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Caregiver Beliefs About Childhood Development and Schooling Outcomes: A Qualitative Study in Mahikeng, South Africa

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ABSTRACT

Although the role of the home in supporting early childhood development, early learning and school outcomes is well established, the perspectives of caregivers on child development and schooling outcomes are comparatively underexplored. This qualitative study was conducted with caregivers of children aged 6–10 years in Mahikeng, South Africa and aimed to explore their beliefs related to the interconnected developmental continuum of ECD, school readiness and educational outcomes. A total of 18 caregivers participated in focus group discussions, including 2 males and 16 females. Qualitative data were analysed using reflexive thematic analysis. We developed four themes: being present; guiding children through school; influencing language and cognitive development and raising the next generation. Caregivers expressed beliefs that they played an important role in early language and cognitive development and in socioemotional development for older children. However, their behaviour was not necessarily motivated explicitly by child outcomes. Additionally, caregivers described many contextual factors, such as high levels of unemployment and crime, that may constrain the ability of households to support child development. Design of effective caregiving interventions must be informed by contextual understanding and help to overcome these barriers.

1 | Introduction

Early childhood development (ECD) encompasses physical, socio-emotional, cognitive and motor development from 0 to 8 years (World Health Organization 2018). In South Africa, extensive research documents inequalities in ECD and early learning outcomes (Ashley-Cooper et al. 2019; Atmore et al. 2012; Dawes et al. 2020; Hall et al. 2019). As a result, many South African

children are not ready for school at formal enrolment age and are at risk of poor academic achievement (van Rensburg 2015; Spaul 2013; Van Zyl 2011). The World Health Organisation Nurturing Care Framework suggests that nurturing care in early childhood plays an essential role in healthy development and school readiness (World Health Organization 2018). Nurturing care includes developmentally appropriate learning activities and responsive caregiving, defined as noticing, understanding

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Summary

- Caregivers were strong advocates for education and considered it their responsibility to play an active role in their children's development and schooling outcomes.
- However, many contextual factors constrained the ability of households to support child development.
- Caregiving interventions must help to overcome the barriers preventing caregivers from providing nurturing care and supporting schooling outcomes.

and responding to a child's signals in a prompt and appropriate way (World Health Organization 2018). In South Africa, analysis of the Birth to Twenty Plus cohort study found that responsive caregiving is associated with better cognitive development outcomes, a key aspect of ECD (Slemming et al. 2022; Trude et al. 2021).

The developmental niche framework highlights the important influences of cultural, social and environmental factors on parenting and child development (Super and Harkness 1986; Harkness and Super 1994). Within the framework, parental ethnotheories are defined as the cultural belief systems held by caregivers, and are considered to be key determinants of caregiver behaviour (Harkness and Super 1996). Although the role of the home in supporting ECD, early learning and school outcomes is well established, the beliefs of caregivers on ECD and schooling outcomes are comparatively underexplored. Understanding caregiver beliefs is crucial to understanding the barriers and enablers of ECD, particularly in the context of vast social change in South Africa.

Child-rearing in South Africa is traditionally the collective responsibility of the extended family, with grandmothers, aunts or older siblings typically playing a central role, or even acting as primary caregivers (Hatch and Posel 2018; Mkhize 2006; Seedat et al. 2009). Households and communities are involved in child development through education, socialisation and mentoring to protect moral values (Metz and Gaie 2010; Mugumbate and Chereni 2019). This may traditionally be influenced by the Nguni concept of 'ubuntu', which refers to a shared set of characteristics, behaviours or values characteristic of many traditional African societies in the southern African region (Hailey 2008), and can be considered as local value system (Metz and Gaie 2010). Although definitions in the academic literature vary, ubuntu is typically considered to reflect shared humanity and interdependency between members of a community (Etieyibo 2017). This is often summarised in the Zulu phrase 'ubuntu ngumuntu ngabantu', loosely translated as 'I am because we are' (Mugumbate and Chereni 2019). However, traditional values and extended family networks have weakened due to social and economic transformations (Makiwane et al. 2017). Family life in South Africa has been impacted by many factors, beginning with apartheid but more recently including urbanisation, poverty, violence, HIV, weakening of traditional gender roles, inequality and increasing numbers of single adult households (Barbarin 2003).

Four recent qualitative studies have explored caregiver beliefs about child development in South Africa. Munnik and Smith (2019) explored the contextual factors that affect school readiness in the Metro North Education District in Cape Town and concluded that mothers are aware of the role responsive caregiving plays in promoting school readiness. Pioreschi et al. (2020) carried out focus group discussions (FGDs) with mothers of children aged 0–2 in Soweto and concluded that mothers considered 'play' to be important for healthy development, and were aware of key developmental milestones. Draper et al. (2022) explored the perspectives of low-income caregivers in Cape Town and concluded that they acknowledged their role in child development and reported engaging in stimulating early learning activities. Finally, Adebisi et al. (2021), also in a low-income setting in Cape Town, explored caregiver perceptions on what babies need to thrive in their first 1000 days. Again, the authors concluded that caregivers acknowledged the importance of their role in their child's development and the need for responsive and warm caregiving.

In the above studies, and elsewhere, the term 'development' is often used without reference to specific developmental domains. For example, development could mean physical growth or teething (Pioreschi et al. 2020), and supporting a child's development could involve helping with homework (Draper et al. 2022) or 'being there...physically, mentally, emotionally, financially' (Adebisi et al. 2021). In contrast, much of the ECD literature focuses more narrowly on brain development in the critical period from pregnancy to age three (World Health Organization 2018; Black et al. 2017; Rao et al. 2014; Walker et al. 2011). Additionally, the above studies all took place in major urban areas of South Africa, ignoring the substantial rural population which faces substantially worse educational outcomes (Spaull 2015; Timæus et al. 2013).

To address this evidence gap, we conducted a qualitative study to explore the beliefs of rural South African caregivers related to the interconnected developmental continuum of ECD, school readiness and educational outcomes. Where possible, we linked our analysis to the specific ages and developmental domains of children in participating households. Such insights are essential to inform the design of context-appropriate interventions that aim to improve ECD and schooling outcomes in the South African context and those with comparable challenges.

2 | Methodology

2.1 | Context

The study took place in Mahikeng Local Municipality, South Africa. The municipality is located near the border with Botswana in North West Province, one of nine South African provinces. In North West Province, an estimated 73% of children were living below an upper bound poverty line of 992ZAR per capita per month in 2015 (~\$80 USD), compared to 67% nationally (Statistics South Africa 2018). In 2016, Mahikeng Local Municipality had an estimated population of 314,394, 97.1% of whom were Black African, compared to 81% nationally (Statistics South Africa 2016). In the 2011 census, 35.7% of the population were unemployed and 38.4% of adults had at least

secondary education, compared with national rates of 29.8% and 41.1%, respectively (Statistics South Africa 2011).

The study was embedded in the [redacted] project, which took place in 2022. [redacted] investigated how household and community factors shape early years development and education outcomes. The [redacted] project was itself linked to the [redacted] Project, which aimed to improve school leadership, reading culture and education outcomes in rural schools within Mahikeng Local Municipality. The communities surrounding nine of these schools served as the location for the [redacted] study.

Schooling in South Africa is compulsory for all children, beginning at Grade R when children are between 5 and 6 years old. Schooling at this age focuses on basic literacy and numeracy skills, and social and emotional development. Students can exit the schooling system after Grade 9 or when they are 15 years old. This particular school district was identified for the wider project in consultation with the national Department of Basic Education as indicative of characteristic South African rurality constraints that serve as barriers to education, namely: a remote, border district; and a high number of Quintile 1–3 schools (schools located in low socio-economic neighbourhoods).

2.2 | Ethical Approval Was Received From [Redacted]

2.2.1 | Sampling

Recruitment of households took place in nine Mahikeng District communities adjacent to schools participating in the ‘Enabling Schools Project’ described above. Households were initially recruited to participate in a survey, the results of which are not reported in this article. Within these communities, households with an adult primary caregiver (18 years or older) of an index child aged between 6- and 10 years old were eligible to participate in the survey. In each community, the first six participating households (one per data collector) were invited at random. In households meeting eligibility criteria, the child’s primary caregiver (i.e., the adult who spent most time looking after the child) provided written consent for participation. Thereafter, participants were found using snowball sampling. That is, each participating primary caregiver was asked if they knew any other households with children of the same age attending the same school. Households who did not meet the eligibility criteria were also asked the same question. This process continued until approximately 30 households were recruited in each community, depending on the size and density of the community. Households were provided with an incentive of 200ZAR (~\$12 USD in May 2022), as approved by local ethics committees.

Of the 290 households participating in the survey, 20 were invited to participate in FGDs. The intended sample size was predetermined. We aimed to include 15–20 primary caregivers to gain a variety of views while ensuring feasibility within the project time and financial constraints. Amongst all households from two communities close to Mahikeng town that participated in the survey, a purposive sample was selected to ensure some variation in village, age of child and gender of primary caregiver.

Households were selected from these two communities to facilitate transportation to FGD venues. Primary caregivers were recruited at home, as outlined above. Each caregiver was provided with an additional 200ZAR (~\$12 in May 2022) food voucher for participation in FGDs.

2.2.2 | Sampling and Data Collection

Topic guides for FGDs were developed prior to beginning data collection and focused on caregiver beliefs on their role in their child’s development and schooling. Primary caregivers in the FGDs included mothers, fathers, grandmothers and aunts. Thus, many respondents would be able to draw upon caregiving experiences with multiple relatives. FGDs were facilitated by an experienced female researcher from Mahikeng, who spoke Setswana, the local language. An online training and familiarisation session was held with the FGD facilitator and local research manager prior to the FGDs, and detailed written guidance was provided. Although draft topic guides were revised during this process to ensure contextual relevance, piloting of the topic guide with respondents did not take place due to resource constraints. Although piloting is particularly crucial for non-interactive data collection tools such as qualitative surveys (Braun et al. 2017), this was not considered a major limitation for this study. The same topic guide was used for each FGD and is provided in an [Supporting Information](#).

Two caregivers dropped out after recruitment as they did not come to the FGDs, meaning that 18 caregivers participated in FGDs. A total of four FGDs were conducted, ranging from 84 to 97 min in duration. Separate FGDs were held for male and female caregivers to help ensure participants felt comfortable and able to respond freely. One FGD included two males, two FGDs included five females and one FGD included six females. Of the 15 female participants and one male participant with known employment status, only three were currently engaged in paid employment (two females and one male). Similarly, of the 16 participants with known education status, two had completed primary school only, 13 had completed secondary school and one had completed a post-secondary level of education.

Each FGD was audio recorded. Verbatim transcription from Setswana to English was conducted by the FGD facilitator and quality checked by the local research manager. Random segments of the audio recordings were independently transcribed by a second translator to check the quality of the translation.

2.3 | Data Analysis

Reflexive thematic analysis was used to identify, describe and analyse patterns in the FGD data (Braun and Clarke 2006). Thematic analysis is not tied to specific epistemological or theoretical approaches in qualitative research and offers a flexible method. Our analysis was conducted within a critical realist paradigm, where language used by participants is assumed to reflect the reality of their experiences within their specific social context (Braun and Clarke 2006). Data analysis

was inductive, such that analysis was not formally guided by a pre-existing framework but was ‘grounded’ in the data (Braun and Clarke 2022). Transcripts were analysed according to the principles of Braun and Clarke’s six-phase framework for thematic analysis, including familiarisation with data, coding the data, generating themes, reviewing and developing themes, defining themes and writing the final report (Braun and Clarke 2006, 2022, 2019). All data were analysed by [redacted] in NVivo.

2.4 | Positionality

Positionality of the researchers may have influenced data collection and analysis. Qualitative data were collected by an experienced PhD-educated female researcher from Mahikeng, who spoke Setswana. This researcher was not directly affiliated with the main study team and was not involved in the initial conception of the study, hopefully increasing impartiality. Although the researcher was accepted by participants who spoke openly and freely, she was not a member of the local community as such, had no relationship with the participants, and had substantially higher levels of formal education, meaning that standard concerns regarding power dynamics and social desirability bias may apply. Power imbalances were mitigated to some extent by research taking place in a neutral venue that was not linked to any school or other public institution or service. Participants were informed that the purpose of the study was to hear their views on child development and education, in order to gain a better understanding of how to improve education outcomes in South Africa.

[redacted] played a role in the construction of qualitative data by developing the initial FGD topic guide and analysing the data. ‘Pure’ induction is not possible and, although the analysis was not guided by any framework related to ECD, inevitably the topic guide was shaped by prior assumptions and research agendas. Themes do not simply ‘emerge’ and the coding for this analysis inevitably reflects [redacted]’s subjectivity, as [redacted]. Data collection took place before [redacted] became a parent, while analysis took place when his son was around 6 months old. While [redacted] therefore did not yet have direct experience of formal education as a parent, he acknowledges prior assumptions that ECD, school readiness and schooling outcomes are interconnected, and that caregivers play a key role in each of these. However, researchers not directly involved in the analysis of transcripts also provided insight on analysis results in a process of peer review, challenging initial interpretations and the possible influence of prior assumptions.

Member checking or validation was not used for this analysis. Member checking is not theoretically neutral (Clarke and Braun 2013) and is subject to practical issues, including time constraints for both researchers and participants, the possibility of power imbalances leading to affirmative bias, and unclear procedures if participants have conflicting views (McLeod 2011). If analysis is to be interpretative rather than descriptive, it will inevitably be informed by the values and assumptions of the researcher, who may view participant experiences differently.

3 | Results

3.1 | Theme 1: The Importance of Caregivers Being Present

First, in this four-part analysis we describe the complex family structures of households in this setting. Both single-parent and multigenerational households are common. In this context, caregivers reflected that their most basic responsibility was simply to be present. This was particularly true when fathers were absent from infancy and therefore did not play a role in their child’s life. As a result of the multigenerational household structure, responsibilities towards children were often shared across household members, and sometimes neighbours or other community members also played a role. Responsibility for supporting the child was also defined by being present rather than being reserved for parents alone.

A person will give you a child and then the next thing they distance themselves and decide not to be involved. The family members are the ones who will help.

(Female caregiver, 2.5)

They are guardians, grandmothers. They are guardians, uncles. Whoever is taking care of the child, wherever they stay, the people there must take responsibility to teach the child.

(Male caregiver, 1.1)

Many caregivers had also been raised themselves by people other than their parents. Some caregivers referred to the emotional strain that complex arrangements can place on parents, children and other family members. However, there was limited explicit discussion of negative impacts on children, perhaps reflecting that such arrangements are commonplace.

She shouldn’t go and leave the child, and the child asks herself where her mother is. The next thing I’m the one left behind with problems, when the mother is there. The mother should give the child that love and be with her all the time so that the child can grow up well.

(Female caregiver, 4.15)

I’ll tell them that raising your own child is wonderful, unlike someone raising the child for you. It’s painful to see your child calling someone else mama, just because they raised them.

(Female caregiver, 4.14)

3.2 | Theme 2: Caregivers as Advocates and Guides for Formal Education

In the second part of the analysis, we describe how caregivers view formal education and how they construct their own

roles within their child's schooling. Caregivers reflected on their role as advocates for education and near universally considered education to be important. Caregivers emphasised the importance of education to motivate their children to succeed at school.

You should also encourage the child that education is the future. If they don't go to school, what will they do for themselves tomorrow?

(Female caregiver, 4.18)

Education is important. I normally tell them that no one can take it away from you, that is an inheritance. When you are educated you are able to do something for yourself.

(Female caregiver, 2.7)

When caregivers spoke of their aspirations and expectations for their children's futures, this usually included attaining formal education. However, many participants reflected on the difficulties in finding a job in Mahikeng, even for those who complete formal education.

After completing matric I stayed home looking for a job, getting jobs here and there. But even now I haven't found a job that is sharp. I am self-employed selling aachaar.

(Female caregiver, 2.4)

Most of the people who completed schooling are sitting at home with matric, you see. So, education won't give you a job. It's just politics.

(Male caregiver, 1.2)

Education was viewed as an asset that cannot be taken away. Even when explicitly acknowledging the limitations of formal schooling, caregivers still maintained that they should advocate for their children to complete their education.

These days the children complete school, they graduate, but they don't get anything. When we were still growing, they used to work. But then you can't say they shouldn't go to school because it doesn't make any difference. Let them go to school. There are a lot who are wearing gowns at home, they are not working. Let's just continue encouraging them to go.

(Female caregiver, 2.7)

Caregivers reflected on their responsibilities for supporting educational attainment, and the importance spending time directly monitoring progress was frequently expressed. It was acknowledged that caregivers and teachers share a joint responsibility for children's learning. Some respondents also mentioned the importance of formally engaging with the

school system, and their child's teachers, to ensure their child was progressing.

If the parents do their part at home, the child will do well at school. It is not only the teacher's responsibility to teach children, but as parents you should also play our part.

(Female caregiver, 2.8)

Caregivers emphasised the importance of homework, and their responsibility to ensure its satisfactory completion. This was considered a key indicator of progress in education. Many caregivers also reported the need to provide direct assistance with homework, often spending large amounts of time doing so. An assumed reliance on caregivers to perform this role was evident. Some caregivers expressed concern about their ability to provide adequate academic support for homework they often considered to be difficult.

Our children, honestly, they need to be supported from us parents because school today, I see that most work is done by us parents.

(Female caregiver, 3.13)

I feel that some of the things they are doing are things that I did when I was at high school and not for primary school kids, and they are difficult even for me, and it makes me feel like I've never been to school...Mine if you can't help her, she becomes angry...Sometimes I go out to look for work and she remains at home with my mother and she's very old and it's a problem. Even now, they don't know Google, you see?

(Male caregiver, 2.4)

3.3 | Theme 3: Early Caregiver Influences on Language and Cognitive Development

In the third data pattern identified, we explore how caregivers view their role in ECD during infancy, and their perceptions of any links with school readiness and schooling outcomes. The developmental domains discussed by caregivers during this period were related to cognitive and language development. It is worth noting that some topic guide questions explicitly referred to 'intelligence' and 'talking', but not to any other specific developmental domain, and this may have structured responses to some extent.

Caregivers acknowledged their role in supporting children's language development through interaction and talking to their children. Multiple caregivers expressed their disapproval of 'baby talk' and stressed the importance of modelling correct language for children.

You see me, I don't like this thing that when they make them talk this language that I don't know what

it is called. I don't want that thing. Speak with the child like you are speaking with a person.

(Female caregiver, 2.3)

Let us speak to them correctly. I take it that the child that you speak with correctly grasps quickly and can speak properly quickly.

(Female caregiver, 2.7)

Beliefs in the educational benefits of television were widely reported by caregivers, many of whom recommended cartoons as an educational tool they utilised. The benefits for language development were particularly noted, both in the early stages of language acquisition and as an ongoing source of new vocabulary. Television was also perceived to help foster literacy and numeracy and was seen as useful alternative teacher before children entered the education system.

These days there are TV programmes to teach the child. You put on the TV for an hour. By the time they go to crèche they already know numbers, some alphabets. It's not like they are starting from scratch. So now things are easier because of these kids TV programmes.

(Male caregiver, 1.1)

Although some caregivers acknowledged the role of the home environment in fostering early literacy and numeracy to ensure children are ready for formal education, most caregivers did not comment on perceived links between their behaviour in infancy and school readiness or longer-term outcomes. A few participants reflected on the capacity of babies to learn from a very young age but did not explicitly link this to cognitive development or other ECD outcomes.

Babies learn every time, when they are still babies, they start to recognize voices and faces, you can see that they are growing and learning.

Female caregiver, 2.8

When they are babies, they start to realise different things, and you can tell that they are learning.

Female caregiver, 2.6

Intelligence was largely considered by caregivers to be innate, though some caregivers discussed the home environment contributing to a child's innate intelligence. Some caregivers mentioned the role genetics play in intelligence, while other expressed beliefs that intelligence is divinely ordained. For several participants these two were linked, as God was ultimately responsible for genetics.

It's from God because he created everyone differently.
(Female caregiver, 2.8)

I think it's genetics made by God the owner of wisdom.
(Female caregiver, 4.15)

3.4 | Theme 4: The Importance of Moral Education: Raising the Next Generation

The final part of the analysis outlines how caregivers aim to raise functioning members of society. Caregivers of children aged between 6- and 10-years navigating daily life face many competing priorities and are motivated by varied goals. While caregiver aspirations and expectations for their children's futures generally include formal education, they also spoke of characteristics such as independence and respect that were deemed valuable as children mature into adulthood. Independence was also referred to in relation to employment, with some caregivers hoping for their child to be able to choose their job. However, other respondents simply wanted their child to be employed in any job, given high rates of unemployment.

They should be honourable people in community. They should be different from what the society is like when it comes to men. I normally speak to my first born of 17yrs, I say my child, when you grow up you should be a responsible person. If you are going to marry, you should choose the person that you love and marry first ... you should have kids with one woman, and lastly, you should never, ever, ever raise your hand to a woman when you are grown...They should have ubuntu.

(Female caregiver, 4.14)

Caregivers discussed the need to teach their children basic skills for daily life in order to reach these goals, beginning with small daily tasks including hygiene practices and domestic chores. Caregivers also reflected on the need to teach their children about safety, both generally when navigating outside the home and also in the context of high crime rates. The prevalence of substance abuse amongst both adults and children was frequently referred to, and caregivers felt the need to warn their children against the dangers of drugs.

The issue of drugs, all my friends smoke, I'm the only one, and they are getting destroyed and even when they smoke, I do not lust for it because I can see that this one is destroying himself. That is why I didn't get into drugs, not even cigarettes. But beer I consume [laughs].

(Male caregiver, 1.2)

Caregivers considered modelling socially acceptable behaviour that their children could learn from to be their responsibility. This was frequently illustrated with the example of using swear words, but other aspects of children becoming respectful members of society were also frequently discussed. Caregivers frequently emphasised the importance of learning what is morally right or wrong, and a sense of what is socially acceptable in the community. Many respondents alluded to a widely shared sense of societal decline, characterised by a perceived collapse in moral values and increase in crime. Some perceived these issues to constrain their ability to support their child's moral development.

That's the challenge that we are faced with as parents as to how do we raise our children the rightful way. Because there are so many wrongs that they see happening in life. So, at the end of the day, we should stand for ourselves, as elders, so that tomorrow I can stand and say I did raise my child well.

(Female caregiver, 2.3)

A child that is brought up well is able to be responsible, but most importantly when it comes to society also, we will have a society of people who are sociable, that is without monsters' behaviour, when a child has been brought up well. Not what is happening these days... You'll hear that another child has taken the other's child heart out. What is that? It means they don't have conscience.

(Female caregiver, 4.18)

Several caregivers discussed the importance of 'reprimanding' their child for their mistakes. The strength of this reprimanding was generally unclear from the discussions. However, some respondents suggested that reprimanding should not be too harsh. Although caregivers did not openly discuss using physical discipline with their children, some perceived a decline in corporal punishment as the cause of a lack of respect in their children.

What makes them like this is that they are not beaten.
(Female caregiver, 3.9)

School is wonderful. During our time in the 60s it was wonderful. We were beaten. I remember one teacher ... he used to beat, and he'll say spare the rod and spoil the child. So school is very wonderful... School is wonderful. But our kids need to be helped. They are not like us. We had to stand for ourselves, we knew that we will be beaten if you didn't do your work.

(Female caregiver, 3.13)

Caregivers referred to various forms of play and exercise their children engaged in. Caregivers stressed the importance of such activities but did not provide explicit reasons for this. Play was typically discussed as being done for enjoyment and bonding, rather than learning. Many participants reflected on the importance of love and following their child's interests in a way that could be characterised as warm and responsive caregiving. This encompassed daily interactions that made both caregiver and child happier but was also viewed by some participants as a way to prevent children from getting into trouble outside of the home.

Interact with the kids at home. Interact with them. If they are running in the yard, run with them in the yard. It doesn't matter how tired you are... Sometimes just forget about yourself for a little and spend some time with the child... The things that are happening, we can see guys, the lives that are lived now. Our kids

fall into the traps of drugs, pregnancy such things. So at least when you have pulled them closer to you, you are able to interact and talk.

(Female caregiver, 2.3)

They should be open and you as a parent you should know how your child is when they have a headache, and how they are when they are happy. You take efforts in knowing your child. You'll hear people saying her child is sweet at home, but outside he's monster and very rebellious. But if you have taken efforts to know your child, you'll know how they are outside.

(Female caregiver, 4.14)

4 | Discussion

This article explored the beliefs of primary adult caregivers for 6–10-year-old children in Mahikeng, South Africa. Despite economic challenges in this setting, the appeal of formal education remains strong and nearly all respondents considered formal education and employment to be important for their children, despite the challenges with education and employment in this setting as discussed in the FGDs. A striking continuity in a two-tiered educational system pre- and post-apartheid has been documented, characterised by extreme educational inequalities (Fleisch 2008; Spaull 2019). However, ultimately many caregivers find it difficult to imagine an alternative to formal education as a pathway to a successful future, and widely consider it their responsibility to advocate for education.

Caregivers also described dedicating large amounts of time to actively supporting children's homework. Research, largely from high-income settings, highlights links between home learning environments for pre-schoolers and future academic outcomes (Anders et al. 2012; Manolitsis et al. 2013; Napoli and Purpura 2018). However, a study in low-income settings in Cape Town, South Africa, found no relationship between early numeracy skills and the amount of caregiver time spent on learning activities at home (Merkley et al. 2023). The authors conclude that quality, rather than quantity, could be more important.

The participants in our study widely disliked 'baby talk', which they saw as hindering language development. Whether or not such views are developmentally accurate, they demonstrate clearly that participants considered talking to babies to be important for development. Language is salient and easily observed by parents. Caregivers were less aware of broader cognitive development outcomes, and while some mentioned the role of the home in early literacy and numeracy, most did not comment on perceived links between their behaviour and school readiness or longer-term educational outcomes. For older children, caregivers described a key role in supporting socioemotional development. The topic guide did not refer specifically to this developmental domain, and all discussion

related to this theme reflects participant priorities. However, caregivers were generally motivated by their values, or by enjoyment and bonding, rather than by any perceived links between socioemotional development and school outcomes. This may be consistent with prevalent ubuntu¹ worldviews, which emphasise the needs of the group rather than the individual, and make the production of ‘morally upright citizens’ a key goal for childrearing (Etieyibo 2017; Mhlanga and Shepherd 2014).

Our analysis also highlights various other priorities caregivers have in their daily interactions with their children, including safety in the context of high levels of crime. Other studies in South Africa highlight the environmental constraints many caregivers face in supporting their child’s development (Draper et al. 2022; Adebisi et al. 2021). Child development takes place in an ecology of contexts, with households nested within neighbourhoods and communities (Ward 2007). Even if households emphasise prosocial norms and provide nurturing care, children will be exposed to different behaviours and attitudes in their communities, which may be characterised by poverty, violence, substance abuse and crime (Meinck et al. 2015). It is not simply a lack of knowledge that must be addressed by ECD interventions; other barriers preventing caregivers from providing nurturing care must also be addressed, including unemployment and caregiver mental health (Honda et al. 2023).

The strengths of this study include participants from an understudied, rural community in Southern Africa, which can inform interventions for those that need it. However, this study has limitations, including using a purposive sample in a single rural community. Snowball sampling has the advantage of rapidly identifying households that might otherwise be hard to identify or access, but results in non-random selection of households. Additionally, households participating in qualitative data collection were selected from two communities to facilitate transportation to FGD venues and were therefore within less rural communities than many other households within this school district.

5 | Conclusion

This study explored beliefs of South African caregivers related to the interconnected developmental continuum of ECD, school readiness and educational outcomes. It is one of the first to explore these beliefs in a rural context in southern Africa. Our analysis found that caregivers of children aged 6 to 10 years in Mahikeng expressed beliefs that they played an important role in early language development and in socioemotional development for older children. However, this was not necessarily motivated explicitly by ECD or schooling outcomes. Additionally, caregivers described many contextual factors, such as high levels of unemployment and crime, that may constrain the ability of households to support child development. Caregiving interventions must be informed by contextual understanding and help to overcome these barriers. Despite this, caregivers in this setting were strong advocates for education and considered it their responsibility to play an active role in their children’s development and schooling outcomes.

Author Contributions

Tom Palmer: conceptualization, data curation, formal analysis, investigation, methodology, project administration, writing – original draft. **Gerard Abou Jaoude:** conceptualization, data curation, project administration, writing – review and editing. **Rolando Leiva Granados:** conceptualization, data curation, project administration, writing – review and editing. **Neha Batura:** supervision, writing – review and editing. **Frederik Booysen:** funding acquisition, supervision, writing – review and editing. **Liesel Ebersöhn:** funding acquisition, supervision, writing – review and editing. **Lu Gram:** supervision, writing – review and editing. **Audrey Prost:** supervision, writing – review and editing. **Francesco Salustri:** writing – review and editing. **Jolene Skordis:** conceptualization, funding acquisition, project administration, supervision, writing – review and editing.

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Ethics Statement

Ethical approval was received from the University of Pretoria (EDU102/20) and the University of the Witwatersrand (H22/05/02) in South Africa, as well as from the University College London Research Ethics Committee (REC1305) in the United Kingdom.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data are not publicly available due to privacy and ethical concerns. Data supporting study findings are available upon reasonable request.

Peer Review

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1002/icd.70010>.

Endnotes

¹ Although definitions in the academic literature vary, ubuntu is typically considered to reflect shared humanity and interdependency between members of a community (Etieyibo 2017). This is often summarised in the Zulu phrase ‘ubuntu ngumuntu ngabantu’, loosely translated as ‘I am because we are’ (Mugumbate and Chereni 2019).

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.