar contexts. I furthermore suggest that future parent guidance interventions include information on the identified context and utilise the preferred modes of delivery. The utilisation of mobile phones to deliver parent guidance can be considered on a broader scale, as the findings suggest that parent involvement in such interventions may be enhanced, given the accessibility and convenience thereof.

The findings of my study can furthermore be considered when developing interventions focusing on food, nutrition, and healthy lifestyle behaviour in resource-constrained communities with target groups other than parents. As the voices of the parents that participated may have represented those of other community members, broader application of the findings is possible. The study offers insight into the use of alternative modes of delivery when providing guidance, which may support participation and engagement in health-promotion interventions in settings where similar barriers to participation and engagement may be experienced, either with parents or with other groups of participants.

5.5.3 Recommendations for future research

Based on the findings of my study, I recommend research in the following areas:

- The effect of a parent guidance intervention offered *via* mobile technology on child and family health behaviour in the two resource-constrained communities.
- The impact of tailored parent guidance interventions on parents' knowledge and skills, self-efficacy and role construction in terms of their own parenting.
- The effect of parent guidance interventions focused on food, nutrition and healthy lifestyle behaviour on child behaviour and lifestyle habits.
- A more in-depth exploration of the ways in which mobile technology can be utilised to deliver parent guidance in resource-constrained contexts in South Africa.
- Different ways in which parents from resource-constrained settings may support their children's academic success and future life.
- The efficacy of family-focused physical activity interventions in the context of resource-constrained settings.

5.6 CONCLUDING REFLECTIONS

In this study I explored and described parents' needs for and expectations of guidance on healthy food, nutrition and lifestyle behaviour in two resource-constrained communities in South Africa. This study provided baseline data for the development of a parent guidance programme that has been developed and is currently implemented as part of the broader research project. The intervention aims to respond to the participants' unique needs and preferences.

Having conducted the current research I can conclude that parents from the two communities were motivated to support the health and wellbeing of their children and families; however, specific structural and psychological barriers prevented them from adopting healthy lifestyle behaviour and parenting practices. To this end, the parent participants identified specific areas in which they required additional support and guidance in response to these identified barriers, based on their unique life circumstances. They also identified suitable ways in which guidance can be offered that may fit their circumstances and change the lives of the participants for the better.

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APPENDICES

Appendix A: Letter of Invitation

Appendix B: Informed Consent

Appendix C: Final Themes and Related Sub-Themes Colour Coded

Appendix D: Transcribed and Coded PRA-based Discussions

Appendix E: Field Notes

Appendix F: Reflective Journal

Appendix G: Visual Data

Appendix H: Transcribed and Coded PRA-matrices

Appendix I: Inclusion and Exclusion Criteria

13 November 2018

REQUEST TO ATTEND A MEETING

Dear Parent

We trust you are well. Many of you will recall that your child participated in a programme at school in 2015, which was implemented by the University of Pretoria, and focused on healthy eating habits and a healthy lifestyle. During that time we also conducted some discussion sessions with parents, who indicated the need for additional guidance on nutrition and healthy lifestyle behaviour.

We would like to know a bit more about your needs and possible topics that you require guidance on, so that we can try to provide in your needs. For this purpose we would like to invite you to a discussion, with the following detail:

Date of parent meeting/discussion :   Wednesday 21 November 2018

Time   :   17:30

Place   :

As we would like to plan for refreshments, please complete the section below and send it back to school by Monday 19 November, **OR** send a message to Aliece on 0836445639, indicating that you will be attending, how many people you will be and in which school your child is.

Looking forward to seeing you!

Warm wishes

_____   _____

Aliece van der Merwe   Prof Ronél Ferreira

Telephone number: 083 644 5639

✂-----------------------------------✂-----------------------------------✂---------------------------------

I, …………………………………… parent of ……………………… in Grade …. will attend the meeting on 21 November 2018.

Number of people attending: ……………..

13 November 2018

UITNODIGING NA OUER-VERGADERING

Liewe Ouer

Ons hoop dit gaan goed. Jy sal dalk onthou dat jou kind in 2015 deelgeneem het aan 'n program wat deur die Universiteit van Pretoria aangebied is, en gefokus het op gesonde eetgewoontes en 'n gesonde leefstyl. Gedurende daardie tyd het ons ook 'n paar sessies met ouers gesels, wie aangedui het dat ouers addisionele begeleiding en raad verlang wat betref gesonde voeding en leefstyl-gewoontes.

Ons wil graag bietjie meer weet van ouers se behoeftes en moontlike onderwerpe waaroor julle inligting verlang, sodat ons kan probeer om hierdie behoefte aan te spreek. Ons nooi jou dus graag uit na 'n ouer-vergadering, met die volgende detail:

Datum van ouer-vergadering/gesprek : Woensdag 21 November 2018

Tyd   : 17:30

Plek   : ██████████

Vir ons om te kan beplan vir verversings, vul asseblief die strokie hier onder in en stuur dit terug skool toe teen Maandag 19 November, **OF** stuur 'n boodskap aan Aliece op 0836445639, en dui aan dat jy sal bywoon, hoeveel mense sal bywoon en in watter skool jou kind is.

Ons sien uit daarna om jou te sien!

Vriendelike groete

_____   _____

Aliece van der Merwe   Prof Ronél Ferreira
Telefoonnommer: 083 644 5639

✂--------------------------------✂--------------------------------✂--------------------------------

Ek, …………………………………… ouer van ……………………… in Graad …. sal die vergadering bywoon op 21 November 2018.

Aantal mense wat sal bywoon: ……………..

Appendix B

Informed Consent

Faculty of Education
Fakulteit Opvoedkunde
Lefapha la Thuto

REQUEST FOR PARTICIPATION AND INFORMED CONSENT

PARENTS

Dear Sir/Madam

You are invited to participate in my study that investigates parents' needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour. I am currently busy with a MEd study in Educational Psychology at the University of Pretoria. My study forms part of the Win-LIFE project, in which your child's school has been participating in recent years.

For this research, I will be conducting workshop sessions with you as parents. The workshops will involve group discussions and some writing/drawing activities, which will be recorded in the form of posters, photographs and audio-recordings. For these workshop sessions you will be asked to tell us about the ways you think parent guidance could be presented, as well as the topics you require guidance on regarding healthy food, nutrition and lifestyle behaviour.

I herewith request your participation in the workshop sessions. Your participation is voluntary and you may withdraw from the study at any time if you wish to do so. All information you provide will be treated as confidential and your name will not be made public to anyone or when presenting findings. You will be allowed to access any of the data collected during your involvement, as well as to the final results of the project.

The benefit of this study is that the findings may be used to inform future projects on suitable topics and modes of delivery when providing parent guidance on healthy food,

nutrition and lifestyle behaviour. We do not foresee any risks, will respect your dignity at all times and not harm you in any way.

If you are willing to participate, please sign the attached letter saying that you are willing to participate in the study, you understand you may withdraw from the study at any time and that you give permission for photographs to be taken during the discussions. If however, you would not like your face to be shown when photographs are published, kindly tick the relevant block below.

Warm wishes

_____
Ms Aliece van der Merwe
Telephone number: 083 644 5639
e-mail: aliece.vdmerwe@yahoo.com

_____
Prof Ronél Ferreira (Supervisor)
email: ronel.ferreira@up.ac.za

Faculty of Education

Fakulteit Opvoedkunde
Lefapha la Thuto

INFORMED CONSENT

PARENTS

Title of research project: Parents' needs and expectations for guidance on healthy food, nutrition and lifestyle behaviour.

I, _____ hereby agree to participate in the above-mentioned research. Having read the letter concerning your research, I understand the following:

- I will take part in workshop sessions regarding healthy food, nutrition and lifestyle behaviour;
- The sessions will be observed and recorded;
- My contribution will be treated as confidential and anonymous;
- I may withdraw from the study at any time, if I wish to do so;
- I will have full access to any of the data collected during your involvement, as well as to the final results of the project.

My face may be shown on photographs

YES	NO

_____   _____
Signature   Date

Appendix C

Final Themes and Related Sub-Themes Colour Coded

Theme 1: Potential topics for food and nutrition-related guidance
Sub-theme 1.1: Making healthy choices
Sub-theme 1.2: Producing, preparing and preserving healthy food
Sub-theme 1.3: Considering special dietary requirements and medical conditions
Sub-theme 1.4: Marking correct choices despite financial constraints
Theme 2: Potential topics for guidance on physical activity and fitness
Sub-theme 2.1: Understanding the value and reason for exercising
Sub-theme 2.2: Including exercise in a busy schedule with limited resources
Sub-theme 2.3: Doing exercise and sports in the correct way
Sub-theme 2.4: Adopting and maintaining regular physical activity in the family context
Theme 3: Potential topics for supporting the psycho-social wellbeing of children
Sub-theme 3.1: Understanding your child and recognising his or her developmental needs
Sub-theme 3.2: Fostering a supportive family environment
Sub-theme 3.3: Supporting emotional and behavioural difficulties
Sub-theme 3.4: Supporting your child to succeed, now and in the future
Theme 4: Relying on a combination of delivery modes
Sub-theme 4.1: Efficient, affordable and convenient modes of delivery
Sub-theme 4.2: Ways of gaining knowledge and understanding information

The transcribed and coded data of the discussion with Group 2 from School B is included in hard copy as an example of how I coded the PRA-based discussions. All coded PRA-based discussions can be accessed on the Compact Disc Read-Only Memory (CD-ROM) included at the back of my mini-dissertation.

Excerpt of Transcribed and Coded Data:

Discussion with Group 2 from School B (22 November 2018)

Participant O	Okay, I'll start with the **food and nutrition**. On what do you want to be able to do. Okay, my first point was how do I prepare veggies and make them tasty, because I'm always struggling with that. Like I really don't know what to add, like sauces or maybe spices if needed. So I'm always really really struggling with that. And I also want them to be healthy. Because I don't want them to add something that going to take out the nutrition. Yes. Like maybe overcook them?	Food preparation methods: Making vegetables tasty. Spices and additives. How to prepare food that maintains nutritious value and is healthy.
Facilitator	*So, like the ways to prepare them best? Oh, okay, yes.*	
Participant O	Yes, so that is my problem. And then my other point is, I want to know which type of soil is suitable for vegies. Like, if I want to grow my own veggies. You see?	Growing vegetables: Suitable types of soil.
Facilitator	*Oh, okay. So if you want to create your own veggie garden?*	
Participant O	Yes, yes, so the soil that I need to get. Or maybe if my own soil can grow. If it does grow, which veggies do I need to grow there? How do I know? Because sometimes I'll plant something and it doesn't grow, or it does not grow properly.	Growing vegetables: Suitable types of soil. Types of vegetables that can thrive in home garden.
Facilitator	*Ah, I see. Because some of the vegetable prefer different soils, so you want to know what's going to work where? Okay.*	
Participant O	Yes. And then still on the same subject. I'll go to what do you want to know about. The first point was, which types of healthy breakfast foods, which types of breakfast foods to I need. Actually, healthy breakfasts, lunch and supper, and also snacks.	Healthy meal plans: Breakfast, lunch, supper, and snacks.
Facilitator	*Ah, okay. So, snacks too.*	
Participant O	Yes, because we also need snacks. So which ones do I need?	Healthy snacks.
Facilitator	*Okay, okay. So what types of things would help you? Would it help you to get information pamphlets, or recipes, or what way would be getting that information be best for you?*	
Participant O	I think, I think recipes together with pictures. Yes. Because if its only recipes written there, I won't be able to get everything. Sometimes I	Need for recipes: Recipes with pictures. Step-by-step instructions.

	will just need… Or if its only pictures, sometimes you will just see the final product.	Clear and concrete.
Facilitator	Oh, okay.	
Participant O	And then you don't know exactly, like exactly…	
Facilitator	Oh, I see. So, you would like it to be more step-by-step?	
Participant O	Yes, so I think if they both go together then it will be easier for me.	Need for recipes: Instructions and pictures together.
Facilitator	You know, that's actually such a great idea.	
Participant O	Because like cooking isn't really like my expertise. I'm really, really struggling with that.	Support with food preparation.
Facilitator	Ya, ya. I'm also not a kitchen expert, so I feel your pain. [Laughs]	
Participant O	Okay. [Laughs] So the other one is, how long is food supposed to be stored? Food that is already cooked? How long do I store it in the fridge?	Preserving food: How long can one store food? Especially if it's already cooked.
Facilitator	Ah, okay. So, even if you maybe want to cook for like the week?	
Participant	Ya, so do I like store it for three days and after three days do I throw it away? Or can I keep it for five days if I see that its still fresh, or what do I do? And the other thing is the expiry day on the food. Do we realy, really have to consider that, or it just there. I'm really, really struggling with that more with the milk and yoghurt, you know, those are really sensitive types of foods.	Preserving food: Need for knowledge on expiry dates. Importance of adhering to expiry dates.
Facilitator	Hmm, ya, I know. With milk luckily you can still smell, but with other foods maybe you're not so sure if they're okay?	
Participant	Yes, yes, yes. So ya, those are the other things. Okay, the other thing is banting exercise. Is it healthy? I want to know that.	Special diets: Is banting healthy?
Facilitator	Oh, oh. So, like different types of diets maybe?	
Participant	Ya. Because, I was doing banting. But then, there's these things, these talks that say it isn't healthy. Even though, I can see it is working for me. But I mean, is it healthy? Because, when you're banting you're not allowed to eat fruits, because fruits have too much sugar. So that is something that I want to know, is it healthy? You know…	Special diets: Is banting healthy? Need for trusted endorsement. Individualised dietary needs.
Facilitator	Hmmm, yes. And maybe, if you follow a certain diet, how do you make sure it still meets your dietary requirements, you know, get the right stuff that you need?	
Participant	Yes. Um, what is the other thing. Ah, yes, margarine. When I am preparing food, do I use margarine, or do I use cooking oil? That is another thing.	Food preparation methods. Choosing the healthiest option.

Facilitator	*Ah, okay. So margarine, butter, cooking oil. So different oils or fats to cook with?*	
Participant	Yes. So I'm done with the food and nutrition.	
Facilitator	*And, do you have anything to add about food and nutrition that you would like to add? [Asks another participant]*	
Participant P	Hmmm. I would just like to know, the juices, neh? The difference between the juice and the cooldrinks. Which one is healthy?	Choosing the healthiest option: Drinks.
Facilitator	*Okay.*	
Participant P	And the, which percent on juice, you're supposed to check?	Choosing the healthiest option: Fruit juices.
Facilitator	*Oh, so when it's like 20% pure fruit juice. Okay, so when is it healthier?*	
Participant O	Or even the juices, the ones you mix with water. Oros. Is it healthier than the hundred percent juice? Which one is more on the healthy side?	Choosing the healthiest option: Fruit juice concentrates.
Facilitator	*Okay, okay. Very good. Cool, are you guys happy with food and nutrition? Alright, then physical activity and fitness.*	
Participant O	Okay, **physical activity**, oh okay. I want to, she wants, my daughter wants… We need more physical activities at school. Because there is not much.	Creating opportunities for child: Physical activity at school.
Facilitator	*Ah, yes, that group also spoke to me about this. They said especially for girls.*	
Participant O	Yes. There not a lot. Okay, and the other thing is, um… during jogging, how do you deal with people who are staring, who are laughing? Especially when I am jogging with my daughter? Like other kids will be looking at her and it makes her very very very self-conscious.	Doing exercise in the correct way: Avoiding negative attention Supporting emotional challenges: Self-consciousness, bullying
Facilitator	*Okay, hmmm.*	
Participant O	And then the next day she doesn't want to go jogging. So, ya, it really kills her self-esteem.	Supporting emotional challenges: Low self-esteem, bullying
Facilitator	*Ah, okay. So also, like, how to exercise and feel comfortable I suppose? Yes, because I know sometimes with exercising, some people don't like to go to gym because they feel self-conscious and uncomfortable.*	
Participant O	Yes, yes, exactly.	
Facilitator	*So maybe how to deal with those feelings, and also ways of exercising where you don't have to feel…*	
Participant O	Yes, that's it. Okay, let's look at the second point. Oh, how long does an exercise have to take? If I'm jogging, for how long? Thirty minutes, an hour? Because sometimes they say that if you jog for less than 30 minutes it doesn't do anything for your body. So, so I really want	Doing exercise in the correct way: How long should one jog? Need for trusted source of information.

	to know. Yes, that is something that I really want to know.	
Facilitator	*Okay. Yes.*	
Participant	And the other thing is, how do I maintain the weight I have lost? Do I just eat healthy, or do I still do that hectic exercise, or should I just go light on the exercise? Ya.	Doing exercise in the correct way: Weight-loss maintenance. Intensity of exercise necessary.
Facilitator	*Hmmm, ya.*	
Participant	That is the other thing. How do I encourage a person who is losing interest in exercising?	Motivating others to exercise.
Facilitator	*Okay, so the motivation aspect?*	
Participant	Yes. How do I do that?	
Facilitator	*And is that specifically with your family?*	
Participant	Yes, so its mostly with my daughter, because, she's the one who I exercise with mostly.	Motivating children to exercise. Exercising as a family.
Facilitator	*Okay, so how do you keep each other motivated?*	
Participant	Yes, yes, because sometimes I'm the one who's falling, sometimes she's the one who's falling. Sometimes we both falling, when we both don't want to do it anymore.	How to maintain a regular exercise routine. How to stay motivated to exercise.
Facilitator	*Yes. So, how do we keep going?*	
Participant	How do we keep going? And, how do I keep mentally fit, yes, mentally fit?	How to stay motivated and dedicated to regular exercise.
Facilitator	*Mentally fit.*	
Participant	Then I think we're done with that one.	
Facilitator	*Does. Anyone else want to add anything? No, we're all happy? Okay, then, shall we move onto supporting my child. Oh, shame, looks like you'd like to eat [to Participant O].*	
Participant O	Okay.	
Participant P	So with this one, **supporting my child**, neh. I wanted to know the signs and symptoms of my child when they're starting to misbehave. I wanted to know, yes. And then also, I wanted to know, sometimes your child is having difficulties or challenges, maybe at school or with the peer pressures. How can I know?	Recognising behaviour problems of ones child. Recognising if a child is facing challenges at school: Peer pressure.
Facilitator	*Okay, so you want to know, how do you know if your kid is doing okay at school and if there's something wrong? What are the signs to look out for? Is that what you're asking?*	
Participant P	Hmm, hmmm. Yes.	
Facilitator	*Okay, so it's not only with school things, it's also with peers, their friends?*	
Participant P	Yes, hmm.	
Facilitator	*And, I remember in the other group, they were also taking about bulling at school and things like that. So would you guys also want to know*	

	about whether your child is being bullied or is happy with their friends…	Supporting behavioural difficulties:
Participant Q	And also, if your child is actually a bully.	Recognising if your child is bullying others.
Facilitator	*Okay, so if your child is actually being a bit of a bully, what do you do? Okay, so that one was…*	
Participant O	Supporting your child. And then the other thing is how do you help you child become emotionally strong.	Fostering healthy emotional and psychosocial development.
Facilitator	*Hmmm, okay. Emotionally strong in terms of what kinds of things?*	
Participant O	In terms of bullying. Because sometimes she'll come home, I will motivate her and tell her, 'no, you know you're not that, why are you even…'.	Supporting a child (emotionally) who experiences bullying. Fostering healthy emotional and psychosocial development.
Facilitator	*Oh okay, so even self-esteem types of things.*	
Participant O	Yes, yes. And even encouraging her every time. Because, even with my daughter it happened two years in a row, I would come to the school and we will deal with it, but it will still continue. So, even after everything that you have told her, as a parent, you no longer know what to say to a child. So what do you do to keep on motivating your child, and keep her strong. And telling her 'no, it will pass', you know. Because sometimes she will say, you know, the principal will call them in and discipline them, and still, they don't change, they still continue doing the same thing. So, how do you deal with that?	Supporting a child to be resilient and to have good self-esteem (emotionally strong). Supporting a child to cope with ongoing bullying (beyond stopping the bullying).
Facilitator	*Ya, because you can't always stop the bullying, so you want to know how you get strong-*	Supporting child with school challenges despite time constraints.
Participant O	And I can't always come to school, you know. It's really, really, really tough.	
Facilitator	*Hmm. Okay.*	
Participant	And how do you help a child with a subject that you don't know?	Support child academically: Unfamiliar subject matter.
Facilitator	*Oh, okay. So, are there subjects in particular?*	
Participant	For me nothing really. But with my nieces, and the older ones. There are subjects that they need assistance with, that I don't really know.	Supporting child in the future: Future school subjects. Supporting extended family.
Facilitator	*Oh, Oh. So, I support high school and stuff.*	
Participant O	Yes, yes. So how do you assist?	Providing children with direct support for learning.
Facilitator	*Okay, so what are the types of things you can do to still make sure they get that support, even if you're not sure about the work.*	
Participant P	Ya, ya!	
Participant O	Because they're doing subjects that we are not doing. Some of the subjects that they are doing, like they're doing maths literacy, I was not doing math literacy, I was doing pure maths. So, how do you deal with that?	Support child academically: Unfamiliar subject matter (maths literacy)

115

Facilitator	*Ah, I see. Okay, do you have anything you want to add.*	
Participant P	Ya, you know, everything has been said. Like, these subjects, they are, like… Sometimes I feel like I don't know this subject, and the child has homework, and I have to help her or him. And I don't know the subject. Maybe mathematics, ya.	Proving support with homework. Challenges with unfamiliar subject matter.
Facilitator	*Okay, I understand. Alright, fantastic. An anything else, what do you have here?*	
Participant O	Oh, the other one is, how do you help your child, or how do you recognise that your child is depressed?	Supporting child who experiences emotional difficulties (depression). Recognising signs and symptoms of depression.
Facilitator	*Okay, so the signs and symptoms of depression. Oh, okay.*	
Participant O	Yes. Oh, oh, and nightmares as well. How do we help with nightmares? Okay that is it it's covered.	Supporting emotional difficulties: Child who has nightmares.
Facilitator	*Cool, done and dusted.*	
Participant O	Well, I wanted to ask something else. But no, it's fine.	
Facilitator	*No, you may ask whatever.*	
Participant O	How do you discipline your child without damaging them?	Appropriate discipline strategies. Parenting styles.
Facilitator	*Oh, so like the limit between too strict and too lenient.*	
Participant O	Yes, yes, yes, yes.	
Facilitator	*Oh, okay.*	
Participant O	And, how do I interact with my child when she is not responding. And how much money is too much for school lunch.	How to foster open communication between parent and child. Appropriate lunch money.
Facilitator	*Oh, alright, so for tuck shop and things like that? Okay.*	
Participant O	Signs and symptoms that they start misbehaving badly when you're not around.	Recognising child misbehaviour or behavioural problems.
Facilitator	*Okay, for instance when they're at school or with friends?*	
Participant O	Usually at school, because when you're at home and in the morning when you dress her up, she's dressed neatly and dressed neatly for school. But she's packing other things in her bag that you don't know about. And when she come to school then she changes into something else.	Supporting and recognising behavioural difficulties: Discipline issues at school. Deceiving parental/school authority figures.
Facilitator	*Oh, okay.*	
Participant O	And then she gets in trouble because it's not something she's allowed to wear at school, even though she knows it's something that she's not allowed to wear at school. But sometimes, because of peer pressure, they do it. So How do I deal with those kinds of things?	Dealing with discipline issues at school. Dealing with peer pressure.

Facilitator	*Oh, okay. Well okay great! Thank you all so much. I think we're now going to start on the next poster soon. You're always welcome to add anything more if you feel like you think of something else. But again, thank you so much for sharing.*	

Appendix E

Field Notes

One example of my field notes is provided in hard copy. All analysed field notes can be reviewed on the CD-ROM included at the back of my mini-dissertation.

Field Notes: PRA-Based Workshop, School A

Date	21 November 2018
Event	PRA-based workshop with parent participants
Facilitators	Aliece van der Merwe, Karien Botha
Place of workshop	School Hall, School A
Number of Participants	12 parents
Length of session	17:40 – 19:50

- I was greeted on arrival by the school factotum who was very friendly and helped me set up and prepare for the workshop. The school principal, ▇▇▇▇▇, and offered a warm welcome. - The school hall was neatly arranged and set up for the workshop, jugs of water were provided as a thoughtful gesture. Participants started arriving from 17:00, few at first. - Participants were offered juice on arrival, given that it had been a very hot day. - We waited until 17:40 for more participants to arrive as far fewer than anticipated had arrived. The traffic was quite congested, so we worried that people were stuck in traffic. - Many of the participants' children attended the session. Older children sometimes became involved in discussions and sometimes played with one another at the back of the hall. - Three groups were formed spontaneously by the parents themselves. - Group 1 (3 female, 1 male) - Group 2 (3 female) - Group 3 (3 female, 2 male) - Two class teachers were present as the principal asked them to offer support throughout the workshop. The teachers joined two groups and were involved in discussion. However, they appeared to help guide the discussions and were not actively involved in offering suggestions. One teacher supported the group by sometime writing down what they had said and helping them with the spelling of certain words. - Group 1 spoke English and some Sepedi to one another. Group 2 spoke mostly Afrikaans and sometimes spoke English. Group 3 spoke mostly Sepedi. - The groups seem to collaborate well, lively discussions could be heard when making my way from group to group. - Literacy of Group 3 was somewhat poor, children helped by writing down the parents' ideas on the posters and also helped by reading from the posters during the feedback discussion.	Potential transportation challenges (limit attendance) Potential challenges arranging childcare (limit attendance) Possible language and literacy barriers Multiple languages spoken may complicate content delivery Possible language and literacy barriers.

• Groups worked at very different rates. Could not do feedback section-by-section as we opted to allow groups to work at a comfortable pace and provide feedback once posters had been completed. ○ Group 3 worked at a slow pace and seemed worried about doing things correctly. I assured them that there was no 'right' or 'wrong' way. • Discussions about 'Supporting My Child' were particularly collaborative as parents noted shared concerns – particularly regarding emotional and behaviours concerns about their children. • Did feedback on Poster 1 after some time – Poster 2 took approximately 20 minutes to complete – feedback was brief. • Groups all seemed quite clear about modes of delivery they preferred, group members seemed in agreement from the get go. • Received positive feedback from a number of participants who thanked us for our time and said they enjoyed the refreshments. One participant seemed eager about possible future sessions, asking when we would return.	Concerns about children's behaviour and emotional wellbeing Clear preferences regarding mode of delivery Positive response to collaborative workshops

Appendix F

Reflected Journal

An excerpt of my reflective journal is provided as hard copy. My full analysed reflective journal can be accessed on the CD-ROM included at the back of my mini-dissertation.

I entered the second day of data generation more confidently, and excited to hear the participant's points of view. I was interested to find out whether there would be much overlap between the parents' major thoughts and concerns at two research sites. I was also a bit more comfortable with the proceedings and felt more open and flexible.

I arrived at the school quite a lot earlier and had time to reflect in my car outside the school. The school was far bigger than the previous school. It was in the middle of a well-kept quite neighbourhood and appeared neat and orderly from the outside. I was stuck by my preconceived ideas about 'resource-constrained' settings. Having worked in a very impoverished neighbourhood in Cape Town, I have come to equate the term 'resource-constrained setting' with that of a peri-urban industrial environment. This school stood in stark contrast to the school in which I had previously worked, and I had to re-consider the way I interpret the term. I also wonder whether the children who attend the school live in the surrounding neighbourhood, or whether they have to travel to school from surrounding areas. Further insight on this may help inform the efficacy of on-site parent guidance workshops.

> Potential transportation challenges that could have implications for on-site parent workshops.

The school principal soon arrived and walked me to the school hall which was nicely set up for the workshop; there were more than enough tables with table cloths to accommodate for at least 47 participants. The principal discussed some of his plans for the school, especially with regard to the extension of the foundation phase facilities. He stressed the importance of early childhood education and felt that the school should focus on development from the bottom up. He also reflected positively on the previous nutrition and physical fitness intervention that occurred two years prior and seemed eager for a follow-up intervention.

> Relatively large number of expected participants following invitation to all parents.

> Positive response to school-based health promotion intervention.

The participant turnout was similar to the previous PRA-workshop, with approximately a quarter of the participants arriving. Some of the participants brought their children along, however, there were fewer children present compared to the previous school. Unlike the at previous school, the majority of the participants spoke English to one another, however some of the participants did speak Sepedi to one another some of the time.

> Low attendance rates of school-based parent workshop.

> Language of workshop facilitation – less variation in participants preferred language.

After waiting about half an hour for more participants to arrive, we commenced with the workshop; introducing ourselves and the purpose of our visit. Once I had explained the purpose of the first

> Active collaboration between participants.

poster, the participants naturally formed groups and began working on the posters without hesitation. It seemed as if the participants were more comfortable and confident when it came to discussing the topics and completing the posters compared to the previous PRA workshop.	Participants appeared comfortable and confident with written and verbal communication.
The groups worked on their posters at significantly different rates, and therefore we had to adjust our approach away from completing the poster section-by-section. It was clear that the participants were comfortable completing the whole poster in one go, as their ideas flowed organically from one topic to another. For example, one group spoke about motivating their children to eat healthy foods, which flowed into talking about motivation at school and other areas of life. Thus, we encouraged the participants to write down their thoughts and ideas as they came up in their small-group discussions. Thus, we adopted a flexible approach to the data generation process, led by the expertise and experience of my supervisor.	Timing challenges associated with workshops. Knowledge construction and integration achieved through collaborative group workshops.
Given the uneven time it took the groups to complete poster 1, I sat down with each group individually to discuss their poster and receive feedback. This was necessary for time purposes, as the discussions were taking far longer than they had at the previous site. Therefore, as a group indicated that they were done with the poster, I could sit down with them and discuss the poster, while the other groups completed their posters or moved on to poster 2. Although this was not the planned procedure, I feel that it was the best thing to do, as the in-depth small group discussions were important for the generation of rich data. This also allowed me more opportunities to ask follow-up questions and clarify what was written on their posters, as the feedback sessions were more discursive. I feel that the participants felt more comfortable elaborating on what they had said, as opposed to when presenting their posters to the group at large.	In-depth discussions between the participants. Value of face-to-face discussions in the production of knowledge. Facilitation of detailed discussions in smaller groups.
The participants at this school had very similar needs and expectations to the previous school, however a number of things stood out as unique to this school. Firstly, many parents noted that there are not enough sports at school for girls, stating that only netball is offered. The parents worried that the limited options for school sport contributed to the lack of physical activity, especially if daughters were not interested in playing netball. Secondly, some parents noted that they would benefit from a fully functioning school website, as they mentioned that letters and leaflets do not reach them. Therefore, the parent participants were eager to be more in-touch with what's going on their children's school and felt that a new communication system may support that.	Parents require support for how to advocate for their children at school. Lack of access to school sport limits physical activity. Limited resources. Alternative modes of delivery – letters as inefficient way of receiving information. School-home communication viewed as important.
The participants at this school were all literate and quite confident and fluent in speaking English or Afrikaans, as opposed to the previous school which was more varied in terms of fluency and literacy in these languages. Furthermore, the participants at this school also appeared extremely involved in the small-group	Language proficiency and literacy levels differ between the schools. In-depth discussions.

discussions and explored the topics in great depth, often sharing personal anecdotes or experienced to highlight a particular point. Another notable difference between the two schools was the number of children who came along to the school. This may suggest that finding adequate childcare during the PRA workshop was more challenging for some of the participants at school A. Furthermore, it came to my attention that the participants at the second school did not express the same concerns about the cost of healthy foods but appeared more interested in finding out about more affordable alternatives to gym. Thus, although both schools expressed concerns regarding the financial implications of adopting more healthy lifestyles, participants at the second school did not express the same concern about the cost of food.	Participants sharing their personal experiences. Challenges arranging childcare to attend parent workshops in the evening. Concerns about affordability of healthy food and ways of exercising differ between the schools. Need for support with doing exercise despite financial constrains
The need for support with single parenting was highlighted by one group in particular. This group was very interested in forming or join support groups. This group also asked for specialised support services, such as psychologists. They wanted to know how to arrange assessments and receive personalised interventions for a number of issues, such as coping with divorce. In discussions with this group, it seemed that they were desperate to receive advice and support, asking for my opinion on some of these issues. It was quite difficult to stay in the role as researcher and avoid my instincts to take on more of a counselling role. I had to remind the participants that I was not there as an expert, rather that I wanted to understand how support can be provided in the future. From these interactions, I realise that the need for sustained, multi-level and multi-faceted support is necessary.	Need for support for single parents Need for parent support groups and support with accessing specialist intervention/services. Need for combination of supportive intervention services.

Appendix G
Visual Data

- ***Table G-1:*** *Photographs taken during PRA-based workshop 1, School A*
- ***Table G-2:*** *Photographs taken during PRA-based workshop 2, School B*
- ***Table G-3:*** *Photographs of PRA-matrices, Poster 1 (analysed in transcription)*
- ***Table G-4:*** *Photographs of PRA-matrices, Poster 2 (analysed in transcription)*

Prapared workshop materials, set up in anticipation for research participants. Posters, writing materials, and thank you chocolates for at least eight groups. Only used materials for three groups.	Parents, learners, and a teacher working collaboratevely on the first poster. One parent takes the the lead in strategising and leading the discussion.
Parents discuss their ideas for the first poster, while one of their children shows confidence in writing down the parents' ideas.	Participants discussing the topics in detail and taking time to reach a joint agreement before writing it down. This group appeared more comfortable with verbal communication, predominently speaking Sepedi.

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[7] All participants whose faces are shown in photographs provided informed consent for this to be done.

Participants capuring the essance of their thoughts and ideas in writing, justifying the inclusion of certain points by verbally stating examples from their resonal experiences.	Participants deliberate how best to capture their thoughts and ideas in writing.

Parents take turns sharing and listening to one another, reflecting on their personal experiences and connecting them to practical ways they would like to be supported.	Lively discussion among parents as a co-fascilitator observes and participates in the discussions.
Parents allowing their child to do some of the writing, guiding her to write down the group's joint understanding verbatim.	Paricipant writes down the group's ideas after a lively discussion and careful deliberation regarding the exact wording.

| Active involvement of participants when considering their needs and prefernces regarding mode of delivery. | Group members taking turns to write down their ideas while some children cobserve and listen. |

Table G-3:

Photographs of PRA-matrices, Poster 1 (analysed in transcription)

School A, Group 1 Poster 1
School A, Group 2 Poster 1

School A, Group 3 Poster 1

School B, Group 1 Poster 1

Food and Nutrition

Physical Activity and Fitness

1. What do you want to know about?
2. What do you want to be able to do?

Anything Else?

Supporting my child

Food and Nutrition

Physical Activity and Fitness

1. What do you want to know about?
2. What do you want to be able to do?

Anything Else?

Supporting my child

Table G-4:

Photographs of PRA-matrices, Poster 2 (analysed in transcription)

School A, Group 1 Poster 2

School A, Group 2 Poster 2

School A, Group 3 Poster 2

Letters or Information Pamphlets

CONS
Letters get lost & may take some person information

PROS
Understand and have knowledge on why Drugs and these are not good

What type of information?
Drugs and Alcohol Presentations

When and how often?
We get these every 3 months it Benefits learn and understand

What type of information?
As we could to know about human health Information

PROS
Knowledge

CONS
Lack of Data Poor Network lack of Airtime

When and how often?
Weekly With sms and Emails

How can we give you information and support?

Other ideas?
?

When and how often?
Quarterly + Saturdays for 3 hours

CONS
Attending family Matters on the agreed date

What type of information?
Workshops on how to raise our Children Properly & Awareness on how to help our kids/children with their homework

What type of information?
Nutrition fitness

Via your cell phone

When and how often?
Quarterly for 3 hours in Evenings

PROS
Gain knowledge Quicker to get response

PROS
Knowledge transfer

CONS
Attending family Matters on the agreed date

Parents evenings, workshops or talks

School B, Group 1 Poster 2

Letters or Information Pamphlets

CONS
They can be lost

PROS

When and how often?
Monthly basis

What type of information?
Update about activities

PROS
filling

CONS
Can be easily ignored

What type at information?
Communications via Smartphone

When and how often?
every two weeks

How can we give you information and support?

Other ideas?
?

When and how often?

What type of information?
Updates. Emails. Share receipts

Via your cell phone

CONS

What type of information?
Receipts Small talks

When and how often?
Quatally

PROS
Easy & fast

PROS
Well informed & Knowlegdeable

CONS
Poor attendance Time keeping.

Parents evenings, workshops or talks

134

School B, Group 2 Poster 2

Letters or Information Pamphlets

Other ideas?

Via your cell phone

How can we give you information and support?

Parents evenings, workshops or talks

School B, Group 3 Poster 2

Letters or Information Pamphlets

Other ideas?

Via your cell phone

How can we give you information and support?

Parents evenings, workshops or talks

Appendix H

Transcribed and Coded PRA-matrices

The transcribed and coded data of all the groups' 'Food and Nutrition' sections on Poster 1 serves as an example of how I coded the PRA-matrices. A complete coded transcription of the PRA-matrices can be accessed on the CD-ROM included at the back of my mini-dissertation.

Example of PRA-matrices:

Transcribed and Coded 'Food and Nutrition' Section of PRA Poster 1

FOOD AND NUTRITION	
School A, Group 1:	
What do you want to know about? - Blood groups. Which food are good for which blood groups? - The cost for the healthy food. - Kinds of foods for people with allergies. - Different kinds of food dependent on age. *What do you want to be able to do?* - How to balance [diet]. - How frequent do we need to eat them? [healthy foods] - How to produce the healthy food. - Instant food, are they healthy? - How to prepare them, store them? - Also, how to make them attractive? - How long to store them? - How can we differentiate them according to the colours packaging?	Special dietary requirements [SDR]: Eating for your blood group Affordability of healthy food SDR: Allergies SDR: Age-groups How to have a balanced diet How much or how often must one eat healthy food Producing healthy food Healthy food Preparing food: healthy Preserving food: healthy methods. Preparing food: tasty Preserving food: How long? Food packaging
School A, Group 2	
What do you want to know about? - How do you eat healthy food that looks and tastes good? - How do I encourage my kids to eat nutritious foods? - What can I buy cheap and also healthy? - How can I grow my own vegetable garden? *What do you want to be able to do?* - Look healthy. - Stay healthy. - Eat healthy. - Without effort.	Preparing food: healthy & tasty Encouraging healthy eating Affordability of healthy food Producing healthy food: Growing a vegetable garden. Making healthy choices to look healthy and maintain health. Need for support to make healthy choices that require little effort.
School A, Group 3	
What do you want to know about? - Drinking many cold drinks is bad for your teeth because it takes your enamel out. - Eating vegetables raw is better than eating them cooked because it is more healthier. - What kinds of affordable healthy food that can be prepared on a daily basis? - How to know about healthy diet and with low cost? *What do you want to be able to do?*	Making healthy choices: Dental health Soft drinks being unhealthy. Preparing food: healthy cooking methods Affordability of healthy food. Preparing healthy meals daily. Affordability of healthy food. Preparing food: recipes for salads.

- I want to know how to prepare a fruit salad on low cost and greed salad. - How to eat healthy food (better) quantity? - How to know the difference between the food groups How to prepare healthy desert without sugar, healthy stuff like plain yoghurt.	Affordability of healthy food. How much or how often must one eat healthy food? Portion size. Understanding food groups to support a healthy diet. Preparing food: healthy deserts using healthy ingredients.

School B, Group 1

What do you want to know about? - Difference between tap water and still water. - Difference between sunflower oil and olive oil. - Mielie meal and stamp. - What is the difference between brown bread, white bread, and vetkoek? - What is the difference between brown rice and white rice? - What is the difference between frying, baking and grilling? *What do you want to be able to do?* - What is the best between red meat and chicken? - What is the best between soft drink and juice? - What is the best between polony and viennas? - What to put inside a lunch box? - The way of preparing food. - Value of fruit.	Making healthy choices: the healthiest food alternative and understanding the difference between food alternatives. Understanding difference between food alternatives. Healthy cooking methods. Making healthy choices: choosing healthiest food alternatives. Preparing healthy food: lunch box Preparing healthy food: cooking methods. Understanding value of fruit.

School B, Group 2

What do you want to know about? - Is banting a healthy and safe diet? - How to prepare supper? - Is margarine suitable or only cooking oil? - Which types of healthy breakfast, lunch, supper, and snack in-between do I need to buy to maintain a healthy diet? - How long is food supposed to be stored? - Is food that has passed the expiry date suitable to be used by you, for how long? *What do you want to be able to do?* - How do I prepare veggies and make them tasty, e.g. ingredients? - I want to know about more healthy recipes. - I want to know which type of soil is suitable for which veggie.	SDR: banting. Preparing healthy food: cooking supper. Choosing healthiest alternatives Choosing healthy ingredients to prepare healthy meals. Preserving food: duration. Preserving food: considering the expiry date Preparing healthy food: vegetables Making food tasty and healthy. Preparing healthy food: need for healthy recipes. Producing food: vegetable garden, choosing appropriate soil.

School B, Group 3

What do you want to know about? - Soft drinks: (1) how often to take; (2) energy drinks, dragon; (3) is it good?	Are soft drinks healthy, and how much is acceptable (energy, soft drinks).

- Fats types: meat fats; oils; wholesome butters.	Choosing the healthiest alternative.
- Breads: white or brown; whole wheat or normal?	Choosing healthiest alternative.
- Benefits of spices and after effects.	Are spices healthy?
- Types of cheese: which is more healthy?	Choosing healthiest alternative.
- Meats: processed, red or white?	Choosing healthiest alternative.
What do you want to be able to do?	
- Freezing of food: time frame?	Preserving food: duration.
- Defrost, eat and refrost for later?	Preserving food: healthy methods.
- Prep lunch box.	Preparing healthy food: lunch box.
- Prevent obesity.	Preventing medical condition: obesity.
- Preparing meals.	Healthy food preparation methods.
- Implement healthy eating.	Making healthy choices
- Preservation of left-over foods.	Preserving food

Appendix I

Inclusion and Exclusion Criteria

- ***Table I-1:*** *Inclusion and exclusion criteria for Theme 1*
- ***Table I-2:*** *Inclusion and exclusion criteria for Theme 2*
- ***Table I-3:*** *Inclusion and exclusion criteria for Theme 3*
- ***Table I-4:*** *Inclusion and exclusion criteria for Theme 4*

Table I-1:

Inclusion and Exclusion Criteria for Theme 1

Theme/Sub-theme	Inclusion Criteria	Exclusion Criteria
Theme 1: Potential topics for food and nutrition-related guidance	All data referring to food, nutrition, or dietary-related topics that the participants required guidance on.	Any data referring to other aspects of health or wellbeing, not related to food and nutrition, or specific dietary-related needs for guidance.
Sub-theme 1.1: Making healthy choices	Data referring to an understanding of why certain dietary practices or food choices are beneficial or harmful.	All data referring to practical aspect of healthy eating, special dietary requirements, or guidance on the cost of healthy food.
Sub-theme 1.2: Producing, preparing and preserving healthy food	Data referring to practical knowledge or skills for producing, preparing, or preserving of food.	All data referring to the need for guidance on understanding nutrition, attending to special dietary requirements, or the cost of healthy food.
Sub-theme 1.3: Considering special dietary requirements and medical conditions	Data referring to specific diets or nutrition-related aspects that may prevent or manage medical conditions.	All data referring to guidance on healthy food choices, the practical aspect of healthy eating, or the cost of healthy food.
Sub-theme 1.4: Marking correct choices despite financial constraints	All data referring to the cost of healthy food and the expressed need for guidance on identifying affordable options.	All data referring to understanding nutrition, the practical aspect of healthy eating, or receiving guidance on special dietary requirements

Table I-2:

Inclusion and Exclusion Criteria for Theme 2

Theme/Sub-theme	Inclusion Criteria	Exclusion Criteria
Theme 2: Potential topics for guidance on physical activity and fitness	All data referring to the physical activity and fitness needs expressed by the participants.	Data referring to other aspects of health or wellbeing that cannot be attributed to exercise, physical activity or fitness.
Sub-theme 2.1: Understanding the value and reason for exercising	All data referring the health benefits related to exercise and being physically fit.	Data referring to time or resource constraints, doing different types of exercise correctly, or being motivated to exercise as a family.
Sub-theme 2.2: Including exercise in a busy schedule with limited resources	All data referring to the need for guidance on doing exercise despite time or resource constraints.	Data referring to the value of exercise, doing different types of exercise correctly, and being motivated to exercise as a family.
Sub-theme 2.3: Doing exercise and sports in the correct way	All data referring the need for information on best practice exercise, both in terms of promoting optimal results and preventing physical strain or injury.	Data referring to the value of exercise, time or resource constraints, and being motivated to exercise as a family.
Sub-theme 2.4: Adopting and maintaining regular physical activity in the family context	All data referring to adopting or maintaining regular exercise habits throughout the life-span and doing exercises as a family.	Data referring to the value of exercise, time or resource constraints, and doing different types of exercise correctly.

Table I-3:

Inclusion and Exclusion Criteria for Theme 3

Theme/Sub-theme	Inclusion Criteria	Exclusion Criteria
Theme 3: Potential topics for supporting the psycho-social wellbeing of children	All data referring to the psycho-social functioning, development, or wellbeing of children and their families.	All data not associated with psycho-social functioning, or which are related to the psycho-social aspects of healthy eating and physical activity.
Theme 3.1: Understanding your child and recognising his or her developmental needs	Data referring to the participants' need to understand the individual and developmental needs or attributes of their children.	All data referring to family relationships, discipline strategies, or supporting children with psycho-social or challenges and for their futures.
Theme 3.2: Fostering a supportive family environment	Data referring to parent strategies that may support parent-child and whole-family cohesion.	All data referring to recognising, understanding or supporting children's needs, or supporting children to be successful in life.
Theme 3.3: Supporting children who face emotional and behavioural difficulties	Data referring to support that can be provided to children to develop healthy and culturally-appropriate skills and overcome psycho-social challenges.	All data referring to recognising or understanding children's needs, building family relationships, or supporting children to be successful in life.
Theme 3.4: Supporting your child to succeed, now and in the future	All data referring to supporting children in terms of academic, extramural, or future occupational success es.	All data referring to recognising, understanding or supporting children's needs, building family relationships, or supporting children with psycho-social challenges.

Table I-4:

Inclusion and Exclusion Criteria for Theme 4

Theme/Sub-theme	Inclusion Criteria	Exclusion Criteria
Theme 4: Relying on a combination of delivery modes	Data referring to the participants preferred mode of delivery for parent guidance.	All data referring to the preferred topics for parent guidance that is not directly linked to a particular mode of delivery.
Theme 4.1: Efficient, affordable and convenient modes of delivery	Data referring to the advantages and disadvantages of various modes of delivery related to efficiency, affordability, or convenience.	All data referring to making information understandable or to the various pathways of knowledge acquisition.
Theme 4.2: Ways of gaining knowledge and understanding information	Data referring to making information understandable and to the various pathways of knowledge acquisition.	All data referring to the efficiency, affordability, or convenience of different modes of delivery, as reasons for these choices.