

**Caring for children during COVID-19: The experiences of
South African families with children in middle childhood**

by

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**A dissertation submitted in fulfilment of the requirements
for the degree**

MSW (Play-based intervention)

in the Department of Social Work and Criminology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

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September 2023

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ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to:

- My Heavenly Father for giving me this opportunity against all odds. Thank You for blessing me with the strength and determination to see this through.
- My loving husband, Alro, for your support and for always believing in me. Thank you for all your love and encouragement throughout this process,
- My supervisor, Prof. Prinsloo, for your diligent feedback, guidance, and support.
- My father, who is not with us anymore. I hope I made you proud. Thank you for teaching me to work hard and never settle for less than I deserve.
- My mother and sister for their unconditional love, and continuous support throughout this process and for believing in me.
- CMR Pretoria East for collaborating with me and helping me to make this study a reality.
- The participants for taking part in this study and sharing your experience with me.

ABSTRACT

CARING FOR CHILDREN DURING COVID-19: THE EXPERIENCES OF SOUTH AFRICAN FAMILIES WITH CHILDREN IN MIDDLE CHILDHOOD

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COVID-19's impact was so great that it impacted the entire world. The world we knew changed completely. People needed to isolate themselves in their homes for the first part of the lockdown. Only those who were within a profession regarded as essential were allowed to work. The South African Government enforced specific rules and regulations aimed at countering the infection rate of COVID-19. Social distancing, wearing masks in public, using sanitiser regularly, working from home, children receiving education from home, and not being able to visit someone in the hospital all became the new norm in South Africa.

The full effect that COVID-19 had on the lives of individuals is still being studied as COVID-19, not only had an immediate effect on people but also affected them in the long run overall. Children are future adults and therefore it is crucial to raise them in such a way so that they can become responsible adults that will fit well within society. COVID-19 has set challenges for many families within South Africa which may have made it difficult for them to raise their children.

The goal of this study was to explore the experiences of caregivers with children in middle childhood in their care during the COVID-19 pandemic. Caregivers are seen as anyone who has a child within their care, whether the child is their biological child or not. A qualitative research approach was used in this study which helped the researcher to collect as much in-depth information as possible about the experiences of caregivers with children in middle childhood in their care during the COVID-19

pandemic. Data was gathered using semi-structured interviews which were guided by an interview schedule. Non-probability sampling was used as participants were not randomly selected. All the participants were clients of CMR-East Pretoria and fulfilled the requirements set out to take part in this study. Purposive sampling ensured that specific participants, who could provide relevant, information-rich descriptions of their experience were included. Six participants formed part of the study. The research is based on Bronfenbrenner's Ecological Systems Theory and the Family Systems Theory which allowed for exploration and interpretation of the micro, meso, exo, macro, and chrono systems from a holistic point of view. The findings of this study imply that COVID-19 influenced the finances of families and the everyday functioning of households. It showed the importance of a strong support system to build resilience. The findings also gave a clear indication of participants' reaction to the COVID-19 rules and regulations that were set in place by the South African Government and the effect it had on caring for the children in middle childhood.

Key concepts

- Care of a child
- Children in middle childhood
- COVID-19
- Families
- Pandemic
- Caregiving

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CHAPTER 1

GENERAL INTRODUCTION TO THE RESEARCH STUDY

1.1 INTRODUCTION

The COVID-19 pandemic had a devastating effect and the virus not only infected and killed millions of people around the world, but it also had an impact on the functioning, well-being, and mental and physical health of individuals. Anxiety and depression levels in children and adults rose significantly. Families struggled worldwide with the pandemic restrictions and had to manage work life from home as well as help their children with schoolwork (Solmi, Estradé, Thompson, Agorastos, Radua, Cortese, Dragioti, Leisch, Vancampfort, Thygesen, Aschauer, Schloegelhofer, Akimova, Schneeberger, Huber, Hasler, Conus, Cuénod, von Kanel & Righi, 2022:372).

Children did not have such a high mortality rate for Covid-19 as adults did; most of them have recovered physically. However, they missed opportunities and experienced trauma and economic fallouts during and after the pandemic. The confinement of families during the pandemic interfered with the family routine, changed family roles, had an impact on relationships, shifted responsibilities, and increased economic adversity (Naicker & Richter, 2022:45,49). Much research has been done on the effect of Covid-19 but the specific experiences of families of children in middle childhood during Covid-19, from a social work perspective need exploration. The goal of the study is to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic.

In this study, the key concepts adopted for this study are the following:

Care of a child

Children have many needs, and they need physical, emotional, social, and psychological care. For this study, the following description of the care of a child is adopted. Care of a child "... is a fundamental attribute of a family that allows them to maintain a child's life and an essential characteristic for the development of essential components of a child's social life" (Malfitano & Sakellariou, 2019:681).

Children in middle childhood

Children in middle childhood are understood as “...a child between the ages of six and twelve is considered to be in middle childhood” (Louw & Louw, 2014:225). In the study, children in this age bracket will be the focus.

COVID-19

For this research, COVID-19 refers to “a novel, highly contagious but preventable disease caused by a coronavirus (SARS-CoV-2)” (Russell, Hutchison, Tambling, Tomkunas & Horton, 2020:671).

Families

Families in South Africa have different forms. The Revised White Paper on Families in South Africa published in 2021 defines the family as: “A societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary, or religious), civil union or cohabitation, and goes beyond a particular physical residence” (Department of Social Development, 2021). This definition is used for the research.

Pandemic

Covid-19 was declared a pandemic. In the context of this study, a pandemic is defined as, “Disease outbreaks that become widespread as a result of the spread of human-to-human infection are described as pandemics” (Qiu, Rutherford, Mao & Chu, 2017:3).

Caregiving

Caregiving of a child in this research means to “prepare food, feed children, provide psychosocial stimulation, ensure hygiene practices, provide care during illness, provide financial and logistical resources for a child (Rakotomanana, Walters, Komakech, Hildebrand, Gates, Thomas, Fawbush & Stoecker, 2021:1). The Revised White Paper on Families in South Africa (2021:iv), describes caregiving as referring to several aspects of caring for members of a family and can include emotional care of sharing feelings of attention and concern to physical care. In the context of this study caregiving in terms of all aspects will be considered.

To contextualise the study, a brief literature overview is provided.

1.2 LITERATURE REVIEW

The true impact of COVID-19 is still being studied as the long-term effects are being determined. Based on a review of the databases and library of the University of Pretoria (ProQuest - Coronavirus Research Database, EBSCOhost, JoVE, Sabinet African Journals, and CINAHL), it became clear that regionally and nationally, there is a lack of research about the pandemic and child-caring, especially caring for children in middle childhood. There is research on the impact on the child, the educational responsibilities of the parents, and the emotional impact of isolation on the child (Calvano, Engelke, Bella, Kinderman, Renneberg & Winer, 2021:1; Kent, Ornstein & Dionne-Odom, 2020:66; Grassman-Pines, Ananat & Fitz-Henley, 2020:2; Prime, Browne & Wade, 2020:631). However, there is little research on the specific topic of the impact on the care in families with children in middle childhood in Africa and South Africa specifically. There is a need for research in this field to add to the knowledge base of parenting children in middle childhood in adverse circumstances such as a pandemic to impact services, restructure policies to assist parents with children in middle childhood and reform welfare strategies to combat the hardships faced by parents who have children in middle childhood. Bronfenbrenner's Ecological Systems Theory and the Family Systems Theory will allow exploration and interpretation of the micro, meso, exo, macro, and chrono systems from a holistic view (Harris & Graham, 2014:4; Prime et al., 2020:632).

1.2.1 The role of families in the care of children

Children are seen as a vulnerable group which means that they need adults who can help them in fulfilling their needs and taking care of them. Many South African children are not raised by their biological parents and form part of a modern family. A modern family can look different for every household. For example, children can be raised by their grandparents or a single parent. Children can even be raised by someone who is not related to them (Latchford, 2019:7). Regardless of how the family may look, there must be at least one caregiver who takes on the responsibility of caring for the children in the family (Robila, 2013:66). Families are there to protect, provide, support and care for the children in their care. Families play a vital role in the upbringing of

children. How families handled the challenges and changes that happened due to COVID-19, had a definite impact on their ability to take care of their children.

1.2.2 Conceptualising pandemics

To understand COVID-19, it is important to define a pandemic and look at the characteristics of a pandemic. A pandemic can be defined as something that affects the entire world or numerous countries (Jensen & Feldman-Jensen, 2013:301). It can be seen as a virus that spreads among humans who do not have immunity to it. Pandemics are usually spread at a fast rate and countries are not prepared for its full effect. Pandemics have a high mortality rate. It has an impact on the health system, the economy, the livelihoods of individuals and sometimes even food security can become a problem. The actions that countries take during a pandemic can still have an impact on the lives of civilians for years after the pandemic took place. The lives of people who lived through a disaster are forever changed (Bartoli, Stratulis & Pierre, 2022:15; Bissell, Jensen & Feldman-Jensen, 2013:301, 317).

To understand the effect that COVID-19 had on families caring for children in middle childhood, one must first understand COVID-19 as a concept. COVID-19 is a virus that can be spread from one person to another through close contact. It can also be spread through objects – when one infected person hands over an object to the next person. The World Health Organisation (WHO) announced the name COVID-19 in February 2020 (Bartoli et al., 2022:93; Ikwegbue, Maduku, Agwuna, 2021:272).

1.2.3 The COVID-19 pandemic in South Africa

COVID-19 was declared a national disaster on 15 March 2020 in South Africa. On the 27th of March, South Africa went into lockdown level 5 and the levels dropped to level 1 on 21 September 2020. Each level indicated that people and businesses had more freedom. However, the infection rate in the population rose again and the country went back to level 3 on 29 December 2020. South Africa went from level 3 to adjusted level 1 on the 28th of February 2021. In May 2021 another wave hit South Africa and the country moved to adjusted levels 1 – 2. The South- African economy was affected badly and many businesses needed to close their doors (Yu, 2023:91).

Poverty was one of the effects of COVID-19 with limited resources, lack of food, and lack of income. People were also restricted concerning their social life as well as their religious activities (Aziz, 2021:1).

1.2.4 The effect of COVID-19 on families and children

Aspects that were major challenges during COVID-19 were the impact it had on the economy, educating children while schools were closed, and the increase in domestic violence. Families are responsible for taking care of the children in their care. COVID-19 restrictions and the effects on economic, mental, and social aspects made it difficult for some families to cope. COVID-19-related trauma has affected family connections as well as other social relations (Aziz, 2021:4).

Some families lost their source of income which increased the levels of stress and anxiety. Domestic violence increased and many households suffered from hunger. Children were not allowed to go to school which made it difficult for families to educate them – especially when they did not have the resources required. Many children could not socialise with their peer groups which in some cases led to feelings of isolation (Kostina & Bannykh, 2021:3).

1.2.5 The child in middle childhood

Children are seen as a vulnerable group because they are not capable of taking care of themselves. They are still developing cognitively, emotionally, socially, and educationally. The adult that they will one day become is affected by their experiences through childhood. Therefore, it is up to their families to raise them as best as they can (Bosacki, 2016:15). Children in middle childhood are very focused on their peer group and the school environment.

1.3 THEORETICAL FRAMEWORK

The two theoretical frameworks the study will adopt are Bronfenbrenner's Ecological Theory (Berk, 2019:98) and Family Systems Theory (Smith, 2016:782). Both theories

recognise the reciprocal influence of systems on human functioning, in the case of this study, on the life of the child. Bronfenbrenner's Ecological Theory maintains that the developing child can only be viewed through complex and interactive systems that are culturally appropriate because of the broad-spectrum focus (Berk, 2019:98; Harris & Graham, 2014:43). Four levels in a child's environment influence their development namely, the microsystem, the mesosystem, the exo-system and the macrosystem (Louw & Louw, 2014:29). Family Systems Theory states that the individual's personality, behaviours, and characteristics are formed through their interaction with their family (Smith, 2016:782). Smith (2016:783) elaborates by stating that interaction patterns, communication styles, patterns, and family roles determine the functioning of the family as well as exert a profound influence over the child. Therefore, any symptoms or maladaptive behaviours an individual develops stem from positive or negative interactions with their family system.

The different systems as viewed by Bronfenbrenner will assist the researcher in exploring and describing the ecological circumstances under which children are cared for from every possible direction and how all these aspects interrelatedly impact the development of children (Adler-Tapia, 2012:20; Harris & Graham, 2014:42,221). Ecological Systems Theory will further allow the researcher to understand the experiences a caregiver has in caring for a child in middle childhood during the pandemic by gaining an understanding of how the COVID-19 experience influences their everyday lives holistically (Jessup-Anger, 2015:22-23). Additionally, Family Systems Theory will allow the researcher to consider family factors and how the family interacts with their environment, in more detail. According to Smith (2016:784), by focussing on the interaction and communication patterns as well as the family roles of the family the researcher could identify key factors regarding the functioning of the family. The researcher will be able to acknowledge the different situations under which the children are developing by gaining insight into the perspectives of the caregivers of these children and how the children interact with external aspects of their lives (Jessup-Anger, 2015:22).

Ecological Systems Theory focuses on the ecological aspects that impact a child from the closest to the furthest systems of the child and the interaction with the environment (Jessup-Anger, 2015:23). These systems include the microsystems; the immediate

environment of the child, how the family interacts, how school impacts every individual, how the parent/caregiver/child's peer group influences them, and the care that the child receives (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Louw & Louw, 2014:29; Onwuegbuzie, Collins & Frels, 2013:4). Meso-systems will be explored by evaluating the connections between microsystems, how the home and school, work and home balance exists, how caregivers get from home to school to work, and how the caregiver and the child exist in the care system of the child (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4). Within the micro and meso systems, the Family Systems Theory comes into play. The interaction patterns, communication patterns, and family roles will be explored by gathering information on the functioning of the family.

The exo-systems of a child encompass institutions and organisations that are not involved with the child but influence the child's experiences (Harris & Graham, 2014:42). A caregiver's work-life influences the child. A caregiver may have had a difficult workday, and a child will perform an activity incorrectly, which sets the caregiver off in an anger spell (Adler-Tapia, 2012:20; Shaffer, Kipp, Wood & Willoughby, 2012:436). The macrosystem refers to the deep-rooted cultures and subcultures that have vast influence over the micro, meso and exo-systems (Shaffer et al., 2012:436). Therefore, the macrosystem consists of the child's culture and subcultures, ideologies, values, and beliefs (Louw & Louw, 2014:30). The chronosystem of a child will be the stability and change they experience over time, namely the change in the micro, meso, exo, and macro systems consistently over a period (Adler-Tapia, 2012:20; Harris & Graham, 2014:42). Changes and events that occur in the bigger systems, such as the Covid-19 pandemic, filter through to affect the smaller systems, therefore it is crucial to understand the circumstances surrounding the bigger systems (Chigangaidze, 2021:113).

According to Chigangaidze (2021:115), all the above-mentioned systems are interconnected and influence the individual as well as society socially, psychologically, and even biologically. Therefore, by using the Bronfenbrenner Ecological Systems Theory and the Family Systems Theory, recommendations can be made to inform social work decisions and services to children and families with children in middle childhood. This allows the researcher to understand the experiences a caregiver has

in caring for a child in middle childhood during the pandemic by gaining an understanding of how the COVID-19 experience influenced and still influences their everyday lives holistically (Jessup-Anger, 2015:22-23). The researcher will acknowledge the different situations under which the child is developing by gaining insight into the perspectives of the caregivers of these children and how the children interact with external aspects of their lives (Jessup-Anger, 2015:22).

The theory focuses on the ecological aspects that impact a child from the closest to the furthest systems of the child and the interaction with the environment (Jessup-Anger, 2015:23). These systems include the microsystems; the immediate environment of the participant, how the family interacts, how school impacts every individual, how the parent/caregiver/child's peer group influences them, and the care that the child receives (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Louw & Louw, 2014:29; Onwuegbuzie et al., 2013:4). Meso-systems will be explored by evaluating the connections between microsystems, how the home and school, work and home balance exists, how caregivers move from home to school to work, and how the caregiver and the child exist in the care system of the child (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4).

The advantages of using the above-mentioned two theories include the researcher being able to create a holistic representation of the experiences of caregivers in the way they care for their children during the COVID-19 pandemic by focusing on all the systems that influence them (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Jessup-Anger, 2015:22; Onwuegbuzie et al., 2013:4-5). Additionally, consideration is given to how the family interacts with the child and how family functions add depth to the factors that influence the child. Disadvantages are that the theories help to gain insight into how systems and family functioning impact the caregivers, but not how to implement the theory into practice regarding what can be done to balance out the challenges of every system a person exists in and how individuals function in the family (Onwuegbuzie et al., 2013:4; Smith, 2016:782). This is however not the aim of the study because of the exploratory focus.

By using Bronfenbrenner's Ecological Systems Theory, and Family Systems Theory a more comprehensive recommendation can be made to inform social work decisions and services to children and families with children in middle childhood.

1.4 RATIONALE AND PROBLEM STATEMENT

The problem statement for this study is that the effect of COVID-19 on the care of children in middle childhood is an under-researched phenomenon. Family plays a vital role in the care and development of children; therefore, the knowledge base requires an expansion of the factors that impacted the care a child in middle childhood received from parents/caregivers during the COVID-19 pandemic. A way of limiting the COVID-19 pandemic's influence on families across the world needs to be explored from the diverse perspectives of the context that the research finds itself in, to make area-specific recommendations for service delivery (Patrick, Henkhaus, Zickafoose, Lovell, Halvorson, Loch, Letterie & Davis, 2020:2).

A review of numerous databases (ProQuest - Coronavirus Research Database, EBSCOhost, JoVE, Sabinet African Journals, and CINAHL) resulted in no data specifically focussing on the care of children in middle childhood in South African families during the COVID-19 pandemic. Consulting the online library of the University of Pretoria revealed minimal data on a combination of COVID-19, parents/caregivers, and children in middle childhood, in a South African context. Therefore, the evident lack of relevant literature and studies highlights how under-researched this phenomenon is.

The rationale for the study is to explore and describe the extent to which COVID-19 has affected parents/caregivers and children. The boundaries of the work/home/school environments have become severely blurred due to the COVID-19 pandemic, resulting in adjustments in the work/home/life/school equation. With the added stress and demands on parents/caregivers and children, the caregiving of children and the lives of children may have been impacted. Social work as a profession in South Africa from a developmental perspective is at the forefront of facilitating intervention that alleviates the impact of the COVID-19 pandemic on families and children. The study will enable social workers to make decisions and render services

from this specific frame of reference (Gassman-Pines et al., 2020:2; Quetsch, Bradley, Jackson & Onovbiona, 2022:8).

The overarching research question the study seeks to answer is:

“What were the experiences of South African families of caring for children in middle childhood during COVID-19?”

1.5 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study is to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic.

To achieve the goal of the study, the following objectives were formulated:

- To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic.
- To explore and describe how the pandemic has affected the provision of resources that meet the needs of children in middle childhood.
- To explore and describe the influence of COVID-19 on the developmental milestones of children within middle childhood functioning and development.

1.6 RESEARCH DESIGN AND METHODOLOGY

A case study research design with a sub-type, namely the instrumental case study design was used for the study as the researcher attempted to understand each case holistically. Case studies provide the researcher with a way of investigating complex individuals, groups, communities, or phenomena by using in-depth data to grasp the holistic context of people who care for children in middle childhood during the COVID-19 pandemic within a South African context (Heale & Twycross, 2018:7). The purpose of a case study design is usually exploratory and descriptive, and it is the preferred strategy if the researcher wants to ask “how” and “why” questions (Nieuwenhuis, 2020:90). This design enabled the researcher to explore and describe the effect the COVID-19 pandemic had on the caregiving of children in middle childhood in South African families.

The instrumental case study design allows the researcher to collaborate with the participants so that each participant can share their experiences. The participants are thus not the focus, but the topic of caring for children in middle childhood during the COVID-19 pandemic. The involved researcher has conducted a holistic analysis of the similarity in experiences of parents/caregivers while caring for their children in middle childhood during the COVID-19 pandemic, to learn about the phenomenon (Parker, 2016:223).

The advantages of this design included that it allowed the researcher to analyse all the cases together to create a holistic view of the impact COVID-19 has had on families that were clients of CMR Gauteng East, Silverpark during COVID-19, putting forward the essence of the experiences of the families (Crowe, Cresswell, Robertson, Huby, Avery & Sheikh, 2011:6; Parker, 2016:223). The researcher can thus understand the phenomenon and learn about its uniqueness (Parker, 2016:223).

A disadvantage of this type of design is that if multiple cases are used, it may diminish the importance and meaning of a particular case. The disadvantages of this case study are that the unconscious ideas of the researcher may influence the research findings, generalisation cannot be made by only including participants in limited numbers, and the time it takes to conduct intrinsic case studies and filter through to the essence of the data in an effective amount of time (Crowe et al., 2011:7; Parker, 2016:223).

1.7 LIMITATIONS OF THE STUDY

The following points can be seen as limitations of the research study:

- The research was done in Gauteng with a small sample of participants. The results cannot be generalised to South Africa as a whole.
- Participants were from two racial groups and therefore it is unclear how other racial groups experienced COVID-19 in their families.
- Although a criterion for participant selection was that the researcher must speak the language of the participant, the interviews were conducted in English so that both the researcher and the participant understood. The home language of all the participants was not English, but the interviews were conducted in English. This might have had an influence on their responses during the

interview because the researcher did not conduct the interviews in the participant's first language.

1.8 CHAPTER OUTLINE

The research report includes the following chapters:

Chapter 1: General introduction to the research study

A general introduction to the research study is presented in this chapter. This chapter contains an overview of the study and the research methodology that was used within the study. The goals and objectives are also explained.

Chapter 2: The effect of COVID-19 on families with children in middle childhood

This chapter entails an in-depth literature review with a specific focus on the role of families in the care of children, conceptualising pandemics, the COVID-19 pandemic in South Africa, the effect of COVID-19 on families and children as well as the children in middle childhood.

Chapter 3: Research methodology, empirical study, and research findings

The research methodology, ethical considerations, and research findings for the study are presented in this chapter.

Chapter 4: Conclusion and Recommendations

This chapter contains the key findings of the study. The conclusions and recommendations are also presented in this concluding chapter.

1.9 CONCLUSION

Chapter 1 is a general introduction to the research study and provides the background to the study. The discussion of the rationale for the study, namely limited research on caring for children in middle childhood during a pandemic such as Covid-19 where restrictions had an impact on caregiving and daily functioning, contextualised the need for the research. The introductory chapter gives the reader some insight into the research process. Aspects including key concepts, theoretical framework, problem

statement, goal and objectives, research design and methodology, limitations of the study, and the chapter outline can be found in Chapter 1.

Chapter 2 will focus on explaining the effect of COVID-19 on families with children in middle childhood through an in-depth literature review.

CHAPTER 2

THE EFFECT OF COVID-19 ON FAMILIES WITH CHILDREN IN MIDDLE CHILDHOOD

2.1 INTRODUCTION

In the early part of 2020, COVID-19 (coronavirus disease 2019) changed the way people globally, including in South Africa, would function for the foreseeable future (Calvano et al., 2021:1; Kent et al., 2020:66; Ravens-Sieberer, Kaman, Erhart, Devine, Schlack & Otto, 2021:1). Chigangaidze (2021:110) underscores that humans exist in an interconnected system and the Covid-19 pandemic influenced all systems. Families faced death, loss of income, insecure attachments, decreased boundaries, anxiety, depression, mental health, and overall illness, and various other stressors (Prime et al., 2020:631; Ravens-Sieberer et al., 2021:1; Russell et al., 2020:671). As such, in South Africa, the influence of the interconnected systems also impacted the lives of South African caregivers and children.

A family is a system that society cannot function without (Department of Social Development, 2021:182). A family does not necessarily constitute biological parents and children. Families in South Africa have many forms. Modern families do not have to be related by blood and caregivers can be identified as same-sex couples, grandparents, extended family members, place of safety adults, and single caregivers. These are just a few examples. Children can therefore also be raised by different adults other than their biological mother and father (Treas, Scott & Richards, 2014:217). The term “caregiver” is used to make provision for those individuals who raise children that are not necessarily their biological children. In South Africa, the interconnectedness of the family system and the problematic nature of the economic structure over the last number of years impacted the reality of caregivers and their ability to provide and care for their children (Department of Social Development, 2012:5; Kent et al., 2020:66). The Covid-19 pandemic further exacerbated the challenges experienced by families and caregivers of children (Prime et al., 2020:631). Stressors that previously impacted caregivers and the influence on how they raised their children, as a result, have become exacerbated by the global context in which people now live and function (Grassman-Pines et al., 2020:2).

Stressors that caregivers may have faced include financial strain that worsened during the peak of the pandemic. During the pandemic, prolonged periods were spent at home, and domestic violence became progressively harder to combat and was intensified by the stress caused by unemployment (Kent et al., 2020:66; Prime et al., 2020:631). Another factor that added to the stress experienced by caregivers is food insecurity amplified due to unemployment, accessing food, and food shortages due to panic buying during the 2020 lockdown (Grassman-Pines et al., 2020:2). During the COVID-19 pandemic social interactions and systems a child and caregiver engaged in changed drastically because social interactions decreased and the systems i.e., friends' groups or social groups were also cancelled because of COVID-19 restrictions (Russell et al., 2020:672). A brief overview of international, regional, and national research will provide clarity on the need for research on this phenomenon.

International authors have focussed on the pressure caregivers are under and the influence it has on childhood experiences; these studies reflect the overall well-being of families during the peak of the COVID-19 pandemic (Calvano et al., 2021:1; Grassman-Pines et al., 2020:2; Kent et al., 2020:66; Lee, Ward, Chang & Downing, 2020:1).

2.2 THE ROLE OF FAMILIES IN THE CARE OF CHILDREN

The Children's Act 38 of 2005 postulates that an adult family member of a child is anyone who has parental responsibility and rights. It is a person who has formed a remarkable bond with a child in the form of a familial relationship that enhances emotional and psychological well-being. There is a wide variety of family types in South Africa, and each follows its structure of how a child is cared for; some children are cared for by an extended family while others by a family consisting of one mother/father/parent/caregiver (Rabe & Naidoo, 2015:2).

As the first point of contact for children, the family provides the foundation for the social interaction of children, the systems that impact them, and how effectively a child will develop in all spheres of life (Prime et al., 2020:632). Families are important to child development as they lay the foundation for education, psychological and emotional capacity, identity development, and socialisation of children when a child is not at

school (Adler-Tapia, 2012:15; Calvano et al., 2021:1; Grassman-Pines et al., 2020:2). According to the Revised White Paper on Families in South Africa (2021), the core functions of a family are to create a family formation; to provide economic support for its members; to nurture, support and socialize with the members of the family; and to protect the vulnerable members within the family (Department of Social Development, 2021: 146). These core functions are supported by other literature as well and are explained below:

- **Family formation and membership**

Families provide their members with a sense of belonging. A family helps to form the identity of its members and gives them direction in their lives. Strong families have a close bond with one another and stand strong in unity. Family members have different roles that they fulfil within the family unit, for example, caretaker, spouse, child, and sibling (Department of Social Development, 2021:146; Jackson & Ray, 2018:9, 67). The formation of a family might change from time to time. For instance, when a divorce takes place, when there is a death in a family, and when another child is born or adopted. A dramatic event can change the entire family entity (Day & Day, 2009:17).

- **Economic support**

Families are responsible for fulfilling the basic needs of their vulnerable members by providing shelter, food, clothes, access to health care, and education. Sometimes the role of provider and caregiver can get blurry as one needs to work for long hours at a time to receive an income and find time to spend with one's family (Department of Social Development, 2021:146; Jackson & Ray, 2018:91). Families are different and have different circumstances that affect the way that they make choices. All the caregivers may work or there might be just one breadwinner. Studies found that during the last couple of years, there was an increase in dual-earning couples as the economy placed pressure on families with prices increasing in society (Jackson & Ray, 2018:67).

- **Nurture, support, and socialisation**

Another function of a family is to nurture the children within the family system. A family supports and guides its members to learn appropriate social skills so that they can integrate into society. A strong family teaches its members the basics of respecting

other individuals and having positive interactions with one another. Family members usually have the same values and principles that determine with whom they choose to socialize in life (Department of Social Development, 2021:146; Jackson & Ray, 2018:9).

- **Protecting vulnerable members**

A family must protect its vulnerable members and keep them safe. Children are not capable of taking care of themselves and need someone to look out for them and protect them from danger. Families must also teach their children about danger and what to do when they are faced with a dangerous situation (Department of Social Development, 2021:146). A strong family is seen as a place of safety for its vulnerable members (Treas et al., 2014:256).

Although children in middle childhood develop the skills to self-regulate, it is crucial to have a figure of attachment available to the child to meet developmental milestones. A child's needs will also vary significantly based on how secure or insecure their attachment is to the attachment figure (Bosmans & Kerns, 2015:4). Towards the end of middle childhood, the parent/caregiver serves as a secure soundboard from which the child may bounce ideas (Bosmans & Kerns, 2015:4). Prime et al. (2020:632) reiterate that the heightened psychological distress caused by a negative dynamic in relationships between parents, relationships between parents and children, and sibling relationships can harm the development of social skills. It is important to understand the role attachment plays in a child's life as discussed in the following section.

Interaction within the family is how children perceive and behave in interactions with people from outside the family (Calvano et al., 2021:1). When children live in stable environments and experience secure attachments in childhood, they feel safe and comfortable at home, and they are bound to feel comfortable and have a sense of confidence in communication in diverse social situations (Grassman-Pines et al., 2020:2). The inverse is also a reality, namely when children experience chaos and panic in their family interactions, they may occasionally behave in a manner that portrays this chaos and panic (Grassman-Pines et al., 2020:2). Children present their behaviour from home to the outside world, for instance when children experience

favourable outcomes when they are aggressive at home, they tend to display this behaviour in their school environment or at a friend's home (Adler-Tapia, 2012:15).

Within the context of the COVID-19 pandemic in South Africa, a possibility may be that a parent/caregiver was present at home because they were working from home (Prime et al., 2020:632). However, because working hours became more flexible and strayed from the standard eight to five job, caregivers' capacity to be available to their inquisitive children in middle childhood varied because of an increase in responsibilities (cleaning, cooking, home-schooling, working) (Prime et al., 2020:632).

Caregivers who have demanding jobs may provide for their children financially but neglect their emotional well-being because they are overwhelmed by work, whereas caregivers who are struggling to manage financially might provide sufficient emotional support to their children, but not have enough to provide financially (Kent et al., 2020:66). Children in middle childhood who lack either financial support or emotional support may experience incomplete identity formation with regards to their emotional, social, educational, and spiritual well-being or may have decreased physical health due to a lack in healthcare (Prime et al., 2020:632).

In understanding the impact that the COVID-19 pandemic had on families and children, it is crucial to understand the pandemic holistically.

2.3 CONCEPTUALISING PANDEMICS

To conceptualise pandemics, pandemics and disasters will be defined and the characteristics of a pandemic will be focused on.

2.3.1 Defining pandemics

Pandemics can result from a contagious disease that spreads very quickly through an entire world population causing vast amounts of damage and death along the way (Pokhrel & Chhetri, 2021:133; Qui et al., 2017:3). Different pandemics that are highlighted are smallpox, the plague, the AIDS pandemic, and tuberculosis. Some pandemics are present in different populations over a specific period repeatedly, and

others, however, are longer lasting with detrimental consequences for various aspects of societal functioning (Qui et al., 2017:4).

2.3.2 Characteristics of a pandemic

Pandemics such as coronaviruses are widespread over multiple geographical areas at one time. A disease may start by impacting two or three locations, which may move to four or five more locations and be transmitted to many more locations in a short amount of time - these diseases are generally new with no prior scientific knowledge on the disease and can also be a variant of a virus group (Qui et al., 2017:4; Yang, Liu, Liu, Zhang, Wan, Huang, Chen, Zhang, 2020:128). Pandemics are severe in the destruction and fatality they cause in a noticeably brief period (Pokhrel & Chhetri, 2021:133; Qui et al., 2017:5; Yang et al., 2020:128). Because the disease is new or a variant of a group, the immunity that exists in the population is extraordinarily little because of the limited exposure, in turn leading to infection from person to person until an entire population has either succumbed to the virus or developed an immunity (Pokhrel & Chhetri, 2021:133; Qui et al., 2017:5). The Covid-19 pandemic had a profound influence on the world, including South Africa.

2.4 THE COVID-19 PANDEMIC IN SOUTH AFRICA

COVID-19 in South Africa put the country on a long-term lockdown from March 2020. The lockdown consisted of a plethora of measures and restrictions that varied depending on the level of infections. The lockdown levels ranged from level five to level one, where level five indicated a high alert status. Level five consisted of heavily restricted movement, no social gatherings, masking, sanitising, social distancing, and a ban on alcohol and cigarettes (Greyling, Rossouw & Adhikari, 2021:6). Additionally, all non-essential workers had to start working from home. As the levels decreased the measures and restrictions reduced. Two years after the start of the pandemic 3.6 million people had tested positive for the virus and the death toll was 99 458 (Department of Health, 2022). Since the onset of the pandemic schools and places of work closed, re-opened, or became completely online which was a challenge for caregivers and children to cope with (Department of Health, 2022).

On the 5th of March 2020, the Minister of Health confirmed South Africa's first positive case of the COVID-19 virus. The South African government implemented the Disaster Management Act to identify hotspots and regulations for growing numbers in these areas (Department of Health, 2022). School programmes were adapted to minimise infection rates and social relief grants were provisioned for those who became unemployed because of the pandemic (Department of Health, 2022). The government also provided citizens with "unemployment insurance funds and credit life insurance policies" (Sekyere, Bohler-Muller, Hongoro & Makoae, 2020:6). Additionally, debt and tax measures have been adapted to assist with financial strain in all South African households (Department of Health, 2022).

With caregivers mostly working from home during the lockdown period or losing their employment because of the pandemic, other social issues increased that negatively impacted the entire society (Department of Health, 2022; Naidu, 2020:560). These other social issues included an increase in the national crime rate, an immense strain on healthcare providers, a lack of adequate social services, and a decrease in food security (Sekyere et al., 2020:3). Additionally, gender-based violence increased significantly during lockdown (Leburu-Masigo & Kgadima, 2020). In South Africa, the pandemic had a major impact on the overall well-being of all residents long-term (Naidu, 2020:560). Greyling et al. (2021:13) state that the lockdown led to a decrease in the overall happiness of South Africans that affected families and children.

2.5 THE EFFECT OF COVID-19 ON FAMILIES AND CHILDREN

The pandemic had a significant impact on the everyday lives of South African families (Nguse & Wassenaar, 2021:304). The global community had concerns regarding the virus reaching resource-constrained countries such as South Africa which has a larger prevalence of health issues such as HIV/AIDS, weak infrastructure, and already existing socio-economic problems. Many families in South Africa were already ill-equipped to deal with existing socio-economic circumstances such as poverty, unemployment, violence, and poor infrastructure. Environmental shocks such as the COVID-19 pandemic further burdened and negatively impacted the well-being of South African families. Families fulfil their role best when they operate in an enabling and supportive environment (Donga, Roman, Adebisi, Omukunyi & Chinyakata,

2021:1; RSA, Ministry for Social Welfare and Population Development, 2021:145). The following section of the chapter will look at the impact of the COVID-19 pandemic and the mandatory lockdown measures implemented by the South African government on families in South Africa (October, Petersen, Adebisi, Rich & Roman, 2021:2).

2.5.1 Economic impact

Unemployment has long been a socio-economic problem in the South African context. The COVID-19 pandemic deepened unemployment to a rate of 42.6% (RSA, Ministry for Social Welfare and Population Development, 2021:162; Statistics South Africa, 2021). South Africans' work was disrupted by the pandemic and the restrictions that were imposed and this led to a reduction in income (Kent et al., 2020:67, UNDP Regional Bureau for Africa, 2020:70). The COVID-19 restrictions had negative economic impacts on the formal and informal economic sectors. In the formal sector, the COVID-19 pandemic led to businesses closing or downsizing which left many South Africans without employment. The lockdown measures impacted workers in the informal sector as they could no longer go out to look for work (Adebisi, Roman, Chinyakata & Balogun, 2021:234). The massive loss of work meant that 47% of households ran out of money for food during the April 2020 lockdown (Fricker & Hartford, 2020:14). The total amount of jobs that were lost in the first phase of the COVID-19 lockdown was about 2.9 million and just under 2 million of those job losses were accounted for by women (Casale & Shepherd, 2021:7). The gender wage gap also widened during the lockdown with women earning 43% less in wages per hour than men (Fricker & Hartford, 2020:14).

The negative economic impact of the COVID-19 pandemic and lockdown restrictions resulted in a reduction in income for families in South Africa which meant that many families were unable to afford necessities (Adebisi et al., 2021:235). Women were the most affected by job loss during the COVID-19 pandemic in South Africa. Employment for women had fallen by 8% whereas for men it had only fallen by 2% from February to October 2020 (Casale & Shepherd, 2021:7; RSA, Ministry for Social Welfare and Population Development, 2021:162). The lockdown measures meant that externally provided childcare was suspended. This meant that the childcare burden in households increased considerably. In South Africa, the burden of care often falls on

women (Casale & Shepherd, 2021:20). This meant that many women had to resign from their jobs to care for family members who became ill due to the virus and/or to take on the role of educator and carer for their children who were forced by lockdown restrictions to do home-schooling. Women are more likely to take on the care work in households as women in South Africa are much more likely to live with children than men (RSA, Ministry for Social Welfare and Population Development, 2021:162). Women carry the heaviest burden as they are faced with the stress of unemployment and the inability to provide food and necessities for their children (Fricker & Hartford, 2020:14).

In response to the negative economic impact the COVID-19 pandemic and lockdown restrictions had on families, the South African government implemented a special COVID-19 Social Relief of Distress grant of R350 a month. To be eligible for the grant an individual had to prove that they were older than eighteen, unemployed, and not receiving any financial pay-out from the Unemployment Insurance Fund (Baskaran, Bhorat & Kohler, 2020:1). The South African government also implemented the Unemployment Insurance Fund to help individuals cope with the effects of the pandemic however many individuals could not benefit from UIF pay-outs as they did not meet the criteria (Adebisi et al., 2021:235). Most of the beneficiaries of UIF pay-outs were men, meaning that in October 2020, only 39% of UIF pay-outs were made to female beneficiaries (Casale & Shepherd, 2021:18). Even though the financial measures were implemented, Sekyere et al. (2020:6), state that they were inadequate and not flexible enough to address the full scope of the impact of the COVID-19 pandemic. Families that go through financial difficulties, will likely struggle to take care of their children's physical and emotional needs due to a lack of finances and an increase in stress levels.

2.5.2 Schooling

The lockdown measures enforced by the South African government to combat the COVID-19 pandemic meant the closure of schools and the phased reopening of schools and implementation of rotational attendance (Kotze, Mohohlwane, Shepherd & Taylor, 2021:1). This closure negatively impacted children and their families in several ways (Adebisi et al., 2021:235). Many South African children were home-

schooled during the lockdown (Stats SA, 2020: vii). Parents thus had to find a balance between working in their jobs and taking on the additional responsibilities of schooling their children (Kent et al., 2020:66).

The closure of schools did not only influence the role of parents but also the food security of children. Many children were receiving free meals at school from the National School Feeding Programme. The closure of schools meant that 9 million South African children lost that essential support (Fricker & Hartford, 2020:19; Kotze et al., 2021:6; May, Witten & Lake, 2020). The COVID-19 pandemic thus worsened child hunger (RSA, Ministry for Social Welfare and Population Development, 2021:22).

In the socio-economic context of South Africa, most of the learning takes place at school (Adebiyi et al., 2021:235; Kotze et al., 2021:4). Many learners in South Africa come from resource-poor households where there are very few opportunities for learning if not provided by the school. Due to the socio-economic problems in South Africa, families live in environments that are not conducive to online learning. South African families are faced with connectivity problems, limited access to the internet and data, power blackouts, and a lack of learning facilities such as a space to work in and access to technology such as computers. Learning from home was further complicated as many parents had not completed their formal education and thus struggled to properly take on the role of educator. When schools started returning to in-person learning only certain grades returned to school and many children experienced fear of contracting the virus at school (Adebiyi et al., 2021:235; Kotze et al., 2021:4). With the ease of lockdown measures, children slowly started returning to school in a normal routine. The change in the school system during COVID-19 placed a burden on many households as families struggled to provide the same school experience at home that their children received at school.

2.5.3 Violence in homes

The World Health Organization found that in times of disaster, violence against women increases (World Health Organization, 2020). The risk of violence against women and children was worsened by lockdown measures which increased stress on a family's breadwinner and reduced access to services. This means that the pandemic stranded

victims of family violence with abusive partners or abusive parents and isolated them from people or services that could aid these victims (Adebiyi et al., 2021:234).

Gender-based violence (GBV) and Intimate Partner Violence (IPV) were already major problems in South Africa. During the COVID-19 lockdown rates of gender-based and intimate partner violence increased (RSA, Ministry for Social Welfare and Population Development, 2021:166). The Government Gender-based Violence and Femicide Centre recorded more than 120000 victims within the first three weeks after the lockdown restrictions were implemented (Adebiyi et al., 2021:234). The pandemic and lockdown restrictions worsened abuse against children. The closure of schools also meant that many children lost the safe and protective environment that the school provides (Adebiyi et al., 2021:234; Fricker & Hartford, 2020:19). The increased levels of violence against women and children have been described as South Africa's "second pandemic" (Fricker & Hartford, 2020:19). As anxiety and stress levels increased during COVID-19, so did family violence which in turn affected the children.

With the focus of the study being on the care of children in middle childhood during the COVID-19 pandemic, a brief discussion of the developmental stage is provided.

2.6 THE CHILD IN MIDDLE CHILDHOOD

To understand the effect that COVID-19 had on families with children in middle childhood, one must first understand the developmental milestones that take place during middle childhood. A child in middle childhood is between the ages of six and twelve. Middle childhood is an important stage in terms of a child's cognitive development, emotional world, and psychosocial development. For a child in middle childhood, physical, emotional, and social, as well as educational development, is important for overall successful development (Adler-Tapia, 2012:15; Louw & Louw, 2014:225). Physically, emotionally, and educationally children start performing complex activities such as problem-solving, building self-confidence, developing socially for later social interaction, adapting to school, sticking to rules, forming peer relationships, and performing adequate academic activities (Arnett & Maynard, 2017:420; Batra, 2013:259; Louw & Louw, 2014:256). Competence becomes the main

source of a child's self-esteem during this stage of psychosocial development (Arnett & Maynard, 2017:420).

2.6.1 Cognitive development

Children in middle childhood start to use complex thought more in the concrete operational stage; they develop logical thinking abilities and become systematic thinkers (Arnett & Maynard, 2017:298; Glowiak & Mayfield, 2016:370). Children at this stage of cognitive development struggle with a single important limitation, namely that their mental operations struggle to understand abstract ideas (Berk, 2013:252).

2.6.2 Emotional development

Due to the cognitive progress children make, they can understand more complex emotions (pride and shame) and more than one emotion can be experienced at the same time (Louw & Louw, 2014:259-260). Children in middle childhood understand situations at a deeper level and can hide negative emotional reactions. Towards the end of middle childhood, they understand the cognitive role in emotional regulation (Louw & Louw, 2014:259-260).

2.6.3 Social development

The social possibilities of children in middle childhood expand exponentially and they are exposed to many new social experiences that can have a profound impact on their development. The role of the family changes as children start to spend less time with their caregivers and more time with peers. However, the caregivers of children in middle childhood remain an important source of support (Louw & Louw, 2014:262).

2.6.4 Educational development

Most children in middle childhood are starting their formal education. During the previous stages of childhood, the child spent much of their time with caretakers, however with the start of formal education; children are exposed to new people in the form of peers, teachers, and other authority figures and new challenges in terms of

tests, extracurricular activities, and schoolwork (Louw & Louw, 2014:22; Glowiak & Mayfield, 2016:387).

2.7 CONCLUSION

COVID-19 had a tremendous impact on the entire world. In South Africa, it harmed the economy and the livelihood of the South African people which led to various challenges for families. Families play an integral part in raising children to become independent and successful adults. Families are responsible for taking care of their children and fulfilling their basic needs. COVID-19 led to job losses, salary cuts, and food shortages. People had to work from home and children had to do schoolwork from home. Many families struggled to fulfil both the role of breadwinner and teacher. South Africa had several challenges before COVID-19. COVID-19 brought forward new challenges and added to the existing challenges which made it extremely difficult for families to cope in their everyday life. The cognitive, emotional, educational, and social development of children in middle childhood was impacted by COVID-19. Families had different experiences and different available resources during COVID-19. Therefore, each child within a family was impacted differently.

The research methodology, ethical considerations, and research findings for the study will be presented in Chapter 3.

CHAPTER 3

RESEARCH METHODOLOGY, EMPIRICAL STUDY AND RESEARCH FINDINGS

3.1 INTRODUCTION

This chapter will focus on the research methodology, ethical considerations, and the empirical results of the study which is about the experiences of families with children in middle childhood during COVID-19.

3.2 RESEARCH METHODOLOGY

Research methodology entails the collection and analysis of data (Crowe et al. 2011:2). This section will focus on the problem statement and rationale; goal and objectives of the study; research approach; type of research that was used; research design; sampling and sampling methods; pilot study; data collection method; data analysis; and data quality.

3.2.1 Research question

The research question for this study is: What were the experiences of South African families caring for children in middle childhood during COVID-19? The research question will be answered by reaching the goal and the objectives of the study as well as following the research methodology. The goal of the study is to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic.

The objectives of the study are:

- To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic.
- To explore and describe how the pandemic has affected the provision of resources that meet the needs of children in middle childhood.
- To explore and describe the influence of COVID-19 on the developmental milestones of children within middle childhood functioning and development.

3.2.2 Research approach

A qualitative research approach was chosen for this study as it focused on exploring the experiences of families caring for children in middle childhood during the COVID-19 pandemic. From an exploratory and descriptive point of view, and based on the limited research available, qualitative research suited the purpose of the study (Rahman, 2016:104). Qualitative research allowed for an in-depth understanding of how parents/caregivers of children in middle childhood experienced caregiving during the COVID-19 pandemic.

Within the qualitative research approach, the interpretivism approach was used. Interpretivism believes that there are multiple ways of looking at an occurrence and to understand the occurrence such as the effect COVID-19 had on the quality of care, the researcher needs to enter the participants' world and understand and demystify how the participants construct the meaning of this occurrence (Nieuwenhuis, 2020:67).

Qualitative research may be very time-consuming but is flexible and changes continuously (Lietz & Zayas, 2010:189). This coincides with the characteristics of using interpretivism for this study. As this study is both qualitative and interpretivist the researcher has flexibility in the interpretation and presentation of the holistic data from the participants. Qualitative research for this study means that rich data were obtained to understand the phenomenon better to inform decisions and services from both Bronfenbrenner's Ecological Systems Theory and a Family Systems Theory perspective (Cooper & White, 2012:6; Trainor & Graue, 2013:129).

3.2.3 Type of research

Applied research uses data to build onto what is understood within a knowledge base of a phenomenon and to use this knowledge to the advantage of practitioners and policymakers to make decisions and render services effectively (Hilton, Fawson, Sullivan & DeJong, 2019:8). The type of research that was used for this study was applied research as it focusses on contributing to the knowledge base that influences change in the lives of the target population. The study identified the effect that COVID-19 had on families with children in middle childhood in South Africa. The findings can

be used to inform social work services and decisions which can be useful in the immediate future (Adler & Clark, 2015:360).

3.2.4 Research design

A case study research design was used for this study as it helped the researcher explore and understand the experiences of families with children in middle childhood during the COVID-19 pandemic. An instrumental case study was used in this research study as the researcher wanted to study the experiences of caring for children in middle childhood during the COVID-19 pandemic and did so by interviewing a specific group, namely families with children in middle childhood (Parker, 2016:223).

The researcher interviewed six participants who fulfilled all the requirements that were necessary for this study. She knew the topic before she conducted the interviews by compiling a literature review.

3.2.5 Sampling and sampling method

The population of the research study was parents or caregivers providing care to children in middle childhood within the area of Tshwane in Gauteng. Participants were recruited via CMR-East, a non-government organisation (NGO) where they currently receive or have recently received services. Recruitment took place via posters and leaflets which were left at the organisation. Additionally, the administrator at the NGO verbally invited prospective participants as this took into consideration that not everyone would be literate. Verbal invitations were made by the administrator rather than by a social work professional, as this ensured less likelihood of a participant feeling coerced or obligated to participate due to a service provider relationship.

The following inclusion criteria were used to recruit potential participants:

- The caregiver must identify as being a part of the child's family.
- The caregiver is receiving or previously received services from the NGO.
- The caregiver must have at least one child in middle childhood (6-12 years of age).
- The caregiver must be residing with and caring for the child in middle childhood.

- The researcher must be able to speak the language of the participant or make use of an interpreter.

Since the study is qualitative and exploratory and seeks to gain a more in-depth understanding rather than the generalisation of statistical findings, non-probability sampling was used, whereby participants were not randomly selected (Merriam & Tisdell, 2015:96). Furthermore, purposive sampling was suitable for the study, as it ensured that specific participants, who could provide relevant, information-rich descriptions about the phenomena being studied, were included. Sampling criteria were therefore identified before sample selection to ensure that participants met the criteria (Pickard & Childs, 2014:64; Maruyama & Carey, 2014:235). Participants who met the inclusion criteria, stated above, were included in this study. The researcher interviewed six participants as data saturation was achieved, whereby no added information or themes became apparent, and no new insights were derived from the data collection phase (Makofane & Shirindi, 2018:34).

3.2.7 Pilot study

A pilot study assesses the instruments and the process of the main study to correct the shortfalls of the processes and instruments that the researcher will use (Hilton et al., 2019:10). A pilot study was used to improve the quality of the data and test whether the necessary data can be obtained from the participants (Strydom, 2021:387). The interview schedule was piloted with one caregiver with a child in middle childhood and the content was not included in the data set that was analysed. A literature review and expert input was used to refine the interview schedule.

3.2.8 Data collection method

Data collection was done using semi-structured interviews. The researcher made use of an interview schedule. Open-ended questions were used and prepared with specific interests in mind to facilitate a rich data collection opportunity (Newcomer, Harry & Wholey, 2015:493). This method allows in-depth exploration and covering of themes that arise as the interview progresses with clarification and probing as support. Interviews were conducted in settings where privacy and confidentiality were ensured.

The disadvantages of the semi-structured interview are that it takes time and extensive labour to complete, the interviewer must have a certain refinement to conduct the interview successfully, and data from only a small sample of participants may not carry the same weight as data from a large group (Newcomer et al., 2015:493). The advantages outweigh the disadvantages in that open-ended questions allow the researcher to ask follow-up questions for further data collection (Newcomer et al., 2015:494). Further, it assists the researcher in becoming acquainted with the phenomenon on a deeper level (Newcomer et al., 2015:494). For this research study, each interview was audio recorded and then transcribed.

3.2.9 Data analysis

Data analysis was done by the researcher using transcriptions of the semi-structured interviews with participants. Thematic data analysis was used as the genre of analysis for this study in the following manner:

- Phase 1: The researcher familiarised herself with the data by working through the transcriptions of the interviews that have been compiled using the audio recordings from each interview and making detailed notes as she moved along the data (Nowell, Norris, White & Moules, 2017:4-5; Terry, Hayfield, Clark & Braun, 2017:13).
- Phase 2: An informative sense of the data allowed the researcher to start coding the data through an inductive and deductive process, in which the researcher generated codes before the coding process as well as during to generate the most effective coding set available (Stefaniak, 2019:250). The researcher used a spreadsheet in which phrase codes were generated according to the research question (Terry et al., 2017:13).
- Phase 3: The researcher generated themes by tabulating similar codes under one umbrella to form themes that were guided by the same pattern to create a theme for each section of the sorted codes (Nowell et al., 2017:4; Terry et al., 2017:18).
- Phase 4: Reviewing the themes that have been created allowed the researcher to clarify the different themes by controlling the themes that would be included

in the study and those that would not or are not relevant to the research question (Terry et al., 2017:21).

- Phase 5: In the defining and naming phase of the themes of the study, the researcher defined every single theme, including the sub-themes that have been formulated, and described the importance of every theme regarding how the themes relate to the broader research topic and question and how best to interpret the information (Nowell et al., 2017:4; Terry et al., 2017:22).
- Phase 6: The researcher produced a report with careful consideration of the order in which the themes will be presented to best represent participants' experiences (Terry et al., 2017:25).

3.2.10 Data quality

To ensure that the data analysis, the findings, and the recommendations of this study are reliable and valid, trustworthiness is crucial to ascertain quality qualitative research that represents the experiences of participants fully (Hadi & Closs, 2016:643; Nieuwenhuis, 2020:143). Credibility, transferability, dependability/auditability, and confirmability should be met in an attempt for research to be trustworthy (Nowell et al., 2017:3).

3.2.10.1 Credibility

The research will be credible if a reader can live in the experience of the participants by only reading and seeing that the data and representation match each other (Nieuwenhuis, 2020:144; Nowell et al., 2017:3). Credibility was also ensured through peer examination as the researcher has sought support from the research supervisors in the Department of Social Work and Criminology (Anney, 2014:276; Nieuwenhuis, 2020:144).

3.2.10.2 Transferability

A thick description was used as a strategy to ensure the transferability of the study to other settings and populations that were purposely selected to represent a specific

phenomenon (Anney, 2014:277-278; Nieuwenhuis, 2020:144). The data collection method of interviews and the data analysis method of thematic analysis produced thick descriptions. The research findings can be applied to other contexts, situations, and times where applicable.

3.2.10.3 Dependability/auditability

Dependability was ensured in this study by focussing on the logical interpretation of the process of the research as it was completed (Anney, 2014:278; Nieuwenhuis, 2020:145; Nowell et al., 2017:3). To ensure dependability, the research study made use of an audit trail. The sources and methods of data collection and analysis as well as the decisions that the researcher made during the research study were described in a journal to ensure that the entire research process was conducted in an equal manner for all participants (Anney, 2014:278-279; Nowell et al., 2017:3).

3.2.10.4 Confirmability

To ensure confirmability, the researcher made sure to decrease researcher bias and be acutely aware of her views or predispositions on the COVID-19 pandemic and its influence on caregiving by parents/caregivers (Anney, 2014:278; Hadi & Closs, 2016:643; Nieuwenhuis, 2020:145). The findings and data were linked (Lietz & Zayas, 2010:197) to ensure that the research adheres to the requirements for being trustworthy.

3.3 ETHICAL CONSIDERATIONS

Ethical considerations must be adhered to when a study includes human beings like causing no harm to participants, getting written consent, respecting participants' right to privacy and confidentiality, keeping an eye on reflexivity and positionality of the researcher, analysing, and report writing, obtaining permission for the research, and storing of data.

3.3.1 No harm

No harm physically or mentally should be inflicted on participants in any way. Participants were fully informed in a transcendent way of the purpose, questions, processes, and results of the study (Babbie, 2017:62; Hilton et al., 2019:73). The above ensured that the participants knew what to anticipate before their participation. The participants may have been affected by the content shared within the interview with the researcher as the topic is emotional, sensitive, and personalised, thus the researcher ensured that this aspect of harm was made provision for. The researcher had a designated counsellor (Alicia van Vuuren), appointed through a formal agreement letter, who was available for follow-up counselling, to ensure psychosocial support was obtained for the participants. Secondly, the researcher has the responsibility to ensure that when data is interpreted and published it does not cause psychological, financial, or social harm to the participants who were involved (Polonsky & Waller, 2019:85).

3.3.2 Written informed consent

The nature of the study has been put forth accurately, and participants could willingly join the study and were not coerced to sign the written consent form (Babbie, 2017:70). Participants had the right to withdraw their consent to participate at any time without any reason.

3.3.3 Right to privacy and confidentiality

The right to privacy enables a participant to control with whom they share their perceptions, information, values, and behaviours (Hilton et al., 2019:69). The informed consent form and the code of ethics of the South African Council for Social Services Profession guide the researcher in managing the information of participants with the utmost sensitivity and professionalism during and after the study to protect the participants' confidentiality (South African Council for Social Service Professions, 2020:4). The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for ten years post-study.

3.3.4 Reflexivity and positionality

Positionality, according to Holmes (2020:2) is influenced by “an individual’s values and beliefs that are shaped by their political allegiance, religious faith, gender, sexuality, historical and geographical location, ethnicity, race, social class, and status”. In this instance, the researcher has identified these and acknowledged them to ensure they do not get in the way of the study data gathering. The acknowledgement of these influences and preventing them from influencing the research study is referred to as reflexivity as defined by Corlett and Mavin (in Cassell, Cunliffe & Grandy, 2018:378). The researcher has identified all individual influences in the perception of the research context and addressed them before entering the participants’ realities and settings.

3.3.5 Analysis and reporting

Research results should be portrayed in the most accurate way the researcher is capable of; this includes the limitations of the study and the research findings (Babbie, 2017:72). The research findings and limitations receive detailed attention in the research report.

3.3.6 Obtaining permission for the research

Any research must be approved by the review board before research may take place (Crowe et al., 2011:2). Therefore, a permission letter was obtained from CMR Gauteng East to access the target group, and the researcher submitted a research proposal and received ethical clearance from the Ethics Committee of the University of Pretoria (see Appendix A).

3.3.7 Data storage

Data will be stored for ten years according to the University of Pretoria policy and the POPI Act.

3.4 RESEARCH FINDINGS

In the next section, the biographical details of participants will be explained in the narrative form as well as using charts. Themes and sub-themes will be discussed and supporting literature will be incorporated.

3.4.1 Biographical profile of participants

A total of six participants were used for this study. All the participants were clients, or have been clients of CMR Gauteng East, Silverpark office. The participant must have had at least one child in their care that falls into the category of middle childhood (children between 6-12 years).

The biographical profile was compiled with a specific focus on gender, age, race, home language, ethnicity, participant's position in the family, home, and living circumstances. Five participants were female, and one was male. Four participants were White while two were Black.

3.4.1.1 Age

One participant was under the age of 30. Two participants were between 30 – 40 years; two participants were between 40 – 50 and one participant was in the category of 50 - 60. The participants' age is demonstrated visually in the following column:

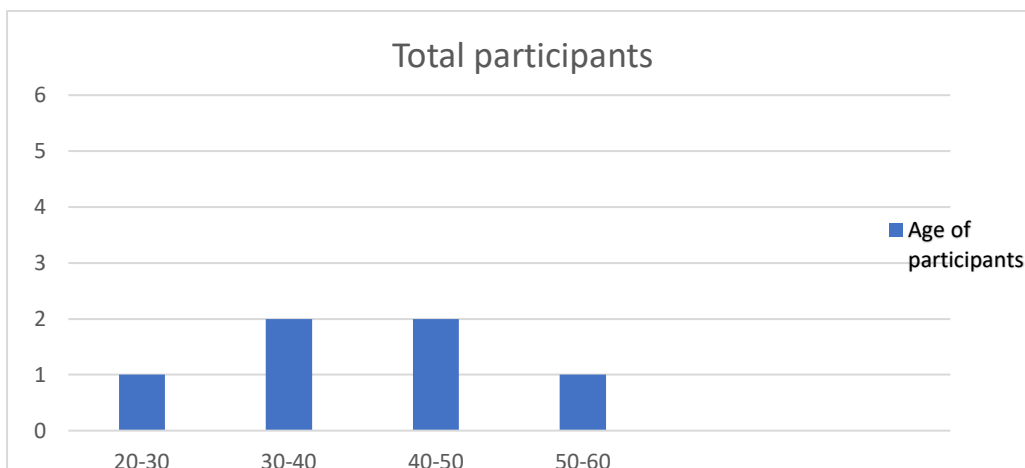


Table 1: Age of participants

3.4.1.2 Race

Two participants were Black and four were White. The data is illustrated below:

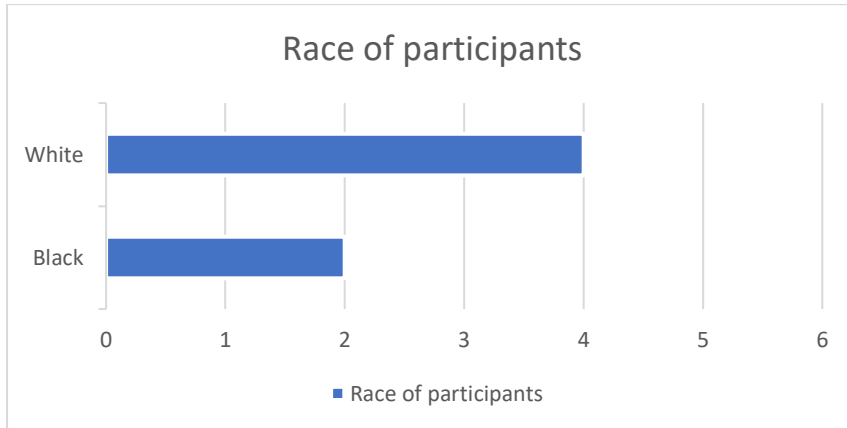


Table 2: Race of participants

3.4.1.3 Home language

Four participants were Afrikaans speaking. One was Setswana and one was Sepedi. The home language of the participants is demonstrated below:

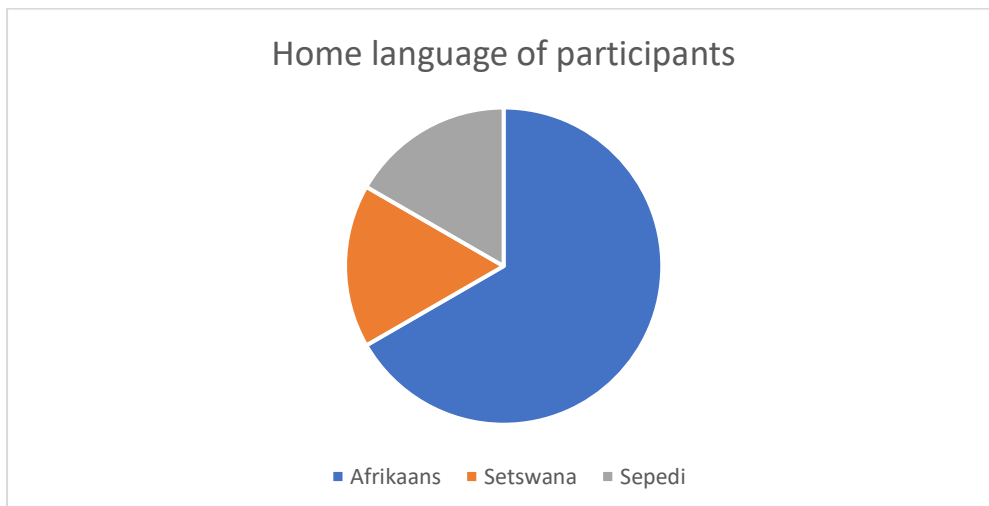


Figure 1: The home language of the participants

3.4.1.4 Position in the family

Four participants were the biological mother of the child/children in their care. One participant was the biological father of the child/children in his care. One participant was the paternal grandmother of the child/children in her care. The position in the family is portrayed below:

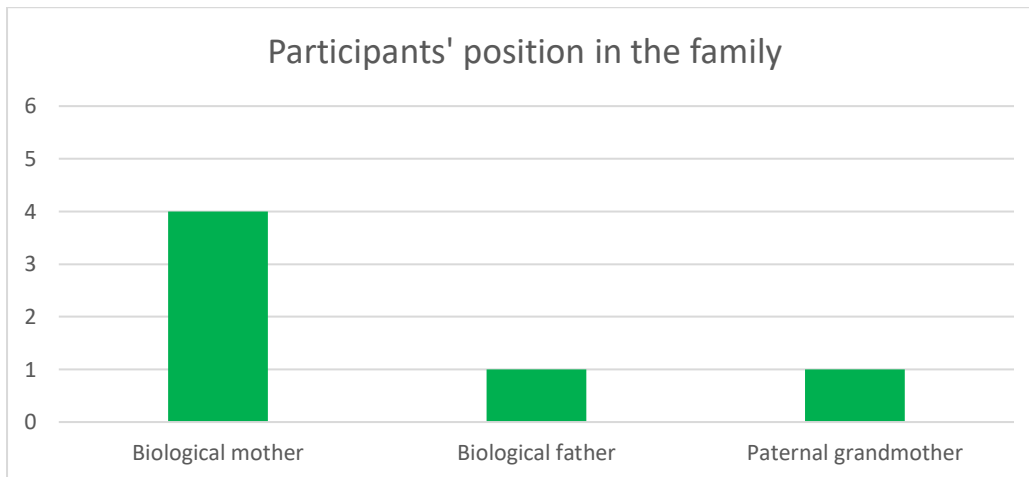


Table 3: Position of participants in the family

3.4.1.5 Home and living circumstances

All the participants lived in a comfortable home. Some were more crowded than others but all of them had a place to sleep – whether it was on a bed or couch.

3.5 KEY THEMES

The following themes and sub-themes emerged through the data that was gathered in the semi-structured interviews:

Theme	Sub-theme
1. Physical and emotional developmental milestones in middle childhood with a specific focus on financial considerations for caregivers during COVID-19	1.1 Impact of COVID-19 on income and employment
	1.2 Food and other necessities
	1.3 Other financial implications

2. Social and educational developmental milestones in middle childhood with a specific focus on the functioning of households during COVID-19	2.1 Emotions of family members during COVID-19
	2.2 School from home
	2.3 Other household changes
3. Emotional developmental milestones in middle childhood with a specific focus on support systems	3.1 Advantages of a strong support system
	3.2 Challenges when there is no support system and/or changes in the support system
4. COVID-19 rules and regulations	4.1 Families' experience of rules and regulations

Table 4: Themes and sub-themes

3.5.1 Theme 1: Physical and emotional developmental milestones in middle childhood with a specific focus on financial considerations for caregivers during COVID-19

The ecological system's theory of Bronfenbrenner implies that the events within one level will most likely have an impact on all of the other levels as well. COVID-19 had a huge financial impact, not only on the economy but on individuals as well. Some individuals experienced salary cuts and lost their jobs. Breadwinners passed away due to COVID-19 and people needed to adapt to receiving only one income when they usually received two incomes. Because the income of some households was affected, they struggled to put food on the table. Many individuals started to work when they were not allowed to work so that they could buy food and pay their bills. The effect of a smaller and/or no income also led to other implications like not being able to afford certain products or services.

The COVID-19 pandemic led to many businesses that needed to close their doors or retrench some of their employees as they tried to survive the economic impact (Nkate, 2020:146). The financial implications that some families went through, definitely had an impact on how they could feed their children which may have led to problems in

physical development. Because there was an increase in anxiety and stress levels within the family unit, children might have struggled with learning how to control their own emotions.

3.5.1.1 Sub-theme 1.1 Impact of COVID-19 on income and employment

During the semi-structured interviews, it became evident that COVID-19 had an impact on the employment and income of the participants. Most families received a smaller income during COVID-19 than they were used to normally. Some participants could not work throughout the entire lockdown as only some companies and service providers were categorised as essential services (Nkate, 2020:146). People who did not fall into the essential service provider framework were not allowed to work. It is estimated that only 40% of the South African population was allowed to work. The COVID-19 rules and regulations had a tremendous impact on the work force (exosystem) in South Africa which in turn affected the microsystems, in the context of this study, South African families (Köhler, Bhorat, Hill & Stanwix, 2023:3).

“The biggest challenge for us was money. My husband is a mechanic and was not able to work the whole time, so he didn’t receive his whole salary.” (Participant 1)

“Not one of us was allowed to work during lockdown. My employer didn’t pay me a salary. No work, no pay.” (Participant 4)

“I wasn’t able to work the whole time but at least I had some savings that I could use.” (Participant 6)

Some of the participants experienced salary cuts during the COVID-19 lockdown. Some companies were able to pay their employees even though they could not operate while other companies just could not afford paying salaries when there was no money coming in. Government restrictions and regulations had significant economic costs. The global as well as the national economy were negatively impacted by COVID-19 which led to changes in the monthly income of families. Some

companies that were lucky enough to survive, had to minimize their expenses by cutting employees' salaries (Köhler et al., 2023:3).

"They didn't pay him his full salary because he couldn't work his normal hours as it was lockdown." (Participant 1)

"My husband's salary was cut so we needed to find ways to cover all our expenses." (Participant 4)

Many jobs were lost during the COVID-19 lockdown. It is predicted that more than 5 million people who worked within the informal sector in South Africa lost their jobs during and after COVID-19 (Ikwegbue et al., 2021:279; Köhler et al., 2023:3). A few of the participants also lost their jobs - this led to an increase in anxiety and stress levels. According to the Family Systems Theory, the interactions that children have with their family will influence their behaviour, personality, and character (Quezada-Ugalde, García-Hernández, Maya-Barrios & Auza-Benavides; 2023:7) Caregivers that are stressed might find it difficult to have positive interactions with their children which will have an impact on the development of their children.

"...my son lost his job, and they struggled to take care of all their financial responsibilities." (Participant 3)

"I didn't receive a salary during lockdown and lost my job just after lockdown... We struggled to pay all of our bills and to buy enough food." (Participant 4)

The term "new normal" was used when employers started to make plans to keep their doors open when the lockdown was extended beyond the initial 21 days. Some businesses allowed their employees to work from home so that they could keep on operating (Nkate, 2020:150). One of the participants started to work from home during lockdown.

"I started working from home during lockdown." (Participant 5)

A few people made plans to work so that they could get an income, even though it was against the law. Only those professions that were deemed as a necessity were allowed to work which meant that over 60% of the population was not allowed to work (Espis-Sanchis, Leibbrandt & Ranchhod, 2022:667). To survive, some people went against the regulations and tried to earn money so that they could buy food, pay bills, and take care of their households.

“My husband did some side jobs when no one was allowed to work – so basically illegally but if it was not for that, I don’t know what would have happened to us.”
(Participant 1)

COVID-19 lockdown was difficult for those participants who lost a loved one especially if that loved one helped to bring in money for the household. COVID-19 caused millions of deaths and people being admitted to hospital for a long time. Families needed to adapt to living on only one income when a partner that brought in an income, passed away.

“After my wife passed away, it was a bit difficult as we now needed to rely on one income and still pay all of the bills.” (Participant 2)

Participants had to cancel debit orders and subscriptions to various services and/or products as they could not afford to pay the bills when their income was less than before.

“We needed to make a few changes like cancelling our DSTV subscription, having a stricter budget for buying food, selling one car, and a few other things changed.”
(Participant 2)

3.5.1.2 Sub-theme 1.2: Food and other necessities

Participants who felt the financial impact of COVID-19 received food parcels and other necessities from charity projects and non-government organisations, like CMR. The regulations and restrictions that were put in place by the government, led to many

small businesses closing their doors which increased the rate of unemployment. This led to an increase in hunger, and it placed pressure on the economy as well (Ikwegbue et al., 2021:273). What happened within one system, like the macro system, had an impact on all of the other systems as well.

*“CMR helped us with a few food parcels. My husband borrowed some money from his employer and one of my children’s schools also helped with a few toiletries.”
(Participant 1)*

“I went hungry to bed on many occasions as I wanted my kids to eat.” (Participant 1)

“...my husband’s salary was cut so we couldn’t cover all of our expenses and buy necessities like food and toiletries.” (Participant 1)

“We struggled with enough food, so the food parcels really helped. We went without some toiletries that we usually could afford.” (Participant 4)

3.5.1.3 Sub-theme 1.3: Other financial implications

The economic ripple effect of COVID-19 led to other financial implications that affected different aspects like education, child development, and childcare. Participants struggled to afford day-care for their children which meant that one of the caregivers needed to stay home to take care of the children. Some of them did not have enough money to support the children with data and technology in their schoolwork. The participants struggled to keep up with all of their expenses.

*” I am a stay-at-home mom because we cannot afford day-care for our youngest.”
(Participant 1)*

“We didn’t really have enough money to buy data for watching education videos from school, so we only watched a few. My children are part of the feeding scheme at school, so they receive one meal per school day which they obviously didn’t receive during lockdown.” (Participant 1)

“We didn’t have a laptop for the children’s schoolwork and had to do everything from my phone. I had limited money for data so I couldn’t go on the internet every day.”
(Participant 4)

“We struggled to pay all of our bills and to buy enough food.” (Participant 4)

Families started to make plans to try and protect their livelihoods. Some of the participants sold a few objects within their homes to get money that they could use to buy food and/or their bills. Others borrowed money from their workplace or asked extended family members for money. Subscriptions that were not seen as a necessity were cancelled so that the money could be used for something more important. Some families were lucky enough to have savings that they could use, but those who were not as privileged struggled (Donga et al., 2021:10).

“We sold a few objects in our house to get money for food.” (Participant 1)

“My husband borrowed some money from his employer...” (Participant 1)

“We needed to make a few changes like cancelling our DSTV subscription, having a stricter budget for buying food, selling one car, and a few other things changed.”
(Participant 2)

“My son and his wife didn’t really have money to buy stuff. So, they needed to ask when they wanted something for the children.” (Participant 3)

“My husband’s salary was cut so we needed to find ways to cover all our expenses.”
(Participant 4)

“... I needed to adapt financially but at least I have my career. I had some savings that I used up when I wasn’t allowed to work.” (Participant 6)

Families that could not keep their heads above water and that were privileged enough to have a good support system, moved in with their extended family to lighten the

burden. People realised the importance of family and close friends during the COVID-19 pandemic as they could lean on these people in times of distress (Donga et al., 2021:7)

“My son lost his job and my daughter-in-law's salary just wasn't enough to cover all the expenses. So, they needed to make a decision to move in with us so that they can get back on their feet.” (Participant 3)

3.5.2 Theme 2: Social and educational developmental milestones in middle childhood with a specific focus on the functioning of households during COVID-19

The ecological systems theory of Bronfenbrenner states that a person's development can be greatly impacted by their environment (Quezada-Ugalde et al., 2023:6). Each family experienced the COVID-19 lockdown differently as people are unique and have unique circumstances and backgrounds. The social development of children in middle childhood was challenged as they were not as free to socialize with other people as they were before COVID-19. Educational development was a big challenge as schools were closed and children needed to learn from home. The mental health of individuals was challenged, people had to learn how to educate their children from a home environment and many other household changes will be discussed below.

3.5.2.1 Sub-theme 2.1: Emotions of family members during COVID-19

The participants mentioned that children felt scared when the lockdown started as everything that they saw as normal changed. People needed to wear masks, schools were closed, people needed to keep social distance from others, parents needed to stay at home and the news mentioned all of the COVID-19 deaths. When children could return to school, anxiety levels rose again as they didn't know whether they would be safe and what to expect when they returned to school.

“In the beginning, they were very scared and thought we would all die if we got sick, but I guess we all got used to all of the rules and the idea of COVID over time. They were especially scared when they went back to school.” (Participant 1)

“They were a bit scared of COVID-19 at first.” (Participant 2)

“Both of them were a bit scared when they had to go back to school.” (Participant 2)

“They were a bit scared at first with everyone wearing masks. We tried to explain it to them as best as we could. It didn't really help with their anxiety levels when a few family members of us passed away due to COVID-19.” (Participant 4)

“They were happy and scared at the same time when they went back to school.” (Participant 4)

People who got sick or passed away with COVID-19 left family members with feelings of grief, anxiety, and stress. The anxiety levels of children rose when they overheard conversations between their caregivers about money and health. These statements are supported by the quotes below.

“We didn't really focus on household tasks and when she was admitted to hospital, we spent our days worrying about her.” (Participant 2)

“They became much more aware and concerned when someone showed flue like symptoms.” (Participant 4)

“It was difficult to explain to him when close friends and family members got very sick. We had two deaths in our family.” (Participant 5)

“I wasn't capable of taking on all of my responsibilities as I was mourning my wife's death.” (Participant 2)

“My children heard the conversations between me, and my husband and they were also anxious about our finances.” (Participant 1)

“When she was admitted to hospital, they were very scared and anxious. They kept asking me if she will be okay.” (Participant 2)

Participants claimed that family members that were stuck in crowded houses, got irritated and frustrated with one another. Because most families were with one another 24/7, fighting among family members increased. Children need some privacy, just like adults, which was difficult to implement in crowded households. The interactions that family members have with one another will influence the development of the children. This influence can be positive when interactions are positive and healthy, or negative when interactions are destructive (Smith, 2016:782). Caregivers who are stressed, anxious and/or irritated tend to project these emotions and feelings onto their children.

“It was also very tough to have all four of my kids at home at the same time. Our house is not very big, so we get irritated with one another if all of us are at home for long periods of time.” (Participant 1)

“She definitely didn’t like the lack of privacy and her emotions were all over the place.” (Participant 1)

“It’s a bit crowded but at least they have a roof over their heads.” (Participant 3)

“I gave some household chores for everyone except my three-year-old, but it often led to more irritation and fighting as not everyone did their parts.” (Participant 1)

Children and their caregivers struggled with doing schoolwork from home. This will be discussed in more depth in sub-theme 2.2. Participants expressed their feelings about educating their children from home in the quotes below.

“... he was really frustrated when he needed to do any schoolwork.” (Participant 1)

“I was, and still am scared that they will fall behind in their schoolwork because of COVID. I’m scared that my eight-year-old won’t ever have the social skills that she needs because she missed out on a grade one year.” (Participant 1)

“I was scared that they would fall behind with schoolwork. I was scared that we would not be able to provide for our children.” (Participant 4)

“It did put some more stress on me as I now needed to be a teacher too.” (Participant 6)

The school does not only hold the benefit of education, but it also creates an opportunity for children to socialise and take part in sports or cultural activities. The participants made it clear that children missed their schools, teachers, and friends and participating in extramural activities.

“...as the days and months passed, they really started to miss their friends, their teachers and taking part in school activities.” (Participant 2)

“I was a bit worried about his mental health because he couldn’t socialize with children his own age.” (Participant 6)

Exosystem factors, like changes to monthly income, affect parenting behaviours (microsystem factors) which influence the development of children’s socioemotional skills (Quezada-Ugalde, 2023:7). The participants felt overwhelmed with all of the added responsibilities and stress that came with the COVID-19 lockdown and all of the rules and regulations that were implemented.

“Everyone tried to pitch in with helping around the house, but it felt a bit chaotic if I can be honest. I felt out of control!” (Participant 1)

“It was honestly overwhelming. I just felt like I couldn’t do all of it. I’m not wonder woman. I couldn’t provide for them and deal with teenage emotions and educate them... I felt very guilty and often felt like a failure even though I really tried my best.” (Participant 1)

“It was hectic after my wife passed away, I needed to learn how to be both a mother and a father. I needed to learn how to be more empathetic with my kids. My daughters also struggled because, as you know, no one can take your mom’s place. She was the rock of our family.” (Participant 2)

One of the restrictions that the government of South Africa implemented, was that people were not allowed to visit family members or friends, even when they were in hospital. This led to feelings of isolation, depression, and frustration.

“...we felt very isolated.” (Participant 1)

“The fact that we couldn’t visit my wife in hospital was very frustrating.” (Participant 2)

“I think all of them were a bit more irritated and scared because they were also uncertain about what the future holds. My two older children struggled emotionally because they felt trapped in the house.” (Participant 1)

Even though many participants felt overwhelmed and stressed, they enjoyed spending some quality time with their family members (Donga et al., 2021:7).

“We really enjoyed spending quality time with each other.” (Participant 2)

“We enjoyed more quality time with one another, but the stress of health, money and schoolwork got to us.” (Participant 2)

“It was nice spending some more quality time with them. But to be honest, I felt overwhelmed and under-qualified.” (Participant 4)

When looking at the semi-structured interviews, it is clear that the children of the participants struggled with all of the changes happening around them. Children were traumatised by all of the COVID-19-related effects like not being able to attend school, distressing situations at home and not being able to socialize with friends (Maree, 2022:255).

“My youngest just couldn’t cope emotionally with all that was happening. He started getting in numerous fights with the neighbour’s kids and with the children at school.” (Participant 5)

“...spoke to me from time to time but I think he internalised a lot of his feelings which led to his outbursts.” (Participant 5)

“...he became more distant when my mother passed away and my brother moved in with us.” (Participant 6)

3.5.2.2 Sub-theme 2.2: School from home

Children still needed to be educated so schools started to implement programs that would allow children to learn from home. This meant that there needed to be at least one adult who would be able to supervise and educate the children. Most adults were busy with their work, and they were not educated in teaching their children. Online education in South Africa is a challenge as many families do not have the infrastructure and tools available that are needed for online education (Maree, 2022:251). Many children in South Africa had a disadvantage when it came to online education as they did not have all of the necessary tools that were needed like laptops, access to the internet and money to buy data (Maree, 2022:249). Their environment had an influence on their ability to be educated.

“I struggled to help my children with their schoolwork. The stuff they learn these days is not the same back when I was in school. I couldn’t find enough time in the day to help all three of them with schoolwork, to look after my three-year-old, clean the house and make food so sometimes we didn’t really focus on the schoolwork.” (Participant 1)

“We could also not provide quality education for our children.” (Participant 1)

“I was scared that they would fall behind on their schoolwork as I couldn’t really focus on helping them.” (Participant 2)

“I’m not very hands-on with technology. I struggled a bit to understand the schools e-learning guides.” (Participant 3)

“They struggled to keep up with the work as I didn’t always know how to explain it to them.” (Participant 4)

“It was a bit challenging as I needed to work so I couldn’t supervise the whole time.” (Participant 5)

Studies found that children’s cognitive development can be affected when they experience adverse events in childhood like natural disasters (Quezada-Ugalde et al., 2023:7). The full effect that COVID-19 may have had on the cognitive development of children is still being studied. Numerous children fell behind in their schoolwork because they did not understand the work when a parent tried to explain it to them, the household lacked the resources that were needed for them to do their schoolwork or there just was not enough time and space to do their schoolwork (Maree, 2022:252). Caregivers felt overwhelmed with trying to educate their children while focusing on all of the other aspects of their lives.

“There is not a lot of room for all of us, so it makes it difficult for the children to do homework all at once.” (Participant 1)

“...they couldn’t just raise their hands in class like they usually good when they didn’t understand something.” (Participant 2)

“I set up a routine for them so they knew they needed to complete schoolwork before they could do anything else. We tried to keep up, but it is a bit of a challenge when there are three children in one house.” (Participant 3)

Participants who were able to provide a bit of supervision, a place to work and set up a routine, managed the schoolwork a bit better.

“Our house rules still apply it even though they didn’t go to school. They could sleep in a bit later, but we started schoolwork at 8 a.m. I sat with them and made sure that they did their schoolwork.” (Participant 4)

“It was chaotic at first but then we managed to set up a schedule for schoolwork and chores.” (Participant 5)

Children in middle childhood see their friends as an important part of their lives. Social skills develop tremendously during this stage. During the COVID-19 lockdown, children were not able to see their friends or make new friends (Maree, 2022:255). A few of the participants were worried about their children’s social lives.

“My eight-year-old was in grade one when lockdown started so I think she missed out on making friends. Up until today she still struggles to make friends. She is also not doing very well in school.” (Participant 1)

“They missed out on learning to make new friends and getting quality education. They missed out on taking part in school activities like rugby and revue.” (Participant 1)

“My poor eight-year-old didn’t get an opportunity to make any friends so she just played with her siblings.” (Participant 1)

“They were still very young and at the age where social skills start to develop. They needed to make friends while wearing masks, so they didn’t really have any vision on facial expressions. I also think that because they were not in a classroom full of other kids, they didn’t get used to the idea of having so much children in one class and still focus on learning.” (Participant 3)

Schools provide an opportunity for children to learn new skills and develop the skills that they have even further by taking part in extramural activities. Children missed out on burning off energy by taking part in sports and developing skills within a team.

“They couldn’t take part in school activities like netball. They couldn’t go for dance lessons.” (Participant 2)

“He didn’t get the opportunity to try out things at school like cricket. He is also a very social kid, so he enjoys playing with friends.” (Participant 6)

3.5.2.3 Sub-theme 2.3: Other household changes

Amongst the mental health of families as well as trying to do schoolwork from home, there were many other changes that families had to endure and get used to as seen in the data that was gathered from the semi-structured interviews. Children had to do more household chores to help with the functioning of the household. Some family members had gained more responsibilities with changes that happened in the household. Children struggled with all the changes happening in the household where extended family members joined the household, a caregiver left the household due to a divorce and having a different routine than they always had pre-COVID. The Family Systems Theory believes that children's behaviours are formed by the interactions they have with their family (Smith, 2016:783). Some children might have learned to be neater through their caregivers who gave them a few extra household chores.

“I gave some household chores for everyone except my three-year-old, but it often led to more irritation and fighting.” (Participant 1)

“Before lockdown, we had a domestic worker, so my children didn't have as many household tasks and responsibilities as they did during COVID.” (Participant 2)

“My children had some extra responsibilities like helping to keep things tidy around the house.” (Participant 4)

“I relied a lot on my eldest son – he was in Matric in 2021. He helped me take care of his younger brother while I worked. My husband works in a different city.” (Participant 5)

“My youngest struggled a bit as he needed to listen to his older brother giving him orders and trying to help with schoolwork from time to time.” (Participant 5)

“My mother passed away due to COVID, so I took in my brother to come and stay with me and my son. During this time, I also went through a very ugly divorce.” (Participant 6)

Family members were with one another 24/7. Before the COVID-19 lockdown, children went to school and parents went to work. Family members were able to interact and socialize with other people which is crucial for social development. Given the fact that families were only interacting with one another, it could have impacted the social development of the children within the family system.

*“During lockdown all six of us were at home but my husband worked from time to time.”
(Participant 1)*

Caregivers felt overwhelmed as they had new roles that they needed to fulfil like working from home, teaching the children, cleaning the house, and cooking food.

“My husband was a bit in his own head when he was at home so most of the time the schoolwork was my responsibility. As I said before, I tried my best, but I couldn’t fulfil a teacher’s role and sometimes we left out some of the schoolwork ... it was just too much.” (Participant 1)

Families struggled to focus on everyday life when one of their loved ones was in isolation for COVID-19 or was admitted to hospital. People were not allowed to visit loved ones in the hospital which made it much worse for the family members. One of the most devastating changes was for families who lost one of their primary caregivers. These families needed to learn and adapt to a new routine without the person.

“The biggest changes for us during the COVID pandemic was definitely learning how to live without my wife and for my children how to live without their mother.” (Participant 2)

“...after her death we needed to learn new ways to handle the household responsibilities.” (Participant 2)

“When my wife got sick due to COVID things changed drastically. We didn’t really focus on household tasks.” (Participant 2)

*“Before my wife got sick, she was the one who mostly help them with schoolwork.”
(Participant 2)*

“It was hectic after my wife passed away, I needed to learn how to be both a mother and a father. I needed to learn how to be more empathetic with my kids. My daughters also struggled because, as you know, no one can take your mom's place. She was the rock of our family.” (Participant 2)

Participants and the children within their care began to miss their lives before COVID-19 struck the world. Children missed going to school, seeing friends, making new friends and being part of school activities like sports, entertainment, and social events.

*“They enjoyed sleeping in a bit later but as the days and months passed, they really started to miss their friends, their teachers and taking part in school activities.”
(Participant 2)*

3.5.3 Theme 3: 1 Emotional developmental milestone in middle childhood with a specific focus on support systems

A strong support system can help individuals and/or families who are going through a difficult time. Support systems or the lack thereof, have an impact on the emotional development of children in middle childhood. Some of the participants who had a strong support system were able to receive help from their loved ones when needed. Other families who did not have any form of support, needed to reach out to the community (Donga et al., 2021:10).

3.5.3.1 Sub-theme 3.1: Advantages of a strong support system

Strong relationships between family members can help to increase resilience in individuals. Raising children with an authoritative parenting style can increase the chances of them taking responsibility for their own lives. Positive interactions between family members will have a positive impact on the development of children's personalities, behaviours, and characters as well as the ability to socialize with other

individuals. Children also learn from their families how to interact with their environment (Smith, 2016:784).

“During the lockdown, we had so much fun as a family. We really enjoyed spending quality time with each other.” (Participant 2)

“I enjoyed spending quality time with my children. It was difficult with such a small income, but we managed to pull through.” (Participant 4)

“They learned from a young age that they are responsible for their own marks and that they must ask when they struggle to do something otherwise, they will fall behind. We always had at least one adult that would take responsibility to ensure that they were not falling behind.” (Participant 2)

“...they can come in whenever they like and ask for help regarding schoolwork.” (Participant 2)

Extended family members played a big part in helping the families of participants who went through loss and/or grief to get back up on their feet by providing them with the support that they needed (Donga et al., 2021:10).

“We are a very close family, so we get support from the extended family like my parents and my wife's parents and her siblings as well as my siblings.” (Participant 2)

“After my wife passed away, my parents came and lived with us for a while.” (Participant 2)

“...my family really helped us, and they all jumped in and helped my children with schoolwork as much as they could.” (Participant 2)

“...my mom helped to set up a few household tasks for each of my daughters.” (Participant 2)

“After my wife passed away, we had a lot of support from my parents as well as from her siblings. Our close friends also supported us. We had a great support system, and they all brought us food, so we didn’t have to worry about that. We supported each other and they helped a lot with the kids.” (Participant 2)

“Because my son lost his job, they struggled to take care of all their financial responsibilities. They saw that it would be in the best interest of the children if they moved in with us to help them.” (Participant 3)

The community also played their part in supporting individuals and families that were affected by death, hunger, and mental health problems. Churches, non-government organisations and schools took hands with the people in need and tried to lighten the burden for them. Positive events within one system, will most likely influence all the other systems as well.

“After my wife passed away, we received a lot of support from family and friends as well as from our church.” (Participant 2)

“...saw the school counsellor.” (Participant 4)

“I got some guidance on how to handle his emotions a bit better from CMR. I also took him to a therapist. My sister also helped us by bringing us cooked food every once in a while.” (Participant 5)

“CMR guided us through the divorce, and we set up an informal parenting plan. After my brother came to move in with us, he also helped me a lot.” (Participant 6)

3.5.3.2 Sub-theme 3.2: Challenges when there is no support system and/or changes in the support system

It is devastating for individuals when they lose a loved one who is seen as a strong support system. Some families lost a caregiver.

“Before my wife got sick, she was the one who mostly helped them with schoolwork. She was also a very good friend for them.” (Participant 2)

“When she passed away, I wasn’t able to be there for them as I was dealing with my own thoughts, feelings, and emotions. I guess they talk to their friends and my wife’s sister.” (Participant 2)

Many families did not have the privilege of having a strong support system or extended family members that were able to help them which made it extra difficult for them as they needed to find help in other ways (Donga et al., 2021:7,10). Studies showed that the children of caregivers with high levels of anxiety and stress display more behavioural problems and low levels of mental health (Singletary, Schmeer, Purtell, Sayers, Justice, Lin & Jiang, 2022:477).

“...we don’t really have family that can help us financially.” (Participant 1)

“We don’t really have any extended family, so we felt very isolated. We don’t have a social support system.” (Participant 1)

3.5.4 Theme 4: COVID-19 Rules and regulations

The South African government put several regulations and restrictions in place during the COVID-19 lockdown which included schools closing, wearing masks in public, closing non-essential businesses, and prohibiting visitations to loved ones (Nkate, 2020:146).

3.5.4.1 Sub-theme 4.1: Families' experience of COVID-19 rules and regulations

South Africa had some of the strictest and longest regulations around the world (Köhler et al., 2023:3). Everyone needed to adapt to the new normal. Participants found it difficult to adjust to all of the new rules and regulations.

“Wearing masks in public, working from home, having to apply social distance and having my children do schoolwork at home.” (Participant 5)

Some of the children that are in the care of the participants, were afraid when they went out for the first time and saw everyone wearing masks. Some of them also struggled to keep their masks on when out in public.

“They were a bit scared at first with everyone wearing masks.” (Participant 4)

“And then the last thing that was very difficult was to command my kids to wear masks when we were out in public. I couldn’t even get any air with the mask so I could totally understand that my children didn’t want to wear them.” (Participant 1)

“They were a bit scared of COVID-19 at first. Especially when we went out in public for the first time with masks on.” (Participant 2)

Visitations to friends and families were not allowed for a big part of the lockdown. Individuals missed their extended families. Some of the participants made plans to see loved ones even though it was against the law.

“...not being able to see my family in Limpopo.” (Participant 4)

“They saw a few friends whose parents were okay with visitations. We are a very close family, so they kept on seeing family members.” (Participant 2)

“...we visited close family on one or two occasions.” (Participant 5)

“...not seeing their father for a very long time.” (Participant 5)

Individuals who were admitted to the hospital due to COVID-19 infection were not allowed to receive any visitors which made it difficult for families as they felt uninformed and frustrated. The families of individuals who passed away in the hospital dropped them off at the hospital with the hopes of them getting better, but many never made it

back home. Family members did not get a chance to say goodbye to their loved ones and could not even hold a proper funeral.

“It was very difficult for us to make peace with the fact that we couldn't visit my wife when she was in hospital... we didn't even get a chance to say goodbye.” (Participant 2)

“He didn't have a chance to say goodbye to his grandmother and he couldn't see his father as much as he would have liked because he lived in a different town.” (Participant 6)

3.6 CONCLUSION

The COVID-19 pandemic affected not only the world economy but also had financial implications for families and individuals. Participants' responses strongly emphasised financial struggles in terms of income, employment, and the availability of food to care for the family and the children in middle childhood in their care.

The lockdown measures instituted by the government, thus macrosystem decisions, limited support from external systems such as schools, churches, extended family, and outside support systems included in the exo-system and the macrosystem of family functioning. The pressure on individual caregivers within the microsystem became worse when a significant other became ill or died.

During the interviews with the participants, it became evident that having a reliable support system enhances resilience within the family system. Those participants that did not have a good support system, seemed to struggle more than those that were privileged enough to have a strong support system.

Participants and the children in their care experienced different emotions about the COVID-19 rules and regulations that were set in place by the South African Government. Children were scared and uncertain about what was happening to the world that they once knew. Caregivers tried their best to explain and set their children at ease, but it was challenging as they also did not know what the future may hold.

COVID-19 brought along many changes and challenges for caregivers which led to an increase in stress, anxiety, and depression. In turn, this might have had an impact on their caregiver role which could have harmed the development of their children's cognitive, socioemotional and communication skills as children learn from the interactions between family members.

Chapter 4 entails the key findings of the study along with the conclusions and recommendations.

CHAPTER 4

CONCLUSION AND RECOMMENDATIONS

4.1 INTRODUCTION

The ongoing effects of the COVID-19 pandemic are still being explored. COVID-19 harmed the economy, mental health, and family life of people worldwide. South Africa had many challenges before the pandemic. COVID-19 amplified these challenges and created more (Maree, 2022:251). The experiences of South African families with children in middle childhood during the COVID-19 pandemic were explored in this research study. The key findings of the study along with the conclusions and recommendations are outlined in this chapter.

4.2 GOAL AND OBJECTIVES

The key goal of the study was to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic. The researcher was able to reach the goal of the study through achieving the following objectives:

- To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic. This was achieved through the empirical findings of the research study (Chapter 3).
- To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development. This objective was achieved through the literature review in Chapter 2 as well as through the empirical findings of the research study in Chapter 3.
- To explore and describe how the pandemic has affected the provision of resources that meet the needs of children in middle childhood. This objective was achieved through the literature review in Chapter 2 as well as through the empirical findings of the research study (Chapter 3).

4.3 KEY FINDINGS OF THE STUDY

The key findings that will be discussed in this chapter focus on the objectives of the study which are to explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic; the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development; and how the pandemic has affected the provision of resources that meet the needs of children in middle childhood. The key findings are based on the literature study as well as the empirical findings in Chapter 2 and Chapter 3 of this study. This was achieved through the empirical findings of the research study (Chapter 3).

4.3.1 The negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic

- Some participants were left unemployed due to COVID-19. Other research studies agree with the fact that COVID-19 impacted the employment of many individuals in South Africa.
- Families that did not have a support system, or that had a very weak support system, seemed to struggle more with all of the challenges. Having a support system helps to build resilience within families.
- Many salary cuts were put into action by employers which harmed employees. COVID-19 impacted the financial and economic sector which forms part of the macrosystem. This, in turn, affected the families which forms part of the microsystem.
- A good support system can help families to be more resistant to change and trauma. Participants that had a support system that either consisted of friends or family members, received more help and support during difficult times than those that did not have a support system. Other studies showed the importance of having a sense of belonging which is provided by a support system.
- Families had to set up a new routine to manage all the changes that happened with the COVID-19 regulations like making time to work from home, help with schoolwork as well as do household chores.

- Children were scared at first with all of the new health regulations that were set into place. The world as they knew it changed completely.
- Families struggled with the concept of not being able to see their extended family and friends during the lockdown.

4.3.2 The influence of COVID-19 on developmental milestones of children within middle childhood functioning and development

- Caregivers struggled to educate their children from home as they were not educated to be teachers. Cognitive development is one of the key aspects of development within the middle childhood. Some children did not get enough cognitive stimulation which meant that they fell behind in their schoolwork. Enough time for schoolwork, household chores, and work was a challenge. Some families also struggled to find a space where their children could do their schoolwork.
- According to research, COVID-19 had a tremendous impact on the finances of individuals as well as the family system which has an indirect impact on the development of children.
- When children needed to return to school, they feared the new normal. Many children missed out on the opportunity to learn social skills which is a key component in the development of children.
- Most children had an increase in responsibilities at home because the primary caregivers could not do everything on their own.
- Emotions ran higher during COVID-19 as family members were with one another 24/7 which led to an increase of anxiety and irritation amongst family members. Other studies also showed an increase in domestic violence.

4.3.3 How the pandemic has affected the provision of resources that meet the needs of children in middle childhood

- Families had to cut down on expenses to survive. Luxuries were set aside as families tried to cover their basic expenses first. This meant that some businesses and companies did not have as much cash flow as they were used

to as people did not see their services or products as essential. As a result, the income of people was also impacted.

- Some families needed to take drastic measures, like moving in with extended family, to keep on paying their bills. Family members were not allowed to see other family members who were admitted to hospital due to COVID-19 which made it difficult emotionally, especially if those family members passed away in hospital.

4.4 CONCLUSIONS

The following conclusions have been established regarding the study:

- Families experienced negative and positive experiences in taking care of their children in middle childhood during the COVID-19 pandemic. Most of these experiences were negative as not only did the whole family structure of the daily household routine change, but some changes happened in each individual's life as well.
- COVID-19 had an influence on the developmental milestones of children within middle childhood in various ways. Children's cognitive development was affected by not being able to attend school in person. Their physical development was affected when their families were not able to provide enough healthy food for them to grow properly. The emotional development of children was affected by the increase in anxiety and stress levels at home. The social development of children was affected as they were more limited than ever before with regards to who they could socialize with as well as how they could socialize, for example, wearing a mask when talking to someone and not being able to see their facial expressions.
- The pandemic has affected the provision of resources that meet the needs of children in middle childhood by minimizing the household income of many families. Some families struggled to meet the basic needs of their children, like having enough food to eat. Many families also struggled to provide enough resources for their children to be able to do school from home as they do not have access to internet, laptops and/or enough working space.

4.5 RECOMMENDATIONS

The following recommendations can be made by the researcher, keeping in mind the empirical findings of the research study:

- Children who experienced distress due to COVID-19-related instances might not have fully disclosed the severity thereof to their parents and therefore the full effect of COVID-19 on children can be explored further (Solmi et al., 2022:372).
- Programs can be implemented for low-income families which can teach them creative ways to make more money.
- Families need more emotional support from NGOs and other community organisations.
- Support systems can be put in place, like support groups, for those families that do not have any support.
- Action plans need to be put in place by the South African Government as well as community stakeholders that will support families given the possibility that there might be another pandemic in the future.

4.6 CONCLUDING STATEMENT

This research study helped the researcher gain a better understanding of the experiences of South African families with children in middle childhood during the COVID-19 pandemic. The research question for this research study was constructed as: What were the experiences of South African families of caring for children in middle childhood during Covid-19? The researcher answered this question by achieving the goal and objectives of the study.

The findings of this research study highlighted the struggles that South African families went through during the COVID-19 pandemic. Families are a vital part of a child's upbringing. Therefore, a healthy family system can improve the likelihood of children becoming successful adults. The development of children in middle childhood should not be taken lightly as their experiences in this phase of life can determine who they will be when they become adults. Systems and programs must be put in place to

support caregivers in raising their children so that they can become responsible adults. Pandemics like COVID-19 do not happen often but it is crucial to be prepared should there be another pandemic at some point.

Decisions that were made on a macro level such as COVID-19 lockdown level 5 regulations instituted by the South African government, influenced all the other systems. Especially on the micro system which includes the family. If one system is influenced negatively, it will affect all the other systems to some degree.

The COVID-19 pandemic can be placed in the chronosystem, thus indicating how such a pandemic at a specific place and time influences world functioning as well as the functioning of every individual. COVID-19 might have harmed the functioning of most families with children in middle childhood. However, by strengthening the family system, these children can still rise above the challenges that they have faced and become responsible adults within society.

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APPENDICES

APPENDIX A

Research Ethics Committee Approval



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



13 February 2023

Dear Mrs C Niemand

Project Title: Caring for children during COVID 19: The experiences of South African families with children in middle childhood
Researcher: Mrs C Niemand
Supervisor(s): Prof CE Prinsloo
Department: Social Work and Criminology
Reference number: 21628620 (HUM006/0922)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 13 February 2023. Please note that before research can commence all other approvals must have been received.

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

We wish you success with the project.

Sincerely,



Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Research Ethics Committee Members: Prof KL Harris (Chair); Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Dr P Gutura; Ms KT Govinder Andrew; Dr E Johnson; Dr D Krige; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr J Okeke; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Ms D Mokalapa

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel +27 (0)12 420 4853 | Fax +27 (0)12 420 4501 | Email pghumanities@up.ac.za | www.up.ac.za/faculty-of-humanities

APPENDIX B

Letter of informed consent



2023/12/12

Principal investigator

Our Ref: Charlene Niemand

Tel: 066 286 2558

E-mail: charleneg560@gmail.com

LETTER OF INFORMED CONSENT

TITLE OF THE STUDY

Caring for children during Covid-19: The experiences of South African families with children in middle childhood

GOAL OF STUDY

The goal of the study is to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic.

INTERVIEW SCHEDULE PROCEDURE

The procedure for the research will entail individual interviews with a duration of 45-60 minutes. With your permission, the interview will be audio-recorded by the researcher. The interview will be held at CMR-East, 430 Quebec Street, Faerie Glen, Pretoria.

RISKS AND EFFECTS OF INTERVIEW

No risks and discomforts/emotional harm are foreseen. Should you experience any emotional discomfort prompted by sharing your experiences of caring for children in middle childhood, you should inform the researcher. The researcher has prepared for psychosocial support from Alicia van Vuuren (social worker).

BENEFITS

As a research participant, you confirm that you understand that this study has no immediate benefit for you. However, the results of the study could contribute to enhancing the knowledge and techniques that can be used to gain a better understanding of the experiences of South African families in caring for children in middle childhood during a pandemic.

COMPENSATION

You confirm that you will receive no financial compensation for your participation in the study.



VOLUNTARY PARTICIPATION

You will not be coerced into participating in the interview. You will participate of your own free will and can withdraw from participating at any given time without reason. Withdrawing will not affect any relations between you and the organisation or the researcher. If you withdraw during the interview, the data gathered will be destroyed or provided to you to keep.

INTERVIEWEE'S RIGHTS

You can withdraw within the interview, when feeling uncomfortable, at any point. You may decline to answer any questions you feel uncomfortable answering.

All information obtained will be treated confidentially. To protect the identity of the participant, the researcher will use a pseudonym. Neither the data nor the conclusions reported will include any information which may lead to the identification of the participant unless required by law. CMR-East will also not be identified as the participating organisation in the study.

The documentation will be accessed by the researcher and authorised by the University of Pretoria research team. The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for 10 years post-study. The electronic documents will be stored in a password-protected format at the Department of Social Work and Criminology for a minimum of 10 years.

Data might be used in future research studies.

PUBLICATION OF INFORMATION GATHERED FROM INTERVIEWEE

The findings gathered from the study will be published as a research report and articles in scientific journals and conference papers. The terms of confidentiality will be kept to throughout these engagements or publications.

The study will be conducted under the supervision of Prof CE Prinsloo, Department of Social Work and Criminology, University of Pretoria (reineth.prinsloo@up.ac.za) and the co-supervisor Dr J Chiba (jenita.chiba@up.ac.za).



INTERVIEWEE CONSENT

I, _____
(*full name*) have had the researcher explain the Informed Consent form and understand my rights in participating in the study. I voluntarily consent to participate in the study, with insight into the purpose of the study and what the data gathered will be used for. I will be provided a pseudo name for the study and all information shared will be handled with confidentiality, unless requested otherwise by myself. All information shared will be kept at the University of Pretoria for safekeeping for 10 years. I will be provided with a copy of my signed consent form.

Interviewee's signature

Date

Researcher's signature

Date

APPENDIX C

Data collection instrument (Semi-structured interview schedule)

Semi-structured interview schedule
Topic of research: Caring for children during COVID-19: The experience of South African families with children in middle childhood

SECTION A: BACKGROUND INFORMATION

Gender		
Age		
Home language		
Ethnicity		
Who lives in the family/household? (List people in the household and their relationship to the children such as children, mother, father, uncle, aunt, cousin etc.; indicate which person is the caregiver) ¹	Relationship	Age
Participant's position in the family (e.g., parent, sibling, extended family member, friend, etc.)		
Home and living circumstances (What kind of living structure; how many rooms in total; place such as informal settlement, urban, rural; electricity/running water; crowded, comfortable etc.)		

SECTION B: CARING OF CHILDREN

1. Please tell me about your family and children.
2. Can you share with me what you feel were some of the biggest changes that you had to deal with during the COVID-19 pandemic?
3. Can you tell me how you and your family cared for the children in the household during the COVID-19 pandemic?
4. If you and/or other adult family members were working from home, can you share how you managed this whilst seeing to the children?
5. Please tell me how routines and responsibilities changed.
6. How did you feel about all the changes in the caring of the children?

SECTION C: SUPPORT SYSTEMS

1. Who did you ask or go to for help and/or who offered help to you during the COVID-19 pandemic?

¹ Note that all bracketed comments are prompts for the researcher

2. How did you keep in touch with extended family, friends, neighbours, church, or religious support?

SECTION D: CHILDREN'S EXPERIENCES DURING COVID

1. How did your children understand COVID-19? (What did it mean to them? How did they make sense of it?)
2. Who did your children speak to about their feelings during COVID?
3. One of the biggest things that changed for children, was when they had to school from home. Can you share how your child may have experienced this? (What was challenging? What did they enjoy about this? Were they able to keep up with the work?) Please motivate your answer.
4. How did you and the family cope with having to monitor and supervise the children's schooling during this time? (What was challenging? What worked well? How did you have to adapt your household to accommodate schooling and working from home?)
5. Do you think your child missed out on anything during the COVID-19 pandemic? Can you please explain further? (Aspects such as not being able to play with friends; extramural/cultural activities, and not being able to see extended family, such as grandparents and/or cousins could be included)
6. Were they able to keep in touch with their friends from school and how were they able to do so?
7. Did the behaviour of the child or children change during the COVID-19 pandemic? If so, please explain.

SECTION E: FINANCIAL CONSIDERATIONS

1. Please describe your family's financial position during the COVID-19 pandemic.
2. Please elaborate on how the COVID-19 pandemic may have impacted your family's financial position (such as financial difficulties; how and where you coped and/or found support) and how these may have impacted the child/children and caring for them.

SECTION F: RESOURCES

1. Please tell me about how your family managed or might have struggled with having/not having what you and the children needed during the COVID-19 pandemic.
2. If there were difficulties, what were the main things that were lacking (such as enough food and necessities; technology for the children's learning or entertainment; resources that the children usually received at school such as school feeding)
3. What were your worries or concerns about these difficulties, especially in relation to the children?
4. How did the children feel about or cope with these difficulties?

SECTION G: EMPLOYMENT

1. Please describe the employment situation of yourself and the rest of your household during the COVID-19 pandemic
2. Please elaborate on changes, difficulties, or positive factors (such as loss of work, working from home, changes in working hours) and how these may have impacted the child/children and caring for them.

Any other responses:

.....
.....
.....

Thank you for your participation.

APPENDIX D

Permission letter from CMR



SILVERPARK

NPO 011 - 129

Tel: (012) 361-4613/19

Faks/Fax: (012) 361-4625

supervisorbhs@cmroos.co.za

430 Quebecstraat, Faerie Glen, 0043

CHRISTELIK-MAATSKAPLIKE RAAD • CHRISTIAN SOCIAL COUNCIL • KHANSELE YA LEAGO YA BOKRISTE
23 October 2022

**TO: FACULTY OF HUMANITIES
UNIVERSITY OF PRETORIA**

**RE : STUDENT: CHARLENE NIEMAND
ID NR: 950829 0084 089
STUDENT NUMBER: 21628620**

This organisation hereby grants the mentioned student permission to do her research at the offices of the CMR in the Circuit of Silverpark area based on the following.

Charlene Niemand, student number 21628620, registered at the University of Pretoria for the MSW degree in Play-based intervention will be conducting interviews as part of her data collection for her research study: "Caring for children during COVID-19: The experience of South African families with children in middle childhood." The research will be done under the supervision of Prof CE Prinsloo and the co-supervision of Dr J Chiba.

The organisation will assist the student in getting access to participants. Taking part in the research study will be voluntary. Recruitment of participants will take place via posters and leaflets which will be left at CMR Gauteng-East, Silverton offices. Additionally, the administrator at the NGO will verbally invite prospective participants as this takes into consideration that not everyone is literate. Verbal invitations will be made by the administrator and not by a social work professional, to ensure less likelihood of a participant feeling coerced or obligated to participate due to a service provider relationship.

The following inclusion criteria will be used to recruit potential participants:

- The caregiver must identify as being a part of the child's family.
- The parent/caregiver is receiving or previously received services from the NGO.
- The parent/caregiver must have at least one child in middle childhood (6-12 years of age).
- The parent/caregiver must be residing with and caring for the child in middle childhood.

Diens met Deernis • Caring with Compassion • Go hlokomela ka kgaugelo

DIREKTEUR / DIRECTOR:
Me/Ms Henda van der Merwe

Participants will not be randomly selected as the study is qualitative and exploratory and seeks to gain a more in-depth understanding rather than the generalisation of statistical findings. Furthermore, purposive sampling is suitable for the study, as it will ensure that specific participants, who can provide relevant, information-rich descriptions about the phenomena being studied, will be included. Sampling criteria will therefore be identified before sample selection to ensure that participants meet the criteria. Participants who meet the inclusion criteria, stated above, will be included in this study.

The researcher, Ms Niemand aims to facilitate interviews with at least six to eight participants and will continue facilitating interviews until data saturation is achieved, whereby no added information or themes become apparent, and no new insights come from the data collection phase.

If you have any inquiries feel free to contact this office.

Dina Bosch

**MRS D M BOSCH
MANAGER FOR CMR
CIRCUIT OF SILVERPARK
076 156 2450**