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# **The experiences of families living in KwaZulu-Natal caring for children in middle childhood during the COVID-19 pandemic**

By

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A mini dissertation submitted in partial fulfilment of the requirements of the degree

**Master of Social Work (Play Therapy)(Play-Based Interventions)**

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## DECLARATION OF ORIGINALITY

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### Declaration

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DATE: 27 March 2025

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## ABSTRACT

### The experiences of families living in KwaZulu-Natal caring for children in middle childhood during the COVID-19 pandemic

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Caregiving is said to be challenging, and the strains that was added during the COVID-19 pandemic added to the challenges of caregiving. Unemployment rates showed an increase to a 42.6% rate in South Africa. COVID-19 effects added stress and anxiety to the public, as families faced death, loss of income, insecure attachments, decreased boundaries, anxiety, depression, mental health and overall illness, and various other stressors. The above experiences were factors that had implications on the caregivers trying to meet the needs of a growing child, in middle childhood. These experiences are seldom known and thus, families fall victim to dysfunctional families.

The goal of the research study was to explore and describe the experiences of families, living in KwaZulu-Natal, caring for children in middle childhood during the COVID-19 pandemic. A qualitative research approach was conducted to gather information that would elaborate in detail on the individual experiences of the caregivers. Data was collected through semi-structured interviews, with an interview schedule providing guidance. Non-probability sampling – purposive sampling was utilised to ensure that the caregivers, caring for children in middle childhood (6-12 years) who were living in KwaZulu-Natal Natal were selected. Six participants (six females) formed the sampled group.

Findings of the study suggested that the caregivers experienced financial constraints and distress during this period. In the experience of such, they engage in desperate means of survival. Social systems were affected as the families' frustrations affected behaviours and the relations within the household, at times resulting in domestic violence perpetuation. Families became helpless and hopeless during the period, as they had no sense of permanency.

Based on the findings, it was evident that the families required intense interventions to curb all the newly adopted negative stressors and coping mechanisms.

It is recommended that outlines of psychosocial support interventions and distress strategies be developed for these crises prior to them taking place. The above is to ensure that they are known and thus manpower, implementation or resources are not a challenge in rollouts.

### **KEY CONCEPTS**

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

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## CHAPTER ONE INTRODUCTION

### 1.1. INTRODUCTION

Early in 2020, the coronavirus disease 2019, or COVID-19, altered how people around the world, especially in South Africa, would endure for some time to come (Calvano, Engelke, Bella, Kinderman, Renneberg & Winer, 2021:1; Kent, Ornstein & Dionne-Odom, 2020:66; Ravens-Sieberer, Kaman, Erhart, Devine, Schlack & Otto, 2021:1). Chigangaidze (2021:110) highlights how all systems were impacted by the COVID-19 epidemic and how humans are part of an integrated system (Prime, Browne & Wade, 2020:631; Ravens-Sieberer et al., 2021:1; Russell, Hutchison, Tambling, Tomkunas & Horton, 2020:671). Families had to deal with mortality, loss of income, insecure bonds, diminished boundaries, anxiety, depression, mental health, and general disease, among other stressors. In South Africa, thus, the lives of South African children and caregivers were influenced by the interwoven system.

The family system is essential to society (Department of Social Development, 2021:182). The interconnectedness of the family system and the problematic nature of the economic structure have had an impact on the reality of many caregivers and their ability to care for and support their children in South Africa in recent years (Department of Social Development, 2012:5; Kent et al., 2020:66). The Bronfenbrenner Ecological Theory assisted further in understanding the effects that the different systems have on each other, when there seems to be dysfunction or irregular functioning. The difficulties faced by families and child caregivers were linked to the COVID-19 pandemic (Prime et al., 2020:631). In the global framework in which people today live and work, stressors that previously affected caregivers' approaches to raising their children have gotten worse (Gassman-Pines, Ananat & Fitz-Henley, 2020:2).

Financial hardship, which increased in severity during the peak of the epidemic, was one of the stressors that some caregivers would have encountered. The stress caused by unemployment compounded the difficulty of preventing domestic violence, which was made more difficult by extended periods of time spent at home during the pandemic (Kent et al., 2020:66; Prime et al., 2020:631).

Food insecurity, which was exacerbated by unemployment, access to food, and shortages brought on by panic buying during the 2020 lockdown, was another element that contributed to the stress that caregivers were experiencing (Gassman-Pines et al., 2020:2). Because social relationships declined throughout the COVID-19 pandemic, the systems and social interactions that a child and carer or carer alone participated in, underwent significant change. COVID-19 limits also led to the cancellation of systems like social groups and friend groups (Russell et al., 2020:672).

Within this study, the key concepts adopted were as follows:

### **Care of a child**

Within the framework of this research, childcare "...is a fundamental attribute of a family that allows them to maintain a child's life and an essential characteristic for the development of essential components of a child's social life" (Malfitano & Sakellariou, 2019:681).

### **Children in middle childhood**

Children in middle childhood are "a child between the ages of six and twelve is considered to be in middle childhood" (Louw & Louw, 2014:225). In the study, the focus will be on children in the middle childhood age range.

### **COVID-19**

COVID-19 is a term that refers to "a novel, highly contagious but preventable disease caused by a coronavirus (SARS-CoV-2)" (Russell et al., 2020:671).

### **Families**

In South Africa, families can take many distinct shapes. According to the 2021 edition of the Revised White Paper on Families in South Africa, a family is "a societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary, or religious), civil union, or cohabitation, and goes beyond a particular physical residence" (Department of Social Development, 2021). This is the definition that will be used for the purpose of the research.

## **Pandemic**

A pandemic was proclaimed for COVID-19. The definition provided by Qiu, Rutherford, Mao, and Chu (2017:3) will be applied while discussing the pandemic in this study. The pandemic mentioned in the study is related to “disease outbreaks that become widespread as a result of the spread of human-to-human infection are described as pandemics.”

## **Caregiving**

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

## **1.2. PROBLEM STATEMENT AND RATIONALE**

The problem statement for this study is that the effect of COVID-19 on the care of children in middle childhood is an under-researched phenomenon. Family plays a vital role in the care and development of children; therefore, the knowledge base requires an expansion of the factors that impact the care a child in middle childhood receives 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 focusing on the care of children in middle childhood in South African families during the COVID-19 pandemic. Despite consultation of the online library of the University of Pretoria revealing minimal data on COVID-19, parents/caregivers, and children in middle childhood, consultation revealed extremely limited literature

on the study topic in a South African context. Therefore, the evident lack of relevant literature and studies highlights how under-researched this phenomenon is.

The rationale for the study is to explore and describe the extent to which COVID-19 has affected the parents/caregivers and children. The boundaries of the work/home/school environments have become severely blurred due to the COVID-19 pandemic, resulting in adjustments in the work/home/life/school equation. With the added stress and demands on parents/caregivers and children, the caregiving of children and the lives of children may have been impacted. Social work as a profession in South Africa, from a developmental perspective, is at the forefront of facilitating intervention that alleviates the impact of the COVID-19 pandemic on families and children. The study will enable social workers to make decisions and render services from this specific frame of reference (Gassman-Pines et al., 2020:2; Quetsch, Bradley, Jackson & Onovbiona, 2022:8).

The main research question this study asked was, “What were the experiences of South African families of caring for children in middle childhood during COVID-19?”

### **1.3 GOALS AND OBJECTIVES**

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

To achieve the goal of the study, the following objectives had to be achieved:

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

#### **1.4. OVERVIEW OF RESEARCH APPROACH**

Interpretivism was used in the study, as it believes that there are multiple ways of looking at an occurrence and understanding the occurrence, such as the effect COVID-19 has on the quality of care. The researcher needs to enter the participants' world and understand and demystify how the participants construct the meaning of this occurrence (Nieuwenhuis, 2020:67). The study took on a qualitative approach to explore and describe the experiences of how parents/caregivers of children in middle childhood experienced caregiving during the COVID-19 pandemic.

From an exploratory and descriptive point of view, and based on the limited research available, qualitative research suited the purpose of the study. Applied research was used as it focused on contributing to the knowledge base that can influence change in the lives of the target population.

A case study research design with a subtype, namely the instrumental case study design, was used for the study as the researcher attempted to understand each case holistically. Case studies provide the researcher with a way of investigating complex individuals, groups, communities, or phenomena by using in-depth data to grasp the holistic context of people who care for children in middle childhood during the COVID-19 pandemic within a South African context (Heale & Twycross, 2018:7).

The population of the research study was parents or caregivers providing care to children in middle childhood within the area of Durban, KwaZulu-Natal. Participants were recruited via the non-government organisation – Abahlali Basemjondolo Movement SA (NGO), where they received services. To be eligible, participants had to be residing with and caring for the child in middle childhood, as well as identifying as a part of the child's family. They had to have received services from the NGO. Additionally, they had to have had at least one child who was in middle childhood (6-12 years of age).

Data collection was done via semi-structured interviews. The researcher used an interview schedule prepared with specific interests in mind to facilitate a rich data collection opportunity (Newcomer, Harry & Wholey, 2015:493). This method allowed for in-depth exploration and coverage of themes that arose as the interview progressed, with clarification and probing as support. Interviews were conducted in person, in settings where privacy and confidentiality were ensured.

Once the interviews were completed, the interview recordings were transcribed. Thematic analysis was used to analyse the data. This method allowed the researcher to identify, analyse, organise, describe, and report themes generated within the data set (Braun & Clarke, 2006). This will be presented in Chapter 4.

## **1.5. CHAPTER OUTLINE**

The research report is structured as follows:

### **Chapter 1: Comprehensive Introduction**

In the first chapter, a brief overview and background of the study were provided in which a brief literature review outlined the knowledge gap, the problem statement and rationale, the research question, the goal and research objectives, and a brief focus on the research methodology for the study was at the foreground.

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

The second chapter provides a thorough discussion on caring for children within the South African context. This is followed by an understanding of the child who is in middle childhood and the developmental domains related to this stage. The chapter then moves on to a discussion of the COVID-19 pandemic in South Africa and the effects of this time on families. Lastly, the theoretical frameworks underpinning the study, namely the ecosystems theory and the family systems theory, provided the lens to understand the study.

### **Chapter 3: Research Methodology and Ethical Considerations**

Chapter three encapsulated the entirety of the research methodology. Ethical considerations were outlined to be taken note of during the study.

### **Chapter 4: Research Findings and Interpretation**

The fourth chapter provides the research findings which emanated from the data that were collected. The findings were presented through themes and sub-themes and the data was interpreted using relevant literature and the theoretical frameworks of the study.

### **Chapter 5: Conclusions and Recommendations**

Conclusions and practical recommendations were presented based on the key findings of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1. INTRODUCTION**

The current chapter pertaining to literature will begin with a review of caring for children in the South African context. Within the subject of caring for children, numerous factors that affect child rearing will be discussed, such as single-parent families, poverty, inequality within the socioeconomic sphere, violence against women and children, and the effects of mental health and special needs on the family systems. This will be followed by a discussion on the COVID-19 pandemic and how this affected families and the care of children in South Africa.

In addition, the literature review will detail the development of a child in middle childhood to create an understanding of the needs that caregivers ought to provide for. Lastly, the chapter will discuss the Family Systems Theory and Bronfenbrenner's Ecological Systems Theory as the theoretical frameworks that the study used. This will provide a lens to understand the interconnectedness of the systems and the provision of care.

#### **2.2. CARING FOR CHILDREN IN SOUTH AFRICA**

Parental care, or family care, is an essential basic need and right, as stated in Chapter 2 of the Bill of Rights in the South African Constitution, for the development of a child (Ngcongco and Qwabe, 2018:261). Caring for children in South Africa is a challenge due to the lack of resources and/or abilities for caregivers to provide and ensure that the child's basic needs are met. Numerous factors have been noted throughout South African literature which may hinder the provision of quality caregiving for children.

##### **2.2.1. SINGLE PARENT FAMILIES**

Single-parent families are identified as a widespread factor within the South African context, making the provision of caregiving to children a challenge. Single-parent families are a setting that results from life cycle events or circumstances, as noted in Healey (2013:1), such as parental separation or divorce, parental deaths, children conceived outside of a current, stable relationship, parental incarceration, and employment security. Families are disrupted in functioning, causing a negative

psychosocial impact on the individuals within the microsystem, including parents, children, and rippling into the extended families (Kroese, Bernasco, Liefbroer and Rouwendal, 2021: 597). Furthermore, divorce has become increasingly common in South Africa and has contributed to the rise of single-parent families.

It is noted that 60% of children are mothered by unmarried mothers (Psychmatters, 2019). The above is an indication that single-parent families are prevalent and showing a growing trend in absent fathers. Statistics SA (2023) has reported an increase of 13.1% in 2020, as 18,208 divorces were finalised in 2021 as compared to 16,097 finalised in 2020. Divorce, over the years, has become a mediation frequently used by women more than men (StatsSA, 2021). As a result, 85.1% of children are cared for financially by their mothers, and 42% of single-parent homes are headed by mothers - leaving mothers with the responsibility of childrearing (Frees, 2022:2).

Parental separation or divorce, which is a tedious process in administration, is also emotionally damaging for the wellbeing of the individuals within the family system - especially children (Wojciechowska & Michalska, 2021:37). The process affects the unconditional family love, sense of trust, and sense of security that children socially learn through the family relations and role support that is implemented to propel the family into being a functional system (Wojciechowska & Michalska, 2021:38). Children may become hostile, aggressive, and violent, as divorces are not started by the individuals that once had common understanding or lived with common purpose (Kantemirova, 2020:71). Thus, the transformation can leave the family struggling with coping mechanisms for the new family dynamics, roles, and fulfilment of basic needs. As a result, the children born within these relationships then must adapt to the setting of having only one parent present and sometimes being labelled as children born out-of-wedlock (Kantemirova, 2020:72). A sense of belonging and security is affected, which is a critical element in the developing child, as identity and sense of belonging are steps required to assist the child in making sense of their world and to navigate it with understanding (Smidt, 2013:93). Middle childhood is a critical stage in the child's development as they begin to construct their self-concept through the reference of their immediate families and individuals within their microsystem (Whitaker, 2016:71).

Divorce and parental death do not make nurturing this stage in a child's development a smooth transition for a caregiver, as the crisis creates an atmosphere of uncertainties, constant evolution, and realignment (Passley, 2006:26). However, death is a permanent state, and there can never be ways for the family to mend and share the same family relationships, support, love, and guidance with the parent lost (Passley, 2006:26). Single-parent families resulting from a loss of one parent have implications that require adjustment of resources, values, roles, and ways of living – which is difficult if the spouse was the breadwinner of the household (Itsweni & Tshifhumulo, 2018:11707). Therefore, the preparation for death that families have put into place will dictate the adaptation and coping mechanisms required, as the family can either have to deal with a negative experience with no ends being met or a smooth transition that only leaves them dealing with the grieving process (Itsweni & Tshifhumulo, 2018:11709).

Another factor that creates single-parent families is incarceration, which affects the parental roles and responsibilities, as the incarcerated parent can only offer minimal assistance to none (Passley, 2006:20). Incarceration has been the detriment of functioning families and the caring of children within those families, and South Africa is affected at large as it has the highest rates of incarcerated fathers (Tshaka, Tanga and Oyelana, 2019:157). Incarceration not only deprives the parent of being able to assist in the rearing and providing for their offspring, but it can also affect the societal environment and life choices of the children (Tshaka, Tanga and Oyelana, 2019:159). “Children of prison inmates are therefore doubly vulnerable and are potentially at very high risk of societal rejection, neglect, and occasional abandonment that may cause emotional withdrawal, failure in school, and delinquency” (Ogunbosi, Adepoju, Orimadegun, Odaibo, Olaleje & Akinyinka, 2022:244).

In addition, all the issues stated above are noted from the perspective of an incarcerated father (Londt, Kock and John-Langba, 2017:3) continued viewing effects post-incarceration, which highlighted the family being affected by chronic unemployment, addiction, physical and psychological illness, social isolation, and recurring illegal activity engagements by the offender. In view of these consequential effects, the children adapt by developing antisocial behaviour and developmental challenges (Murray and Farrington, 2008:140; Domžalska, Skowroński and

Wolańczyk, 2022:11). In contrast, Domżalska, Skowroński and Wolańczyk (2022:4) acknowledged their ability to deal with adversities throughout the negative experience, as this enhances their resilience and assists them with their social developmental skills.

As these single-parent families with minimal or no support increase in numbers, poverty increases, becoming a massive challenge in developing countries, namely South Africa (Nishimwe-Niyimbanira, Ngwenya & Niyimbanira, 2021:227). Poverty is the inability to sustain oneself and their livelihood due to the lack of income to purchase or secure resources or services (Verwey, 2009:8). South Africa has a population of 55% that is reported to be living below the poverty line (Mokhutso, 2022:19008). “South Africa is a middle-income country with extreme inequality and high rates of poverty and malnutrition” (Roelen, Morgan and Tafere, 2019:5). Verwey (2009:9) emphasises the fact that poverty can be different for each family, as their needs and resources required for living can be different. With respect to the high rate of poverty, this is an indication that families are struggling to meet their daily basic needs for survival.

### **2.2.2. POVERTY**

As families struggle through making ends meet, unemployment is identified as a contributing factor to poverty experienced by most families in South Africa, and the strategic plans and policies that have since been implemented to eradicate this social ill are seen to be slow-moving or unsuccessful (Nishimwe-Niyimbanira, Ngwenya & Niyimbanira, 2021:229). Immediate poverty alleviation has been addressed through social grants, but it seems not to address the poverty rates due to structural poverty manifesting from what seems to be an intervention (Van der Westhuizen and Swart, 2015:734). “In South Africa, social grants are in the form of a child grant, the social relief or distress grant, old age grant, disability grant, war veteran grant, and grant in aid” (Nishimwe-Niyimbanira, Ngwenya & Niyimbanira, 2021:232). The grants administered by the governmental structures are sufficient for a portion of the basic needs, leaving those living in poverty not completely catered for. This structural poverty impacts citizens, creating the inability to access financial resources, assets, employment, and opportunities to improve and address their social inequalities.

Structural poverty inhibits the creation of self-independence and a sense of empowerment in the vulnerable groups (Sameti, Esfahani and Haghighi, 2012:5).

Despite social grants being put in place to assist families, their inadequacy creates room for families to be separated, as parents relocate to seek employment or work long hours away from home to earn a better income (Nishimwe-Niyimbanira, Ngwenya & Niyimbanira, 2021:229). Many citizens are then trapped in the well-known circumstance of minimal wages, no skill development, and having to resort to accessing the low-cost services and environments for their well-being (Nieuwenhuis and Maldonado, 2018:6). Most of the South African population that remains in these disadvantaged situations is often found seeking shelter in the informal settlements to lower costs of living, and these are easily available resources considering the socio-economic status. The issues around poverty and unemployment are the factors that create inequality, as they dictate the accessibility to services and resources that one can provide for themselves and their family.

### **2.2.3. INEQUALITY**

As the limitation in resources has a major effect in South Africans lives, this results in the exacerbated inequalities in resources gained, which may affect the basic needs of those living within the lower socio-economic level (Seekings and Natrass, 2005:4). Lack of basic services and issues such as overcrowding, no safe recreational spaces for children, poor sanitation, violence, and hazardous environments are what characterise these residential areas and become stressors or risk factors for parents with children (Meth, 2013:538).

As the home environments of children are viewed as unsafe and not serving to the needs of children, caregivers then rely on the school system, this being a solution to the unpleasant surroundings of their children (Alexander, 2018:93). The government has been providing funds to address the need for shelter for all families that do not have homes and safe environments for children through the Human Settlement programme of building RDP houses (Seekings and Natrass, 2005:347). The RDP house programme has a backlog, and communities are deprived due to the corrupt ways of distributing the houses to the individuals in need by the local stakeholders involved (Seekings and Natrass, 2005:349). Through these inequalities affecting the alleviation of poverty and homelessness, the government is overwhelmed as the

numbers continue to rise, increasing the intensity of the challenge – even with policies and budgets allocated to combat these issues (Manomano, 2022:94). As families are engulfed by these livelihood issues, stressors increase, and the psychosocial functioning takes a toll, thus at times resulting in violence within families and communities.

#### **2.2.4. VIOLENCE AGAINST CHILDREN**

During the pandemic, violence was recorded at a higher rate due to the stressors that families acquired because of the lockdown measures, which affected employment, income, and minimal access to resources (Adebiyi et al., 2021:234). Gender-based violence (GBV) and intimate partner violence (IPV) were already large problems in South Africa. The violence was attributed to factors such as confinement at home with the perpetrator, stressors due to limited resources and job loss, which exacerbated the conflicts within the households (Mahlangu, Gibbs, Shai, Machisa, Nunze and Sikweyiya, 2022:2).

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 lockdown measures limited the children to be at home and thus were exposed to violence, with no spaces to exclude themselves from it as the households were overcrowded (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). "Concurrent remote working and caring for children who are out of school due to COVID-19 lockdown is stressful for caregivers and exacerbates the risk of domestic violence, including child maltreatment" (Mahlangu et al., 2022:2). The factors above were all external occurrences to many South Africans, however, they impacted the emotional and mental stability of individuals involved. These victims were not able to access services to assist them in coping with these issues, and the issues also continued as there were no interventions or remedies to help them.

### **2.2.5. SPECIAL NEEDS**

“The COVID-19 pandemic, household food insecurity, child hunger, and extraordinarily high youth unemployment levels have eroded the early gains made by the democratic government of South Africa” (Mokhutso, 2022:19008). Thus, this leaves the caregivers amongst the vulnerable groups and piling challenges of meeting their survival threshold of basic needs. Substance abuse was recorded among the prevalent issues during the COVID-19 pandemic. With the difficulties that many South Africans had, especially caregivers, one would link these difficulties as causes to the high rates of substance abuse as a need for individuals to ‘escape’ their daily stressors and livelihood challenges (Mahlangu et al., 2022:4).

The stressors noted above created a struggle for a large population, thus affecting their mental health (National Institute of Health, 2023). In addition to the inhibitor discussed preventing positive caregiving during the COVID-19 pandemic, it was identified that the loss of significant others, fear of infection, and social disruption also contributed to the mental health instability, which had many living with depression, anxiety, and stress (De Man, Smith, Schneider and Tabana, 2022:121).

The literature review will now move on to discussing the development stage of middle childhood.

### **2.3. CHILD IN MIDDLE CHILDHOOD**

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

### **2.3.1. COGNITIVE DEVELOPMENT**

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

### **2.3.2. EMOTIONAL DEVELOPMENT**

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

### **2.3.3. SOCIAL DEVELOPMENT**

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

### **2.3.4. EDUCATIONAL DEVELOPMENT**

Most children in middle childhood are starting their formal education. During the previous stages of childhood, the child spent much of their time with caregivers; however, with the start of formal education, children are exposed to new people in the form of peers, teachers, and other authority figures and new challenges in terms of tests, extracurricular activities, and schoolwork (Louw & Louw, 2014:22; Glowiak & Mayfield, 2016:387). The effect of the COVID-19 pandemic on the developmental tasks of children in middle childhood will be briefly discussed.

## **2.4. COVID-19 PANDEMIC IN SOUTH AFRICA**

In March 2020, South Africa was declared a state of disaster when COVID-19 began to spread (Pillay, 2021:4).

A national lockdown was implemented by the government, which was regulated using a policy that detailed the restriction levels formulated to assist in mitigating risks relating to COVID-19 (Kim, Burgess, Chiwandire, Kwindu, Tsai, Norris & Mendenhall, 2021:2). The national lockdown affected the functioning of many sectors, including businesses and family life.

Chitsamatanga and Malinga (2021) noted the lockdown as being implemented as a strict measure that “resulted in travel bans (air, road, sea), closure of businesses and industries (small, medium, and large), closure of schools and universities, closure of international travel borders, and restriction of movements” (Devermont & Mukulu, 2020 in Enaifoghe, 2021:163), leaving people to access essential and emergency services such as fuel, groceries, and medicine. Apart from these activities, the regulations also extended to other social activities such as cigarette and alcohol sales, jogging, and dog-walking (Campbell, 2020).”

The implementation of the national lockdown allowed sectors to protect their employees’ physical health, but this indirectly affected other spheres of daily social functioning. Taylor, Le Feuvre, and Taylor (2021:50) highlight how COVID-19 created a need for laws to be amended for socio-economic structures and psychosocial systems. As noted above, the movement and activity of people was limited or completely stopped, according to the restriction levels (Mbunge, 2020:1810). Communities’ and families’ daily livelihoods were impacted upon as employment and education were affected. As a measure to minimise the infection rates, people were expected to work from home, and schools operated using an online system (Department of Health, 2022). Many businesses were not able to survive during the harsh economy, leaving many individuals without jobs and an income to support their families.

Despite all the policies and interventions adopted in halting the virus's propagation, COVID-19 death tolls during the first wave were documented at 19,000 (Taylor, Le Feuvre and Taylor, 2021:52). The Department of Health (2023) has to date recorded, as of 01 February 2023, a death toll of 102,595 in South Africa. KwaZulu-Natal has the third-highest mortality toll. This indicates that COVID-19 not only affect the daily lives of people and the socio-economic functioning of the society, but also leaves families bereaved due to the loss of family members succumbing to the virus.

These losses have contributed to destabilisation in many families, where poverty is now intensified, and greater role responsibilities have been taken on by other family members (Mbunge, 2020:1810).

#### **2.4.1. THE EFFECTS OF COVID-19 ON FAMILIES**

The COVID-19 pandemic made families more vulnerable to the already strained socio-economic context, which affected the wellbeing of individuals and families. Wellbeing can be understood as the aspects of livelihood functioning that are inclusive of one's emotions, being able to take care of the self, making decisions for one's self, and having sustainable relationships (Ruggeri, Garcia-Garzon, Maguire, Matz and Huppert, 2020:1). "Social aspects relate to effects such as social isolation, financial and food insecurity, stigma, inability to access support structures, and numerous issues such as physical infrastructure of home spaces, which restricts or makes social distancing and quarantining difficult" (Rwafa-Ponel, Price, Nyatela, Nqakala, Mosam, Erzse, Lalla-Edward, Hove, Kahn, Tollman, Hofman and Goldstein, 2022:2).

The viruses' physical impact was twofold, affecting the spatial environment of the family and that of the physical body. Stress and anxiety levels have increased as a result of harsh lockdown laws, stringent social distancing, the sudden cessation of school, social life, and outdoor activities, rising rates of gender-based and domestic violence, parental pressures, and the death of loved ones (Bloom, Lachman, Gaxo, Pillay and Seedat, 2022:2). There were various challenges that were related to the COVID-19 outbreak. Through the lens of spatial integration, we find that many of the policies attempted to decrease the amount of social interaction through several actions. These actions included the suspension of visas and the shutting down of all institutes, with only essential services being the exception. In an attempt to limit the amount of interaction, people were thus compelled to be indoors.

In the attempt to control the spatial environment, the above resulted in overcrowding in areas and households – this is due to the socio-economic inequalities that South Africans are faced with (Shifa, David and Liebbrandt, 2021:2). Overcrowding happens where many South Africans endure due to population movement, which emanates from the need to access resources and employment – however, then requiring this population to use affordable space to house themselves and their

families (Todes and Turok, 2017:4). Housing is noted as an element that impacts significantly on the wellbeing of an individual, and if space is not adequate, it has an impact on their interactions, health, and financial and psychological functioning (Nkosi, Haman, Naicker and Mathee, 2019:1).

“...Poor living conditions lead to increased stress, social isolation, an unhealthy and unsafe environment, and increased risk of disease or injury” (Marutlulle, 2022:53).

Due to the informal settlements being a growing factor, health problems and poverty in South Africa continue to be a part of the effects that people live with and suffer from - impacting negatively on their livelihood and psychosocial functioning (Marutlulle, 2022:57). Therefore, according to the above, it is evident how overcrowding impacted on the wellbeing of the people within informal settlements – and did not assist in the decline of poverty.

For those who were forced to travel or who had caught the virus, a mandatory 14 days of isolation were enforced. Various studies have named spatial factors that influence levels of vulnerability to the virus. Factors named were inclusive of The following factors may control the severity and rate of COVID-19 spread: temperature (Liu et al., 2020; Wang et al., 2020; Yongjjana et al., 2020; Zhu and Xie, 2020), air pollution (Wu et al., 2020), humidity (Auler et al., 2020; Gupta et al., 2020; Ma et al., 2020), smoking (Taghizadeh-Hesary and Akbari, 2020), water, sanitation, and hygiene (Das et al., 2020), and social vulnerability (Kang et al., 2020).

The studies above detail how socio-economic factors, the building make-up of where people live, and social vulnerability factors such as poverty have a major part in increasing the risks of catching the COVID-19 virus for marginalised populations across the world. The area in which this study was done is one that is made up of homes that are understood as informal settlements, whose makeup is normally one or two rooms with little to no ventilation system in place. This means that the setup of the home is itself a risk factor, besides the number of homes set up in very close proximity to one another – increasing the number of people who can infect one another - there are also a high number of members of a family or household who are breathing the same air. The number of people per family can be up to 5–10 members in an area covering just one or two bedrooms; this means that even the idea of social distancing, even in the event when one or more people are infected, is

impossible. Additionally, informal settlements suffer from inadequate infrastructural development, such as basic water and sanitation facilities that are either not present or very poor, having very high populations sharing one facility.

Informal settlements are also found in areas that possess environmentally unfriendly factors such as air pollution, inadequate garbage disposal, and many other risk-related factors associated with the spread of the virus. These factors, combined with high levels of poverty, high unemployment rates, and generally minimal social support, meant that the ability of guardians to protect the children in their care was heavily compromised. There is substantially increased pressure faced by families in taking care of children because of the lack of resources; several of the families interviewed speak about how difficult it was to attempt to make children understand why it was important to stay in the house and not visit other families.

Considering the strain on the space in many of the families living in informal settlements, the families struggled to keep their children in the house and not in their neighbours' or friends' homes; this meant any form of privacy was gone. Parents spoke of how children having to go to school during the day assisted them in having their social interactions with peers, but being isolated together meant that intergenerational conversations were not possible, which increased the amount of mental isolation of both parents and children because of the inability to socialise with peers. Parents always feel that a problem shared is a problem halved; however, the restrictions posed by the virus lead to various feelings of social isolation and mental anguish, which increase the level of vulnerability to illness due to stressors affecting the immune system. The worst part was that these frustrations had to have an outlet; thus, they only festered.

Increased rates of psychological distress and mental problems have been recorded worldwide, reflecting the effect of COVID-19 on the general population's mental health. (Kola, Kohrt, Hanlon, Naslund, Sikander, Balaji, Benjet; Cheung, Eaton, Gonsalves, Hailemariam and Liutel, 2021:536). Some of the factors affecting the mental health of families include the uncertainty that came with the start of the pandemic; many people lost their income and were unable to provide for their families and extended relatives while dealing with the constant fear of becoming infected with the virus and possibly spreading it to their families.

The fear was the main factor that impacted people's livelihoods; this is better articulated by Moreno, Sun & McKerral, 2023:7; Wettstein, Spuling, Wünsche & Henning, 2021:630).

The potential increase in mental health disorders and the severity of pre-existing mental health conditions were made worse by the uncertainty and fear surrounding the pandemic and the consequences of the measures implemented to slow the spread of COVID-19. These measures affected people's lives and livelihoods and led to social isolation, loneliness, confinement, physical inactivity, frustration, boredom, limited access to basic supplies and services, financial concerns, and more. The loss of close relatives and friends placed an even greater strain on caregivers because they understood that there was very limited control they had over who the virus affected, the way that the virus spread, and the number of people who lost their lives to it was a constant fear people lived with. The idea that the virus was everywhere but never visible was very depressing to families as they considered how vulnerable their living circumstances were.

Initially, as COVID-19 spread within the borders of South Africa, the restrictions were made higher and more stringent to prevent all forms of transmission. This greatly impacted the economy of the country, as many businesses were forced to close during this time (Mbunge, 2020:1809). Businesses had to cut down on staffing to abide by the strict social distancing regulations or to completely shut down due to not being considered an essential service (Mbatha, Ndimande, & Tembe, 2021: 305). These restrictions contributed to income security, and families' livelihoods were affected (Mbatha, Ndimande & Tembe, 2021:305). Mhlanga and Moloji (2021:255) indicate that informal traders were largely affected due to their service not being protected as they were not considered an essential service. The crisis response to COVID-19 further impacted the already high unemployment in the country (Strauss, Isaacs, Rosenberg and Passoni, 2020:2). In a response to those households who were not receiving income, the South African government established the Social Relief of Distress as a source of income amounting to R350 to assist these families and households (Mhlanga and Moloji, 2021:256). However, this relief measure was not enough as there was a rise in the costs of goods because of 'supply-versus-demand' not being adequate (Mbatha, Ndimande & Tembe, 2021:307).

COVID-19 worsened the struggle for meeting basic needs, as families that were previously living below the poverty line were now facing an even more difficult economic situation (Oxford, 2018, in Mbatha, Ndimande, & Tembe, 2021:308). The inability to meet the basic needs for families is one of the causes of the psychosocial issues faced by many families in South Africa (Rwafa-Ponel, Price, Nyatela, Nqakala, Mosam, Erzse, Lalla-Edward, Hove, Kahn, Tollman, Hofman and Goldstein, 2022:2). Rwafa-Ponel, Price, Nyatela, Nqakala, Mosam, Erzse, Lalla-Edward, Hove, Kahn, Tollman, Hofman and Goldstein (2022:2) comment on the above dysfunction being manifested by individuals through insomnia, restless behaviour, and inability to control their emotions.

#### **2.4.2. ECONOMIC IMPACT**

In South Africa, unemployment has long been a socioeconomic issue. The COVID-19 pandemic caused unemployment to rise to 42.6% (Statistical South Africa, 2021; RSA, Ministry for Social Welfare and Population Development, 2021:162). The pandemic and its restrictions caused many South Africans to miss work, which resulted in a decrease in their income (Kent, Ornstein & Dionne-Odom, 2020:67, UNDP Regional Bureau for Africa, 2020:70). Both the legal and informal economies suffered because of the COVID-19 regulations. Due to business closures or downsizing brought on by the COVID-19 pandemic, many South Africans were left jobless in the formal sector. Workers in the unorganised sector were affected by the lockdown measures since they were unable to go out and find employment (Adebiyi, Roman, Chinyakata & Balogun, 2021:234). During the April 2020 lockdown, 47% of households ran out of money for food due to the significant loss of labour (Fricker & Hartford, 2020:14). Approximately 2.9 million jobs were lost during the initial phase of the COVID-19 lockdown, with women accounting for slightly under 2million of those losses (Casale & Shepherd, 2021:7). Women were paid 43% less per hour than males during the lockdown, further widening the gender wage gap. (Fricker & Hartford, 2020:14).

Many South African families experienced a decrease in income as a result of the COVID-19 pandemic's detrimental economic effects and lockdown limitations, making it difficult for them to pay for essentials (Adebiyi et al., 2021:235). In South Africa, women suffered the most from employment loss during the COVID-19 pandemic. Between February and October 2020, employment for women decreased

by 8% while it decreased by 2% for men (Casale & Shepherd, 2021:7; RSA, Ministry for Social Welfare and Population Development, 2021:162). Due to the lockdown procedures, practically all childcare services that were offered by outside parties were halted.

This resulted in a significant increase in the childcare burden on households. The caregiving load is frequently placed on women in South Africa. In order to care for family members who became ill from the virus or to take on the role of educator and carer for their children who were compelled to homeschool owing to lockdown limitations, many women were forced to quit their employment. Given that women in South Africa are far more likely than males to live with children, women are more likely to handle caregiving duties in homes (Casale & Shepherd, 2021:20; RSA, Ministry for Social Welfare and Population Development, 2021:162). Due to the stress of unemployment and their incapacity to supply their children with food and other requirements, women bear the greatest hardship (Fricker & Hartford, 2020:14).

In response to the negative economic impact that the COVID-19 pandemic and lockdown restrictions had on households, the South African government created a special COVID-19 Social Relief of Distress award of R350 per month. To be eligible for the grant, an individual had to prove they were over the age of 18, unemployed, and not receiving any financial benefits from the Unemployment Insurance Fund (Baskaran, Bhorat & Kohler, 2020:1). The Unemployment Insurance Fund was also created by the South African government to assist citizens in coping with the effects of the pandemic. However, because they did not meet the standards, many persons were not eligible for UIF reimbursements (Adebiyi et al., 2021:235). Just 39% of payouts from UIF were given to female beneficiaries in October 2020, as many beneficiaries were men (Casale & Shepherd, 2021:18). Sekyere et al. (2020:6) claim that although the financial measures were put in place, they were insufficient and unsuitable for dealing with the full extent of the COVID-19 pandemic's effects.

### **2.4.3. SCHOOLING**

The installation of rotational attendance and the ultimate staggered reopening of schools were the results of COVID-19. In order to battle the COVID-19 pandemic, the South African government imposed lockdown measures (Kotze, Mohohlwane, Shepherd & Taylor, 2021:1).

Children and their families suffered from this closure in a number of ways (Adebiyi et al., 2021:235). During the lockdown, many South African children were homeschooled (Stats SA, 2020: vii). As a result, parents had to strike a balance between their jobs and the extra duties of raising their children (Kent, Ornstein & Dionne-Odom, 2020:66). Children's food security was impacted by school closures, in addition to the role of parents. The National School Feeding Program provided free lunches to a large number of students in schools. Nine million South African children lost that crucial support when schools were closed (Fricker & Hartford, 2020:19; Kotze et al., 2021:6; May, Witten & Lake, 2020). Accordingly, child malnutrition was made worse by the COVID-19 pandemic (RSA, Ministry for Social Welfare and Population Development, 2021:22).

The majority of learning in South Africa's socioeconomic setting occurs in schools (Adebiyi et al., 2021:235; Kotze et al., 2021:4). Many South African students come from low-resource homes where, other than what the school offers, there aren't many learning possibilities. Due to South Africa's socioeconomic issues, families live in settings that are unsuitable for online education. Families in South Africa have to deal with issues including poor connectivity, restricted data and internet access, power outages, and a lack of learning resources like computers and a workspace. Since many parents had not finished their official education, they found it difficult to assume the role of educator, which made learning at home much more difficult. Only specific grades resumed classes when schools began to return to in-person instruction, and many children were afraid of getting infected at school (Adebiyi et al., 2021:235; Kotze et al., 2021:4). Because lockdown procedures were so simple, children gradually began going back to school as usual.

## **2.5. THEORETICAL FRAMEWORK**

The investigation will use two theoretical frameworks: the Family System Theory (Smith, 2016:782) and Bronfenbrenner's ecological theory (Berk, 2019:98).

Both theories recognise the reciprocal impact of systems on human functioning, in this case on the child's life. The developing child can only be viewed via complex, interactive systems that are appropriate for their culture, according to Bronfenbrenner's Ecological Theory's broad-spectrum focus (Berk, 2019:98; Harris & Graham, 2014:43).

Four levels of a child's environment—the microsystem, mesosystem, exosystem, and macrosystem—have an impact on their development (Louw & Louw, 2014:29). According to the Family Systems Theory, a person's interactions with their family shape their personality, behaviours, and traits (Smith, 2016:782). Smith (2016:783) continues by stating that the way a family operates is greatly influenced by its roles, communication styles, and interaction patterns. and how the child is affected. Therefore, a person's relationships with their family system, whether favourable or negative, are the root cause of whatever symptoms or maladaptive behaviours they may exhibit.

According to Bronfenbrenner, the various systems will help the researcher investigate and characterise the ecological conditions in which children are cared for from all angles and how these factors interact to affect children's development (Adler-Tapia, 2012:20; Harris & Graham, 2014:42&221). By understanding how the COVID experience affects a caregiver's daily life holistically, Ecological Systems Theory will also enable the researcher to comprehend the experiences a carer has when caring for a middle-aged child during the pandemic (Jessup-Anger, 2015:22–23). Furthermore, by using Family Systems Theory, the researcher will be able to take a closer look at family dynamics and how they interact with their surroundings. Smith (2016:784) asserts that by concentrating on the family's responsibilities, interactions, and communication styles, the researcher was able to pinpoint important elements affecting how the family functions. By learning about the viewpoints of these children's caregivers and how the child engages with other elements of their lives, the researcher will be able to recognise the various circumstances in which the child is growing (Jessup-Anger, 2015:22).

Ecological systems theory focusses on the ecological aspects that impact a child's interactions with the environment and their closest to furthest systems (Jessup-Anger, 2015:23). According to Adler-Tapia (2012), Harris & Graham (2014), Louw & Louw (2014), Onwuegbuzie, Collins & Frels (2013), and others, these systems include the child's immediate environment, family dynamics, the impact of school on each individual, the influence of the child's peers, parents, and carers, and the care the child receives during the day. The links between microsystems, the balance between work and home, the way carers commute from home to work and school, and the relationship between the carer and the child within the child's care system

will all be examined in order to investigate meso-systems. (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4).

The Family Systems Theory applies to the micro and meso-systems. Information on how the family functions will be gathered in order to investigate the patterns of interaction, communication, and responsibilities within the family. A child's exosystems include organisations and institutions that do not directly interact with the child but have an impact on their experiences (Harris & Graham, 2014:42). The child is impacted by the caregiver's work-life balance. When a child completes an activity badly, the carer may become enraged because they had a rough day at work (Adler-Tapia, 2012:20; Shaffer, Kipp, Wood & Willoughby, 2012:436). The deeply ingrained cultures and subcultures that greatly impact the micro-, meso-, and exosystems are referred to as the macrosystem (Shaffer et al., 2012:436). Thus, the child's culture and subcultures, ideologies, values, and beliefs make up the macrosystem (Louw & Louw, 2014:30). A child's chronosystem is the stability and change they go through over time, as well as the consistent changes in their micro, meso, exo, and macro systems (Adler-Tapia, 2012:20; Harris & Graham, 2014:42). Understanding the conditions surrounding the larger systems is essential because events and changes that take place in the larger systems, like the COVID-19 pandemic, have an impact on the smaller systems (Chigangaidze, 2021:113).

All of the aforementioned systems are interrelated and have an impact on society and individuals on a social, psychological, and even biological level, claims Chigangaidze (2021:115). Thus, the Bronfenbrenner Ecological Systems Theory and the Family Systems Theory can be used to inform social work decisions and services for children and families with middle childhood children. The researcher can understand the experiences a carer has when caring for a middle-aged child during the pandemic by discovering how the COVID experience affected and continues to influence their everyday life holistically (Jessup-Anger, 2015:22-23). Gaining additional knowledge will enable the researcher to identify the many situations in which the child is developing an understanding of the viewpoints of the carers and the ways in which the child engages with the outside world (Jessup-Anger, 2015:22).

The ecological factors that affect a child from their closest to their furthest systems and their interactions with the environment are the main emphasis of the theory (Jessup-Anger, 2015:23). The participant's immediate surroundings, family dynamics, the effects of school on each person, the influence of the parent, carer, or child's peer group, and the care that the child receives are all examples of these systems (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Louw & Louw, 2014:29; Onwuegbuzie et al., 2013:4). The connections between these systems - a balance between work and home - including the relationship between the carer and the child within the child's care system will all be examined in order to better understand the systems (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4).

By concentrating on all the systems that affect caregivers, the researcher can develop a comprehensive depiction of their experiences in providing care for their children during the COVID-19 pandemic (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Jessup-Anger, 2015:22; Onwuegbuzie et al., 2013:4-5). This is one of the benefits of employing the two theories mentioned above. The elements influencing the child are further deepened by taking into account the family's interactions with the child and its overall functioning. There are drawbacks to the theories: they give us insight into how family dynamics and systems affect the caregivers, but they don't explain how to put the theories into practice or how to balance the difficulties of each system a person lives in and how a person functions within the family (Onwuegbuzie et al., 2013:4; Smith, 2016:782). However, due to its exploratory orientation, this is not the study's goal.

A thorough proposal that informs social work decisions and services for children and families with middle childhood children can be developed by utilising Bronfenbrenner's Ecological Systems Theory and Family Systems Theory.

## **2.6. CONCLUSION**

The literature above is an eye-opener to the factors that affect families and how they were intensified during the COVID-19 pandemic. The researcher explored the children in middle childhood, as this was significant in understanding their needs and the expectancies that a caregiver is supposed to fulfil.

In the third chapter, the researcher will, in detail, indicate the research methods to be undertaken to gather data that will give a background reflecting the experiences of those who look after children across the period.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1. INTRODUCTION

The chapter is divided into two sections. The first section describes the study methods used to collect and interpret the data. The second fold consists of the ethical measures taken to guarantee that the participants were not harmed throughout the interactions and data gathering. The research methodology section provided the research approach, as well as the research type, with a design that enabled the study to be implemented. Research methods, data collection, and sampling formed part of the intricate detailing of the study, as if not selected suitably, it could have affected the gathering of credible and valid data. Data interpretation and analysis will be highlighted to give a clear explanation of how the conclusions and suggestions were arrived at.

#### 3.2. RESEARCH APPROACH

According to interpretivism, there are various perspectives on an event, and in order to comprehend it—for example, the impact of COVID-19 on the standard of care—the researcher must immerse themselves in the participants' world and comprehend and demystify how they interpret it (Nieuwenhuis, 2020:67). Based on the scant research that is currently accessible and from an exploratory and descriptive perspective, qualitative research is appropriate for the study's goals. Understanding the experiences of parents and caregivers of middle-aged children during the COVID-19 epidemic will be possible thanks to a qualitative study.

Although qualitative research is adaptable and always evolving, it can be quite time-consuming. This aligns with the features of the interpretivism used in this research. The researcher is free to analyse and present the comprehensive data from the participants in this study because it is both qualitative and interpretivist. Because this study is qualitative, rich data will be gathered to better understand the phenomenon and inform decisions and services from the perspectives of both the Family Systems Theory and Bronfenbrenner's Ecological Systems Theory (Cooper & White, 2012:6; Lietz & Zayas, 2010:189; Rahman, 2016:104; Trainor & Graue, 2013:129).

### **3.3. TYPE OF RESEARCH**

According to Hilton, Fawson, Sullivan, and DeJong (2019:8), applied research uses data to add to the body of information already available about a phenomenon. This knowledge is then used to help practitioners and policymakers make better decisions and deliver services. The study's guiding technique was applied research, which allowed the researcher to focus on expanding the study's knowledge and understanding in order to create a body of knowledge that would have an impact on the lives of the target population. The impact of COVID-19 on middle childhood care in South Africa has been ascertained. The results will inform social work services and decisions that could be useful in the near future (Adler & Clark, 2015:360).

### **3.4. RESEARCH DESIGN**

The researcher used a case study research design with a subtype called the instrumental case study design in an attempt to understand each event holistically. Case studies allow researchers to examine complex individuals, groups, communities, or events by using detailed data to comprehend the holistic context of those who cared for middle-aged children during the COVID-19 epidemic in a South African setting (Heale & Twycross, 2018:7). A case study design is the preferred approach for researchers who want to answer "how" and "why" questions because it is usually exploratory and descriptive in nature. This strategy allowed the researcher to examine and describe how the COVID-19 pandemic affected the care of middle-aged children in South African households (Nieuwenhuis, 2020:90).

Because the instrumental case study technique allowed the researcher and participants to collaborate, each participant had the chance to express their story. This piece of work was part of a group scientific project. This study was carried out by postgraduate students working towards a Master's in Social Work (Play Therapy) (Play-based Interventions) degree as part of a group research project with related goals and objectives. However, each researcher carried out a different study using a sample of subjects that was selected from a location of their choosing. To better understand the phenomenon, they collected and analysed their own data on the experiences of parents and carers during the COVID-19 epidemic while they were looking after their middle-aged children (Parker, 2016:223).

This design has the advantage of enabling the researcher to evaluate all of the cases collectively, presenting the substance of the families' experiences and providing a comprehensive picture of the impact COVID-19 has had on South African families (Crowe et al., 2011:6; Parker, 2016:223). The researcher can learn about the phenomenon's distinctiveness and comprehend it (Parker, 2016:223).

One drawback of this kind of design is that using several cases could make one case seem less significant and meaningful. The researcher's unconscious beliefs could affect the research findings, generalisation is impossible with a small number of participants, and conducting intrinsic case studies and distilling the essence of the data in a reasonable amount of time are the case study's drawbacks (Crowe, Cresswell, Robertson, Huby, Avery & Sheikh, 2011:7; Parker, 2016:223).

### **3.5. RESEARCH METHODS**

This chapter will go into further detail about the study population, the sampling strategy, the data collection methods, the research instrument used, the data analysis and presentation methods, the researcher's methods for ensuring data quality, and the pilot study's execution.

#### **3.5.1. STUDY POPULATION AND SAMPLING**

Parents or other caregivers who looked after middle-aged children in the Durban, KwaZulu-Natal, area made up the research study's population. Abahlali Basemjondolo Movement SA, a non-governmental organisation (NGO), served as the recruitment and service provider for the participants. Posters (refer to Appendix C) and booklets distributed within the organisation were used for recruitment. Because not all potential participants were literate, the NGO administrator also extended a spoken invitation to potential participants. The administrator, not a social worker, extended the invites verbally from the organisation, as this ensured less likelihood of a participant feeling coerced or obligated to participate due to a service provision relationship. After identifying participants who were willing to partake in the study, the administrator shared the contact number of the potential participants with the researcher.

The researcher then made contact with the participants to schedule an interview at a time and date that worked for them.

Potential participants were gathered using the inclusion criteria listed below:

- The caregiver must have identified as being a part of the child's family.
- The parent/caregiver receiving or previously received services from the NGO.
- The parent/caregiver must have at least one child in middle childhood (6-12 years of age).
- The parent/caregiver must be residing with and caring for the child in middle childhood in KwaZulu-Natal, South Africa.
- Parent/caregiver must be willing to voluntarily participate

Since the study is exploratory and qualitative in nature and seeks to get a deeper understanding rather than generalise statistics findings, non-probability sampling—in which participants were not selected at random—was used (Merriam & Tisdell, 2015:96). Because it ensured that specific participants who could provide relevant and perceptive accounts of the phenomenon being studied were included, purposeful sampling was also suitable for the study. Participants who met the aforementioned inclusion criteria are included in this study.

Six participants were interviewed by the researcher until data saturation was reached, at which point no new themes or information emerged, and no fresh insights emerged from the data collection stage (Makofane & Shirindi, 2018:34).

### **3.5.2. DATA COLLECTION**

The approach used to obtain the data was semi-structured interviews. The researcher used a schedule for interviews (see Appendix F). Open-ended questions created with specific interests in mind were used to allow for a thorough data collection opportunity (Newcomer, Harry & Wholey, 2015:493). This method allowed for in-depth discussion and exploration of issues that surfaced during the interview with the aid of explanation and questions. Interviews took place in an office environment, where secrecy and privacy were guaranteed.

The researcher conducted interviews for forty-five minutes to an hour. The timeframe allowed the interviewee to explore and share all experiences in detail. However, it was also efficient and prevented a repetition of information. The researcher utilised an audio recorder to record the interviews.

### **3.5.3. DATA ANALYSIS**

The researcher used transcriptions of the semi-structured interviews with participants to analyse the data. Thematic data analysis, which entailed the process of identifying, analysing, organising and describing themes, was used to report on the data gathered (Nowell, Norris, White and Moules, 2017:2). The following phases were followed:

Phase 1: Working through the interview transcriptions that were put together using the audio recordings from each interview, the researcher became acquainted with the data while taking thorough notes (Nowell, Norris, White & Moules, 2017:4-5; Terry, Hayfield, Clark & Braun, 2017:13).

Phase 2: The researcher was able to begin coding the data through an inductive and deductive procedure because of the data's informative meaning. The researcher created codes both before and throughout the coding process to produce the best coding set possible (Stefaniak, 2019:250). Using a spreadsheet, the researcher constructed phrase codes based on the research topic (Terry et al., 2017:13).

Phase 3: In order to develop themes that were led by the same pattern, the researcher grouped related codes in the codebook under a single heading. This allowed them to create a theme for every portion of the sorted codes (Nowell et al., 2017:4; Terry et al., 2017:18).

Phase 4: By reviewing the themes that were included in the study and that were not or were not relevant to the research question, the researcher was able to clarify the various themes through a review of the themes that had been developed. (Terry & colleagues, 2017:21).

Phase 5: During the defining and naming step of the study's themes, the researcher defined each theme, including the produced sub-themes, and discussed how to best interpret the data as well as the significance of each theme in relation to the wider research topic and issue. (Nowell et al., 2017:4; Terry, 2017:22).

Phase 6: The order in which the topics were presented in the report was carefully considered by the researcher in order to best reflect the experiences of the participants (Terry et al., 2017:25). To ensure that the data supplied was reliable and trustworthy, the researcher was able to do peer debriefing and member verification throughout this phase (Nowell et al., 2017:4).

#### **3.5.4. DATA QUALITY**

Trustworthiness was essential to determining quality and making sure the research accurately reflected the experiences of participants in order to guarantee the validity and reliability of the data analysis, conclusions, and suggestions of this study (Hadi & Closs, 2016:643; Nieuwenhuis, 2020:143). In an effort to make research reliable, the criteria of confirmability, dependability/auditability, credibility, and transferability were satisfied (Nowell et al., 2017:3).

- **Credibility**

According to Nieuwenhuis (2020:144) and Nowell et al. (2017), if a reader experiences the participants' experiences simply by reading and observing that the data and depiction align, the research is credible. The researcher sought the assistance of the research supervisors at the Department of Social Work and Criminology, and peer review will also guarantee credibility (Anney, 2014:276; Nieuwenhuis, 2020:144).

- **Transferability**

To guarantee the study's transferability to different contexts and people who were specifically chosen to reflect a certain occurrence, a thick description was employed as a tactic (Anney, 2014:277-278; Nieuwenhuis, 2020:144). Thick descriptions will be generated via thematic analysis and interview-based data collection methods.

- **Dependability/Auditability**

By emphasising the logical interpretation of the research process as it is finished, reliability was guaranteed in this study (Anney, 2014:278; Nieuwenhuis, 2020:145; Nowell et al., 2017:3). The research study included an audit trail to ensure reliability. To guarantee that the entire research process was carried out equally for all participants, the sources, techniques, and decisions made by the researcher during the study were documented in a journal (Anney, 2014:278-279; Nowell et al., 2017:3).

- **Confirmability**

This assured confirmability, reduced researcher bias, and made the researcher acutely aware of her own opinions or biases on the COVID-19 epidemic and its impact on parent/caregiver care (Anney, 2014:278; Hadi & Closs, 2016:643; Nieuwenhuis, 2020:145). To make sure the study complies with the standards for credibility, the data and conclusions were intimately connected (Lietz & Zayas, 2010:197).

### **3.5.5. PILOT STUDY**

To address the shortcomings of the procedures and tools the researcher was to employ, a pilot study evaluated the main study's instruments and methodology (Hilton et al., 2019:10). To enhance the quality of the data and determine whether the participants could provide the required data, pilot research was carried out (Strydom, 2021:387). Purposive sampling was used in the pilot project, and two caregivers were interviewed in a semi-structured interview utilising a schedule (see Appendix F). The interview schedule was refined based on expert comments and a review of the literature (see Appendix F). Two families with a child or children in middle childhood participated in a pilot study of the interview schedule (see Appendix F). The data was rich and added to the data collected through interviews, as the content added value and reflected the experiences of the populations.

## **3.6. ETHICAL CONSIDERATIONS**

Throughout the investigation, the following ethical guidelines were followed:

- Written informed consent: Participants voluntarily participated in the study and were not forced to sign the written consent form (see Appendix E), which

accurately described the study's purpose (Babbie, 2017:70). The ability to withdraw consent to participate at any moment and for any reason was granted to participants.

- Confidentiality: Participants were able to choose who they shared their beliefs, facts, values, and actions with thanks to the right to privacy (Hilton et al., 2019:69). In order to preserve participant confidentiality, the researcher managed participant information during and after the study with the highest sensitivity and professionalism, guided by the South African Council for Social Services Profession's code of ethics and the informed consent form (see Appendix E) (South African Council for Social Service Professions, 2020:4). For ten years following the study, the researcher, with help from the University of Pretoria, will preserve all paperwork gathered from the interviews.
- Reflexivity and positionality: Positionality is impacted by "an individual's values and beliefs that are shaped by their political allegiance, religious faith, gender, sexuality, historical and geographical location, ethnicity, race, social class, and status," according to Holmes (2020:2). The researcher has to recognise and acknowledge these in this case. This made sure that the aforementioned wouldn't interfere with the collection of study data. According to Corlett and Mavin, reflexivity is the recognition of these factors that affected the research study and the prevention of them from doing so (in Cassell, Cunliffe and Grandy, 2018:378). Before accessing the realities and environments of the participants, the researcher addressed all individual effects on how they perceived the research world.
- No harm or deception: Participants were completely told in a transparent manner of the study's objectives, questions, procedures, and outcomes, and no bodily or psychological harm was inflicted upon them (Babbie, 2017:62; Hilton et al., 2019:73). By doing the abovementioned, the participants were guaranteed to know what to anticipate before their involvement. Since the data was personalised, sensitive, and emotional, the researcher made sure that the risk of damage was taken into consideration because the participants might have been impacted by the information discussed during the interview. Through a formal agreement letter (see Appendix D), the researcher nominated a designated counsellor who would guarantee that the participants received psychological assistance and be available for follow-up therapy.

Second, it was the researcher's duty to make sure that data interpretation and publication would not negatively impact the participants' social, economic, or psychological well-being (Polonsky & Waller, 2019:85).

- Analysis and reporting: The researcher presented the research findings and limitations as accurately as possible, considering the limits of the study (Babbie, 2017:72). The research report's chapters emphasised the study's conclusions and constraints.
- Obtaining permission for the research: Before the study began, the review board gave its approval (Crowe et al., 2011:2). Therefore, to gain access to the target group, Abahlali Basemjondolo requested permission letters (see Appendix B) from the identified organisations, and the researcher submitted a research proposal to obtain ethical clearance (see Appendix A).
- Data storage: In accordance with the POPI Act and University of Pretoria policy, data will be kept for ten years.

### **3.7. CONCLUSION**

Research methodology is a crucial element in the study, as it allows the researcher to gather the data they need in the manner most suitable to explain the statement or question that the study seeks to answer. Once all data is collected, the interpretation and analysis will give way to the themes and/or points which respond to the statement or question. The researcher after implementing, will utilise chapter four to tabulate and explore all the data.

## CHAPTER FOUR

### RESEARCH FINDINGS AND INTERPRETATION

#### 4.1. INTRODUCTION

Semi-structured in-depth interview schedules were used to gather primary data from parents and/or caregivers of middle-aged children in the Durban, KwaZulu-Natal, area. Abahlali Basemjondolo Movement SA (NGO), a nongovernmental organisation, was used to recruit participants and provide psychosocial assistance. This chapter is presented in themes that were drawn from the research objectives. All participants were assigned a pseudonym to ensure anonymity and confidentiality.

#### 4.2. EMPIRICAL FINDINGS

##### 4.2.1. DEMOGRAPHIC INFORMATION OF PARTICIPANTS

An overview of the demographic data for the six research study participants who were interviewed is shown in Table 1 below.

**Table 1: Demographic Details**

<b>Participant's ID</b>	<b>Age</b>	<b>Gender</b>	<b>Home language</b>	<b>No of children</b>
Interview #1	43	Female	IsiXhosa	3
Interview #2	41	Female	IsiZulu	5
Interview #3	37	Female	IsiZulu	3
Interview #4	34	Female	IsiZulu	2
Interview #5	43	Female	IsiZulu	2 + 1 grandchild
Interview #6	43	Female	IsiZulu	2

All six participants who were interviewed for the study identified themselves as female and were African. The participants were between the ages of 34 and 43. Out of the six participants, all participants spoke isiZulu, with only one speaking isiXhosa. During the COVID-19 epidemic, every participant provided care for children. One participant cared for five children, two cared for three children, and three cared for two children. One of the participants who cared for her own two children was also responsible for the care of her grandchild. Caregiving roles in South African families are mostly regarded as a woman's role, and this may include biological mothers, grandmothers, or any female relative (Rabe, 2017:1192). This is clear from the fact that each participant was considered the primary carer for the children under their

supervision. In addition, the participants were women, which is indicative of the gendered character of caregiving in South African households (Reddy et al., 2015).

The primary themes and sub-themes that emerged from the analysis of the transcriptions and the creation of codes will be covered in the following portion of this chapter.

#### 4.2.2. THEMES AND SUB-THEMES

The section provides an analysis of the following themes: Financial constraints and distress; Desperate means of survival; Changes in behaviour and frustrations experienced by children in middle childhood; Positives/benefits of the COVID-19 pandemic on families with children in middle childhood; Worsened economic conditions; and No sense of permanency.

**Table 2: Themes and Sub-Themes**

Themes	Sub-Themes
<b>Theme 1:</b> Financial Constraints and Distress	1.1. Lack of opportunity 1.2. Minimal resources 1.3. Lack of food,
<b>Theme 2:</b> Desperate Means of Survival	2.1. Worsened financial position as a result of COVID-19 2.2. Changed routines and added family responsibilities
<b>Theme 3:</b> Changes In Behaviour and Frustrations Experienced by Children in Middle Childhood	3.1 Raising children in middle childhood during a pandemic 3.2. Support system provided to children, its changes and impact on children 3.3. Development of coping mechanisms
<b>Theme 4:</b> Positives/Benefits of COVID-19 Pandemic on Families with Children in Middle Childhood	4.1 Development of resilience to meet the needs of children in middle childhood

## **Theme 1: Financial Constraints And Distress**

Participants disclosed that during the COVID-19 epidemic, they struggled to raise their children in middle childhood. In this instance, participants reported having to take extra measures to meet financial needs for their families during the period under study. Below is a deeper analysis of the emerging sub-themes from the financial constraints and distress theme expressed by participants.

### **Sub-Theme 1.1: Lack of Opportunity**

Participants revealed a common sub-theme of 'lack of opportunity' and, as a result, had to resort to extraordinary measures to financially provide for families and children. For a few participants, the COVID-19 pandemic was a period that altered life as they knew it before. This trend is expressed by **Participant Two**, who stated:

*“There were families that did not have. Some lost employment totally, they lost it totally cause it was a long lockdown. Even my husband’s income was decreasing to a stage where he did not receive any. That is why we ended up coming up with a plan of trying to sell alcohol and be able to cover other items and survive”.*

In addition to the above sentiment, parents and caregivers were faced with a dilemma of not knowing what the future holds because of the lockdowns during this period, and not knowing how to communicate this to children. The financial implications of the pandemic were recorded as most problematic by many participants. This expression is recorded by **Participant Five**:

*“They were sad, they were sad because they expressed that we have never been so deprived while you were working. But now we are suffering. The little one would even ask, when am returning to work? I would tell him, my child work is no more. He would ask since am not working what are they going to eat, I would tell them we would use his grant, there is nothing we can do. The R350 would make an addition and try to assist despite me not receiving on other months – it would decline”.*

As discussed by Donga, Roman, Adebisi, Omukunyi, and Chinyakata (2021:1), RSA, Ministry for Social Welfare and Population Development (2021:145), a lot of families were under pressure because of the COVID-19 pandemic. Many were already ill-equipped to deal with the current socio-economic realities of unemployment, violence, poverty, and lack of adequate infrastructure. The pandemic further challenged an already critical situation. As a result, many parents and caregivers were not best placed to be in an environment, enabling them to support families. Nguse and Wassenaar (2021:304) concur that the COVID-19 pandemic had a significant impact on the everyday life of many South African families. Crawford (2020:170) states that 'environmental interconnectedness' from the Bronfenbrenner Ecological Systems Theory is the explanation for the relation between the pandemic and financial frustrations of participants. In the pandemic affecting the mesosystem and the participants being affected by the environmental changes, which is named the 'exosystem'.

Additionally, since the end of apartheid in 1994, unemployment has been a major topic of discussion in South Africa. Statistics South Africa (2021) and the Ministry of Social Development and Welfare (2021:162) report that the epidemic caused South Africa's unemployment rate to rise to 42.6%, with a large number of those affected being women. Lockdown limitations caused economic disruptions because they affected the ability to earn a living, in addition to the fact that unemployment has long been a socioeconomic issue in South Africa (Kent, Ornstein & Dionne-Odom, 2020:67, UNDP Regional Bureau for Africa, 2020:70).

### **Sub-Theme 1.2: Minimal resources**

Participants revealed a great deal of concern about the manner in which the COVID-19 pandemic depleted resources needed for sustenance. This scarcity of resources to provide adequately for the families meant that adjustments had to be made.

**Participant Three** articulates this expression by saying:

*"Yeah, due to work not being available. My husband was working at Jaylan [pseudonym used to protect identity of the participant] store. But his employment was rocky with the schedule of other days sleeping and coming on others. I was supporting my children with the SASSA card, as I was in receipt of grant for 3 children. I was receiving for my nephew,*

*as my brother is deceased. So, I was receiving for 4 children. I would share the money by taking R700 to use at my household; I would send R700 to my extended family – so life can continue at home as well – as no one is working at home.*

*There are 4 girls and my mother – we support ourselves through the grant. Within our household, if my husband gets paid on the 18th, we use that income to do enough groceries to last till the grant date or till we receive the R350. R350 was better at the time as it would be received timeously, not like now as it delays where you get it on the 1st but for April pay. [**\*\*giggles**] I do not want to lie, it was of great assistance – we would complain that it is a small amount but we are alive”.*

This view was not isolated, as it was further expressed by **Participant Six**:

*“Hhay [expression of fed-up, exhausted or tired], it changed a lot. You find that you are unable to provide food to your children. So, you are then only able to provide through the grant money, you get. Just imagine grant money, maybe you are in receipt for 2 children or 1 child – that R400 or R500 how are you going to provide for the whole family, with all these children. Children go to school; they eat at school. They eat at home – bread.... err, things to carry at school. Err, it starts changing. You cannot provide all things that you were providing. Things have changed, you cannot provide for your family the way you were providing well”.*

The views above are alluded on by Adebisi et al. (2021:235) who argue that the pandemic lockdowns had an undesirable impact on resources on the economic realities of many families, and this meant fewer resources to go around in the form of a reduction or loss of income, leaving many unable to afford basic necessities. In South Africa, women suffered the most from employment loss during the COVID-19 pandemic. In addition to the limited resources, women's employment decreased by 8% over the study period, which is comparable to men's 2% decline during the same

period (February to October 2020). (Ministry for Social Welfare and Population Development, 2021:162; Casale & Shepherd, 2021:7).

The COVID-19 pandemic's economic effects are probably going to last for years, and these ramifications were far-reaching for many families, thereby compromising the necessary care needed for children's growth and development. For caregivers and parents, this was a lot worse.

**Participant Four** shared:

*"It is not pleasant, because when you are working and when you are not working are two, surely the way you provide for your children is not the same. And it is difficult for children to adopt the new style, it's difficult to adopt a way of living they not used to. To be honest with you, I wouldn't be able to tell when I last took them out because I do not have money – so, of which it is something that never use to happen when I was working. Because the money I have now especially with things so expensive, I wouldn't be able to say, "Come my children, let's go to Spur for a eat out" or "Let's go to Gateway or let's get up and go to Pavilion". You need think of food for home and cook every day. Food to last us a whole month, rather than go to Spur or Debonairs and spend R500 for one day. That is what I think of".*

Since the imposed restrictions were limiting the manner in which the household functioned, children, parents, and caregivers were spending more time indoors together. Because of the history of South Africa, the care for children usually rests with women. While the lockdown restrictions resulted in the suspension of childcare services of childcare providers, the pressure on the households for childcare grew. In many instances, this led to women having to let go of their jobs in order to take care of either their relatives who had fallen ill from the pandemic or their children. The dilemma created by the pandemic comes from the fact that while the pandemic was ongoing, life still had to go on. To this extent, some parents and caregivers took multiple roles, for instance, educating their children while still having to do additional roles such as cooking and cleaning (Casale & Shepherd, 2021:20; Ministry for Social Welfare and Population Development, 2021:162).

### **Sub-Theme 1.3: Lack of food**

The data analysed revealed a lack of food as one of the key emerging sub-themes. This was a common feature which was propelled by the lack of opportunity and the inability to do otherwise, as the imposed restrictions were limiting. **Participant Three** is quoted saying:

*“We sometimes plan to cook at the communal kitchen, and this saves food for all of us. I do not have to cook in my house, we are full and sometimes it is left over for all the fathers that work can be made lunchboxes for tomorrow”.*

**Participant Five** is quoted saying:

*“There was no other way, we were always indoors because we were told not to move around. So, I made sure we do not go out, but that day since I was sick it forced her to go to Merebank and met up with this accident. Mr. (name omitted) was providing us with food during the COVID period, as we did not have food. He would bring us food every month. You would find that he gives to these people and others the other month. So, if I have 10kgs in the house it lasts because we can use it for 2 months and to make sure we measure enough to eat so do not waste”.*

As previously mentioned, the COVID-19 pandemic had a significant negative influence on parents' and caregivers' capacity to provide for their families and children. According to Rakotomanana, Walters, Komakech, Hildebrand, Gates, Thomas, Fawbush, and Stoecker (2021:1), caregiving was defined as the ability to "prepare food, feed children, provide psychosocial stimulation, ensure hygiene practices, provide care during illness, provide financial and logistical resources for a child."

Since the lockdown meant limited movement, caregivers were required to work from home while most lost their employment. This loss of work and income negatively impacted not only the ability to provide food for children but also placed a heavy burden on other socio-economic issues, such as placing a strain on healthcare

services and social security. These problems in the end affected how children were cared for during the pandemic (Department of Health, 2022; Naidu, 2020:560); (Sekyere, Bohler-Muller, Hongoro & Makoe, 2020:3).

As a result of the pandemic, all schools had to shut down in-person classrooms in exchange for virtual lessons to avoid physical contact. The suspension of in-person classrooms did not only impacted the ability of parents to work or find employment but also their ability to ensure food security for their respective households.

Several South African children receive meals at school provided for by the National School Feeding Scheme under the Department of Basic Education, and since schools had to suspend physical lessons, the children could no longer have access to meals they otherwise would have had during the COVID-19 pandemic had not occurred.

About 9 million South African children, in essence, lost one of their most vital food sources during the epidemic (Fricker & Hartford, 2020:19; Kotze et al., 2021:6; May, Witten & Lake, 2020). Although things were unpleasant before the epidemic, it made child hunger even worse (Ministry for Social Welfare and Population Development, 2021:22).

The problem of food insecurity is captured by **Participant Six**, quoted as saying:

*“Yoh [exclamation], it affected us a lot because if you don't not have money, everything needs money. It affects you mentally because you are not mobile when you do not have money. Everything is money. Food is money”.*

## **Theme 2: Desperate Means Of Survival**

Participants revealed that as a result of the pandemic, they had to adopt desperate means of survival in order to care for their families and children. Participants revealed the pandemic placed financial constraints on the operations of their households, forcing parents and caregivers to go an extra mile in order to adequately care. This theme is explored further by the emerging sub-themes below.

## Sub-Theme 2.1: Worsened Financial Position As A Result Of COVID-19

**Participant Three** is quoted as stating:

*“Hhay, there was no one. Even though you would try and ask, but due to the economic challenge everyone was faced with their own struggle. So, it was difficult to ask from people, it was difficult because the economic challenge for everyone. Even the ones that you were dependent on, like so-and-so as you know, they are working maybe there is something, and even the one you are dependent on has economic challenges. Due to economic challenges”.*

The quote above indicates a desperate economic situation which affected the participants' previous manner of providing for their families and children. **Participant One** shares similar views and is quoted as stating:

*“Unfortunately, when I was making loans, I did not know that the loans sharks are from the same Stokvel, they all wanted the money on the same day as they were splitting. I did not even have 10 cents to my name. I was tortured so much by this ordeal, to an extent that I came to the office to Mr. [name omitted] to ask him to assist me with these monies, not knowing how I will pay him . Luckily, I came to a helpful person”.*

Children's personal development and growth in middle childhood are significantly impacted by the deteriorated financial situation brought on by the COVID-19 pandemic. According to Prime et al. (2020:632), children who do not receive adequate financial or emotional support may not fully develop their identities, which can have a negative impact on their social, academic, and spiritual wellbeing. In certain cases, this lack of support may even result in poorer physical health because of inadequate healthcare. **Participant One:**

*“Yes, I thought it was due to me keeping them indoors. They gave it to the girl child. They were not healthy. I think the food I gave them also had an impact”.*

**Participant four** expressed similar views of desperation because of the COVID-19 pandemic, and therefore had to make tough choices in order to care for their children in middle childhood:

*“Yeah, it was not a good moment. As first, changing schools was the thing that was not the greatest to me, because when you change a child from school that you considered right, especially at our age we would like to have our children in schools that you wish. But to change them to where you do not like, due to not affording – it is the worst change then any. But if you do not have a choice, rather than having them stay at home, education is education. Even though they would like to go to that school. I think that was the biggest challenge”.*

### **Sub-theme 2.2: Changed Routines and Added Family Responsibilities**

The introduction of the COVID-19 pandemic restrictions brought about many changes to the way South African households functioned, and one of those changes was the switch in routines and added family responsibilities. These changes were life-altering and at large all relate to the inability to maintain and care for their children, both financially and emotionally. **Participant Two** is quoted as stating:

*“When we would purchase anything, we would take turns as we did not receive income at the same time. I would receive mine month-end and I would then pay rent, pay for children’s transport, as school was not near – they continued schooling at Tongaat. So, I would pay for transport eventually it was done by my husband. But previously, he would do groceries for home and then – that is how we were able to get enough as one individual would have that responsibility, and the other does something else. However, now it was not sufficient”.*

According to Prime et al. (2020:632) as a result of South Africa’s history of socio-economic challenges, there was a possibility that during the pandemic parents were present at home in the case of those in employment, however the working hours became more flexible and strayed from the standard eight to five job and therefore impacting on the ability of parents and caregivers to give necessary attention to inquisitive children in middle childhood.

To add, the increase in responsibility (cooking, cleaning and homeschooling) also made the situation worse for parents and caregivers. Parents thus were forced to manoeuvre and find balance between working, the added responsibilities and schooling their children (Kent, Ornstein & Dionne-Odom, 2020:66). The changed routines have been presented by participants as having impacted negatively on the children in middle childhood. **Participant Two** is quoted as stating:

*“School – It is impossible for a learner to be taught a year syllabus as a summary. Their work was a summary. From our knowledge each term has its own...but it seemed like they are learning a year’s work in a term. I was disturbed by that, I did not if they will continue; or repeat the grade; or promoted to the next class next year.*

*I was confused as to how that was going to happen. I could see they were affected; you could even identify that the academically strong ones were decreasing in performance”.*

In terms of the impact of the COVID-19 pandemic on the parents and caregivers' own changing routines, **Participant Three** is quoted as stating:

*“In sharing responsibilities with my husband, we would sit down and plan everything out. When he would wake up and go to work, during that time the children were not attending as per the usual. There was a time when they were made to stay at home, and they were not attending for that year. We tried to live, which is what enabled us as I was saying that it is the current lifestyle that is being lived in K[name omitted] because maybe if it was not for this lifestyle, to make things easy we would have left and gone back to the rural homes. We did not give up, COVID will find us here or even end but we are not leaving for the rural areas. If I leave to go back to the rural areas with my family, what will happen to the other children or families because my existence in K[name omitted] will make a plan that will assist the other families. There are families that are in worse hardships than mine, maybe my hardships are worse than Ma [name omitted] but due to us living together – no one goes to bed hungry”.*

The statement above suggests parents and caregivers need to be more creative in coming up with methods to deal with the impact of the pandemic on their usual respective families' routine.

### **Theme 3: Changes In Behaviour And Frustrations Experienced By Children In Middle Childhood**

Participants reported significant behavioural changes in middle childhood children. They ascribe this shift to the adjustments brought about by the pandemic's limitations on travel and social interaction. The following emergent sub-themes go into additional detail about the themes.

#### **Sub-theme 3.1: Raising children in middle childhood during a pandemic**

**Participant One** revealed the following when asked about noticing any changes in the children in middle childhood, as a result of the pandemic:

*"It changed. The boys were naughty, am not sure if it's being indoors".*

Calvano et al. (2021:1) state that children's perceptions are typically resurrected in contact with people outside of their family after being copied from interactions with family members. To put it briefly, children who grow up in a safe and stable atmosphere at home are more likely to feel confident and speak more effectively in a variety of settings. According to Gassman-Pines et al. (2020:2), a child who encounters instability and terror in a family environment may act in a way that reflects these feelings, which may be a reflection of the child of the participant. According to a quote from **Participant Five**:

*"Yeah, I could say that there was a change that I saw, cause my daughter ended up not being a people's person. She ended up, I do not know what happened...she would remain indoors even after the pandemic. She would be indoors and when I would ask her, she would say she is used to it".*

The implications of the change in people's movement on children, as was necessitated by the restrictions, were felt way beyond the COVID-19 pandemic period. **Participant Three** is further quoted as saying:

*“What I can share about my children from my side, something that they were deprived of. They were playing more than usual and got overly excited about school – as when I went to school to check their results they had decreased. The teachers now must work extra – as they children are not able to focus after this period – maybe they daydream about their play days. I even think they wish COVID back [\*\*giggles] so we can stay at home. The parent needs to enforce, enforce”.*

Highlighted in the change of behaviour of children in middle childhood is attributed by participants to the perception children have of their parents and caregivers. **Participant Two** is quoted saying

*“There is a lot of change that happened because, one – our financials were decreasing and there was no income. The children's expectations were still the same, as they are used to the previous lifestyle. When there is a change or decrease in their usual (meaning normal), they do not understand. They are used to their mother being a hero, she can make means – their father is employed, everything is okay. So, it changed very much”.*

The narrations of the experiences of caregivers in reference to the children's behaviour seem to indicate that the pandemic had an impact on the children's behaviour others in a positive way or sometimes in a negative manner, towards their social aspects. The family projection process was developed for some families during the pandemic, as the children's behaviour was influenced while in close proximity to their caregivers and experienced many of their insecurities (Brown, 2008:141). This suggests that, from the family systems theory, the subtle changes that were observed by children during the pandemic, interactions and dynamics may have been influenced (Smith, 2016:784).

### **Sub-Theme 3.2: Support system provided to children, its changes and impact on children**

Similarly, to other previous themes, participants revealed a great detail regarding the support systems they provided to children in middle childhood, how this support was impacted on by the COVID-19 pandemic and how this change impacted on children. COVID-19 changed the way in which people worked to support their families, and in turn, most found it extremely hard, and this had negative effects on children in middle childhood.

**Participant Four** is quoted saying:

*“To me, I would have to say that I identify myself as a failure while I did not have the strength, as when there is no money – there’s no action. With a lack of family to support, to be unable to support and make them happy. I do not know how to explain it. It was difficult, it was difficult. Yeah, it was not a good moment. As firstly, changing schools was the thing that was not the greatest to me, cause when you change a child from school that you considered right, especially at our age we would like to have our children in schools that we wish. But to change them to where you do not like, due to not affording – it is the worst change then any. But if you do not have a choice, rather than having them stay at home – education is education. Even though they would like to go to that school. I think that was the biggest challenge”.*

**Participant One** is quoted as saying:

*“With my children, I don’t want to lie, the children were at home, and they were indoors. I deliberately kept them locked inside, as I was afraid, they would ask for things from our neighbours. Knowing our neighbours, they wouldn’t take it positively. I don’t want to lie, I would keep them indoors. At least from school they would get that little meal, but as they were staying at home, I would keep them indoors to prevent them from going to the neighbours”.*

As school is one of the noted systems that had changed during the pandemic, the attendance and learning contact. **Participant Five** is quoted saying:

*“They did not take it well; they did not take it well at all. Even their passing rate decreased, compared to her usual pass rate, because it was difficult to study via phone”.*

According to Chigangaidze (2021:113), changes that occur on a larger scale, such as the COVID-19 pandemic, usually impact on much smaller systems such as family units. “Hard lockdown regulations, strict social distancing, the abrupt withdrawal from school, social life, and outdoor activities, increased rates of domestic and gender-based violence, parental stressors, and loss of loved ones have all contributed to an increase in stress and anxiety levels” (Bloom, Lachman, Gaxo, Pillay and Seedat, 2022:2). The above quotes are a glimpse of the dysfunctions that took place on an individual and family level, and all these affected the way children were able to cope in their daily activities. These dysfunctions affect the homeostatis of the family and thus the family will need to adjust in order to regulate and maintain cohesion (Hepworth et al., 2017: 255-256)

### **Sub-Theme 3.3: Development of Coping Mechanisms**

According to the Department of Education (2022), from the time the pandemic started in South Africa in 2019 until 2021, work had been on and off while schools were shut down, only to reopen and shut down, and a difficult challenge for caregivers and parents to cope with. For many parents and caregivers, the data analysed revealed a need to develop coping mechanisms in order to absorb the shocks and panic brought about by the COVID-19 pandemic. To this end, there were some successes and failures. **Participant Four** is quoted as saying:

*“They coped, to be honest, when they first attended - the younger one was struggling at school to an extent that the school phoned me to tell me she does not understand isiZulu so I had to explain that she does not understand because she went to a school that did not deal with isiZulu, although she is Zulu. But as time went by, I heard from the teachers that she is getting there, and she can write in it. The older she is not happy there, even currently she wants to change her where to and*

*how, I do not know. She is not having it; she is not having it. But she is passing, she passes”.*

While **Participant Three** eluded the following quote:

*“We actually had no other choice; we were able to cope. The children knew that even though they are not going to school, it did not mean they are not learning. They knew that even though they are at home it is not that they are not schooling, but they need to continue with learning – as that was the mandate given by teachers.*

*Parents were urged to be in partnership with the schools, as during the time forced by COVID please continue so they do not forget. Children should be allowed to play but not forget to study and do homework. We would try, we would try”.*

Within the emergence of this sub-theme, there were, however, varying views. The failure in the ability of parents and caregivers to cope or develop coping mechanisms to absorb the shocks and panic brought about by the pandemic is revealed.

**Participant Five** is quoted as stating:

*“It affected them, it affected them a lot. As when I was working, I would buy them all they needed, when they wanted it. What they liked, I would know what they like and make sure it is available to them, but it was not happening. If a person sees someone else that has what they like, it would hurt them”.*

While **Participant Two** is quoted saying:

*“Ey, Yoh [expression of shock/surprise/exhaustion]. Other children cope better when they are taught by their teacher, they are not the same. Even the waking up today and not waking up tomorrow timetable. We wake today, we not waking up tomorrow. It was difficult, even for the parents. We used scholar transport before, we had to use a cash basis so children can go to school on certain days.*

*Where are you going to get funds daily to pay, and that's money was being spent for children to go to school. It was difficult. It was better when they went back to school, as they went back to scholar transport and that is paid monthly”.*

From a policy position, the South African government introduced a coping mechanism in what became known as the special COVID-19 Social Relief of Distress grant which amounted to R350 a month applicable to South Africans over the age of 18 years old and unemployed and not receiving funds elsewhere (Baskaran, Bhorat & Kohler, 2020:1).

There were other immediate interventions escalated to help families in distress during this time such as the use of the Unemployment Insurance Fund however many could not benefit as they were not fitting the criteria; for one an individual must first have been previously working or employed to receive UIF and it is for a period of 6 months (Adebiyi et al., 2021:235). To make matters worse, for parents and caregivers who are predominantly women, most of the beneficiaries of UIF payouts were men, highlighting gender disparities which traverse far beyond the scope of this paper. To Sekyere et al. (2020:6), even though the measures above were implemented from a broader policy point of view, they were still inadequate and inflexible to address the challenges brought about by the pandemic on families and broader society. From the family systems perspective these stressors were non-normative and could have a negative effect on the family if they are not able to adapt (Hepworth et al., 2017: 267-270).

#### **Theme 4: Positives/Benefits Of COVID-19 Pandemic On Families With Children in Middle Childhood**

According to the data analysis, participants thought the epidemic was disastrous for their own lives as well as the lives of their relatives and acquaintances. Despite this, they learned a lot about how to care for middle-aged children. The discussion of the developing sub-themes follows.

##### **Sub-Theme 4.1: Development of resilience to meet the needs of children in middle childhood**

**Participant Five** is quoted as stating:

*“Yeah, COVID came through in a negative manner and were not able to get things we need, for example bread, we could not get – food we could not go to the stores. [clears throat] but at the same time, with my children it helped. They were able to get disciplined; they came stay indoors as they were not able to. I can say that it changed my children’s life in discouraging them from being fond of playing, because playing is not the most important thing. You must know that play time should be allocated small time, but this is for studying. Even now, the youngest one knows that at 5 he should be home to do homework and take a bath”.*

**Participant Two** is quoted as stating:

*“Yeah firstly, the temporary job that I had I would work hours like 2-11 at night. December time, I was working especially at hotels, the busiest time...December time is busy. At that time your children need you even on New Year’s, but you do not have time for them. To an extent you do not even see them, but now they know during December and Christmas our mother will be with us and be making salads and make us happy. Even if she does not have much, but she will be with us and maybe that is what is most important and what is most beautiful to them because even if you do not have anything, but it does not change that you are their mother. That is most important, you are their mother and they have never gone to bed hungry as you have nothing. So, time for them is available compared to before, because the good times when they need a parent – as Christmas is said to be a time for families but they never had that in life as was employed at the hotel. They did not. They did not. Even when schools are closed, I do not have time for them. But now when school are closed, they are with me, and I supervise them every day because I have sufficient time. Which will be difficult when I get another job and must leave them, it will be hard for them to keep up with that new change again”.*

Even though the pandemic presented numerous difficulties, one situation compelled parents to be more resilient and involved than they otherwise would have been in order to meet their middle childhood's needs. As middle-aged children are exposed to a wider range of experiences, their responsibilities increase, but the primary caregiver—a parent or other caregiver—plays a crucial role in their development, according to Louw and Louw (2014:262). Therefore, while the pandemic presented many unique challenges for parents, especially financially and emotionally, it is a period that also drew parents into the world of their children to meet their needs, albeit maybe unknowingly.

To this end, **Participant Three** is quoted as stating:

*“We would assist even though it was difficult. As you know the current curriculum is not the same as before, there are things we could not understand with their subjects. It was better when you get a child that has just completed primary school and ask her to assist the children with homework as I do not understand. They would get assistance in that manner. There is tuff we do not understand that is being taught now”.*

The views varied, however, on how the parents and caregivers received these new roles in order to ensure the needs of the children were met, and as stated previously, other participants were overwhelmed. It does, however, not erase the fact that they were forced to be resilient and take part in the children’s activities to assist.

**Participant Six** is quoted as stating:

*“Ay, no. It was just bad feelings. Learning from home cause their learning from home – they needed information, and that information they should have been getting from their teachers. They cannot get it from their teachers, as the teachers are waiting for us, parents to provide our children with information. In the same notion of needing to provide children with information, we are also traumatized. So, there was a lot of added on us as parents, that we need to provide them with information, the information that the child needs. Cause the child will come to you as their mother and ask you to assist with their homework and show you*

*the things they need to do at school. And then you will find am not there as my mental state is affected. So, am not able to assist my child well or provide that information that they need. Two, you will find that the information that they need requires smartphones, and as a parent I do not have. That smartphone again needs data, that smartphone...huh, I do not money for data for providing my child. You see how many areas are affected?”*

### **4.3 CONCLUSION**

Within the chapter demographics of interviewed participants, the above interview notes seemed to be linked to the study objectives. The chapter proceeded to present the results from the participants' experiences of caring for children in middle childhood during the COVID-19 pandemic. The results were presented in themes and sub-themes extracted using thematic analysis. These results were triangulated with available literature on the subject, which was under discussion.

The key identified prominent themes are presented in the chapter as follows: Financial constraints and distress; Desperate means of survival; Changes in behaviour and frustrations experienced by children in middle childhood; and Positives/benefits of COVID-19 pandemic on families with children in middle childhood.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.1. INTRODUCTION

The entire investigation, from the beginning to the data analysis for the final study, was considered in the chapter on conclusions and suggestions. Exploring and describing the experiences of South African families raising middle-aged children during the COVID-19 epidemic was the aim of the research study. The COVID-19 pandemic had an impact on many of the interconnected networks in which these families lived (Chigangaidze, 2021:110).

The research study was explored and understood as per the three main objectives that were derived from the goal of the study. The objectives were as follows:

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

The research study's goal and objectives filtered the literature reviewed, thus allowing the researcher to better understand the specific phenomenon. The literature review detailed various aspects that COVID-19 affected. However, the focus remained on trying to understand how children in middle childhood were cared for, and the effects that COVID-19 had on the caregiver providing care.

#### 5.2. SUMMARY OF KEY FINDINGS

The key findings that will be discussed in this chapter focus on the financial constraints and distress that COVID-19 caused for caregivers, their desperate means of survival, the changes in behaviour and frustrations experienced by the children in middle childhood, and the positive/benefits of the COVID-19 pandemic on families with children in middle childhood.

### **5.2.1. THE NEGATIVE AND POSITIVE EXPERIENCES OF THE FAMILIES IN KWAZULU-NATAL CARING FOR CHILDREN IN MIDDLE CHILDHOOD DURING THE COVID-19 PANDEMIC.**

The caregivers' difficulties in providing for their middle-aged children and families caused them to endure distress. The distress was an outcome that emanated from familial death due to COVID-19 during the pandemic, and the monetary implications and psychological effects created an increase in anxiety in the families and around the virus. Participants expressed being short-tempered during the COVID-19 period, as they had stress and were not able to find solutions for their challenges. The inability to plan and understand the routine of the family, including resource attainment, created uncertainty and hopelessness for participants.

On the contrary, participants experienced themselves adapting new coping mechanisms, which assisted them in addressing the shortfalls of lacking resources or their ability to cope with the situation. The Family Systems Theory defines the process as being one of autonomy for the individuals, as this process is the ability that allows them to become more themselves and allows for independence from the other systems and external situations (Brown, 2024:139). However, a few participants noted how they got to spend more time with family and be able to create strong relations with their children. Participants identified their newly adapted ability to save money and learn new ways of spending less.

Themes One, Two, and Four in Chapter 4 were able to elaborate on the negative and positive experiences of the families caring for children in middle childhood.

### **5.2.2. THE EFFECT OF COVID-19 PANDEMIC ON THE PROVISION OF RESOURCES THAT MEET THE NEEDS OF CHILDREN IN MIDDLE CHILDHOOD.**

The participants had financial constraints due to job loss, reduction in income, and/or company shutdowns. Caregivers had challenges in securing resources to provide for the children's basic needs, such as food, as supermarkets were closed during lockdown and the supply of goods diminished due to non-traditional trade.

Caregivers had challenges in accessing assisted care or services, as the welfare and social service department was not available to provide services due to lockdown restrictions.

Caregivers struggled in the provision of the children's basic need for education – schools were closed, and schooling was done at home. Many caregivers were not able to support their children due to limited educational knowledge and not being in a positive mental state to apply themselves to that role. Participants experienced death because of COVID-19 during the pandemic, and the monetary implications and psychological effects created an increase in anxiety in the families and around the virus. Caregivers had to change roles or routines in order to make ends meet or support each other during the COVID-19 pandemic.

Chapter 4's Themes One, Two, and Four were able to eloquently describe the good and bad experiences of the families raising middle-aged children.

### **5.2.3. THE INFLUENCE OF COVID-19 ON DEVELOPMENTAL MILESTONES OF CHILDREN WITHIN MIDDLE CHILDHOOD FUNCTIONING AND DEVELOPMENT IN KWAZULU-NATAL.**

Participants saw how the family environment had a physical impact on children, leading to skin conditions. Participants noted the lack of excitement and energy the children lost during COVID-19 due to being indoors all the time. The degradation of the school performance due to not attending a school institution. Participants noted how children were traumatised and limited in their emotional expression of the circumstances, and sometimes the tensions and stressors did not allow caregivers to be approachable.

In Chapter 4, Theme Three was able to eloquently describe both the positive and negative experiences of the families raising middle-aged children.

### **5.3. CONCLUSIONS**

The following conclusions have been reached regarding the study:

The COVID-19 pandemic affected the economic state of South Africa due to the restrictions that were implemented; this limited the economic activities and transactions that were able to provide companies to remunerate employees. These resulted in job loss or income reductions. COVID-19 had mental and physical effects on families, as parental deaths and hospitalisation due to contracting the virus were experienced. Individuals were affected by being in close relations with those who experienced the effects of these.

Families suffered because of the effects mentioned, which led to a shortage of resources that made it difficult for the carer to meet their child's fundamental demands in middle childhood. The deaths or COVID-19 contractions left caregivers unable to cope with the responsibilities of providing for their families, or being incapacitated and not being able to provide. The distress experienced by caregivers hindered their interactions or ability to be effective in school assistance, as children were homeschooling. As a result of children not being assisted in their learning, the children's performance lowered, which affected the child's enjoyment of learning.

The isolation and socialisation restrictions caused a change of behaviour in children in middle childhood due to their different experiences while in lockdown. Domestic violence was rated high during this period due to the social restrictions and stressors, and this affected the children who were witnesses or victims of those acts. On the contrary, with the restrictions that were implemented, other families experienced spending time together. The COVID-19 period also allowed families to make financial adjustments and gain budgeting skills, which would assist them in better management of the financial resources they have.

The research methodology utilised for the study was suitable. The methodology was able to capture and give data that allowed saturated exploration of the experiences of what the caregivers went through. In collaboration with the methodology are the theories, Family Systems Theory and Bronfenbrenner's Ecological Theory. This provided the researcher with the ability to understand the function of the family system and the relations it has with the environment. An in-depth understanding was acquired of the external environmental factors that affect these systems and how the families were resilient by trying new life routines and ways that ensured survival. The

above interrelated gave the researcher the ability to answer the research question that guide the study.

## **5.4. RECOMMENDATIONS**

The researcher offers the following suggestions in light of the literature and the research study's empirical findings:

### **5.4.1. SOCIAL WORK PRACTICE AND EDUCATION**

As a result, the caregivers' experiences caring for middle-aged children during the COVID-19 pandemic were distress and destitution. The lack of resources created mental and physical health issues that could have short- and long-term effects on the caregiver or child. The lack of timeously, smooth social service assistance through the provision of poverty-alleviating aids and psychosocial services are shortfalls within the public servant organisations. These, therefore, perpetuate the inabilities of caregivers to attend to the basic needs of their families through periods of destitution. Psychosocial services are to be looked at as essential skills through periods of crisis, as they deal with the function of individuals and families – these are vital in the resilience of the country post the crisis.

Community Education and Advocacy by social service departments is vital in these eras or phenomena. The ability to understand the realities and family systems, through theories in practice and constant, recent data collection, will allow impactful service implementation. In that being implemented, they can also ensure service provision fits with the needs of the people as the main objective.

### **5.4.2 FUTURE RESEARCH**

Additional research is required to determine how the COVID-19 pandemic affected middle childhood caregivers and families in South Africa as a whole. Research to create an understanding of other effects not previously researched or known of, so as to effectively provide suitable preventative and early interventions. Research further on the study to influence the policy and legislation, and implementation.

### **5.4.3. THE DEVELOPMENT AND ADHERENCE TO POLICY AND LEGISLATION**

With the research that has taken place around COVID-19 and its effects on the livelihood of South Africans, it is imperative that the supporting governmental

systems not be this. The findings will assist in ensuring that efficient and effective policies are drawn to assist individuals and families in times of crises, through poverty-alleviating measures, and to create post-crisis strategies to ensure families are assisted through sustainability programmes.

South Africa did have policies and legislation that intervened by providing monetary assistance, regulating the health hazards of the pandemic, and ensuring vaccines are provided to assist with healthcare. However, the rollout of these could be improved further through the identification of the shortfalls and ensuring that skeleton implementation plans are drafted in advance, so to get a detailed crisis management plan in place, as creating plans during the time of crises creates panic and an inability to holistically cater to all aspects.

### **5.5. ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY**

The goal of the study was to explore and describe the experiences of families living in KwaZulu-Natal, caring for children in middle childhood during the COVID-19 pandemic. The accomplished goals and objectives are summarised in Table 3 below.

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

<b>RESEARCH STUDY OBJECTIVES</b>	<b>ACCOMPLISHMENT</b>
To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic	The objective was accomplished in the literature review presented as Chapter Two.
To explore and describe how the pandemic has affected the provision of resources that meet the needs of children in middle childhood	The objectives were accomplished in the presented data – empirical findings of the study, Chapter Five.
To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development	

## **5.6. LIMITATIONS OF THE STUDY**

The study was conducted with minimal limitations. The challenge of money was the only identified factor, as it was difficult to schedule the interviews with the caregivers, as they needed to travel for the interview.

Either than the above monetary limitation, the other elements of the study were well coordinated, and participants were willing to share their experiences with the researcher.

## **5.7. CONCLUSION**

In response to the research question of “What were the experiences of South African families of caring for children in middle childhood during COVID-19?”, the study answered through the vast, colourful experiences that each participant shared within the interviews.

All these experiences shared allowed theme creation and a better understanding of the systems that were affected by the COVID-19 pandemic and some long-standing effects that the caregivers and their families are still suffering from, despite the end of the crisis that once was. However, on the contrary, it is of great advantage to have individuals that can tell such experiences, and as a result of this exercise, to channel this data into a fueller of service provision improvements or to have additional aiders to assist for future crisis that reflect effects such as that of COVID-19.

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# APPENDIX A



**Faculty of Humanities**  
Fakulteit Geesteswetenskappe  
Lefapha la Bomotheo



01 April 2023

Dear Mrs MF Magwaza

Project Title: Caring for children during Covid 19: The experiences of South African families with children in middle childhood  
Researcher: Mrs MF Magwaza  
Supervisor(s): Ms J Chiba  
Department: Social Work and Criminology  
Reference number: 27211810 (HUM032/0822)  
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 01 April 2023. Please note that before research can commence all other approvals must have been received.

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

We wish you success with the project.

Sincerely,

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

Research Ethics Committee Members: Prof KL Harris (Chair); Mr A Bizo; Dr A. Mide Beer; Dr A. dos Santos; Dr P Cutura; Ms KT Govender Andrew; Dr E Johnson; Dr D Krige; Prof D Maree; Mr A Mohamed; Dr I Nene; Dr J Okoko; Dr C Puttergill; Prof D Rayburn; Prof M Seer; Prof E Ta[and]; Ms D Mokhele

Room 7-27, Humanities Building, University of Pretoria, Private Bag X20, Hatfield 0028, South Africa  
Tel: +27 (0)12 420 4854 | Fax: +27 (0)12 420 4901 | Email: pg.ethics@up.ac.za | www.up.ac.za/faculty-of-humanities

# APPENDIX B

## Abahlali baseMjondolo Movement SA



P.O Box 26  
Umgeni Park  
4098

Phone:(031)304 6420  
Fax: ( 031) 304 6436  
E-mail:  
[abahlalibasemjondolo@telkomsa.net](mailto:abahlalibasemjondolo@telkomsa.net)  
Website:  
<http://www.abahlali.org>.

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29 June 2022

University of Pretoria  
Department of Social Work & Criminology

Dear Ms. Mbali Goge,

### **Re-Request for Permission to conduct Research with Abahlali baseMjondolo Movement SA.**

Thank you for showing interest in our movement. We also appreciate that you find value in our work.

After consultation with leaders of the National Council, Abahlali baseMjondolo Movement SA has resolved to grant you a permission to access our facility and to carry out interviews with our members as per your request.

In granting you this permission, we have also assigned our Head of Health, Welfare and Education, Comrade Zandile Nsibande to provide you with the support or supervision you may need during the course of your research. Or alternatively, I will still be available myself to provide you with guidance and support where it may be needed.

Comrade Zandile Nsibande can be reached on: [z190nsibande@gmail.com](mailto:z190nsibande@gmail.com) or 073 611 8279.

Otherwise we wish you all the best in your career.

Yours sincerely,



**S'bu. Zikode | President**  
**Abahlali baseMjondolo Movement S.A**  
**Winner of the Swedish Government Per Anger Prize 2021**  
**Address: Suite 13-16 Diakonia Conference Centre, 20 Diakonia Avenue,**  
**Durban, 4000, Telephone: +27 31 3046420 | Fax: +27 31 3046436 | Mobile: +27**  
**83 547 0474**

# APPENDIX C

## PARTICIPANTS NEEDED

For Research Study On

**“THE EXPERIENCES OF FAMILIES,  
LIVING IN KZN, CARING FOR  
CHILDREN IN MIDDLE  
CHILDHOOD DURING THE  
COVID-19 PANDEMIC”**

### WHO CAN PARTICIPATE?

- Must be a caregiver of a child/ren in middle childhood (6-12 years of age)
- Must be residing with the child
- Must have received or currently receiving services from Abahlali Basemjondolo Movement

### WHAT IS INVOLVED?

- Completion of a recorded semi-structured interview, no longer than 60 minutes

### Interested in participating?

Contact: Ms Zandile Nsibande  
Call: 073 611 8279

# Abahlanganyeli Abadingayo

Ukulekelela ngocwaningo

**‘Ehlangene nakho imindeni  
ezinze eKZN, inakekela izingane  
ezisesigabeni esiphakathi  
ngokukhula ngesikhathi  
sobhubhane lweCOVID-19’**

## **Ubani ongahlanganyela?**

- Umzali/odlala indima yobuzali enganeni esesigabeni esiphakathi ngokukhula (Eminyakeni 6-12 ubudala)
- Umzali/odlala indima yobuzali ohlala nayo ingane
- Othole noma othola usizo kubaBahlali Basemjondolo Movement

## **KWENZIWANI?**

- Ukuqoshwa kwengxoxo ehleliwe, ezoba imizuzu ewu60

**Ulangazelela ukubayinxenye  
yocwaningo?**

**Thinta: Ms Zandile Nsibande  
Umshayele ngocingo ku: 073 611 8279**

# APPENDIX E



LifeLine Durban  
38 Adrain Road  
Stamfordhill  
Durban  
4001  
Tel: (031) 303 1344  
Fax: (031) 303 1419  
[www.lifeline.org.za](http://www.lifeline.org.za)



As a community partner, we are committed to assisting the community with providing psychosocial support services where needed. We will gladly assist you in the provision of counselling services for your

**TITLE OF THE STUDY**  
research participants.

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

Kindly contact us to schedule the counselling sessions with our receptionist, prior to commencing with the interviews, so as to have a designated counsellor available for your participants.

**RESEARCHER**

Full Name: Mbali Goge

Hope your research in of success and assists in the improvement of our service provision for our

community.  
Contact number: 076 582 5258  
Email: [magwazambali24@gmail.com](mailto:magwazambali24@gmail.com)

**GOAL OF STUDY**

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

**INTERVIEW SCHEDULE PROCEDURE**

The procedure for the research will entail individual interviews with a duration of 45-60 minutes. With your permission, the interview will be audio-recorded by the researcher. The interview will be held at Durban African Bishops' Movement SA, Office 14-16 Diakonia Conference Centre, 20 Diakonia Avenue, Durban.

**RISKS AND EFFECTS OF INTERVIEW**

No risks and discomforts/emotional harm are foreseen. Should you experience any emotional discomfort prompted by sharing your experiences of caring for children in middle childhood, you should inform the researcher. The researcher has prepared for a psychosocial support from Lifeline, Stamford Hill – Durban.

## **BENEFITS**

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

## **VOLUNTARY PARTICIPATION**

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

## **INTERVIEWEE'S RIGHTS**

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

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

The documentation will be accessed by the researcher and authorised University of Pretoria research team. The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for a period of 10 years post-study.

## **PUBLICATION OF INFORMATION GATHERED FROM INTERVIEWEE**

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

## INTERVIEWEE CONSENT

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

\_\_\_\_\_  
**Interviewee's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Researcher's signature**

\_\_\_\_\_  
**Date**

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Faculty of Humanities  
Fakulteit Geesteswetenskappe  
Lefapha la Bomotheo

# APPENDIX F

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

**SECTION A: BACKGROUND INFORMATION**

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

**SECTION B: CARING OF CHILDREN**

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

**SECTION C: SUPPORT SYSTEMS**

1. Who did you ask or go to for help and/or who offered help to you during the COVID-19 pandemic?
2. How did you keep in touch with extended family, friends, neighbours, church, or religious support?

<sup>1</sup> Note that all bracketed comments are prompts for the researcher

**SECTION D: CHILDREN'S EXPERIENCES DURING COVID**

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

**SECTION E: FINANCIAL CONSIDERATIONS**

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

**SECTION F: RESOURCES**

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

**SECTION G: EMPLOYMENT**

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

Any other responses:

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.....  
.....

**Thank you for your participation**