

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

by

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## DECLARATION OF ORIGINALITY

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## ABSTRACT

**Candidate:** Nicole Coetzee  
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On the 5<sup>th</sup> of March 2020, the Minister of Health confirmed South Africa's first positive case of the COVID-19 virus. South Africa was put on a long-term lockdown from March 2020. Movement and social gatherings were heavily restricted and the wearing of masks, sanitising of hands and social distancing measures became compulsory in public spaces. Additionally, all non-essential workers had to start working from home (Greyling, Rossouw & Adhikari, 2021:6).

The pandemic had a significant impact on the everyday life of South African families. 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 parents and caretakers, influencing their ability to care for their children in middle childhood (Nguse & Wassenaar, 2021:304).

The research study aimed to explore and describe the experiences of South African families of caring for children in middle childhood during the COVID-19 pandemic. Employing a qualitative research methodology, coupled with an interpretivist perspective, this study aimed to comprehend the unique experiences of families during COVID-19. To gain insight into each distinct case, an instrumental case-study design was deliberately chosen. Through this design, the intention was to thoroughly grasp the complexities of the experiences encountered by each participant. In total, seven participants, comprising of parents/caregivers, were selected for this study. A strategic blend of purposive and snowball sampling techniques was utilised to identify suitable participants. Subsequently, these individuals were interviewed using semi-structured

interviews, employing an interview schedule designed to encourage open and meaningful conversations.

The study's key findings revealed that participants experienced heightened stress levels that arose from job loss, reliance on a single income, COVID-19 transmission fears, and disrupted education. This stress strained parent-child relationships, impacting caregiving quality and children's development. Participants assumed additional roles, beyond that of being a parent/caregiver, including COVID-19 educators, safety regulation enforcers, and educators, yet the low-income contexts in which the participants live impeded adaptation to these roles. Access to resources necessary for caring for children was challenged by income reduction, grocery price hikes, and limited school meals due to closures. Most notably, participants' children faced a scarcity of learning materials from their underfunded and under-resourced schools. Furthermore, COVID-19 considerably impacted the development of these children in middle childhood, disrupting social interactions, promoting safety-seeking behaviours, and hindering emotional well-being. School closures caused learning setbacks and absence of routines contributed to boredom and feelings of gloominess.

In conclusion, the COVID-19 pandemic had adverse effects on participants' ability to care for their children during middle childhood. This impact manifested through compromised mental health, constrained resource access, income reduction, all of which collectively hindered not only the participants' well-being but also significantly influenced the well-being and development of their children. Addressing the effects of COVID-19 on South African families requires continued research and the initiation of crucial projects within Social Work practice.

## **KEY CONCEPTS**

Care of a child

Children in middle childhood

COVID-19

Families

Pandemic

Caregiving

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## CHAPTER 1: GENERAL INTRODUCTION

### 1.1 INTRODUCTION

In the early part of 2020, COVID-19 (coronavirus disease 2019) changed the way people would function for the foreseeable future both globally and locally in South Africa (Calvano, Engelke, Bella, Kinderman, Renneberg & Winer, 2021:1; Kent, Ornstein & Dionne-Odom, 2020:66).

Humans exist in an interconnected system and this system was influenced by the COVID-19 pandemic (Chigangaidze, 2021:110). Families faced death, loss of income, changes in routines, decreased boundaries, anxiety, depression, mental health and overall illness, and various other stressors (Prime, Browne & Wade, 2020:631; Ravens-Sieberer, Kaman, Erhart, Devine, Schlack & Otto, 2021:1; Russell, Hutchison, Tambling, Tomkunas & Horton, 2020:671). Consequently, the COVID-19 pandemic's impact on the interconnected system in South Africa also affected the lives of caregivers and children in the country.

The family is a system that society cannot function without (Department of Social Development, 2021:182). In South Africa, the interconnectedness of the family system and the problematic nature of the economic structure over the last number of years has impacted the reality of many caregivers and their ability to provide and care for their children (Department of Social Development, 2021:185; Kent et al., 2020:66). The COVID-19 pandemic has exacerbated the difficulties faced by families and caregivers, particularly those with children (Prime et al., 2020:631). The stressors that previously affected caregivers and influenced their parenting styles have now intensified in the global context of the pandemic (Grassman-Pines, Ananat & Fitz-Henley, 2020:2).

International authors have found that in Germany, the United States of America, France, and Canada the COVID-19 pandemic caused challenges such as job loss, loss of income, amplified caregiving responsibilities and illness. The merging of these challenges played a fundamental role in worsening mental well-being for both parents and their children. Parental stress rose significantly and caused strain on parent-child

relationships, especially in homes where children were under the age of 18 (Calvano et al., 2021:1; Grassman-Pines et al., 2020:2; Pailhé, Panico & Solaz, 2022:249; Gadermann, Thomson, Richardson, Gagné, McAuliffe, Hirani & Jenkins, 2021:1), Regionally and nationally, there is a lack of research surrounding the pandemic and child-caring, especially caring for children in middle childhood. This statement is 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). However, there is little research on the specific topic of the impact on care in families with children in middle childhood in Africa and South Africa specifically.

Applying research conducted in a first world country to the context of a developing country such as South Africa, which already grapples with pre-existing social and financial challenges, presents a notable difficulty. There is thus a need for research in this field to add to the knowledge base of parenting children in middle childhood in South Africa, particularly. This will in turn impact services, restructure policies 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 allowed 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).

Chapter One will outline the key concepts adopted in the research study, present the problem statement and its rationale, outline the overarching goal and specific objectives, offer an overview of the research methodology, and provide a structured outline for the subsequent chapters in this research report.

## **1.2 KEY CONCEPTS**

In this study, the key concepts adopted were the following:

### **1.2.1 Care of a child**

In the context of this study, a child is cared for "... when their parent/caregiver gives them a suitable place to live, offers them living conditions that promote healthy living and healthy development, gives them the necessary financial support, protects them

from all types of maltreatment, respects and upholds their constitutional rights, guides their education, decision making and upbringing, guides their behaviour in a humane manner, has a sound relationship with them, accommodates any special needs they may have and ensures that the best interest of the child is always of supreme importance” (Truter & Fouché, 2020).

### **1.2.2 Children in middle childhood**

Children in middle childhood, in the context of this research study, is understood as “A child between the ages of six and twelve.” (Louw & Louw, 2014:225).

### **1.2.3 COVID-19**

For this research study COVID-19 refers to “an infectious disease caused by the SARS-CoV-2 virus.” (World Health Organization, 2023).

### **1.2.4 Families**

Families in South Africa have diverse structures. The definition adopted for the context of this research study is sourced from the Revised White Paper on Families in South Africa, published in 2021: “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, 2021:180). This definition of families applies to the research study.

### **1.2.5 Pandemic**

COVID-19 was classified a pandemic. When referring to the pandemic in this study, the definition presented by Mascie Taylor & Moji (2021:47) will be adopted. The pandemic as described in the research study refers to “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.”

### **1.2.6 Caregiving**

Caregiving of a child in this study 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). In this study caregiving was expanded to include ensuring the child's emotional and educational well-being.

### **1.3 PROBLEM STATEMENT AND RATIONALE**

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 required an expansion of the factors that impact 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 evaluated 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. Therefore, the evident lack of relevant literature and studies highlighted how under-researched this phenomenon was.

The rationale for the study was thus to explore and describe the extent to which COVID-19 pandemic had affected the parents/caregivers and their children. The boundaries of the work/home/school environments had 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 were 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 enables 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 sought to answer was:

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

#### **1.4 GOAL AND OBJECTIVES FOR THE RESEARCH STUDY**

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

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

- To explore and describe the factors that influenced the quality of care provided by South African families to their children in middle childhood amidst the COVID-19 pandemic.
- To explore and describe the way in which the pandemic had affected the provision of resources that meet the needs of children in middle childhood.
- To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development in South Africa.

#### **1.5 OVERVIEW OF RESEARCH METHODOLOGY**

A qualitative research approach was adopted for the purpose of the study in order for the unique experiences of the research participants to be captured and considering the limited research available (Nieuwenhuis, 2020:59). Qualitative research allowed the researcher to gain insight into the experiences of parents/caregivers in caring for their children in middle childhood during the COVID-19 pandemic.

The research study utilised a case study research design, specifically employing the instrumental case study design, aiming to understand each case individually. This research design was beneficial to the research study as it was an advantageous method of research when dealing with a broad and complex topic such as the impact of COVID-19 on the care of children in middle childhood in South Africa (Heale & Twycross, 2018:7).

The study population included parents or caregivers providing care to children in middle childhood within the areas of Tshwane - Gauteng. The initial two participants were recruited via Kungwini Welfare Organisation's Early Childhood Development centre, a non-government organisation (NGO) where the participants currently receive services. Given the qualitative and exploratory nature of the study, which sought a deep understanding rather than statistical generalisation, a non-probability sampling approach was adopted (Merriam & Tisdell, 2015:96). This involved purposive sampling at the start to select participants according to key criteria, followed by snowball sampling to expand the participant group. Research participants were interviewed until data saturation was reached (Nieuwenhuis, 2020:93).

Data collection occurred through semi-structured interviews, facilitated by an interview schedule. Open-ended questions were employed, prepared with specific interests in mind that facilitated a rich data collection opportunity and allowed the researcher to further probe and seek clarification during the interview process (Nieuwenhuis, 2020:108; Adams, 2015:493). A pilot study was conducted to assess the semi-structured interview as a data collection tool, addressing any procedural and question-related shortfalls (Hilton, Fawson, Sullivan & DeJong, 2019:10). Digital voice recordings were utilised to record the interview data from the research participants.

Following the completion of interviews, the digital voice recordings were transcribed in order to allow for the data to be analysed through the process of Thematic data analysis (Terry, Hayfield, Clark & Braun, 2017:13). Themes and sub-themes were identified from the transcriptions and reported within this research report. Thematic analysis proved advantageous in uncovering the experiences of the research participants as they cared for their children in middle childhood during the COVID-19 pandemic (Nowell, Norris, White & Moules, 2017:2).

A more comprehensive discussion of the research methodology is provided for in Chapter 3 of this research report, along with the ethical considerations that were adhered to.



## 1.6 CHAPTER OUTLINE

The research report is structured as follows:

### **Chapter 1: General introduction**

The introductory chapter presents a brief overview and background of the study, along with the definition of key concepts that were employed throughout the research. The problem statement and rationale, the research question, the goal and research objectives and a brief focus on the research methodology employed in the research study is highlighted.

### **Chapter 2: Literature Review and Theoretical Framework**

The second chapter provides an in-depth exploration of the existing literature on the COVID-19 pandemic and its impact on families globally as well as locally, within South Africa. Additionally, the chapter will delve into the theoretical framework underpinning the study, thereby providing the context for the study.

### **Chapter 3: Research methodology and ethical considerations**

The third chapter summarises the entirety of the research methodology, inclusive of the research approach, research design and research methods employed in the study. Furthermore, the ethical considerations that guided the study are also outlined.

### **Chapter 4: Empirical findings and discussion**

Chapter four outlines and provides a comprehensive discussion of the biographical data of the participants and the empirical findings derived from the interviews, employing themes and sub-themes.

### **Chapter 5: Summary, conclusions, and recommendations**

In the concluding chapter of the study, the main findings are integrated with the research objectives of the study. Furthermore, conclusions and practical recommendations for future research, social work practice and education and policy and legislation are presented.

## **CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.1 INTRODUCTION**

The literature review covers various focal points aimed at identifying the existing knowledge gap in the care of middle childhood children in South African families during the COVID-19 pandemic. It underscores the crucial role of families, defines, and characterises pandemics, explores the specific context of the COVID-19 pandemic in South Africa, and examines the impact on families, children, and specifically, children in middle childhood. Chapter two also discusses the theoretical framework that was employed to guide the research.

### **2.2 THE ROLE OF FAMILIES IN THE CARE OF CHILDREN**

An adult family member of a child is anyone who has parental responsibilities. It is a person that has formed a remarkable bond with a child in the form of a familial relationship that enhances emotional and psychological well-being (Children's Act 38 of 2005 (South Africa)). There are a wide variety of family types in South Africa, and each follows its own structure of how a child is cared for; some children are cared for by an extended family while others by a family of one mother/father/parent/caregiver (Rabe & Naidoo, 2015:2). The General Household survey conducted by StatSA in 2021 found that 41.5% of households in South Africa consist of a nuclear family and 33.6% of households were classified as extended households in which a nuclear family was combined with other family members.

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 effective 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 educational, 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). In South Africa, where large portions of the population live in poverty, the family

structure is especially important for survival and development (Statistics South Africa (StatsSA), 2021:12).

Families also provide attachment figures for children. The connection a child has with a parent or caregiver acts as the foundation upon which many aspects of their lives develop. Attachment figures can act as a secure base, a place of safety, from which a child can explore the world around them and a place to which a child can return when faced with challenges. The attachment relationship acts as a regulatory system for the child, ensuring emotional equilibrium (Parrigon, Kerns, Abrahi & Koehn, 2015:27). The relationship with an attachment figure can also act as a factor for resilience in children. Resilience is a child's capacity to thrive despite having faced adversity. (Kennison & Spooner, 2020:4). As children progress through middle childhood, the parent/caregiver serves as a secure sounding board for the child with whom to share and test ideas, and, for receiving guidance and support (Bosmans & Kerns, 2015:4). When this sounding board is not available due to insecure attachment between a child and their parent/caregiver then a child is more likely to develop heightened psychological distress and their capacity for resilience may be reduced (Kerns & Brumariu, 2014:2).

How children experience interaction within the family is how they perceive and behave in interactions with people from outside the family (Calvano et al., 2021:1). When children grow up in stable settings and establish secure attachments during their early years, they typically develop a sense of safety and ease within their home environment. Consequently, they are more likely to feel at ease and possess a strong self-assurance in their capacity to effectively communicate across various social contexts (Grassman-Pines et al., 2020:2). The inverse is also a reality, when some children experience chaos and panic in their family interactions, they may occasionally behave in a manner that portrays this chaos and panic when interacting with individuals outside of their family. Children often carry their behaviours from home into the outside world, for instance when a child experiences 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, it is possible that parents/caregivers were present at home due to working from home arrangements. However, because working hours became more flexible and strayed from the standard eight to five job, caregivers' capacity to be emotionally and physically available for their children in middle childhood varied because of an increase in responsibilities and roles such as cleaning, cooking, home-schooling, and working (Prime et al., 2020:632).

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

To fully comprehend the impact of the COVID-19 pandemic on the care families could provide their children in middle childhood, it is important to understand pandemics.

## **2.3 CONCEPTUALISING PANDEMICS**

To develop an understanding of pandemics and their impact on families, it is important to define pandemics and disasters, as well as to focus on the defining characteristics of pandemics.

### **2.3.1 Defining pandemics**

Pandemics can be defined as the rapid spread of a contagious disease across the entire global population, causing widespread damage and loss of life (Pokhrel & Chhetri, 2021:133; Qui, Rutherford, Mao & Chu, 2017:3).

Historically, pandemics such as smallpox, the plague, AIDS, and tuberculosis have had devastating effects on human populations, with some recurring over specific periods and in specific populations, while others have been longer-lasting and more

widespread, causing significant disruptions to societal functioning (Qui et al., 2017:4). Furthermore, the frequency of pandemics appears to be on the rise, primarily due to the increase of viral diseases originating from animals (Mascie Taylor & Moji, 2021:48). The majority of new or novel pandemics, such as the COVID-19 pandemic, stem from a transmission of a pathogen from an animal (domestic or wild) to a human, this is known as zoonotic transmission (Mascie Taylor & Moji, 2021:50).

### **2.3.2 Characteristics of a pandemic**

For a disease to be classified as a pandemic it needs to fulfil specific criteria. Firstly, the disease must be an epidemic, meaning that the disease must spread across a large portion of a population within a brief timeframe. An epidemic usually occurs when people's immunity to an established pathogen or a newly emerging pathogen, such as COVID-19, is minimal (Mascie Taylor & Moji, 2021:50). Limited population exposure to a new pathogen leads to minimal immunity, resulting in person-to-person transmission until an entire population either succumbs to the virus or develops herd immunity (Pokhrel & Chhetri, 2021:133; Qui et al., 2017:5). Secondly, the epidemic must result in serious illness and death (Mascie Taylor & Moji, 2021:50). The destruction and fatalities caused by pandemics can be severe, occurring in a noticeably brief period, such is the case with COVID-19 (Pokhrel & Chhetri, 2021:133; Qui et al., 2017:5; Yang, Liu, Liu, Zhang, Wan, Huang, Chen, Zhang, 2020:128). Thirdly, there must be consistent transmission between individuals and lastly, the epidemic must cross international boundaries (Mascie Taylor & Moji, 2021:50). Pandemics, such as the coronavirus, can rapidly spread over multiple geographical areas (Qui et al., 2017:4; Yang et al., 2020:128).

The COVID-19 pandemic profoundly impacted the world, including South Africa.

### **2.3.3 The COVID-19 pandemic in South Africa**

On the 5<sup>th</sup> of March 2020, the Minister of Health had 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 develop regulations for growing numbers of those who had contracted the virus in these areas. School programmes were adapted to minimise infection rates and Social Relief of Distress grants of R350

per month were provisioned for those that became unemployed because of the pandemic (Department of Health, 2022). The government also provided citizens with “unemployment insurance funds and credit life insurance policies.” Additionally, debt and tax measures were adapted to assist with financial strain in all South African households (Sekyere, Bohler-Muller, Hongoro, Makoe, 2020:6; Department of Health, 2022).

South Africa was also put on a long-term lockdown from March 2020 (Greyling, Rossouw et al., 2021:6). Strong public health measures, such as lockdowns, were essential to curb the spread of the COVID-19 pandemic as they helped to curb the spread of the virus (Blecher, Daven, Meyer-Rath, Silal, Makrelov & van Niekerk, 2021:2). 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 and-, social gatherings, masking, sanitising, social distancing, and a ban on the sale of alcohol and cigarettes (Greyling et al., 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 at 99 458. Since the onset of the pandemic schools and places of work had closed, reopened, or had become completely online which was a challenge for caregivers and children to cope with (Department of Health, 2022).

In South Africa, the COVID-19 pandemic had a significant impact on the well-being of its citizens, both in the short and long term (Naidu, 2020:560). The lockdown, implemented to slow the spread of the virus, delayed the peak in COVID cases and saved many lives. However, the lockdown had vast economic and socio-economic consequences for South Africans and their families (Blecher et al., 2021:14).

## **2.4 THE EFFECT OF COVID-19 ON FAMILIES AND CHILDREN**

The pandemic had a significant impact on the everyday life of South African families (Nguse & Wassenaar, 2021:304). The global community had concerns regarding the virus reaching resource-constrained countries such as South Africa as South Africa

has a larger prevalence of health issues such as HIV/AIDS, weak infrastructure, and 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; Department of Social Development, 2021:185). The COVID-19 pandemic and the mandatory lockdown measures implemented by the South African government had an immense impact on families in South Africa (October, Petersen, Adebisi, Rich & Roman, 2021:2). The different ways in which families were impacted will be covered in the section below:

#### **2.4.1 Economic impact**

Prior to the onset of the COVID-19 pandemic, South Africa's economy was facing a technical recession, brought about by a reduction in the country's gross domestic product. Furthermore, the historical and recent economic context in South Africa had been marred by already severe and increasing socio-economic problems such as extreme poverty, inequality, and unemployment (Francis & Webster, 2019:792; United Nations Economic Commission for Africa, 2020:5). Therefore, the impact of the COVID-19 pandemic on the South African economy was severe. The gross domestic product declined by 7% in 2020/21 and more than two million South Africans lost their jobs (Blecher et al., 2021:1).

In 2015 poverty levels in South Africa were at 55.5%. This means that more than half of the South African population was living in poverty. South Africa's poverty levels are closely linked to extreme income inequality in South Africa (Francis & Webster, 2019:791). South Africa has the highest level of income inequality globally reflected by the Gini-coefficient, and one of the most unequal remuneration systems in the world (The World Bank, 2022:1). The apartheid era perpetuated inequalities in income based on both race and gender, with females earning less wages than their male counterparts and black South Africans earning a median household income of R3 050 per month compared to R6 000 for coloureds and Asians and R25 000 for white South

Africans (Makgetla, 2020:8, 33). Poverty and inequality have been amplified by the COVID-19 pandemic with many South African workers finding themselves without a way of generating income for their families, the majority of those workers being black women (Futshane, 2021:4).

Unemployment has also long been a socio-economic problem in the South African context. The COVID-19 pandemic deepened unemployment to a rate of 42.6% (Department of Social Development, 2021:186; StatsSA, 2021). Many 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 many 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 (Adebiyi, 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. Furthermore, employment opportunities for women had fallen by 8% whereas for men it had only fallen by 2% during February to October of 2020 (Casale & Shepherd, 2021:7; RSA, Department of Social Development, 2021:199).

The decline in employment for women was attributed to the fact that prior to the COVID-19 pandemic, women were more frequently employed in sectors of the economy that required in-person interaction, such as domestic work, retail, tourism, and childcare professions (Casale & Shepherd, 2021:6). A second contributing factor was the impact of the childcare challenge that emerged due to the closure of schools and childcare facilities during the lockdown (Casale & Shepherd, 2021:7). The childcare burden in households increased considerably. In South Africa, the burden of care often falls on women. 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 that were at home due to school closures. Additionally, 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 (Casale & Shepherd, 2021:20; Department of Social Development, 2021:199). Furthermore, the gender wage gap also widened during the lockdown with women earning 43% less wages per hour than men. During the COVID-19 pandemic women carried the heaviest burden as they were faced with the stress of unemployment and the inability to provide food and necessities for their children (Fricker & Hartford, 2020:14).

The negative economic repercussions stemming from the COVID-19 pandemic and subsequent lockdown restrictions resulted in a reduction in income for many families in South Africa. Consequently, many families were unable to afford necessities (Adebiyi et al., 2021:235). 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 18, unemployed, and not receiving any financial pay-out from the Unemployment Insurance Fund (Baskaran, Bhorat & Köhler, 2020:1). The Social Relief of Distress grant was able to be delivered relatively quickly and greatly assisted around twelve million South African families. The Social Relief of Distress grant could be applied for online and targeted a population that had previously been neglected, working age adults (Megannon, 2022:19; SASSA, 2021:8). The South African government also implemented the UIF-COVID-19 TERS 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 (Adebiyi et al., 2021:235). Most of the beneficiaries of UIF pay-outs were men, meaning that in October of 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.

#### **2.4.1 Schooling**

Prior to the onset of the COVID-19 pandemic, the education system in South Africa was already facing profound inequality, a disparity firmly interwoven with poverty (Francis & Webster, 2019:794; De Clercq, 2020:2). Around 75% of all learners in

South Africa attend no-fee schools. To aid families who cannot afford school fees, the South African government implemented a “no fee schools” declaration. Subsequently the South African School Act of 1996 was changed accordingly. Parents of children in a school that is declared a ‘no-fee’ school, do not have to pay school, registration or extra-mural activity fees (Auditor-General South Africa, 2013:1). No-fee schools face many socio-economic challenges such as poor infrastructure, low water supply, derelict buildings, ill-equipped teachers, shortages in learning resources, large classes, and high dropout rates (Soudien, Reddy & Harvey, 2021:307). Furthermore, within South Africa’s educational context, a digital divide is evident, representing an inequality between individuals equipped with the skills and access to effectively utilise technology and those who lack such capacities and access. This division can be traced back to the apartheid era, a time when access to technology infrastructure and the ability to utilise it was racially imbalanced. This skewed distribution resulted in the disadvantage of black, coloured, and Indian students (Faloyc & Ajayi, 2022:1734).

The COVID-19 pandemic and resulting lockdown meant the closure of schools and the eventual phased reopening of schools and implementation of rotational attendance (Kotze, Mohohlwane, Shepherd & Taylor, 2021:1). Children were expected to continue their learning from home. It was the responsibility of the Department of Basic Education to implement support systems to families during the closure of schools to keep the educational system up and running, some of these interventions included the broadcasting of lessons through public television and radio stations as well as uploading study materials onto the Department of Basic Educations website (Soudien et al., 2021:309).

The closure of schools negatively impacted South African children and their families in several ways (Adebiyi et al., 2021:235). School closures resulted in a learning deficit and the exacerbation of pre-existing educational disparities. High income schools had an advantage during the COVID-19 pandemic, compared to no-fee schools. High income schools could transition smoothly to online learning, reinforced by parental support in the role of educators (Soudien et al., 2021:312). However, this scenario presented challenges for families, as parents had to find a balance between working in their job and taking on the additional responsibilities of schooling their children (Kent et al., 2020:66).

Disadvantaged or no-fee schools did not have the necessary resources to facilitate online learning (Soudien et al., 2021:312) Furthermore, 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 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; Soudien et al., 2021:312).

Furthermore, the closure of schools had implications for children's food security. Many children were relying on the National School Feeding Programme, for free meals provided at school. 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). As a result, the COVID-19 pandemic exacerbated child hunger (Department of Social Development, 2021:200).

#### **2.4.2 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 exacerbated by lockdown measures. The pandemic stranded victims of family violence with abusive partners or abusive parents, isolating them from potential sources of support and services (Adebiyi et al., 2021:234).

Gender-based violence (GBV) and Intimate Partner Violence (IPV) were already large problems in South Africa (Sibanda & Msibi, 2016:6). During the COVID-19 lockdown rates of gender-based and intimate partner violence increased (Department of Social Development, 2021:203). The Government Gender-based Violence and Femicide

Centre recorded more than 120 000 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).

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.

## **2.5 THE CHILD IN MIDDLE CHILDHOOD**

In 2018, StatsSA estimated that approximately 7 million children in South Africa were in the middle childhood stage, which ranges from six to twelve years old and is a critical stage for cognitive, emotional, and psychosocial development. Middle childhood is a time when children need to focus on their development for overall success (Adler-Tapia, 2012:15; Louw & Louw, 2014:225).

During middle childhood children begin to engage in complex activities such as problem-solving, building self-confidence, developing socially for later social interaction, adapting to school, following rules, forming peer relationships, and performing adequate academic activities (Arnett & Maynard, 2017:420; Batra, 2013:259; Louw & Louw, 2014:256). Competence also becomes a significant source of a child's self-esteem during this stage of psychosocial development (Arnett & Maynard, 2017:420).

However, achieving developmental milestones can be challenging for children in South Africa due to the psychosocial context many children find themselves in (StatsSA, 2021:2). According to StatsSA (2018:x), the majority of children in middle childhood were classified as multidimensionally poor. This classification highlights the difficulties these children face in accessing resources and support necessary for their overall development.

Children, especially those from poor households (being the most vulnerable segment of the population), would most likely be exposed to many risks that compromise their health and well-being. In South Africa, many children have limited or inadequate access to basic services – including healthcare services – and many suffer from malnutrition, which prevents them from reaching their full potential (Stats SA, 2021:2)

The development of a child in middle childhood is multifaceted and cannot be separated from their culture or context (Mucherah & Mbogori, 2019:11). The following subsections will delve into the cognitive, emotional, social, and educational dimensions of middle childhood development, considering the unique context of South Africa.

### **2.5.1 Cognitive development**

During middle childhood, children in South Africa experience a notable leap in their cognitive development, which is influenced by the socio-economic and cultural context of the country. Children in middle childhood start to use more complex thought in the concrete operational stage – they develop logical thinking abilities and become systematic thinkers (Arnett & Maynard, 2017:298; Glowiak & Mayfield, 2016:370; Mucherah & Mbogori, 2019:11). Children at this stage of cognitive development struggle to comprehend abstract ideas and answer “what if” questions as they tend to think more concretely (Berk, 2013:252; Joubert & Harrison, 2021:1004).

However, this cognitive development is not the same for all children across South Africa. One of the significant challenges affecting cognitive development is poverty (StatsSA, 2021:8). The impact of poverty on children's cognitive abilities is substantial, as evidenced by the lower IQ scores amongst children from low-income families when compared to their counterparts from higher-income families, this is attributed to the socio-economic challenges children in low-income families face such as lack of resources and malnutrition (Strauß, Venables & Zentner, 2023:2).

Furthermore, the disparities in the education system in South Africa creates barriers for children in accessing education and consequently also influences their cognitive development (Soudien et al., 2021:307).

### **2.5.2 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 being 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). In the context of South Africa, the majority of children in middle childhood start their formal education in schools where there is a lack of resources, poor infrastructure, big classrooms and under-qualified or demotivated teachers (Joubert & Harrison, 2021:1008). Furthermore, poverty directly influences the educational achievement and school attendance of the South African child (StatsSA, 2021:8).

### **2.5.3 Emotional development**

Due to the cognitive progress a child makes in middle childhood, they can comprehend more complex emotions such as pride and shame and they can experience more than one emotion simultaneously (Louw & Louw, 2014:259). This developmental phase empowers children to interpret specific events and circumstances on a deeper level. As children progress through this stage, their emotional regulation skills advance, meaning that they become more skilled at hiding their negative emotional reactions (Louw & Louw, 2014:260).

However, the context of South Africa, marked by persistent poverty, inequality, and stress, presents unique challenges to children's emotional development and mental well-being (Rochat & Redinger, 2022:61). Exposure to constant poverty, inequality, and stress can negatively impact a child's emotional development and mental health. When normal emotional development is undermined by negative socio-emotional experiences or environmental trauma, mental health problems can emerge (Rochat & Redinger, 2022:61).

#### **2.5.4 Social development**

The social possibilities of children in middle childhood expand exponentially and they are exposed to many new social experiences such as school and extramural activities. Children in middle childhood also experience a greater sense of autonomy (Louw & Louw, 2014:262).

The role a parent/attachment figure plays in a child's life, undergoes changes as the child starts to spend more time with peers and other adults outside of the family system. The relationship between the child and attachment figure evolves, it shifts from proximity and constantly needing to be near, to a need for the emotional availability of an attachment figure (Louw & Louw, 2014:262; Parrigon et al., 2015:28). In the context of South Africa, attachment figures play an important role. A strong relationship with an attachment figure is core to the healthy psychosocial development of a child and increases their resilience or ability to bounce back from stressful life events such as poverty and inequality (Mhangera & Lombard, 2020:10).

Having established a comprehensive overview of the existing literature, the next section will discuss the theoretical framework underpinning the research study.

### **2.6 THEORETICAL FRAMEWORK**

The two theoretical frameworks the study adopted were Bronfenbrenner's ecological theory (Berk, 2019:98) and Family System Theory (Smith, 2016:782). Both theories recognise the reciprocal influence of systems on human functioning, and in the case of this study, on the life of the child.

#### **2.6.1 Family Systems Theory**

Family Systems Theory is a theoretical framework that is applied to comprehend the dynamics and functioning of families as social systems. A child's personality, behaviours and characteristics are formed through their interaction with their family (Smith, 2016:782).

Family systems theory views the family as a network of interdependent individuals who support each other's survival and well-being. Within the family system there are many sub-systems, each having its own dynamics (Carr, 2016:16-21). Sub-systems include, amongst others, parent-child relationships, siblings, and parents. Each of these sub-systems is defined by its own boundary and has its own rules of interaction, for example the guidelines that regulate the interactions between siblings differs from those that regulate the interactions between parents and children (Briggs & Morgan, 2017:1).

The family has a boundary that separates it from the external world/external systems. The boundary that separates the family from the external world allows for the family to operate as a unit separate from the larger society and as a result means that the family has a unique identity of their own. For the family system to ensure survival, the family must be able to adapt and in order to be able to adapt, the boundary around the family system must be semi-permeable in order for the family members to move between the family system and larger society. An example of the semi-permeable boundary is children going to school to acquire an education. The boundary is semi-permeable to allow for the intake of resources and information (Carr, 2016:16-21).

The behaviour of family members is determined by the interactions between family members in the system and wider society. Each member of the family is connected to one another and a change in one person's behaviour will influence another family member's behaviour. The interactions between family members are guided by certain rules and patterns that are recursive and can be described through the roles, routines, and rituals the family has. These rules help to maintain the homeostasis; however, it is also important for family systems to adapt and evolve to ensure their survival of the family (Carr, 2016:16-21; Priest, 2021:5-6). Family systems need to be able to distinguish themselves from larger society, thus autonomy is important. However, a family's autonomy must be balanced by their ability to adapt and respond to the environment or society in which they find themselves (Priest, 2021:9).

A limitation of family systems theory lies in its limited view of how the broader environment impacts the family system (Priest, 2021:48). This becomes particularly relevant in a multicultural and developing country like South Africa. The African



Perspective, based on a holistic understanding of humans and the universe, provides insights that align with the study's context, being South Africa. In this perspective, human behaviour is viewed within the context of a larger whole, with community playing a central role. Development, from this standpoint, is embedded within the social and ecological environments it takes place in (Louw & Louw, 2014:32). Therefore, as a complementary theoretical framework, the research study incorporated Bronfenbrenner's Ecological model. This allowed for a comprehensive understanding of how the broader environment interacts with the family system.

### **2.6.2 Bronfenbrenner's Ecological Theory**

Bronfenbrenner's Ecological Theory recognises that a child is not an isolated being, instead their development is influenced by different systems within their environment (Ettekal & Mahoney, 2017:2; Rus, Lee, Bautista Salas, Paris, Webster, Lobo, Ecaterina, & Popa, 2020:239).

As a child ages their development is influenced by the environmental system in which they engage. However, it is important to recognise that children actively influence and shape these environmental systems as well, the child's development is thus not only influenced by these systems but also exerts influence upon them. There are constant mutual interactions between the child and the environmental systems. Furthermore, the environmental systems the child actively participates in are interconnected to one another and to other settings further in proximity to the child, all within the broader cultural context (Ettekal & Mahoney, 2017:2; Shelton, 2019:10). Therefore, the developing child can only be viewed through complex and interactive systems that are culturally appropriate (Berk, 2019:98; Harris & Graham, 2014:43).

Four interrelated levels of environmental systems influence the development of the child namely, the microsystem, the mesosystem, the exosystem and the macrosystem. These levels scale from small nearby systems that directly influence the child to larger distant systems that indirectly influence the child (Ettekal & Mahoney, 2017:2; Louw & Louw, 2014:29). The microsystem consists of the child and the people, objects and institutions in their immediate environment. These are systems with which the child directly interacts on a regular basis such as the family, school or

sport (Ettekal & Mahoney, 2017:3; Louw & Louw, 2014:29). The Mesosystem is a system made up of interactions between microsystems. An example would be the way in which the school environment and home environment interact with one another. An important factor of the mesosystem is that it must include the child. The exosystem is also made up of interactions between microsystems, however one of the microsystems does not have the child at its centre. An example would be a parent's workplace, the child is not part of that system, however an increase in salary will influence the child. The final system is the macrosystem, which acts as the overall culture, and in which all the other systems are embedded (Crawford, 2020:2). In Bronfenbrenner's later life, the chronosystem was added to his theory. The child's environment is constantly changing, in terms of the child's social environment – death of a parent, moving to a new country, divorce and in terms of the physiological changes a child undergoes while developing. The chronosystem thus introduces the element of time to the theory (Louw & Louw, 2014:30).

Bronfenbrenner's Ecological Theory is not a comprehensive theory on development, instead it provides an understanding of how the development of a child is influenced in different environments. While Bronfenbrenner's Ecological Theory is a valuable guide, it's not a complete replacement for more detailed theories and research that contribute to an understanding of child development (Shelton, 2019:124).

### **2.6.3 Using the theories in research**

The different systems as viewed by Bronfenbrenner assisted the researcher in exploring and describing the ecological circumstances under which children were cared for from every possible direction and how all these aspects interrelatedly impacted the development of children (Adler-Tapia, 2012:20; Harris & Graham, 2014:42&221).

Furthermore, the Ecological Systems Theory facilitated a deeper comprehension of the caregivers' experiences in caring for a child in middle childhood during the COVID-19 pandemic by gaining an understanding of how the COVID-19 experience influenced on the caregiver's everyday life (Jessup-Anger, 2015:22-23). Additionally, Family Systems Theory considers family dynamics and how the family interacts with their

environment, in greater detail. By focussing on the interaction and communication patterns as well as the roles of the family, key factors regarding the functioning of the family may be identified (Smith, 2016:784). The various situations under which the child is developing and how the child interacts with external aspects of their lives may also be explored (Jessup-Anger, 2015:22).

Ecological Systems Theory focuses on the ecological characteristics that impact a child from the closest to the furthest systems of a child and the interaction with the environment (Jessup-Anger, 2015:23). These systems include the microsystems; the immediate environment of the child during COVID-19, how the family interacted with one another, how school closures impacted every individual, how the parent/caregiver/child's peer group influenced them, and the care that the child received (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Louw & Louw, 2014:29; Onwuegbuzie, Collins & Frels, 2013:4). Meso-systems were explored by evaluating the connections between microsystems, how the home and school, work and home balance existed, how caregivers got from home to school to work (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 came into play. The importance of an in-depth exploration of interaction patterns, communication patterns, and family roles within the family itself are acknowledged, therefore understanding the impact of these on the child.

The exosystems of a child encompass institutions and organisations that are not involved with children, but influence the child's experiences (Harris & Graham, 2014:42). A caregiver's work-life influences the child – loss of employment or a reduction in income can impact on the child (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 encapsulates the ebbs and flows of stability and change over time, with shifts in larger systems cascading down to the micro levels (Adler-Tapia, 2012:20; Harris & Graham, 2014:42). Changes and events that occur in the bigger systems, such as the COVID-19 pandemic and resulting lockdown, filter through to affect the

smaller systems, therefore it is crucial to comprehend 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 having used the Bronfenbrenner Ecological Systems Theory and the Family Systems Theory, recommendations could be made to inform social work decisions and services to children and families with children in middle childhood. The experiences of a caregiver in caring for their child in middle childhood during the pandemic to be understood by gaining an understanding of how the COVID-19 experience influenced and still influences their everyday lives holistically (Jessup-Anger, 2015:22-23). Similarly, insight may also be gained into the different situations under which the child is developing and how the child interacts with external aspects of their life (Jessup-Anger, 2015:22).

The advantages of using the above-mentioned theories included being able to create a holistic representation of the experiences of caregivers in the way they cared for their children during the COVID-19 pandemic by focusing on all the systems that influenced them (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Jessup-Anger, 2015:22; Onwuegbuzie et al., 2013:4-5). Additionally, considering how the family interacted with the child and how the family functions added depth to the factors that influence the child. Disadvantages are that the theories help gain insight into why systems and family functioning impact the caregivers, but not how to implement the theory into practice and what can be done to balance out the challenges of every system a person exists in and how an individual functions 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 comprehensive recommendations can be made to inform social work decisions and services to children and families with children in middle childhood.

## **2.7 CONCLUSION**

Chapter two provided a literature review about the COVID-19 pandemic and its influence on families and children in South Africa. Additionally, the chapter explored the theoretical perspectives of Family Systems Theory and Bronfenbrenner's Ecological System Theory, which serve as the foundational frameworks for the study. Moving forward, Chapter three will comprehensively address the research methodology that was employed and the ethical considerations of the study.

## **CHAPTER 3: RESEARCH METHODOLOGY AND ETHICAL CONSIDERATIONS**

### **3.1 INTRODUCTION**

The goal of the present research project was to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic. To fully measure the experiences of these families, a qualitative research approach was adopted. Furthermore, an instrumental case study design was utilised. The selection of research participants did not involve random sampling methods; instead, a combination of purposive and snowball sampling techniques was employed. Subsequently, these selected research methods informed the development of a semi-structured interview schedule. This schedule underwent pilot testing, adaptations, and was eventually used to conduct interviews with seven research participants. The data accrued from these interviews underwent thematic analysis. This chapter outlines the research methodology employed, along with the ethical considerations that guided the research process.

### **3.2 RESEARCH APPROACH**

A research paradigm refers to a philosophical approach or interpretation of research data collected from participants. In this study, the research paradigm adopted was interpretivism. Interpretivism recognizes that a single phenomenon, such as caring for children during the COVID-19 pandemic, may have multiple interpretations, each representing a distinct truth perceived by different individuals (Kivunja & Kuyini, 2017:26; Nieuwenhuis, 2020:67; Pham, 2018:3).

In the context of this study, interpretivism enabled the researcher to comprehend the complexity of the phenomenon in its specific context, instead of seeking to establish a universal understanding for the entire population (Pham, 2018:3). This paradigm allowed the researcher to enter the participants' worlds and demystify how they constructed the meaning of caring for their children during the COVID-19 pandemic (Kivunja & Kuyini, 2017:33; Nieuwenhuis, 2020:67).

In order to explore and be able to describe the research participants' unique experiences and based on the limited research available, qualitative research suited the purpose of the study. Qualitative research allowed the researcher to gain insight into how parents/caregivers of children in middle childhood experienced caregiving during the COVID-19 pandemic. Qualitative research is a time-consuming process; however, it allowed the researcher flexibility and was a continuously evolving process. The use of qualitative research aligned well with the interpretivism paradigm in this study. By using a qualitative and interpretive approach, the researcher had the freedom to interpret and present the holistic data obtained from the participants in a flexible manner. The use of qualitative research in this study resulted in rich data that facilitated a comprehensive understanding of the phenomenon (Cooper & White, 2012:6; Lietz & Zayas, 2010:189; Rahman, 2016:104; Trainor & Graue, 2013:129).

### **3.3 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 in making decisions and rendering services effectively (Hilton et al., 2019:8). In this study, applied research was employed with the specific aim of enriching the knowledge base that drives changes in the lives of the target group: parents and caregivers responsible for children in middle childhood. The study's focus was on examining the impact of COVID-19 on the care of children in middle childhood in South Africa. The insights derived from these findings can serve as a foundation for shaping social work services and decision-making, especially in light of the ongoing repercussions of the COVID-19 pandemic and the subsequent lockdown measures in South Africa, which have exacerbated pre-existing economic vulnerabilities (Adler & Clark, 2015:360, Schotte & Zizzamia, 2022:22).

### **3.4 RESEARCH DESIGN**

For this study, a case study research design, specifically the instrumental case study subtype, was selected. This approach was chosen to ensure a comprehensive understanding of each case. This research design was beneficial to the research study as it is an advantageous method of research when dealing with a broad and complex

topic such as the impact of COVID-19 on the care of children in middle childhood in South Africa. Each case study provided a focused lens through which the researcher could delve into the specific experiences and circumstances of a parent/caregiver (Heale & Twycross, 2018:7). The purpose of a case study design is usually exploratory and descriptive, which made it the preferred strategy for this study as the researcher wanted to ask “how” and “why” questions. This alignment was essential for investigating the effects of the COVID-19 pandemic on caregiving for children in middle childhood within South African families (Nieuwenhuis, 2020:90).

This research design allowed the researcher to analyse all the cases together to create a holistic view of the impact COVID-19 has had on families in South Africa, putting forward the essence of the experiences of the families. Through this approach the researcher was able to understand the phenomenon and learn about its uniqueness (Parker, 2016:223).

The instrumental case study design allowed the researcher to collaborate with the participants so that each participant could tell their story. This study formed part of a group research project by postgraduate students of the Masters in Social Work (Play-based Interventions) degree, which had the same goal and objectives. However, each researcher conducted a separate study with a sample of participants recruited from a location of the researcher’s choosing. They conducted their own data collection and analysis of experiences of parents/caregivers while caring for their children in middle childhood during the COVID-19 pandemic, to learn more about the phenomenon (Parker, 2016:223).

### **3.5 RESEARCH METHODS**

To comprehensively present the research methods utilised in the study, an overview is given of the study’s target population, the chosen sampling method, the data collection process, the research instrument employed, the data analysis and presentation methods, the pilot study and how the researcher ensured data quality.



### 3.5.1 Sampling and study population

Since the study was qualitative and exploratory in nature and aimed to gain a more in depth understanding rather than generalisation of statistical findings, non-probability sampling was employed, whereby participants were not randomly selected (Merriam & Tisdell, 2015:96). Furthermore, a combination of purposive and snowball sampling was suitable for the study, as it ensured that specific participants, who were able to provide relevant, information-rich descriptions about the phenomena being studied, would be included. Sampling criteria was identified before sample selection to ensure that participants met the criteria (Pickard & Childs, 2014:64; Maruyama & Carey, 2014:235).

The following inclusion criteria was employed to recruit potential participants:

- The caregiver had to identify as being a part of the child's family.
- The parent/caregiver had to be receiving or previously received services from the NGO.
- The parent/caregiver had to have at least one child in middle childhood (6-12 years of age).
- The parent/caregiver had to be residing with and caring for the child in middle childhood.
- The researcher had to be able to speak the language of the participant or make use of an interpreter.

The study initially adopted purposive sampling to select the first two research participants based on the specific inclusion criteria. This method facilitated the identification of individuals who precisely met the defined sampling criteria. Subsequently, snowball sampling was introduced to further expand the pool of research participants. As the research advanced, snowball sampling proved crucial in overcoming recruitment hurdles, particularly when the NGO faced difficulties in identifying individuals meeting the inclusion criteria. By using the snowball sampling method, which involves participants recruiting new participants among their acquaintances, the research was able to access a larger pool of participants and ensure the study's continued progress and richness of data (Naderifar, Goli & Ghaljaie, 2017:2).

The study population was parents or caregivers providing care to children in middle childhood within the areas of Tshwane - Gauteng. The participants were recruited via Kungwini Welfare Organisation's Early Childhood Development centre, a non-government organisation (NGO) where the participants currently have young children enrolled. Permission was acquired from the NGO prior to the beginning of recruitment.

At the start recruitment took place via an electronic leaflet that was sent to a WhatsApp group Kungwini uses to communicate with their service users. Additionally, the administrator at the NGO verbally invited prospective participants when they came to collect their children from the Early Childhood Development Centre. Verbal invitations were made by the administrator rather than by the researcher, as this ensured that a participant did not feel coerced or obligated to participate. After identifying participants who were willing to partake in the study, the administrator shared the contact number of the participant with the researcher. The researcher then contacted the participant directly and arranged for an interview on a date and time that suited the participant.

Initially, two research participants were identified using purposive sampling. Subsequently, snowball sampling was employed whereby the two research participants were asked whether they would be able to identify any other research participants who met the inclusion criteria and would be willing to partake in the research study. Through this referral process, the number of research participants expanded as five new individuals were introduced to the study. This chain-like process continued until data saturation was achieved whereby no added information or themes became apparent, and no new insights came from the data collection phase (Makofane & Shirindi, 2018:34; Naderifar et al., 2017:23).

### **3.5.2 Data collection**

Data collection was done via interviews in the form of semi-structured interviews. The researcher employed an interview schedule. Open-ended questions were utilised, prepared with specific interests in mind that facilitated a rich data collection opportunity. This method allowed in-depth exploration and covering of themes that arose as the interview progressed with clarification and probing as support. Interviews

were conducted in a setting where privacy and confidentiality could be ensured (Adams, 2015:493).

The disadvantages of the semi-structured interview were that it took time, with each interview being between thirty minutes and an hour in length. The advantages, however, outweighed the disadvantages in that open-ended questions allowed the researcher to ask follow-up questions for further data collection. Furthermore, it assisted the researcher in becoming acquainted with the phenomenon on a deeper level (Adams, 2015:493 - 494).

### 3.5.3 Data analysis

After the completion of interviews, the audio recordings of each interview were transcribed to allow for the data to be analysed through the process of thematic data analysis (Terry et al., 2017:13). The thematic data analysis process consisted of the following phases:

- Phase 1: The initial stage of thematic data analysis involves the process of data familiarisation (Nowell et al., 2017:4-5; Terry et al., 2017:13). The researcher familiarised herself with the data by working through the transcriptions of the interviews that had been compiled using the audio recordings from each interview, making intensive notes as she moved along the data.
- Phase 2: The data is subsequently coded and entered into a spreadsheet, generating phrase codes (Stefaniak, 2019:250; Terry et al., 2017:13). 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. The researcher utilised a spreadsheet in which phrase codes were generated according to the research question and research objectives.
- Phase 3: Similar codes are grouped and themes are derived from these codes (Nowell et al., 2017:4; Terry et al., 2017:18). The researcher generated themes

by tabulating similar codes in the codebook under one umbrella to form themes that were guided by the same pattern, creating a theme for each section of the sorted codes.

- Phase 4: The fourth phase of the thematic data analysis process involves reviewing the themes that had been created (Terry et al., 2017:21) Reviewing the themes allowed the researcher to clarify the different themes by controlling the themes that were to be included in the study and remove those that were not relevant to the research question, some themes were even adapted to better suit the research study.
- Phase 5: Phase 5 of the thematic analysis data process involves defining and naming the themes of the study (Nowell et al., 2017:4; Terry et al., 2017:22). The researcher defined every single theme, including the sub-themes that had been formulated, and described the importance of every theme regarding how the themes related to the broader research question and objectives and how best to interpret the information.
- Phase 6: Phase 6 involves the creation of a research report (Terry et al., 2017:25) The researcher produced a report with careful consideration of the order in which the themes are presented to best represent participants' experiences. This phase allowed the researcher to embark peer debriefing to make sure that the information presented was credible and trustworthy (Nowell et al., 2017:4).

Thematic analysis allowed for a rich and detailed account of the data obtained from the research participants by creating a structured approach to analysing the data. The method provided the researcher with a framework for managing the data in an organised and systematic way. Thematic Analysis was a useful data analysis method for examining the experiences of the research participants and identifying similarities and differences in the way they experienced caring for their children during the COVID-19 pandemic. By systematically examining the data and identifying themes, the researcher discovered patterns of experiences not initially anticipated. This process led to a deeper and more complex understanding of the impact of COVID-19 on the

experience of the participants in caring for their children in middle childhood (Nowell et al., 2017:2).

Thematic analysis is a very flexible method of data analysis; however, this flexibility had the potential to lead to potential issues such as inconsistency in how different researchers might interpret and code the same data, leading to differing results. To promote consistency and coherence the researcher adopted interpretivism as an epistemological position. This awareness that meanings are constructed by the research participants within their unique contexts, meant that the researcher recognised that themes are not objective entities to be discovered, but rather, they arise from participants' subjective interpretations of their experiences (Nowell et al., 2017:2).

### **3.5.4 Data quality**

To ensure the reliability and validity of the data analysis, findings, and recommendations of this study, trustworthiness was crucial. This approach aimed to establish a foundation of high-quality qualitative research that genuinely represented the experiences of participants (Hadi & Closs, 2016:643; Nieuwenhuis, 2020:143). Credibility, transferability, dependability/auditability, and confirmability were met in an attempt for the research to be trustworthy (Nowell et al., 2017:3).

#### **3.5.4.1 Credibility**

The research is 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). To ensure credibility, the research underwent peer examination, involving the guidance and insights from the research supervisor in the Department of Social Work and Criminology (Anney, 2014:276; Nieuwenhuis, 2020:144).

#### **3.5.4.2 Transferability**

The utilisation of thick descriptions was employed as a strategy to enhance the transferability of the study's findings to other settings and populations, ensuring the

representation of a specific phenomenon (Anney, 2014:277, 278; Nieuwenhuis, 2020:144). The employment of interviews as the data collection method, combined with thematic analysis as the data analysis approach, facilitated the creation of these thick descriptions.

#### **3.5.4.3 Dependability/auditability**

Dependability within this study was established by focusing 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).

#### **3.5.4.4 Confirmability**

To uphold confirmability, the researcher took deliberate steps to minimise researcher bias and maintain a heightened awareness of personal viewpoints or preconceptions regarding the impact of the COVID-19 pandemic on participants' caregiving roles (Anney, 2014:278; Hadi & Closs, 2016:643; Nieuwenhuis, 2020:145). The connection between the findings and the collected data was made explicit (Lietz & Zayas, 2010:197), ensuring that the research adheres to the criteria for establishing trustworthiness.

#### **3.5.5 Pilot study**

A pilot study was undertaken to assess the effectiveness of the semi-structured interview as a data collection method, with the aim of rectifying any shortcomings in the process and interview questions employed by the researcher (Hilton et al., 2019:10). A pilot study was conducted to improve the quality of the data and test whether the necessary data could be obtained from the participants (Strydom, 2021:387). The interview schedule was piloted with one parent with a child in middle childhood and the data collected through the interview was not included in the data set that was analysed.

### 3.6 ETHICAL CONSIDERATIONS

Ethical considerations must be adhered to when a study includes human beings. The identified organisation and the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria granted the researcher permission to proceed with the study.

The following ethical considerations were adhered to during this study:

- Written informed consent: The nature of the study was put forth accurately in a written consent form that each participant signed at the start of the interview. The consent form outlined the study's title and goal, the interview process, potential interview-related risks, the advantages of engaging in the research, and clarified the voluntary nature of participation. It also detailed the interviewee's rights and indicated that the research findings would be published while ensuring participant anonymity. No participant was coerced to sign the written consent form. Participants also had the right to withdraw their consent to participate at any time without needing to provide any reason. The fact that participation was voluntary was explained to research participants and emphasis was placed on the fact that they would not suffer any negative consequences if they chose to withdraw from the research study (Babbie, 2017:70).
- 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 guided the researcher in managing the information participants chose to share 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).
- Reflexivity and positionality: Positionality, a concept as described by Holmes (2020:2) encompasses "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”. Recognising her own positionality, the researcher, a white South African woman hailing from a middle-class background, remained vigilant about the potential influence of these aspects on participants' responsiveness. To mitigate these influences, the researcher employed social work skills to ensure better responsiveness from the participants and to create a comfortable experience for the research participants during the interview process. These social work skills included active listening, empathy, cultural competence, using an informal communication style and respect. Reflexivity was an ongoing process for the researcher, throughout the entire duration of the research study. The researcher constantly evaluated how her subjectivity and context influence the research process (Olmos-Vega, Stalmeijer, Varpio & Kahlke, 2023:242).

- No harm or deception: No physical or mental harm was inflicted upon participants throughout the study. The participants were fully informed in a transparent way of the purposes, questions, and processes of the study (Babbie, 2017:62; Hilton et al., 2019:73). This approach guaranteed that participants were well-informed and prepared before engaging in the study. The participants' well-being might have been influenced by the nature of the content they shared during the interviews with the researcher. This was particularly relevant as recollections of distressing periods or personal experiences of pandemic-related loss and grief were not anticipated prior to the interviews. Recognising this, the researcher had established a designated counsellor who was available for follow-up counselling. This measure aimed to ensure that participants could access psychosocial support if needed. It's noteworthy, however, that none of the participants opted to utilise this service. The researcher also had the responsibility of ensuring that when the data was interpreted and published it would not cause psychological, financial, or social harm to the participants who were involved (Polonsky & Waller, 2019:85).
- Analysis and reporting: Research results were portrayed in the most accurate way the researcher was capable of. This comprehensive representation encompassed not only the findings of the study but also an acknowledgment of



the study's inherent limitations (Babbie, 2017:72). The research findings and limitations were highlighted in Chapters 4 and 5 of the research report.

- Obtaining permission for the research: Prior to engaging with the participants, formal authorisation was acquired from the designated organisation, Kungwini Welfare Organisation. This approval granted the researcher access to the intended participants. Additionally, the researcher compiled and submitted a comprehensive research proposal, which underwent a rigorous ethical review process. This process entailed seeking ethical clearance and obtaining permission from the Ethics Committee of the University of Pretoria.
- Data storage: Data will be stored for ten years according to the University of Pretoria policy and the POPI Act.

### **3.7 CONCLUSION**

Chapter 3 offered a comprehensive explanation of the research methodology employed throughout the course of this study. The evaluation of the chosen methodology not only illustrated the inherent advantages of the diverse approaches but also discussed the measures taken to minimise any potential limitations. The subsequent chapter will delve into a discussion of the empirical findings derived from the research study.

## **CHAPTER 4: EMPIRICAL FINDINGS AND DISCUSSION**

### **4.1 INTRODUCTION**

The impact of the COVID-19 pandemic and resulting lockdown in South Africa was a disruption to working routines, family routines, shifts in roles and responsibilities and changes in relationships, all in the context of increasing economic hardship (Naicker & Richter, 2022:5).

The research involved conducting interviews with parents/caregivers caring for children in middle childhood. The interviews were voice recorded and responses were transcribed. The ensuing transcriptions underwent a process of thematic analysis, which involved identifying specific codes. These codes played an important role in determining broader themes as well as the corresponding sub-themes that accompanied them. The aim of the analysis was to describe and explore the experiences of these parents/caregivers in caring for their children during the COVID-19 pandemic, how the pandemic affected their provision of resources, and the influence of COVID-19 on the developmental milestones of their children within middle childhood. This chapter will explore the biographical data gathered from the research participants as well as discuss the themes and sub-themes that were generated from the data analysis process.

### **4.2 EMPIRICAL FINDINGS**

The research study will present its empirical findings in the upcoming sub-sections, starting with the presentation of biographical data concerning the research participants. Following that, the main themes and sub-themes that surfaced from the data will be discussed.

#### **4.2.1 Biographical information of the research participants**

The researcher interviewed seven parents/caregivers of their experience in caring for their children during the COVID-19 pandemic in South Africa. The biographical data obtained from the seven research participants is presented in the table below and will

be discussed in the following paragraphs. To ensure confidentiality, the names and other identifying particulars of the research participants will be left out. Names will be displayed in code form.

**Table 4.2 Biographical information of research participants and their children in middle childhood**

Code	Gender	Age	Composition of Household	Employment	Location of Residence	Gender of middle childhood child	Age of child in middle childhood
F1	Female	31	Nuclear structure	Domestic Worker	Mamelodi	Female	11
C1	Female	36	Extended structure	Preschool teacher	Mamelodi	Two females and one male	7, 10, 10
O1	Female	31	Extended structure	Shop assistant	Hammanskraal	Males	7, 9, 12
A1	Female	40	Nuclear structure	Domestic Worker	Grootfontein	Male	12
M1	Female	28	Nuclear structure	Domestic Worker	Atteridgeville	Male	7
M2	Female	35	Extended structure	Domestic Worker	Mamelodi	Females	10 and 12
M3	Female	48	Extended structure	Domestic Worker	Mamelodi	Female	10

The sample comprised of adults in the Pretoria area. All the research participants were females between the ages of twenty-eight and forty-eight, with the average age being thirty-five. All the participants reported that they and/or other female members of their household acted as the main caretakers of the children in middle childhood. This is consistent with literature from Casale & Shepherd (2021:20) indicating that the burden of caring for children often falls to women.

Four of the seven participants were residing with their extended family in multi-generational households.

- C1 resided with her two daughters, aged ten and eighteen, two adult female cousins, their two children in middle childhood, aged seven and ten and her own biological mother. C1 thus acted as a parent to her own biological daughters but also as a caregiver to her cousins' children.
- M3 resided with her male partner, her daughter, and her aunt of sixty-nine years.
- O1 resided with her two children aged nine and twelve, her mother and her sister, who has two children aged seven and one. O1 also had a dual role as parent to her own children and caretaker to her sister's children.
- M2 resided with her husband, twelve-year-old son, ten-year-old daughter and her own biological mother.

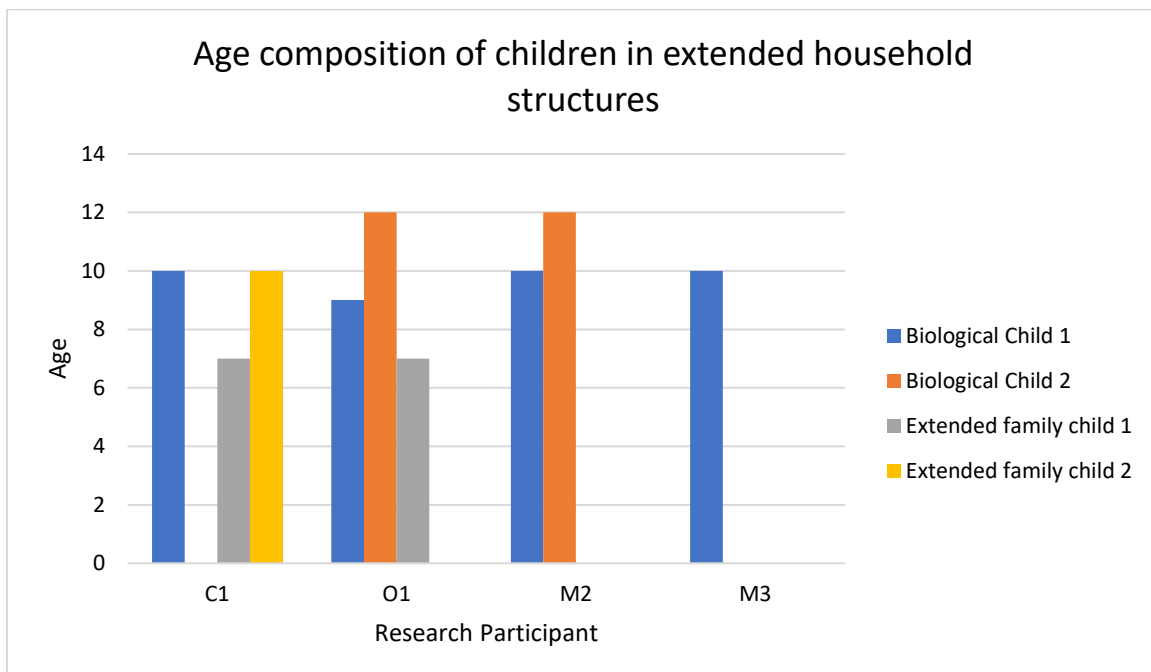
The other three participants resided only with their husband/life partner and their children. In the households where there was no male present, the eldest female was acting as the head of the household in terms of decision making. The research participants reported that in extended households, the responsibility for childcare is shared amongst the female members of the household, but the greatest burden falls on the female member who is not employed.

Most of the research participants were employed as domestic workers. Domestic workers form part of the informal sector in South Africa as they generally lack formal working arrangements such as employment contracts and contributions to pension funds or medical aids (Rogan, 2019:1). The other research participants were employed with more formal working arrangements. All the research participants were doing low-wage work. This means that, even though they were employed, they earned a lower income and thus struggled to maintain a reasonable standard of living. A study done by Feder & Yu (2020:374) found that low wage workers in South Africa are generally black middle-aged females employed in informal sectors and elementary occupations.

In terms of the research participants' place of residence's, four of the seven participants lived in Mamelodi. Mamelodi is a township in Pretoria that was established by the Apartheid government in 1953. The township is made up of formal and informal

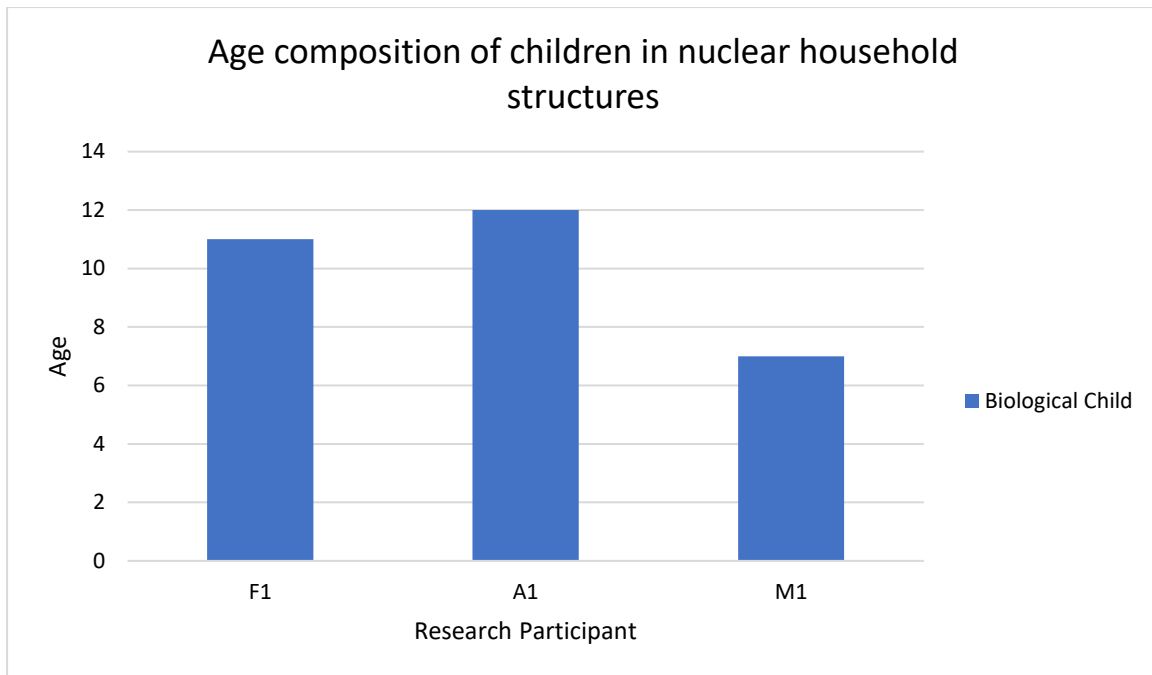
housing structures. The vast majority of Mamelodi residents face significant socio-economic challenges (African Centre for Migration & Society, 2017:2). O1 resided in Hammanskraal and M1 resided in Atteridgeville, both places of residence are underserved townships (Cooperative Governance and Traditional Affairs, 2020:10). A1 lived in a two-room informal housing structure on a plot in Grootfontein.

Lastly, the majority of the participant’s children were in late middle childhood, with an average age of ten years old. This indicates that during the COVID-19 pandemic and resulting lockdown (2020-2021) the children were an average age of eight/nine years old. The age composition is displayed in the following two charts.



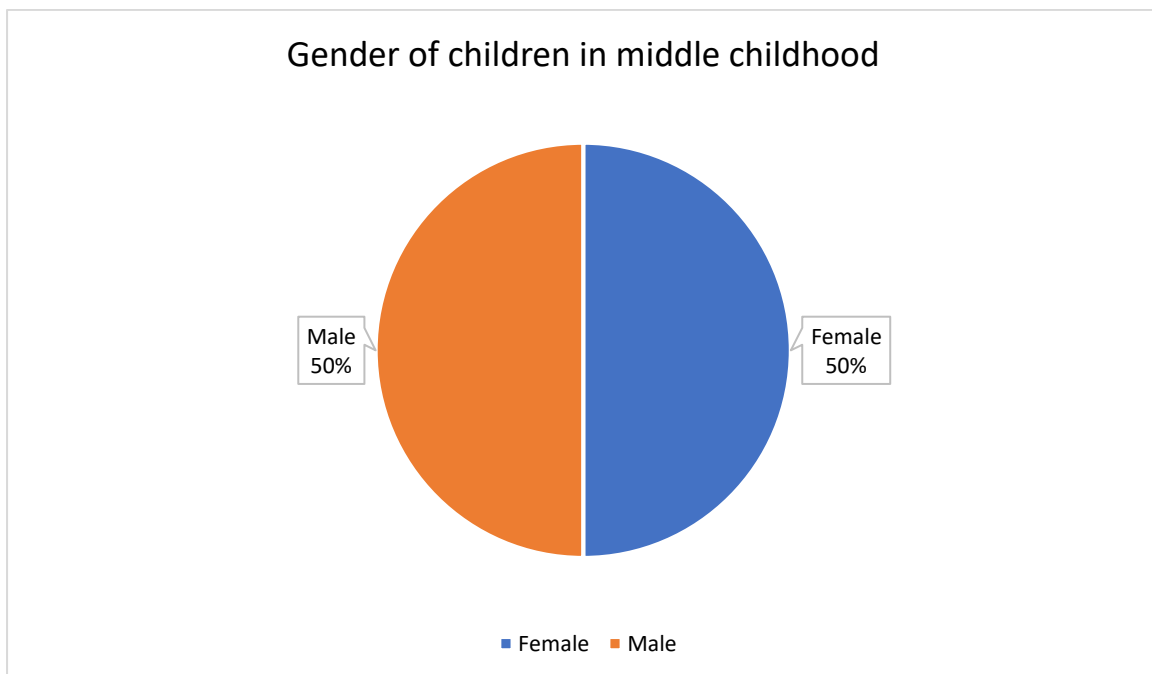
**Figure 4.1 Age composition of children in middle childhood in extended household structures**

The above histogram indicates that half of the research participants who lived in extended household structures helped care for their biological children, but also for the children of the extended family members who were co-residing with them. C1 and O1 cared for their own biological children and for the children of family members, while M2 and M3 cared for their own biological children who were the only children in their households.



**Figure 4.2 Age composition of children in middle childhood in nuclear household structures**

The research participants who were residing in a nuclear household structure each had one child in middle childhood.



**Figure 4.3 Gender of children in middle childhood**

In the research study, the gender distribution of the children in middle childhood in these families was equal. With six females and six males.

The next section of this chapter will discuss the main themes and sub-themes that were generated after transcriptions were analysed and codes were generated.

#### 4.2.2 Themes and Sub-themes

There were several themes and sub-themes that became apparent during the thematic analysis process. A summary of these themes and sub-themes is provided in the table below. Subsequently, each theme and sub-theme will be individually examined, supported by verbatim examples from the interviews and relevant literature.

**Table 4.1 Themes and sub-themes**

	<b>Main Themes</b>	<b>Sub-themes</b>
1.	COVID-19's impact on work and working routines	1.1 Loss of employment
		1.2 Economic impact of unemployment
		1.3 Financial stress and its impact on the family
		1.4 Changes to working routines and its impact on the family
2.	Parental COVID-19 anxiety and extreme protective measures for children	2.1 Parental anxiety about children contracting COVID-19
		2.2 Protective measures
3.	Participant's experience of support during COVID-19	3.1 Physical support
		3.2 Emotional isolation and loneliness
4.	Children's understanding and emotional experience of the COVID-19 pandemic	4.1 Parental attempts at explanation of the COVID-19 pandemic
		4.2 Other sources of information on COVID-19
		4.3 Children's awareness of mortality and COVID-19
5.	COVID-19's impact on the education of children in middle childhood	5.1 Access to learning resources
		5.2 Female children as self-educators

		5.3 Role of participants as educators
		5.4 Friendships
		5.5 The Consequences of insufficient educational resources upon returning to school
6.	Experience of the containment measures and safety regulations	6.1 Participant's experience of containment measures and health protocols
		6.2 Role of participants in educating and enforcing safety regulations
		6.3 Children's experience of containment measures
7.	Access to resources during the COVID-19 pandemic	7.1 Access to groceries
		7.2 Access to grocery stores
		7.3 Access to transport

#### 4.2.3 Theme 1: COVID-19's impact on work and working routines

The research participants reported many changes to the structure and routines surrounding their employment. Many of the research participants had lost their employment or had a direct household member lose their employment, this loss of income had a financial impact as well as an emotional impact on the participants and their ability to care for their children during the COVID-19 pandemic. The following sub-themes will provide an in-depth description of the impact of COVID-19 on the research participants' work routines.

##### 4.2.3.1 *Loss of employment*

Two of the participants lost their employment during the COVID-19 pandemic and another two participants experienced the loss of employment of a financially contributing member of their household. Literature concurs that in 2020 in South Africa there was a contraction of 2.2 million jobs, erasing the previous decade of job growth in the economy (Köhler, Bhorat, Hill and Stanwix, 2023:2). This is partly due to the fact that the safety regulations implemented by the South African government limited face-to-face economic activity, which is a main source of employment for many in South Africa (Altman, 2022:1).



*“Joh. My husband also lose his job during COVID. It was tough.” (M2)*

*“I was working at the supermarket, and I stopped going there November 2nd 2020.” (O1)*

*“Eish he (husband) was not working. One work was finished, and he was waiting for another job. We were struggling.” (M1)*

Many of the participants and the members of their household were employed in the informal sector. The informal sector suffered the most job losses in South Africa during the COVID-19 pandemic, accounting for approximately 50% of all job losses and low-wage workers were eight times more likely to lose their job, compared to workers who earned a high income (Altman, 2022:3; Köhler et al. 2023:3). In considering the ecological systems perspective, the exosystem, which includes interactions between microsystems, introduces external factors like a parent's workplace. While the child is not directly part of the parent's workplace microsystem, changes in this external system, such as job loss, can bring about a substantial influence on the child's well-being and development (Crawford, 2020:2). Therefore, the consequences of job loss filter through interconnected systems, impacting both family dynamics and the child's developmental context (Finnegan, 2015:17).

#### **4.2.3.2 Economic impact of unemployment**

Most families in South Africa were financially exposed before the onset of COVID-19, facing compounding challenges of poverty, unemployment, and inequality, however the pandemic seemed to worsen this vulnerability even more (Fouche, 2023:1). All the participants lived in low-income households. However, in most of these households, only one member was earning a salary. In O1's household, her mother was the only one employed and receiving a salary, as O1 herself had lost her job, and her sister faced unemployment even before the onset of COVID-19. Similarly, M1 and M2 were the primary income providers in their households, given that their husbands had lost their jobs. A1 also faced the impact of the pandemic on her employment, resulting in the loss of her job and the need to rely on her savings, A1's household was the only

household where there was no income from a salary. C1's household was characterised by her exclusive salary earnings, while her two cousins were recipients of the Child Support grant. These participants faced difficulties in providing for their nuclear families financially. Fouche (2023:10) found that individuals who were low-wage earners reported a larger decrease in income during the COVID-19 pandemic and were unable to adjust their expenditure in a meaningful way.

*“Most of the things we didn’t afford it, life changed after COVID, the soft life that we used to do was no more.” (M1)*

*“It was really, really hard for me just because I had to try to by all means to do what I had to do to make sure that the kids could eat and for them to be happy as well.” (C1)*

*“They will see a lot has changed. If I come to work sometimes, I bring them maybe a packet of chocolate, but there was nothing like that during COVID. It was just normal food and bread.” (O1)*

Some of the participants also had to stretch their single income to provide for their extended family members, who were residing elsewhere, during this time. It is common practice in developing countries, like South Africa, for extended families to share their financial resources with one another, especially in times of need (LaFave & Thomas, 2017:52). However, the capacity of families in providing for one another financially is not limitless and may, over a sustained period, push the contributing member into poverty (Posel & Casale, 2021:8).

*“Yes, my salary, I’m using it in Mamelodi and needed to transfer to Limpopo. In Limpopo I’m using R1800 and in Mamelodi I use R1000. I was sending money to my mother she is not working.” (M2)*

#### **4.2.3.3 Financial stress and its impact on the family**

The loss of work and living off one income was emotionally distressing to the participants. The financial pressure took a great toll on participants psychologically,

with stress levels at an all-time high. Emotional well-being and poverty mutually reinforce one another. A study done by the Southern Africa Labour and Development Research Unit found that individuals who fall in the lower income segment of the South African population experience lower psychological well-being and a greater risk of developing depression (Stoop, Leibbrandt & Zizzamia, 2019:2).

*“This situation was like; I was stressed mostly because I will be thinking what can I do now? I don't have money.” (A1)*

*“Eish, it was tough.” (M1)*

*“Yes, because we worry what if after COVID the work is finished cause of the most people work was finished.” (M2)*

Financial stress creates a burden on a family environment. Financial pressure, like living off one income, leads to parental stress and this leads to challenges in parenting that influences a child's well-being both physically and emotionally (McGill, Purkey, Davison, Watson & Bayoumi, 2022:6). Due to the systemic nature of the family, stress experienced by a parent will naturally spill over to their child. As stress increases or decreases in a parent, so too will it increase or decrease in the child. This can lead to a decrease in a child's ability to self-regulate their emotions and the ability to self-regulate is an important factor contributing to a child's development of resilience. Furthermore, when a parent is stressed, their ability to help their child make transitions is greatly hampered. Children, especially those in low-income environments, are exposed to external stressors as well. Being exposed to a combination of stressors within the home and in the external environment leads to high levels of anxiety in children (Jones, Call, Wolford & McWey, 2021:748)

When a parent is experiencing high levels of stress their fight or flight response is activated and this aroused state may cause the parent to respond to triggers from their children or other family members in a reactive way. This may in turn lead to family conflict, which amplifies behavioural problems in children. (Jones et al., 2021:753). Parental stress during the pandemic was linked to harsher punishment of children and difficulties in showing affection. This parental stress not only harms the parent

undergoing the stress but also negatively impacts the interaction between a parent and a child (Naicker & Richter, 2022:6). The exosystem influences stemming from employment changes during the pandemic played a significant role in the stress levels of parents, subsequently affecting family relationships and the well-being of children (Wang, Henry, Del Toro, Scanlon & Schall, 2021:708).

The participants whose parental stress permeated through to their relationships with their children, tried to hide their emotions from their children. However, children in middle childhood develop the ability to recognise emotions in others and were able to attribute this change in their parents' behaviour to their emotional internal state. This is concurrent with literature that indicates that children in middle childhood understand emotions better, they start to understand how emotions should be expressed, become better at identifying complex emotions, such as stress, and start recognising when a person's displayed emotions do not match their true internal emotions (Louw & Louw, 2014:259-260). Furthermore, in line with Family Systems theory, when a caregiver is facing high levels of stress, their well-being is compromised and when a caregiver's well-being is compromised it filters through to their parenting practices and influences the dyadic relationship between parent and child (Prime et al., 2020:632). The participants' children seemed to notice that their parents came across as more angry or isolated.

*"They see me and say mamma you are not good. Even if I come to work, I am thinking what must I do? Cause I am one person working." (M2)*

*"He would also worry and say, "mom are you okay", kere yes but I was pretending that I'm okay even if I'm not okay." (M1)*

*"Yeah, they saw it because they just know that my mother is not like this she doesn't just sit and do nothing so I just to sit down the whole day, never going anywhere just to wake up, eat and sleep. When I sit alone sometimes, they ask "mommy are you okay?" "Yeah, I'm fine" (C1)*

*"They just notice like, says mamma you are angry, you are not feeling right." (A1)*

#### **4.2.3.4 Changes in working routine**

Participants who were able to keep their employment faced many changes to their working routine and had to overcome many different obstacles to continue working during the COVID-19 pandemic. The working routines the participants were used to, before COVID-19, changed completely. These alterations in participants' working routines inevitably brought about corresponding changes in the routines of their families, given the interconnectedness of these two systems. In times of hardships, routines can act as a vital resource, developing resilience within families. Routines create structure and stability in the life of a family, reducing unnecessary disruptions during crises and feelings of chaos. The significance of routines in maintaining the well-being of families is particularly evident in low-income households, where children are less adversely impacted by economic strain when caregivers maintain consistent family routines. Routines create a stable foundation for continuous social support, an increase in relationship bonds, emotional nurturing, and consistent communication (Budescu & Taylor, 2013:63; De Goede & Greeff, 2016:313). As lockdown restrictions were enforced, participants underwent a transformation in both their family and work routines (October et al. 2021:6).

*“Yes, if you were in work and somebody got COVID, they got a case, then we go back home.” (M2)*

*“I was rotating for three months. One week I was working, the following week at home.” (M3)*

In South Africa, women who work, have added responsibilities of domestic tasks and caregiving for children and the elderly. Women who were working during the COVID-19 pandemic often returned home to these added responsibilities, increasing the levels of stress they were already experiencing. A survey of 185 informal sector workers in Durban, South Africa, revealed that women reported significantly higher increases in cooking, cleaning, and childcare responsibilities in contrast to their male partners during the COVID-19 pandemic (Saloshni & Nithiseelan, 2022:3).

One participant had extended working hours as she was working as a shop assistant/teller during the COVID-19 pandemic. Extended work hours were another source contributing to heightened stress for women employees. Those women who went to work faced longer working hours, due to the COVID-19 restrictions and when colleagues contracted COVID-19 (Saloshni & Nithiseelan, 2022:3).

*“During COVID well, I go to work. We were working long hours because of not allowing more people in the store. So, I will go home late so I could not spend more time with my son.” (O1)*

#### **4.2.4 Theme 2: Parental COVID-19 anxiety and extreme protective measures for children**

Participants experienced feelings of anxiety related to the possibility of contracting COVID-19. However, this anxiety stemmed from the fear of transmitting the virus to their children. As a result, parents adopted extreme protective measures to safeguard their children.

##### **4.2.4.1 Parental anxiety about children contracting COVID-19**

Amongst the participants who went to work during the initial phases of the COVID-19 pandemic and subsequent lockdown, there existed concerns about contracting the virus within the workplace. These participants had regular interactions with people beyond their households. However, their anxiety didn't primarily revolve around their personal well-being; rather, it was centred on the apprehension of bringing the virus home and transmitting it to their children. This was a common worry for workers in South Africa. Workers that were employed in occupations where they had to interact with others outside of their household worried about taking COVID-19 home and infecting members of their household, such as children (Saloshni & Nithiseelan, 2022:3).

*“We were working me and my husband, we were coming to work, that is why we were so scared for my daughter.” (M3)*

#### 4.2.4.2 *Protective measures*

The feelings of anxiety were so intense for some participants that some of them reverted to extreme measures to protect their children from contracting COVID-19. One of these measures involved rigorous personal hygiene practices after returning home from work.

*“Every time when I get to the house, I first take of my clothes before I get closer to her, I was so scared.” (F1)*

Another measure many participants implemented during the early stages of the COVID-19 pandemic was temporarily sending their children away to stay with extended family members, limiting face-to-face interaction. In South Africa it is common practice to for children to be cared for by an extended family member, away from the biological parents, this is attributed to a history of labour migration and widespread poverty (Makiwane & Kaunda, 2018:2, Seepamore, 2016:571). However, as COVID-19 progressed, these children returned home to their biological parents. Viewing this situation through a family systems theoretical lens, optimal family functioning involves adaptability—neither too fluid to become chaotic nor too rigid to resist change. The participants undertook an extreme protective measure by temporarily sending their children away, adapting to the upheaval caused by the COVID-19 pandemic. The separation was sudden and separation from parents has been identified to lead to increased depressive symptoms, behavioural issues, and attachment difficulties (Stent, 2014:16)

*“Sometimes I didn’t see him because he was living with my younger sister. I was afraid that I walk out the road, so when I get home, I am going to put the disease on him.” (M1)*

*“I felt like it was not safe enough. Like in Limpopo it was too hot so in Limpopo COVID was not that bad.” (F1)*

### **4.2.5 Theme 3: Participant's experience of support during COVID-19**

The family system contributes towards social and financial well-being of its members through the promotion of camaraderie and distribution of resources (October et al., 2021:2). Participants reported receiving the most physical support from their own family members, however emotionally, participants reported feelings of isolation.

#### **4.2.5.1 Practical support**

The participants reported receiving most of their practical support from their own family members. Specifically, from their own biological mothers or other, older female extended family members. These female family members would check up on them on a regular basis, try to provide for them financially, care for their children while the participants were working, and encourage them to adhere to safety regulations. The support provided by female family members could potentially be traced back to the historical context of South Africa during the apartheid era. A significant number of females in the country assumed the role of household heads, predominantly due to the migration of male heads for labour (Nwosu & Ndinda, 2018:2). Extended family members play an important role in a child's mesosystem, and the optimal development and education of children are facilitated when there are healthy and regular connections among their microsystems. This includes strong linkages between the microsystem of their nuclear family and the microsystem of their extended family (Coleman, 2013:50). The participants and their children experienced significant advantages from the practical support extended by the female family members within their extended family network.

*"She encouraged me, do that, cover your nose. Also, what do you need in the house. Do you have food? What do you need?" (M1)*

*"I think is my mother, but she was not around. But she was every day used to come checking up on us saying "look at the kids they must not go and play outside, you must sanitize this and that.". (C1)*

*"My aunt was staying with us for that time and looking after my daughter." (M3)*



*“Financially, we’ll do most of the things in the house. Most of the groceries, she (mother) was the one doing that.” (O1)*

#### **4.2.5.2 Emotional Isolation and loneliness**

Emotional support seemed to be lacking for participants during the COVID-19 pandemic, churches closed, and social distancing and isolation made access to face-to-face interactions difficult. Participants described feeling very isolated, emotionally, in their experience of the pandemic. Experiencing isolation or intentionally isolating oneself from family and friends can result in distressing feelings and a sense of loneliness. Both loneliness and parenting stress serve as risk factors contributing to a more challenging and stressful home environment (Kalil, Mayer & Shah, 2020:6; October et al., 2021:4).

*“It’s me, it’s myself. I did support myself because I just covered everything. So, I need to be strong for myself.” (C1)*

A study conducted by Padmanabhanunni & Pretorius (2021:4) found a worrying level of loneliness amongst its research participants and attributed this to COVID-19 prevention measures and the substantial reliance on technology for social contact. The use of technology intensified the participants’ sense of social detachment, thereby worsening loneliness. This finding could possibly explain the loneliness the members of this research study experienced as all the research participants kept in touch with family and friends via electronic devices and several different social platforms.

*“I kept in contact via cell phone, and after two months I go home.” (F1)*

*“We call each other on the phone, WhatsApp or Facebook” (O1)*

Research participants also reported as having to provide emotional support to their own family members or partners. In South Africa, women are expected to be family-orientated and carry the weight of having to care, emotionally, for their significant others. This meant that during the COVID-19 pandemic in South Africa, women

reported more feelings of loneliness compared to South African men (Padmanabhanunni & Pretorius, 2021:4).

*“My husband she<sup>1</sup> was supported me, but always she was crying “this COVID is worse”, feeling guilty because he is not working.” (M2)*

Another contributing factor related to feelings of loneliness amongst research participants was in relation to people’s fear of contracting COVID-19. During the COVID-19 pandemic people started to behave as if other people were potentially dangerous to their health. This meant that social interactions were avoided for fear of contracting COVID-19 (Pietrabissa & Simpson, 2020:2).

*“No, they didn’t, nobody wanted to be in contact with someone who had COVID, they were scared of dying.” (F1)*

#### **4.2.6 Theme 4: Children’s understanding and emotional experience of the COVID-19 pandemic**

For many children across the globe, COVID-19 will most probably be the first serious worldwide health threat that they will have been subjected to. This may interrupt their beliefs about the world being a ‘safe place’ in terms of health (Haig-Ferguson, Cooper, Cartwright, Loades & Daniels, 2020:131). Theme 4 explores children’s understanding of COVID-19 as well as their emotional experience of the pandemic.

##### **4.2.6.1 Parental attempts at explanation of the COVID-19 pandemic**

Due to the sudden closure of schools many of the participants were tasked with explaining COVID-19 to their own children at home. Parents or primary caretakers are also the main influencers in shaping a child’s belief and responses to illness (Haig-Ferguson et al., 2020:132). The participants themselves seemed to lack adequate knowledge surrounding the facts of COVID-19. This phenomenon could potentially be attributed to the conclusions drawn by Chauke, Obadire & Malataji (2021:17105),

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<sup>1</sup> In certain African languages, gender-specific pronouns are absent. Subsequently, the participant’s use of ‘she’ when referring to her husband is an error in the use of English as a second/third language.

whose research revealed that parents with a limited formal education had a poorer quality understanding of COVID-19.

*“It was hard for me also for him it was worse. Even like, if I want to talk to him, I feel like I am short of words. How can I explain this to him?” (A1)*

Participants found it difficult to find the right words to describe COVID-19 to their children in a way that their children would understand and be able to cope with, as a result participants focused more on the importance of safety regulations and less on the facts surrounding symptoms and the fact that children are at a lower risk of developing severe COVID-19 symptoms (Dangor, Naidoo, Saloojee & Madhi, 2021:182).

*“So, I told them that you know COVID is something they said it comes from, that’s what I know it comes from China. So just you have to put on your mask every time you sanitise you wash your hands.” (C1)*

#### **4.2.6.2 Other sources of information on COVID-19**

Additional sources of information concerning COVID-19 encompassed the news and, upon the reopening of schools, information circulated by educators and peers. As a macrosystem, the media, especially the news, acted as an important source of accurate and essential information on COVID-19, however extended periods of exposure to media on COVID-19 also increased psychological distress (Sasaki, Kuroda, Tsuno & Kawamaki, 2020:502). With the resumption of schooling, peers and teachers took on a central role as the primary sources of information about COVID-19. Children's perspectives regarding health-related risks, like the COVID-19 pandemic, are particularly susceptible to the influence of key figures in their lives, such as parents, teachers, and peers. This susceptibility arises due to the greater malleability of children's beliefs as compared to those of adults (Haig-Ferguson et al., 2020:131).

*“Like even though she was learning, even though she tells me about COVID because at school she was being told about COVID and it kills you what what what.” (M2)*

*“They learnt from TV and school.” (O1)*

#### **4.2.6.3 Children’s awareness of mortality and COVID-19**

A central message that the children of participants were exposed to through these different sources of information appeared to be the fact that COVID-19 is a dangerous illness and causes death. When participants were asked what their children thought COVID-19 is, most of them referred to COVID-19 as a flu with a high rate of mortality, indicating that the children of participants were aware of the mortality associated with COVID-19. Middle childhood is the developmental stage where children start to develop an understanding of personal mortality. Most children start to understand their own mortality by the age of six, however a more complete understanding (comprehending that a person can die of natural causes, such as illness) only develops between the ages of eight and eleven (Bates & Kearney, 2015:2).

*“She thinks that COVID is a flu. She knew people were dying.” (M3)*

*“Not really, she just tell me that did you know COVID can kill you.” (F1)*

The awareness of COVID-19’s mortality as well as the developmental understanding of their own mortality meant that the children of participants reported feeling high levels of fear and anxiety regarding contracting COVID-19. Feelings of health-related anxiety has been associated with mental health problems in children, thus affecting their development (Haig-Ferguson et al., 2020:130).

*“Yes, they heard that it’s killing people. So, they were afraid to die.” (O1)*

A person’s behaviour flows directly from their emotional state (DeWall, Baumeister, Chester & Bushman, 2016:137). For many of the participant’s children adopting

extreme safety-seeking behaviours seemed to be a way for them to cope with their high levels of fear and anxiety.

*“Like she didn’t say anything, but she was just scared to go outside, she wanted to play inside, like if I say ‘let’s go outside to play with your dog’ she says ‘no mamma I am scared of COVID’.” (M3)*

*“He used to wear his mask in the house, everywhere and also sanitise.” (M1)*

*“It was so scary, she was always wearing a mask, always washing hands.” (F1)*

The participants seemed to address their children’s fears by further enforcing safety regulations, inadvertently maintaining those safety-seeking behaviours. Inadvertent collusion, or unintentionally reinforcing or supporting safety seeking behaviours in children will maintain anxiety (Haig-Ferguson et al., 2020:130).

*“Just because if they hear maybe next door somebody’s passed away, they come and tell me “Mama somebody’s passed away and it was COVID.” So, I say you see, that’s why I say must put on your masks”. (C1)*

#### **4.2.7 Theme 5: COVID-19’s impact on the education of children in middle childhood**

One of the biggest changes for the participants and their families during the COVID-19 pandemic was the closure of schools (Egan & Pope, 2021:3). In April 2020 all schools closed in South Africa to curb the spread of COVID-19. Children were unable to go to school or interact with friends or family (Shepherd & Mohohlwane, 2022:762; Spaul & Van der Berg, 2020:2). This section will delve into the repercussions of COVID-19 and the subsequent school closures on the educational experiences of children in middle childhood.

##### **4.2.7.1 Access to learning resources**

The education system in South Africa is marred with challenges such as overcrowded classrooms, insufficient educational resources, poor quality of teaching and lack of

basic infrastructure, such as clean running water or hygienic bathrooms. This is especially the case for schools in disadvantaged communities. Consequently, the obstacles already faced by students in their education in South Africa were exacerbated by the impact of COVID-19 (Maree, 2022:249, 250).

At the mesosystem level, the connection between home and school was entirely severed for numerous families (Egan & Pope, 2021:7) Due to the low-income status of many of the participants, many of the children went to underfunded schools that lacked the necessary resources to deal with the COVID-19 lockdown measures. The majority of the participants' children did not have access to learning resources during the stages of the lockdown when schools were closed. This is supported by literature that found that two thirds of learners from low-income households in South Africa had almost no communication from their teachers in terms of the share of work for online learning, furthermore these children did not have access to computer or internet connectivity due to the digital divide (Soudien et al., 2021:312-313; Kona, 2022:16). Between March 2020 and June 2021, the majority of primary school learners in South Africa had lost out on a full year of learning (Shepherd & Mohohlwane, 2021:3). This implies that the lockdown measures, including the closure of schools, implemented on a macrosystem level nationally, had a negative impact on children's education (Egan & Pope, 2021:4).

*“The books, they just had to do with whatever they had, because the school, they didn't give them anything.” (C1)*

*“There was no schoolwork sent home.” (O1)*

The lack of learning resources and the closure of schools meant that participants were left feeling frustrated and anxious about their children's education. The biggest resource deficiency described by participants during the COVID-19 pandemic was the absence of educational support.

*“Yeah, they did miss out. It felt like they were stuck, not moving forward.” (C1)*

*“I think they have to give them something to do during the COVID. So, it will be easy for them when they go back to school. So, they didn't give them anything.”*  
(O1)

#### **4.2.7.2 Gender differences in undertaking self-learning**

Almost no learning took place for children from low-income households in South Africa (Soudien, et al. 2021:313). However, after interviewing the participants it was found that the female children of the participants tended to take on the role of self-educators in their education. The girls were so eager to continue their education that they took self-initiative, identified what resources they had, such as reading books or workbooks and repeated this knowledge to themselves in an attempt to further their education. Girls in general have a more positive attitude towards their schooling than boys do. Girls are also intrinsically more motivated to do schoolwork (Martinez & Gil, 2019:753).

*“She was doing (schooling) by herself.” (M3)*

*“No, she teached herself, she was always asking when am I going to school. I tell her, when COVID ends, you can go to school. So, she was always studying, she likes studying too much. She was asking me for a laptop, ‘can they teach us online’ and I tell her ‘no they can’t’.” (F1)*

The participants who had sons or were the caretakers of male children reported that their children spent more time engaging in recreational activities than they did in schoolwork.

*“That one always watch TV and games, he didn't even check the books” (A1)*

#### **4.2.7.3 Role of participants as educators**

The only two options available to South African children in terms of learning during the COVID-19 pandemic was online learning or self-learning, each to be undertaken with the support of a parent (Soudien et al., 2021:312). Family systems theory states that the interactions between family members are guided by certain rules and patterns that are recursive and can be described through the roles, routines, and rituals the family

has, when chaos enters the family system, the family adapts these roles, routines and rituals (Carr, 2016:16-21; Priest, 2021:5-6). In response to the challenges posed by the pandemic, participants found themselves expanding their role from caretaker to include that of an educator, a transition essential for maintaining homeostasis within the family system. However, adapting to this new role presented difficulties. Many participants struggled in this role due to their own lack of educational background or understanding of the schoolwork.

*“Yeah, it was challenging because also me sometimes the answers I'm not sure about them. She asked me when I help her she says ‘you are too slow, I can do this myself’” (C1)*

*“Because sometimes, us, we won't understand better than the teacher. It could be difficult for us to teach them or explain to them something that you don't understand.” (O1)*

#### **4.2.7.4 Friendships**

Numerous children experienced a significant shift in their microsystem with the implementation of containment measures, this restricted their interactions with friends, extended family members and teachers (Egan & Pope, 2021:5). Children experienced feelings of loneliness after being separated from their friends and teachers due to the closure of schools (Munir, 2021:5). The children of the participants reported to their parents that they missed seeing their friends. In middle childhood child-adult interaction is necessary in order to meet a child's need for protection and care, however children interact with their peers for the sake of friendship, affection and companionship (Louw & Louw, 2014:274).

*“They say, I miss my friends this staying at home is boring.” (C1)*

*“She was always thinking about her friends, that she missed her friends”. (F1)*

Adults can maintain social interactions with technology; however, children often do not have access to technological devices. Children are more reliant on school and extra-



curricular settings to interact with peers (Larivière-Bastien, Aubuchon, Blondin, Dupont, Libenstein, Séguin, Tremblay, Zarglayoun, Herba & Beauchamp, 2022:1018). Participants reported that it was difficult for their children to maintain their friendships during COVID-19 as many of the children did not have access to technology, if they did, the reality of not being able to access data or airtime became apparent.

*“No, they weren’t because they didn’t have the phone. Even if they had the phones, but the shops that were around were closed so where would we get the airtime?” (C1)*

#### **4.2.7.5 The Consequences of Insufficient Educational Resources upon Returning to School**

The lack of educational resources available to the children during the period when schools were closed impacted the children’s academic performance when they returned to school. The participants described that their children struggled to adapt to school routines and that some of the children struggled academically, falling behind. This is substantiated by a study conducted by Ardington, Wills, and Kotze (2021:8), which examined the reading proficiency of grade 2 and 4 students in no-fee schools in South Africa. The study revealed evident short-term learning setbacks in reading among these children during the COVID-19 period. Students from low-income environments and under resourced schools, who could not afford to fall behind, were the most disadvantaged during the COVID-19 pandemic in terms of learning losses (Maree, 2022:254).

*“Yes, because when they started to attend school, they were complaining that kids are going to fail because they forgot about things at school.” (M3)*

*“They were behind, you could see my nephew. His schoolwork was not good. He was not performing.” (O1)*

*“He lose like a lot of marks and concentrating on school because he was now used to being at home.” (A1)*

Even though the children started with a disadvantage, most of the participants' children rose to the challenge and tried their best to catch up on the education they had missed out on.

*“They picked up. They are fine.” (M2)*

*“They did their best. When they went back to school they tried.” (O1)*

*“He didn't want to repeat. It was the idea of “No; I don't have to repeat.” That is what made him catch up.” (A1)*

#### **4.2.8 Theme 6: Experience of the containment measures and safety regulations**

With the outbreak of the COVID-19 pandemic in South Africa, the South African government implemented containment measures which included lockdown, quarantine and social distancing. There were also several health protocols implemented to curb the spread of COVID-19, these included the wearing of masks in public and the sanitising of hands (October et al., 2021:3). The next section will discuss the experiences of the participants and their children concerning these containment measures and health protocols.

##### **4.2.8.1 Participant's experience of containment measures and health protocols**

To ensure the homeostasis of a family system, adaptation becomes essential for survival. In response to the containment measures and health protocols imposed by the pandemic, families implemented new regulations, modified their behavioural routines, and adjusted their daily lives to align with the changing circumstances (Hensley & Harris, 2022:234). The research participants found it difficult being confined to their homes, especially those that were living in smaller spaces. The participants reported feeling bored and had challenges in occupying their time.

*“Oh, it was really difficult. Just because like first thing is the mask. Then the other thing is to sit at home just because the room is really small. Then you just sit at home you're not doing anything then it was really challenging.” (C1)*

The participants reported feeling entrapped or caged. Participants had lost the freedom to do what they were used to doing outside of the home. The participants' usual daily routine was completely altered by the necessary containment measures implemented during the COVID-19 pandemic. A study by Lee & Park (2021:11) on feelings of entrapment amongst Koreans during COVID-19 found that participants who lacked financial or physical resources experienced more feeling of being entrapped. This feeling of being entrapped was further intensified when a person was restricted in terms of social interaction. Participants struggled to adapt to the limitation on outdoor and social activities.

*“It was like I don't know like we were in the cage. It was very horrible. Because, you know, it was like you're used to go to do whatever you want to do. So that was like for the first two weeks. It was very hard. You can just come out to the toilet. It was like you are not breathing the right fresh air you are used to do.” (A1)*

*“Always we were thinking about COVID, can't see your family, can't go shopping.” (M2)*

#### **4.2.8.2 Role of Participants in educating children on COVID-19 and safety regulations**

Amid the challenges posed to caregivers' well-being during COVID-19, there was a heightened demand on the parent-child dyad to navigate topics that, before the pandemic, might not have been sources of concern, such as the use of public spaces or the emergence of new safety regulations and restrictions on activities (Prime et al., 2020:634). The research participants were the main role players in teaching and enforcing the safety measures for their children.

*“We had to teach them how to wear their mask every time and sanitise their hands. So, it was difficult for them to, to adjust for the new rules.” (O1)*

*“So, the role that I had to take it was like make sure that they wash their hands make sure that they put on their masks whenever they go out to the friends whatever. It was challenging. To be watching them all of the time.” (C1)*

During COVID-19 the family system underwent changes, parents faced growing demands to adapt and create new routines, rules, and limits. Additionally, caregivers were under the simultaneous pressure of renegotiating existing rules and setting parameters. The challenges faced by the family system was testing their adaptability and flexibility on a large scale and in a unique manner (Prime et al., 2020:638). Participants with children who were in more advanced stages of middle childhood appeared to encounter challenges when attempting to enforce safety regulations with their children. This was especially difficult for participants who worked during the day while their children were at home. Parents who went back to work when schools were still closed often left children without care or supervision, meaning that the children had complete autonomy and freedom to do as they wished (Kona, 2022:20). Children are not used to being confined in their homes, they are social beings and are naturally playful (Munir, 2021:5). The participants knew all too well that play is the work of the child and that remaining indoors in a small space would be difficult for them.

*“I was even worried about him so much. Because he wants to play, he needs his freedom too much.” (A1)*

*“We worry she go to the streets, they like to play”. (M2)*

*“I get worried because you can't close and lock the door for the kids you see so they just have to go and play outside but if they come back now, I'm worried, wash your hands you see all of that? Because I didn't know whether it's COVID or it's flu?” (C1)*

#### **4.2.8.3 Children's experience of containment measures**

The children seemed to struggle with the strict rules that they had to abide by. The participants reported that their children did not like having to stay in their homes all day, some even describing it as feeling like they were being punished.

*“He was feeling like you are being punished. He couldn't just understand what was going on.” (A1)*

*“They didn't like it. They love to play so it was difficult for them to go outside and play with other kids. So they had to stay at home and do most of reading, indoor games.” (O1)*

The participants described their children as experiencing intense feelings of boredom over not being able to go to school. Children seemed to miss going to school and being able to interact with friends.

*“They say it was very hard. It was boring because they do start to be like there's nothing to do at home. They just sit at home. So that was challenging because they want something to keep them busy in school. Now they just have to sit at home. And do nothing.” (C1)*

*“They miss school.” (O1)*

During the COVID-19 pandemic, children appeared to experience elevated levels of sadness, boredom, depressive symptoms, and disruptions in sleep patterns (Munir, 2021:5). The containment measures caused a sudden change in the microsystems of the child's life, restricting access to education and friends, which in turn required compensatory adjustments from the family system, this included allowing children more access to screen time (Galpin, Bidgood & Taylor, 2023:1246). Participants described that their children's routines alternated between sleeping and lots of time spent in front of the television. A study conducted in the UK by Morgül, Kallitsoglou & Essau (2021:46) found that during the lockdown, the likelihood of children spending over three hours on screens increased compared to pre-lockdown times. Simultaneously, the likelihood of engaging in 1.5 to 2 hours of physical activity was reduced by half, and their sleep duration decreased by half an hour. Exposure to excessive screen time for children can result in technology addiction, an increase in stress levels, a reduction in physical activity, problems with sleep, emotional distress,

conflict in relationships and behavioural problems (Panjeti-Madan & Ranganathan, 2023:26).

*“He was bored, he would sleep the whole day.” (O1)*

*“He liked to watch TV.” (M1)*

*“We wake up like eight o'clock in the morning. We do our breakfast. Just to do our house chores. And then we'll go back to sleep. Like watching TV. When you're tired of watching TV. You go back to sleep. You wake up you sleep you have to eat.” (A1)*

#### **4.2.9 Access to Resources during the COVID-19 pandemic**

In addition to the many socioemotional and financial challenges that South African families faced, the COVID-19 pandemic and resulting lockdown also indirectly affected access to necessities and services in many ways (Gittings, Toska, Medley, Cluver, Logie, Ralayo, Chen & Mbithi-Dikgole, 2021:951). The next section will look at the experiences of the research participants in accessing groceries, stores, and public transport.

##### **4.2.9.1 Access to groceries**

The possibility of running out of groceries or of a food shortage in South Africa was a real fear for some of the participants. This fear resulted in participants buying their groceries in bulk. A survey done by Pophiwa, Moroane & Kenny (2021:vi) of South African's consumer habits during the COVID-19 pandemic found that 56% of participants in their study participated in panic buying of essential groceries.

*“I still remember the time they told us it is going to be a lockdown; we bought a lot of groceries.” (M3)*

*“I didn't think of that because we were buying things in bulk. They were telling us that we will run short of food.” (F1)*

Despite buying groceries in bulk, the reality of being at home meant that the families were consuming more food. Pophiwa et al. (2021:vi) found that due to having to remain indoors for longer periods during the COVID-19 lockdown, the consumption of food increased. Where families would usually get food at work or school, they now had to replace these with home meals. This placed further strain on households that were already trying to survive on a reduced income. For participants whose children received food from school, this meant providing for an extra 133 days of meals for their children (Shepherd & Mohohlwane, 2021:764).

*“If they want to eat two minutes time, they're hungry this because if they stay in the house, obviously we're going to get hungry.” (C1)*

*“Because the kids will eat a lot.” (O1)*

*“It was very bad. I was not working. I was not even having money and the problem when you're indoors. You eat too much.” (A1)*

#### **4.2.9.2 Access to grocery stores**

Despite the participants having to spend a larger portion of their incomes on groceries, and as a result having to buy more groceries, access to stores was limited. The smaller, cheaper community spaza<sup>2</sup> shops that many of the participants relied on were closed and participants had to travel to the larger malls, meaning an already stretched income had to be stretched further by travel costs and increased cost of groceries. Despite a drop in the interest rate in South Africa, retailers started increasing the prices of certain essential groceries during the COVID-19 pandemic, especially within the first few weeks of the lockdown. Consequently, families were forced to pay more for their groceries (Pophiwa et al., 2021:v). A consumer price index report, published by StatsSA (2020:8) found that the price of eggs increased by 19%, tea increased with 7%, the price of beef increased with 7% and the price of bread went up with 1.9%.

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<sup>2</sup> A spaza shop is an informal convenience store selling necessities to local people, usually within a township.

Furthermore, with the implementation of social distancing in many stores coupled with a limit to the number of shoppers allowed in a store at one time, many participants had to spend longer hours to get into a store and complete their shopping (Pophiwa et al., 2021:12).

*“Nothing we do and couldn’t buy you know the big shops they are very expensive. So, I had to buy there just because these small shops they will no longer open and this is very cheap. So, it was challenging.” (C1)*

*“Going out like if you want to buy some groceries. You have to spend more time outside because not many people were allowed inside the stores.” (O1)*

*“Because most of the time you had to go to \*the big mall. It was very difficult for us. You have to wait for the transport long hours. When you get there, you have to wait another more hours. So, when you think about going to \*the big mall it was a no no.” (O1)*

#### **4.2.9.3 Access to transport**

Access to transport was limited as taxis and buses now had to enforce safety regulations which meant that participants had to spend more time waiting for transport, meaning more time away from their families. Participants also feared contracting COVID-19 from passengers sharing the ride with them, especially when the taxis and busses did not adhere to the safety regulations. Maintaining social distancing whilst reducing the period spent in a confined space was an overall challenge for taxi users in South Africa. The South African government-imposed regulations to reduce passenger numbers in taxis, however due to the informal and unregulated nature of the taxi industry as well as the narrow profit margins for taxi drivers, many taxi drivers did not adhere to the regulations (Luke, 2020:1).

*“You see it’s scary. Because in the taxi we had to sit like far, you know, you’re scared that maybe what is somebody has COVID. So, it was just challenging.” (C1)*



*“Oh, it was a worse, it was a worse nightmare. There were limited taxi’s when you get a taxi you sit far from each other.” (F1)*

*“The transport was available, but most of the drivers did not follow the protocol. Okay, because sometimes they do the overload.” (O1)*

*“The transport was we’re using taxi, but you know, we were sitting like far from each other. But you’ll be like feeling if I got it now...” (A1)*

### **4.3 CONCLUSION**

This chapter has provided an overview of the biographical information of the research participants. The impact of COVID-19 on the experience of participants in caring for their children in middle childhood was elaborated on through a discussion of themes identified from the research process. These themes included COVID-19’s impact on work and working routines, parental COVID-19 anxiety and extreme protective measures, participant’s experience of support during COVID-19, Children’s understanding and emotional experience of the COVID-19 pandemic, COVID-19’s impact on the education of children in middle childhood, experience of the containment measures and safety regulations and access to resources during the COVID-19 pandemic. The final chapter in this research report will serve as a comprehensive conclusion, summarising the findings that align with the research study’s objectives and provide relevant recommendations for future research and social work practice.

## CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 INTRODUCTION

The goal of the study was to explore and describe the experiences of South African families of caring for their children in middle childhood during the COVID-19 pandemic. To meet this goal, the objectives of the study was:

- To explore and describe the circumstances in which South African families cared for their children in middle childhood during the COVID-19 pandemic.
- To explore and describe the way in which the pandemic had affected the provision of resources that meet the needs of children in middle childhood.
- To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development in South Africa.

The study's objectives were achieved through the implementation of a comprehensive literature review, the utilisation of appropriate research methodology and the analysis of empirical findings derived from the study. The literature review provided a comprehensive exploration of the existing knowledge on the COVID-19 pandemic and how this pandemic influenced families in South Africa, while also providing the study with guiding theoretical frameworks. The theoretical frameworks of Family Systems Theory and Bronfenbrenner's Ecological Model provided a holistic perspective through which the participants' experiences could be explored. Furthermore, the adoption of a qualitative approach ensured that the unique experiences of research participants in caring for their children during the COVID-19 pandemic could be thoroughly examined. Employing a case study design allowed for an in-depth exploration of each participant's unique experience. Utilising a semi-structured interview, enriched with open-ended questions, allowed for the collection of rich and detailed data on the experiences of participants during the COVID-19 pandemic. Finally, the process of thematic analysis facilitated the development of themes and sub-themes, subsequently revealing empirical findings that described the experiences of South African families in caring for their children in middle childhood during the COVID-19

pandemic. These empirical findings also described the way in which the pandemic had affected the provision of resources and the influence of COVID-19 on the developmental milestones of children within middle childhood in South Africa.

The key findings derived from these empirical findings will be outlined in the following sections, as well as conclusions drawn from the key findings and recommendations for future research, social work practice and policy and legislation. However, it's important to acknowledge several limitations of the research study that should be considered before interpreting the findings.

## **5.2 LIMITATIONS OF THE STUDY**

- Due to the small sample size of only seven research participants, the findings cannot be generalised to the broader population. The experiences of the parents who were interviewed are unique and may not reflect the diversity of experiences among all parents in South Africa caring for their children in middle childhood during COVID-19.
- The researcher found it challenging to access potential research participants from Kungwini Welfare Organisation, that met the requirements for the study. In order to mitigate this challenge a combination of purposive and snowball sampling techniques was utilised.
- Due to the qualitative nature of the research study, including the use of semi-structured interviews and thematic analysis, the findings relied heavily on the interpretation of the researcher. The researcher tried to limit this challenge by implementing trustworthiness and adopting interpretivism as an epistemological position. This awareness that meanings are constructed by the research participants within their unique contexts, meant that the researcher recognised that themes are not objective entities to be discovered, but rather, they arise from participants' subjective interpretations of their experiences.
- The interviews conducted with participants were lengthy in duration, ranging between thirty minutes to an hour for each interview. Despite their extended nature, the use of open-ended questions facilitated comprehensive responses and enabled the researcher to delve deeper into participants' experiences.

### **5.3 SUMMARY OF KEY FINDINGS**

The key findings will be discussed separately for each of the objectives that were achieved throughout the research process.

#### **5.3.1 Key findings in terms of the circumstances in which South African families cared for their children in middle childhood during the COVID-19 pandemic.**

The COVID-19 pandemic had an impact on the quality of care provided by participants to their children in middle childhood. Confinement within small homes and the implementation of lockdown measures and safety regulations disrupted familiar family system home, work, and school routines. This led to feelings of entrapment and heightened parental stress amongst the participants. These shifts in routines and participants' adoption of new roles also impacted the home environment and their ability to care for their children.

The loss of employment during the pandemic and reduction in income caused emotional distress in participants and subsequently generated parental stress. Parental stress significantly impacts the quality of care provided to children. Parenting while experiencing high levels of stress often leads to reactive behaviour towards children and other family members, inadvertently creating family conflict within the family system. Family systems theory emphasises the interconnectedness of family members, highlighting how parental stress influences the quality of care and contributes to family conflicts.

Several other factors also contributed to an increase in parental stress, including feelings of isolation. Feelings of isolation were common amongst participants due to an absence of face-to-face interaction and due to the burden of care that often falls on women. The women participants reported having to be emotionally supportive to the members of their household as well as be emotionally strong for themselves. This loneliness increased parental stress which affects the home environment and the care the participants provide to their children. Another source of parental stress was fear of

contracting COVID-19. Participants who were leaving the contained environment of home to work during the COVID-19 pandemic had an extreme fear of infecting their children with COVID-19. This fear was so intense that participants engaged in extreme safety measures such as sending their children away to live with extended family members. Feelings of isolation and the fear of COVID-19 further emphasise the importance of understanding the emotional dynamics within the family system.

The abrupt closure of schools shifted the participants into the role of guides on COVID-19 and safety protocols. However, due to limited knowledge surrounding the facts of COVID-19, they faced challenges in explaining the situation, often omitting important facts such as the lower risk for children. Their focus centred on safety regulations. However, enforcing safety regulations proved to be difficult, as children's natural inclination to play contradicted the regulations put in place by the South African government. Working parents often had to leave their children unsupervised during the day, with no control measures in place, children often ended up playing outside. The children of participants experienced heightened anxiety regarding COVID-19, leading them to adopt extreme safety-seeking behaviours. Inadvertently, parents reinforced this anxiety by intensifying their efforts to educate about the significance of safety measures. The changes brought about by the COVID-19 pandemic disrupt not only the immediate family system but also extend into other microsystems such as work, home, and school. The abrupt closure of schools and the shift of responsibilities to parents emphasises that the connections between microsystems weakened, placing heightened pressure on the nuclear family as the primary microsystem.

Another responsibility that the school closures transferred to parents was that of being educators. Worried about their children's paused education, participants attempted to assist their children in continuing their education from home. However, due to a lack of learning resources, no assistance from the schools and participants' own lack of educational background they struggled to help their children.

### **5.3.2 Key findings in terms of the way in which the pandemic had affected the provision of resources that meet the needs of children in middle childhood.**

The COVID-19 pandemic led to challenges in obtaining and maintaining the resources necessary for caring for children in middle childhood. These resource constraints included a lack of finances, no educational support from schools, and difficulty in accessing stores, buying groceries, and using public transport.

The loss of employment was a major challenge as it meant that some families became reliant on a single income. Participants reported difficulties in maintaining financial support for their families and in reducing expenditure. Financial resources were further spread thin by the obligation many participants had in financially caring for their extended family members who resided elsewhere. Participants reported that their main support for finances and food came from older female family members. The obligation to care for extended family members and reliance on older female family members for support further emphasises the interconnectedness of family systems in times of crisis. Bronfenbrenner's Ecological Model emphasises the impact on resources. The economic challenges on a mesosystem level became apparent at the microsystem level.

An essential aspect of the children's lives affected by the pandemic was their education. Due to attending underfunded and resource-deprived schools, most participants' children lacked the necessary learning materials to continue their education from home. The absence of computer and internet access, paired with schools' inability to provide remote learning resources, intensified the challenges. Furthermore, the absence of phones and difficulty in obtaining data made it difficult for children to stay in touch with their friends from school, impacting their social connections. Children who relied on school meals were now left without that support and subsequently families experienced a challenge of having less money available for food while needing to buy more due to children being at home.

The closure of smaller, more affordable, and nearby community stores (spaza shops) necessitated longer trips to larger malls to purchase groceries and essentials. This

translated to additional expenditures of time and money. Furthermore, the cost of essential grocery items surged during the pandemic. The implementation of social distancing protocols in stores extended the time required for shopping. Transportation became another challenge. While some taxi's adhered to safety regulations, others overloaded. This induced anxiety among participants due to proximity to others and the fear of contracting COVID-19. Furthermore, the need for social distancing led to longer waiting times for taxis, as taxis reached their social distancing capacity more quickly.

### **5.3.3 Key findings in terms of the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development in South Africa.**

The COVID-19 pandemic caused changes in children's home and school routines, with far reaching effects. Routines create safety for children, help maintain resilience and an absence of a routine can negatively affect development. Children's routines alternated between sleeping and time spent in front of a television, leading to feelings of boredom and, in some cases even depressive symptoms. Furthermore, engaging in an excess of screen time can also be detrimental to a child's well-being. Family Systems Theory emphasises the role of family dynamics. The disruption of routines and increased screen time affected the microsystem, influencing children's emotional well-being.

Children in middle childhood are better able to recognise more complex emotions in others and were able to perceive the high levels of stress their caregivers/parents were experiencing. High levels of parental stress significantly correlate with heightened stress levels in a child. Experiencing high levels of stress, negatively impacts a child's ability to self-regulate their emotions and behaviours.

Children's beliefs are malleable and as their sources of information surrounding COVID-19 shifted from parents to media to teachers and peers, so did their beliefs about COVID-19. The primary perception amongst children regarding COVID-19 was that it is dangerous and can lead to death. Children in middle childhood mature their beliefs about their own mortality. As children in middle childhood navigate maturing

beliefs about mortality, some developed unfounded fears of contracting COVID-19 and as a result dying. Despite the lower risk for children, these fears drove extreme safety-seeking behaviours. Prolonged health related stress could lead to mental health challenges and hinder emotional well-being and development. Children are growing up in a world profoundly shaped by the pandemic. They might develop unique perspectives on health, hygiene, and community responsibilities due to their experiences during this time. This transformation in beliefs might lead to a changed perception of the world as a safe place.

COVID-19 and the closure of schools impacted children's educational progress, leading to learning losses. These losses could influence children's future learning abilities and educational achievement. Academic performance suffered due to extended periods away from school and reduced access to interactive learning environments, potentially affecting cognitive development involving critical thinking, problem-solving, and creativity. Female children showed higher levels of motivation to pursue their education from home, despite a lack of educational resources. This could potentially have a negative impact on the educational development of boys. Teachers might perceive girls as not significantly lagging behind, potentially resulting in a premature shift back to regular curriculum teaching and causing boys to experience a further setback in their educational development. The COVID-19 pandemic had an impact on children's social development. Middle childhood is an important time for children to develop and refine their social skills, form friendships, and learn about social norms. The closure of schools and containment measures limited children's opportunities to engage with peers and teachers, potentially negatively influencing the social development of children in middle childhood.

The closure of schools and the disruption of routines impacted the microsystem, while the societal fears and media influences contributed to challenges at the exosystemic and macrosystemic levels. The relationship between these systems shaped children's beliefs and behaviours during middle childhood.



## 5.4 CONCLUSIONS

Participants experienced high levels of stress stemming from a collection of factors, including job loss, reliance on a reduced income, fear of COVID-19 transmission, and concern over their children's disrupted education. The merging of these factors contributed to high levels of stress among participants, influencing the parent-child relationship and subsequently impacting on the quality of care given to their children. In addition to parental responsibilities, participants assumed additional roles as educators on COVID-19, enforcers of safety regulations, and temporary teachers. Adapting to these roles, however, was hampered by the contextual socio-economic challenges faced by participants living within low-income households. Despite receiving physical support, participants felt unsupported emotionally. Participants had to deal with feelings of loneliness. The merging of these experiences during the COVID-19 pandemic influenced the care that participants extended to their children.

The COVID-19 pandemic brought forth a range of challenges in accessing essential resources participants required in caring for their children in middle childhood. A reduction in income led to a decrease in expenditure, compelling participants to limit their spending to essentials. However, this transition to buying only essentials was complicated by an increase in the price of groceries and the fact that children were now at home throughout the day, requiring meals that would typically have been provided at school. The implementation of safety regulations and social distancing protocols created additional challenges for participants in terms of accessing stores and transport. However, amongst the range of challenges faced, the most notable resource scarcity identified by participants was a lack of learning materials available from the underfunded schools their children were enrolled in.

The COVID-19 pandemic has left a lasting impact on the development and functioning of children in middle childhood. The stress experienced by parents has translated into heightened stress levels in children, affecting their capacity for emotional regulation. School closures and containment measures have disrupted social interactions, potentially hindering their social development, and altered their perception of the world as a safe place. Children's understanding of their own mortality has led to fears of contracting the virus, resulting in extreme safety-seeking behaviours. Prolonged

exposure to health-related stressors could lead to mental health challenges and hinder emotional well-being. The pandemic's disruption of education has caused significant learning setbacks, while the absence of routines has contributed to feelings of boredom and an increase in screen time, which if in excess negatively affects a child's well-being.

## **5.5 RECOMMENDATIONS**

Recommendations for future research, social work education and practice as well as policy and legislative changes will be made in the paragraphs below.

### **5.5.1 Future research**

Further research should be conducted to track the long-term effects of the pandemic on South African children's development, mental health, and educational outcomes as they transition through middle childhood, adolescence and into early adulthood. Recommendations impacting social work practice and education must be drawn from these future studies for the long-term impact of the COVID-19 pandemic to be mitigated.

Another important topic for future research is to investigate the factors that contribute to resilience in children who have adapted well despite the challenges. These factors, if identified, can help children build on their resilience or ability to bounce back from the many socio-economic challenges they face living in South Africa.

### **5.5.2 Social Work practice and education**

The academic curriculum of Social Work student's needs to be adapted to include more of a trauma-informed approach as well as incorporate global disaster training to ensure future Social Workers are equipped to address the unique challenges that arise during a global crisis.

On a macro level, social workers can advocate for policy changes that focus on social security and economic policies that address the root causes of the poverty and inequality being faced by many families in South Africa.

Connection with a safe adult, develops resilience in a child. Creating parental training programs that help parents identify and adopt ways to better connect with their children can be valuable in fostering resilience in children. In these training programs, parents can also be taught how to cope with their stress and promote emotional regulation in children.

Social workers can provide emotional support to parents and their children in multiple ways. Opportunities can be given to parents to debrief on their experiences of the COVID-19 pandemic. Whilst undergoing interviews, some participants expressed that being able to talk about their experiences of COVID-19 acted as an emotional release and a way to summarise and reflect on all that they have been through.

Social workers can collaborate with schools to provide individual counselling or group work to children to support their well-being and reduce any emotions of anxiety or fear caused by the COVID-19 pandemic and teach children how to better cope with stress.

### **5.5.3 Policy and legislation**

The South African economy is still reeling from the impact of COVID-19, despite this social spending needs to be increased in order to meet the socio-economic demands of many families across South Africa.

A big area that needs reform is the educational sector. Children need to be better supported in their educational development. Schools need to be better funded and have better resources available in order to reduce the learning gap.

The digital divide also needs to be addressed. The use of technology is only going to increase as the world enters the fourth industrial revolution, and as such all children should be able to have equal knowledge and access to technology.

The COVID-19 pandemic is a mental health crisis and as such the South African government should increase funding and integration of mental health services within schools and communities.

Finally, by revising and strengthening social security measures, a safety net could be woven that provides more substantial support to vulnerable families during times of crisis. Additionally, the implementation of emergency nutritional aid programs would serve as a vital lifeline. These programs, tailored for both families and children, could effectively address immediate nutritional needs that were exacerbated during the COVID-19 pandemic.

## **5.6 CONCLUSION**

In conclusion, this chapter presented a comprehensive exploration of the experiences of South African families caring for their children in middle childhood during the COVID-19 pandemic. The study successfully achieved its objectives through a detailed literature review, the application of relevant theoretical frameworks, and a qualitative research methodology that involved in-depth case studies and thematic analysis. The research study revealed critical insights into the circumstances, resource challenges, and developmental impacts experienced by South African families in caring for their children in middle childhood during the COVID-19 pandemic. In summary, this research study sheds light on the challenges faced by South African families during the COVID-19 pandemic, offering valuable insights for future research, social work practice, and policy development. The collective efforts to address these challenges will contribute to building resilience and fostering the well-being of families and children in the post-pandemic era.

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