Mothering as a three-generational process: The psychological experience of low-income mothers sharing childcare with their mothers

by

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Dissertation presented for the degree of Doctor of Psychology at the University of Stellenbosch

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March 2011

DECLARATION

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ABSTRACT

Very little is known about the psychological experiences related to childcare use among low-income mothers in South Africa. In rural and semi-rural communities, where affordable and accessible childcare is almost non-existent, low-income mothers often have no alternative but to rely on their own mothers for childcare. Despite strong theoretically based indications that these particular childcare arrangements are psychologically complex, research on this topic is almost completely lacking. This dissertation sets out to investigate (a) how childcare arrangements (including multigenerational childcare) manifest in one particular low-income South African community, and (b) how low-income South African mothers experienced the use of childcare psychologically.

This study was set in a poor, semi-rural, so-called Coloured community in the Western Cape, South Africa. Two open-ended, in-depth interviews were conducted with eight participants. The transcribed interviews were analysed using constructivist grounded theory and case studies in a sequential data analysis approach. Theoretically, this study was informed by postmodernism, social constructionism, feminism and psychoanalytic theory.

The data analysis resulted in a detailed documentation of the range of childcare arrangements utilised by the participants. It further showed that contextual, relational and personal constraints made it impossible for the participants to mother and care for their children as they wanted to. The participants had to compromise on their childcare ideals and this created a range of psychological and emotional sequelae. In order to cope with these, the participants resorted to both conscious and unconscious coping mechanisms and processes. The findings indicated that the use of multigenerational childcare was psychologically complex, as mother-daughter relationships consciously and unconsciously impacted on childcare decision-making, the emotional and psychological repercussions and the participants' coping therewith. The absence of men and fathers in the provision of childcare concurred with international findings on the gendered nature of childcare.

Based on the findings of this study, it can be concluded that mothering and childcare are indeed issues of concern to low-income mothers. It is also a subject that warrants further investigation in the discipline of psychology. Recommendations in this regard are included and highlight the need to use theoretical frameworks and research methods that are sensitive to the multilayered, complex psychological experiences of motherhood and childcare among low-income women.

OPSOMMING

Baie min is bekend oor die sielkundige ervarings wat verband hou met kindersorg onder lae-inkomste moeders in Suid-Afrika. In landelike en semi-landelike gebiede waar bekostigbare en toeganklike kindersorg feitlik niebestaande is, het lae-inkomstemoeders dikwels geen ander keuse as om op hul eie moeders staat te maak vir kindersorg nie. Ten spyte van sterk teoreties gebaseerde aanduidings dat hierdie spesifieke kindersorgreëlings sielkundig kompleks is, ontbreek navorsing oor hierdie onderwerp feitlik heeltemal. Hierdie proefskrif ondersoek (a) hoe kindersorgreëlings (met inbegrip van multigeneratiewe kindersorg) manifesteer in een spesifieke Suid-Afrikaanse lae-inkomstegemeenskap en (b) hoe lae-inkomste Suid-Afrikaanse moeders die gebruik van kindersorg sielkundig beleef.

Die studie is in 'n behoeftige, semi-landelike, sogenaamde bruin gemeenskap in die Wes-Kaap geplaas. Twee oop, diepgaande onderhoude is met agt deelnemers gevoer. Die getranskribeerde onderhoude is geanaliseer met gebruikmaking van konstruktivisties gegronde teorie en gevallestudies volgens 'n sekwensiële data-ontledingsbenadering. Teoreties is hierdie studie beïnvloed deur postmodernisme, sosiale konstruksionisme, feminisme en psigo-analitiese teorie.

Die data-ontleding het gelei tot 'n gedetailleerde dokumentasie van die omvang van kindersorgreëlings wat deur die deelnemers gebruik is. Dit het verder gewys dat kontekstuele, relasionele en persoonlike beperkings dit vir die deelnemers onmoontlik gemaak het om hul kinders te bemoeder en te versorg soos hulle graag wou. Die deelnemers moes hul kindersorgideale kompromitteer en dit het 'n reeks sielkundige en emosionele gevolge geskep. Ten einde dit te hanteer, het die deelnemers gebruik gemaak van sowel bewuste as onbewuste hanteringsmeganismes en -prosesse. Die bevindinge het aangedui dat die gebruik van multigeneratiewe kindersorg sielkundig kompleks was, aangesien moeder-dogter verhoudings bewustelik en onbewustelik 'n uitwerking gehad het op kindersorgbesluite, die emosionele en sielkundige belewing daarvan, en die deelnemers se hantering daarvan. Die afwesigheid van mans en vaders in die voorsiening van kindersorg het ooreengestem met internasionale bevindinge oor die gender-gebaseerde aard van kindersorg.

Gebaseer op die bevindinge van hierdie studie kan tot die slotsom gekom word dat moedersorg en kindersorg inderdaad kwessies van belang onder lae-inkomstemoeders is. Dit is ook 'n onderwerp wat verdere navorsing in die sielkunde vakgebied regverdig. Aanbevelings in hierdie verband word ingesluit en vestig die aandag op die behoefte om

teoretiese raamwerke en navorsingsmetodes te gebruik wat sensitief is ten opsigte van die veelvlakkige, komplekse sielkundige ervarings van moederskap en kindersorg onder lae-inkomstevroue.

STATEMENT REGARDING FINANCIAL ASSISTANCE

ACKNOWLEDGEMENTS

Professor Lou-Marié Kruger: thank you for your unwavering support throughout this project. Words cannot express my gratitude for your sharp intellectual and academic insight, the extensive time you spent on reading, thinking and talking about the work contained in this dissertation and your patience during my times of doubt. I am eternally grateful – not only for what you contributed as supervisor, but mostly for your presence as mentor and friend.

The women interviewed, who not only gave so generously of their time, but also allowed me a glimpse of the inner and outer worlds in which they mothered their children: thank you for such an incredible privilege.

Maxine Spedding and Jana Lazarus: thank you for invaluable insight, comments and support.

Hestia Kotzé and Carine Janse van Rensburg: thank you for your assistance with the typing, translation, proofreading, editing and technical aspects of this dissertation.

All my family and friends: thank you for your unwavering support and encouragement throughout this lengthy process.

My husband, Hawies, who supported me wholeheartedly and mothered our daughter so lovingly while I was preoccupied with this project: thanks for your patience, encouragement and love throughout.

Annie, my daughter: thank you for being so patient while I was often engrossed in this research. Thanks for sacrificing holidays and weekends away so I can work. Most of all, thanks for granting me the experience of motherhood in all its complexity.

TABLE OF CONTENTS

Contents	Page

1.1   Context of the study

1.1.1   'The face of poverty is female'[1]

Across the world, millions of mothers are caring for their children in poverty. UNIFEM (2010) estimated women and children to represent up to 70% of the world's poor. Worldwide, the feminisation of poverty is a growing phenomenon as women are generally paid less than men for their work, continue to face persistent discrimination, experience limited participation in decision-making and are often concentrated in insecure, unsafe and low-wage work. The feminisation of poverty is also strongly related to the worldwide increase in female-headed households (Budlender, 2003; Casale & Posel, 2002; Moghadam, 2005). Moghadam (2005) noted that within-class gender differences existed as female-headed households among the poor are more deprived relative to male-headed households. Also, within poor male-headed households, the poverty of women and girls may be more severe than that of men and boys. Women are regarded as particularly susceptible to chronic poverty as their capacity to lift themselves and their children out of poverty is severely constrained by larger socio-economic, cultural and historic factors (Aliber, 2001; Hulme, Moore & Shepherd, as cited in Ally-Schmidt, 2005; Moghadam, 2005).

South Africa is categorised as a middle-income country in the United Nations Human Development Report (2006) but is an extremely unequal society (Mubangizi, 2008; Seekings, 2007; Swartz, Gibson & Gelman, 2002). Apartheid and the legislation through which this ideology was implemented, greatly contributed to the high levels of poverty among black, coloured and Indian South Africans[2]. About 40-50% of South African households can be categorised as poor with many more facing continued vulnerability to become poor or poorer (May & Norton, 1997). Female, black, rural South Africans are regarded as the group most susceptible to income poverty (Seekings, 2007) and female-headed households in South Africa as the most vulnerable to chronic poverty (Aliber, 2001; Benjamin, 2007). Female-headed households make up over 40% of all households in South Africa and the 2002 Statistics South Africa October General Household Survey, found that 45% South African children live only with their mothers (Corrigall Alfers, 2006). The absence of men and fathers

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[1] Obiageli Ezekwesili, World Bank Vice President for the Africa Region, 2009.
[2] I am aware that the use of the terms 'black' and 'Coloured' are controversial, since racial categories in South Africa are socially constructed and connote certain social meanings. In this study the term 'Coloured' will be used descriptively and refers to South Africans of diverse and mixed racial origins. The term 'black' will be used to refer to all South Africans disenfranchised under Apartheid (Swartz, Gibson & Gelman, 2002).

in these households can be attributed to historic factors such as the legacy of migrant labour and poverty that resulted from a racialised labour market (Wilson, 2006). In South Africa, paternal absence is high in comparison to other sub-Saharan African countries (Posel & Devey, 2006). Poverty itself tends to destabilise intimate relationships between low-income men and women and contributes to the high rates of male absenteeism (Belle, 1994; BeLue, Schreiner, Taylor-Richardson, Murray-Kolb & Beard, 2008). The absence of men, in turn, sustains the cycle of poverty as women's 'access to traditional forms of (male) income support', is eroded while low-income female heads of households face numerous obstacles in their pursuit for better employment opportunities (BeLue et al., 2008). Most notable among these are women's extensive childcare responsibilities, the lack of accessible and affordable childcare alternatives and the limited availability of family members who can assist (Aliber, 2001; Belle, 1994). Hassim (2005) estimated the unemployment rate among women in some parts of South Africa as high as 75 per cent. Rural areas in South Africa are deemed particularly vulnerable to poverty. These areas are generally characterised by a lack of infrastructure, poor quality of services, low levels of education, a high number of single parent households and few opportunities for employment (both formal and informal). In conclusion, it can safely be stated that rural, black women in South Africa are particularly vulnerable to high levels of chronic poverty (Armstrong, Lekzwa & Siebrits, 2008; Kehler, 2001).

Poverty should, however, not only be viewed as the lack of income, but also 'the denial of opportunities and choices most basic to human development to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-esteem and respect from others' (Statistics South Africa, 2000, p. 54). Garbarino (as cited in McIntyre, Officer & Robinson, 2003), referred to poverty as 'a psychological state of shame derived from understanding that one is left out, at the bottom, incompetent and not 'regular'' (p.112). Poverty is not only a statistical figure of income and expenditure, but an emotional and psychological experience.

1.1.2 Poverty, motherhood and mental health

Being poor is stressful. Not only does poverty give rise to constant emotional stress associated with the struggle for survival, but the continued exposure to violence and abuse, extreme living conditions, uncertainty about the future (May & Norton, 1997) and the lack of accessible, affordable, quality health services, make poor women particularly vulnerable for physical and mental ill health (Bassuk, 1996; Belle, 1994; Belle & Doucet, 2003; Brown & Moran, 1997; Groh, 2007; Patel & Kleinman, 2003). South African research on the prevalence of psychiatric disorders in the general population is extremely limited and with

regard to gender-disaggregated rates, almost non-existent (Moultrie & Kleintjes, 2006; Williams et al., 2008). The first nationally representative psychiatric epidemiological study in sub-Saharan Africa, indicated: (a) an elevated risk of mental disorders in South Africa compared to other high- and middle-income countries; (b) that most disorders are moderate to serious in severity; and (c) most disorders remain untreated (Williams et al., 2008). In concurrence with international research findings, Williams et al. (2008) reported a higher risk of mood and anxiety disorders among South African women than men.

Women in poverty are considered particularly vulnerable for 'common mental disorders' (CMD) as poverty places severe constraints on personal choice and agency, is associated with a lack of support and low self-esteem, and exposes them to high levels of chronic social adversity and severe life events (Belle, 1994; Brown & Moran, 1997; Moultrie & Kleintjes, 2006). Chronically difficult life conditions not only render low-income mothers vulnerable to depression and anxiety, but can also result in negative parenting behaviour and a lack of responsiveness and nurturance to their children (Belle, Longfellow & Makosy, 1982; Birns, 1999; Evans, Boxhill & Pinkava, 2008; Middlemiss, 2003).

Pregnancy and early motherhood have been identified as a time of stress, transformation and adjustment (Burmeister-Nel, 2005; Trad, 1990) that render low-income women particularly vulnerable psychologically (Keating-Lefler et al., 2004; Kruger, 2006a; Storkey, 2006; Tomlinson, Cooper, Stein, Swartz, & Molteno, 2006). In addition, Pound and Abel (1996) noted that women who are less educated, unemployed or in less satisfying employment, generally have a greater investment in the maternal role, which realistically may be their only available career. However, poor women generally find themselves without the necessary resources to cope with motherhood and its demands and it is therefore ironic that women, who may value motherhood the most, are also more likely to experience high levels of frustration and disappointment with their inability to meet the demands and challenges of motherhood. Wijnberg and Reding (1999) reported similar findings among low-income rural mothers who evaluated their own self-worth in terms of their capacity to fulfil their aspirations as mothers – regardless of the constraints imposed thereon due to poverty. In a South African study the tension between low-income women's constructions of ideal motherhood and their inability to meet these ideals due to poverty-related constraints, was responded to by feelings of inadequacy and struggles to cope effectively (Youngleson, 2006).

An added concern for many poor working mothers is the lack of affordable, adequate childcare. International research indicated that childcare concerns greatly contributed to low-income mothers' experiences of stress, distress, anxiety and depression (Belle, 1982;

Halliday & Little, 2001; Henly & Lyons, 2000; Press, Fagan & Bernd, 2006; Wijnberg & Reding, 1999). South African research in this regard is non-existent.

In conclusion, current research suggests that low-income mothers of colour in rural South Africa, experience a heightened vulnerability for emotional distress, psychological difficulty and mental illness – a vulnerability that has not been responded to with the adequate provision of mental health (Groh, 2007) and childcare services (Corigall Alfers, 2006).

1.1.3 Lack of mental health services

In South Africa vast disparities exist between the need for mental health services and the provision thereof. Despite excellent policies, legislation, and a sophisticated human rights charter that intend to address the needs of poor, rural women and children, mental health service delivery in South Africa remains limited and inaccessible to many poor, rural women.

In post-1994 South Africa, mental health care has been integrated into the Primary Health Care (PHC) system. The implementation of this policy, however, prioritised the integration of psychiatric care for serious mental disorders at the primary health care level, resulting in the neglect of care provided for the treatment of common mental disorders (CMDs) (i.e., anxiety, depression and behavioural problems). The provision of mental health services on primary care level also remained rooted in the biomedical model of psychiatric care, while counselling services for CMDs are excluded or extremely limited (Mkhize & Kometsi, 2008). The high unmet need for mental health services in South Africa was evident in Williams et al.'s (2008) study that reported that three out of four adults in South Africa with a 12-month DSM-IV disorder received no treatment in the year in which they were interviewed. Poor infrastructure, limited funding, insufficient supplies and equipment, high workload and inadequate training and support for primary health care staff are all regarded as factors impeding mental health service delivery (especially for CMDs) in South Africa (Mkhize & Kometsi, 2008).

In the Western Cape, voluntary welfare and non-governmental organizations (NGOs) have attempted to respond to the lack of public mental health services, but the lack of adequate funding and unrealistic subsidy specifications hindered them from broadening service delivery from a small minority to society at large in post-Apartheid South Africa (Ensink, Leger & Robertson, 1995). The changing context in South Africa further compelled several NGOs to shift service delivery away from relief and welfare strategies towards a community development and empowerment framework (Parekh, McKay & Petersen, 1997). This inevitably impacted negatively on the availability and accessibility of mental health services

for people who experience mental health problems, but do not necessarily suffer from severe mental illness (Ensink et al., 1995). Non-governmental mental health services specifically available to low-income women in the West Coast/Winelands region of the Western Cape, were found to be impractical, limited in focus, biased and prejudiced, overtly politicised, medicalised to the extreme and at times unprofessional and unethical (Liebenberg 2000).

Worldwide, mental health services tend to be gender-blind and largely focused on illness and intrapsychic pathology – much to the neglect of socio-cultural and structural influences on women's (and other marginalised groups') experience of psychological distress (Worell, 2001). Internationally, poor women showed reluctance to use mental health services. Belle (1994) attributed this to the disparate views held between therapists and clients on the causes of emotional distress and the ways in which race, class and ethnic differences posed barriers to understanding. Low-income women living in rural areas (and poor people in general) often struggle to access available services due to the extent of their poverty: traveling costs, difficulties with transportation, costs of services, negotiating time off work, inconvenient opening times and the difficulty of arranging childcare all act as barriers to service access (Aliber, 2001; Armstrong et al., 2008; Liebenberg, 2000).

Poverty and difficulties experienced with childcare therefore not only contributed to the heightened vulnerability for psychological distress and mental illness among rural, poor women of colour in South Africa, but also limited the extent to which the limited mental health services could be accessed and utilised.

1.1.4 Lack of formal childcare services

Increased formal employment opportunities for low-income women are generally regarded as instrumental to poverty alleviation (Armstrong et al., 2008; Pick & Makhlouf Obermeyer, 1996), but unless this is accompanied by the provision of quality, affordable childcare, women will generally not be able to capitalise on these initiatives and will remain economically marginalised (Corigall Alfers, 2006). Despite the intention of the South African government to address the plight of poor women and children through increased employment opportunities for women (Corigall Alfers, 2006), the concomitant commitment to the development of quality childcare services is largely absent. The National Integrated Plan for Early Childhood Development (2005) of the South African government was intended to address the rights of young children (0-4 years) to basic services, including that of quality childcare. The Department of Social Services indicated that by March 2007 there were 9 726 Early Childhood Development (ECD) centres registered with them, of which 5 431 received financial support in the form of subsidies from the department. These facilities reached about

314 912 children five years and younger of whom the majority were in urban areas. Given that Statistics South Africa estimated in 2006 that there were about 5 164 500 children in the age group 0-4 years, it is clear that there is an enormous unmet need for formal, subsidised childcare for children under the age of five. UNICEF estimated in 2000 that 84% of South African children from birth to age five did not have access to formal ECD provision and that they relied on their parents and primary caregivers for their early childhood development and stimulation (UNICEF, 2007). The nationwide audit of ECD provisioning in South Africa conducted by the Department of Education in 2000 (Williams et al., 2001), similarly found that ECD sites for children under the age of five were largely home based. These privately funded services were often more expensive than school- and community-based services, yet were rated below average with respect to infrastructure and support. Concerns have also been raised about the lack of qualified staff and the relatively weak educational programmes offered. Given the audit's finding that only 12% of ECD practitioners in South Africa were fully qualified, 23% had no training and 88% required more training, the quality of childcare and education offered, can be called into question. Clearly, there is an overwhelming and urgent need for formal, subsidised, quality childcare provided by appropriately qualified staff.

The cost of formal childcare, its inflexible and inconvenient hours of operation, the lack of formal childcare services and concerns about the quality of care provided, cause poor women across the world to make disproportionately use of informal childcare provided by grandmothers, family members, neighbours and friends (Henly & Lyons, 2000). The limited studies on childcare use in South Africa indicate a similar trend (Ally-Schmidt, 2005; Bozalek, 2004; Bray & Brandt, 2007). Conditions of poverty therefore limit both the formal childcare resources available to poor mothers as well as their ability to access these (Ally-Schmidt, 2005).

The gendered nature of childcare is a well-described phenomenon among low-income as well as middle-class families of diverse cultural backgrounds (Bozalek, 2004; Chodorow, 1978; Corigall Alfers, 2006; Hrdy, 2000). In South Africa the responsibility for childcare seems to largely reside with women – specifically mothers, grandmothers or domestic workers (Ally-Schmidt, 2005; Bozalek, 2004; Corigall Alfers, 2006; Van Rensburg, 2006). Corigall Alfers (2006) noted that the high prevalence of use and 'affordability' of informal, privately arranged childcare in South Africa, renders the needs of poor women for quality socialised childcare invisible and thus sustains the status quo with regard to a lack of state-funded services. She identified the availability of cheap labour and the high prevalence of extended family structures in South Africa as contributing factors to the use of informal childcare. Statistics South Africa indicated that about 40% South African children resided in

extended families with at least six other people present. African children in rural, disadvantaged areas tend to live in large extended family structures with a grandparent as the head, whereas white children are more likely to live in smaller, nuclear families. Other racial groups 'fall somewhere in the middle' (UNICEF, 2007, p. 8). An assumption therefore exists among policy makers (De la Rey & Eagle, 1997; Vorster, 2000), service providers (MUHC, 2004) and the general public (Garrus, 2005) that childcare provided by extended family members (in particular grandmothers), is a widespread phenomenon in South Africa among black South Africans. This assumption has not been substantiated by documentation nor has the impact thereof on mothers, grandmothers and children been researched. Furthermore, it has been suggested that the childcare provided by grandmothers can be of great benefit to the mother (i.e. serve as a protective factor). Given the complexity of mother-daughter relationships (Chodorow, 1978) it can be hypothesised that multigenerational childcare may also become a source of stress and as such exacerbate existing levels of psychological distress (Belle & Doucet, 2003; Brown & Moran, 1997; Jackson, 1998; Leinonen, Solantaus & Punamäki, 2003; Middlemiss, 2003; Parekh & De la Rey, 1997; Zelkowitz, 1996).

In conclusion, existing research indicates that the lack of affordable, accessible, formal childcare compound low-income mothers' struggles to access employment and to utilise available mental health and other services. Informal childcare provided by family (particularly grandmothers) is frequently cited by low-income mothers as an accessible, cost-effective childcare alternative (Reschke, Manoogian, Richards, Walker & Seiling, 2006; Scott, London & Hurst, 2005). The question is, do these arrangements serve a supportive function, or do they exacerbate and intensify existing levels of psychological distress and relationship strain?

1.1.5 Childcare, social support and the mother-daughter relationship

Not all poor mothers experience psychological distress, become depressed or suffer from anxiety. Social support research and feminist research on resilience and coping, suggest that some women continue to have a positive sense of well-being, are resilient and function effectively despite being subjected to serious stress and adversity due to their poverty-related circumstances (Belle, 1982; Oakley, 1992). Social networks and social support have been forwarded as important factors in the facilitation of women's adjustment to pregnancy (Nelson, 2000; Oakley, 1992) and to motherhood during the postpartum period (Hyan et al., 2002; Mulsow, Caldera, Pursley, Reifman & Huston, 2002). Conversely, unsupportive relationships and problematic social relationships have been shown to adversely affect women's perceived levels of stress (Todd & Worell, 2000) and are associated with high

levels of stress and depressive symptoms among low-income mothers specifically (Hall, Williams & Greenberg, 1985; Middlemiss, 2003). Several studies indicated that it is not so much the availability of social support, but the absence of problematic and unsupportive relationships that contribute to low-income women's subjective sense of well-being (Belle & Doucet, 2003; Todd & Worell, 2000).

The exact mechanism through which social support and social networks positively impact on mothers' physical and mental health has not been well researched, although it has been suggested that social support can offer a critical buffer for stressful life events (Oakley, 1992). Under some types of chronic stress, such as those caused by poverty, the buffering effects of social support may be short-lived as the stressor eventually erodes the available social support (BeLue et al., 2008; Lepore, Evans & Schneider, 1991). Recent studies among poor women, indicated that low-income, rural mothers benefited most from support rendered by their extended families and not a male partner (Kohler, Anderson, Oravecz & Braun, 2004), yet there are indications that the traditional informal support provided by kin and community networks has eroded (Groh, 2007). Poor families are subjected to the same scarcity of resources and consequently have extremely limited resources to share (Belle & Doucet, 2003; Groh, 2007). The mutual-aid networks often created and sustained by low-income women in times of stress also place additional demands on women, can lead to stress contagion and generally offer limited resources to benefit them in the long-term (Belle, 1984; Belle & Doucet, 2003). Low-income women are therefore not only faced with limited community-based social support, but may also find the social support in their extended families and social networks as limited and short-lived.

Of particular interest to the present study, is the nature and impact of childcare support offered by the mothers of women with young children. Support from a woman's mother has been associated with coping (Edin & Lein, 1997) and positive mental health outcomes (Groh, 2007) whereas conflict between poor women and their mothers are predictive of depression (Bassuk et al., as cited in Groh, 2007). The mother-daughter relationship is often described as complex (Shrier, Tompsett & Shrier, 2004) and has been shown to play an instrumental role in the shaping of women's gender identity (Chodorow, 1978; Walzer, 1995), sexuality (Dahl, 1995), mothering role (Leonhardt-Lupa, 1995; Underwood-Gichia, 2000), self-esteem (Goldberg, 1995) and general mental health (Charles, Frank, Jacobson & Grossman, 2001; Dahl, 1995; Pound & Abel, 1996). On an intrapsychic level, pregnancy and early motherhood reawaken or intensify feelings about the mother's own mother – she may experience internal conflict, ambivalence, intense neediness for assistance from her mother, may aspire to be as good a mother as her own or determined to be a better mother than her own (Hoffman,

2004). According to Stern (1995) new mothers develop a 'motherhood constellation' as a new psychic organisation during the first three years after giving birth and this includes a reactivation and reorganisation of her relationship with her own mother. The mother's maternal behaviour towards her child is strongly influenced by 'the totality of her experience of being mothered' (p. 179). For instance, research indicates that one of the best predictors of the pattern of attachment that will emerge between a mother and her 12-month old infant is the way the mother currently talks about her own mother and her own experiences of being mothered (Stern, 1995). It can therefore be theorised that multigenerational childcare arrangements (between mother and daughter) further complicate an already intricate relationship (Nice, 1992), which could exacerbate existing levels of stress and psychological vulnerability associated with early motherhood and poverty. As of yet, no international or South African research on mother-daughter relationships within the context of multigenerational childcare arrangements could be found.

1.1.6 Lack of knowledge

'Psychology has nothing to say about what women are really like, what they need and what they want, because psychology does not know (Weisttein, as cited in Kitzinger, 1998).

Motherhood/ mothering is regarded as one of the most researched and written about topics in psychology (Arendell, 2000; Kruger 2005a), yet Arendell (2000) still concluded in her review of research on motherhood, that the identities and meanings of mothering, relationships between mothers, children and others, and the experiences and activities of mothering are all areas in need of more research. In stark comparison to the rapidly growing body of internationally published research on motherhood and mothering, South African research in this area is almost non-existent. Not only is there a general lack of South African research on mothering, but research on the subjective experiences of mothers and the impact of race, class, culture and sexuality on motherhood experiences and practices, is almost non-existent (Kruger, 2005a).

South African research on childcare, descriptions of the childcare utilised by South African mothers, and the psychological aspects involved in these arrangements are similarly neglected in existing psychological literature. Bray and Brandt (2007) commented, 'Our review of the South African psychological and anthropological literature (the two disciplines best equipped and most likely to investigate child care in a more nuanced way) produced very little work of any substance' (p. 2). The few recent South African studies on childcare include: an unpublished mini-thesis by Ally-Schmidt (2005) in which she investigated care-giving resources among chronically poor female-headed Ceres households from a feminist

point of view; a doctoral study by Vivienne Bozalek (2004) in which data was collected from university students on various aspects related to family life, including childcare received in their families of origin; a Master's thesis on childcare and women's citizenship (Corigall Alfers, 2006) and an ethnographic study by Bray and Brandt (2007) on the interaction between quality of childcare and poverty. Of these, the latter study was the only one that explicitly focused on the emotional and relational components of childcare and commented on the intricate ways in which poverty and childcare influenced each other. These authors called for in-depth, multi-perspective approaches to the study of childcare in South Africa, and specifically suggested that, 'researchers and policy makers alike must broaden their focus to explore the multiple and changing roles within households and their networks, as well as the many roles and contributions both children and adults may make in order not to foreclose on the rich understanding of child care' (p. 14). Although Bray and Brandt (2007) strongly argued for a focus on the emotional and relational dimensions of childcare, their study was not mainly concerned with mothers' perspectives or their 'lived experiences' of mothering and childcare, nor did it constitute an in-depth investigation of the emotional and psychological aspects involved.

If it is indeed true that multigenerational childcare arrangements are prevalent in South Africa (Hrdy, 1999), this cannot be verified by empirical studies[3]. South African psychology research on multigenerational childcare is limited to a few empirical and descriptive studies related to household structure, poverty and care of children orphaned by HIV/AIDS (see for example Aliber, 2001; Möller, 1994; 1996; Townsend & Dawes, 2004; Van Rensburg, 2006). It can be concluded that at present, South African research on multigenerational childcare is non-existent: both in terms of the prevalence thereof and the psychological impact it has on mothers, grandmothers and children.

Internationally, published research on the psychological impact of multigenerational/ intergenerational childcare is largely European/USA-based and tends to focus on: descriptions of the phenomenon (Casper & Bryson, 1998; Flaherty, Facteau & Garver, 1987; Jimenez, 2002; Joslin & Brouard, 1995; McDonald & Armstrong, 2001; Pearson, Hunter, Ensminger & Kellam, 1990; Presser, 1989); the impact it has on the health and mental health of grandparents (Caputo, 2001; Cox, 2003; Emick & Hayslip, 1996; Goodman & Silverstein, 2002; Sadler & Clemmens 2004); the experiences of grandmothers who participate in

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[3] The only statistics available, are estimates of the prevalence of female-headed households in South Africa and/or so-called 'granny households' (grandmothers as the household heads) (Curtis, Bradshaw & Nojilana, 2002; May & Norton, 1997). In 1992, 42% of African households in South Africa were headed by females and approximately 17% of these were 'granny households' (Aliber, 2001). These figures give no indication to what extent grandmothers are actively involved in childcare.

intergenerational caretaking (Burton & De Vries, 1992; Cotterill, 1992, Emick & Hayslip, 1996; Gibson, 2002); the impact it has on the health, development and/or mental health of the children involved (Black & Nitz, 1996; Brook, Whiteman & Zheng, 2002; Spieker & Bensley, 1994); and the impact it has on teenage mothers' adjustment to motherhood (Black & Nitz, 1996). Research on mothers' experiences of multigenerational childcare arrangements is notably absent and limited to a few empirical, quantitative studies concerned with the impact of intergenerational childcare on the mother's parenting style and ability (Brook et al., 2002; Wakschlag, Lindsay Chase-Lansdale & Brooks-Gunn, 1996). Available research on this topic tends to support instrumentalist discourses on the mother's ability to be a good mother, and not her subjective experience of these arrangements.

It is not only an increased research focus on motherhood and childcare in South Africa that is called for, but research of a particular kind. Traditionally psychology's contribution to research on motherhood and childcare supported instrumentalist discourses of the mother as the essential provider of critical environmental experiences for her children and therefore 'responsible' for her children's development. As a consequence, psychological research rarely examined women's subjective experiences as mothers (Woollett & Phoenix, 1997), the realities of mothers' 'lived' experiences and differences in experience among diverse groups of mothers. Psychologists, who often share the dominant ideological notions of 'normal' motherhood, unwittingly perpetuate dominant Western ideologies about ideal and 'normal' mothering. Differences among women's experiences of motherhood are often presented in psychology literature within a discourse of deviance and the positioning of, for example, teenage mothers and single mothers as the 'pathologized other' (MacLeod, 2001; Woollett & Phoenix, 1997).

In the 1970s feminist psychologists pointed out how psychology misrepresented women by adopting an exclusively male view as universal (Kitzinger, 1998). In more recent times, psychology research on women is accused of adopting middle class, white women's experience as representative of all women's. Saris and Johnston-Robledo (2000) reviewed published research in psychology between 1991 and 1997 and concluded that poor women of colour remained marginalised in psychology's discourse. The review further indicated that published research on low-income mothers and motherhood was mostly applied and focused on special and health-related problems while their normative experiences of pregnancy and motherhood were severely neglected (Saris & Johnston-Robledo, 2000). Thomas (2004) argued that psychology research on black women was severely limited and concluded that, 'the neglect of study of certain segments of the population, such as Black women, results in

missing bricks of foundational knowledge that yield a psychological knowledge base that is faulty, inadequate, and incomplete' (p. 287).

There is thus a great paucity in psychological research on motherhood that attends to the complexity of poor women's lives and specifies how contextual factors such as race, gender and social class influence the shaping of experiences and practices of mothering and motherhood. Magwaza (2003) urged South African researchers to consider the interconnectedness of race, political history, gender and class in research on motherhood. She specifically noted the impact of race in her comment that, 'The lives of black and white mothers are different. Black mothers feel the effect of Apartheid, even if they have similar educational levels and live in the same areas' (Magwaza, 2003).

It is imperative that psychology pay more attention to the normative experiences of motherhood and childcare among low-income, women of colour in South Africa in order to counter the legacy of poor women being 'shut up and shut out' (Reid, 1993) of mainstream psychological discourse, research and theory. As such, research on mothers' subjective experiences of motherhood localised in the social dimensions of experience, such as race, gender and class are sorely needed to inform policy and develop appropriate psychological interventions.

1.1.7 Summary

From the discussion above, it is clear, that poor, rural South African mothers are at particular risk psychologically. Childcare concerns not only increase their risk for psychological distress and mental illness, but also serve as a barrier to the access of employment and mental health services. It was theorised that low-income, rural mothers in South Africa tend to rely on extended family members (in particular their own mothers) for childcare, yet no research is available on (a) the nature and type of childcare arrangements utilised by low-income South African mothers, and (b) low-income mothers' psychological experiences of childcare use – particularly the use of multigenerational childcare. In order to plan appropriate mental health interventions and contribute to policy development for low-income mothers, psychology research on women's lived experiences of motherhood and childcare is urgently needed. This study represents a first step towards meeting this need.

1.2   Aims/goals of the study

Arendell (2000), Gerson, Alpert and Richardson (1984) and Kruger (2005a) strongly urged research on motherhood to focus more on the lives of particular mothers, to mothers' own voices, and to the lives and voices of diverse groups of mothers. Not only can this create a more realistic understanding of mothers' lives, but it can also serve to connect mothers' personal beliefs and choices with their social situations (including various political, economic and other social/cultural arrangements). The objective of the research presented here, was therefore to explore subjective accounts of childcare as experienced by mothers.

The central research questions being asked are:
- How do childcare arrangements (including multigenerational childcare) manifest in one particular low-income South African community?
- How do low-income, South African mothers themselves experience the use of childcare?

The goal of the present study is to explore, describe, analyse and document the key dimensions of the psychological experiences of low-income mothers sharing childcare with others, including their own mothers in the semi-rural, Coloured community of Paradijsbos. More specifically, the study attempted to explore, describe, analyse and document the following:

- The factors contributing to childcare choice;
- Low income mothers' experiences of sharing the practice of motherhood with others, including their own mothers;
- Low income mothers' experience(s) of the mother-daughter relationship during the first few years of motherhood and within the context of multigenerational childcare.

Given the extremely limited research in psychology on motherhood and childcare, the research reported here not only attempted to provide a detailed description of the subjective experiences of mothers who share childcare with others, but also to develop an understanding of the underlying psychological processes involved. More important even, is the intent to make mothers and their diverse experiences of motherhood and childcare visible within scientific literature.

1.3 Organisation of the dissertation

In this chapter the context of the present study was presented, including the research problem, the rationale of the study and the goals and aims thereof. In Chapter Two, the theoretical perspectives that influenced the research design and the interpretation(s) of the findings in this study are presented. Social constructionism formed the metatheoretical framework that guided the research project as a whole. Given that the study was largely inductive, the choice of theoretical framework(s) for the analysis of the data depended on the themes that emerged during the analysis (Charmaz, 1995). Following the data analysis, it transpired that postmodernism, feminism and psychoanalytic theory proved to be particularly relevant and useful for this purpose and therefore Chapter Two also briefly considers the main tenets of these theoretical perspectives. In Chapter Three the methodology is presented, followed by the presentation of the findings and discussions thereof in Chapter Four. The dissertation concludes in Chapter Five with a summary of the main findings, an evaluation of the study and recommendations based thereon. Since the study broadly followed the Constructivist Grounded Theory methods described by Kathy Charmaz (2003; 2006), existing literature was only consulted during the final stages of the data analysis. Consequently, existing theory and research on motherhood and childcare were incorporated into the discussion of the findings in Chapter Four and not presented in a separate literature review.

In this study, multiple data analytic strategies were utilised (constructivist grounded theory and case studies) to analyse the same set of data. Since motherhood and childcare are complex phenomena in which individual constructions are influenced by both social and individual factors, the use of multiple, complementary methods were deemed useful. Two formal data analytic strategies were thus used to illuminate the data generated in this study. The grounded theory lens provided me with a very detailed analysis of the data, whilst moving the analysis beyond mere description (Charmaz, 2006). However, while ensuring that a very substantial overview of all the data was obtained, it did feel as if this strategy fragmented the data (Hawker & Kerr, 2007) – and, in fact, the participants themselves. It felt as if in identifying categories, I 'lost' the research participants and their unique personal and social contexts. The case study lens brought the participants and their contexts into view again, served to deepen the categories constructed through the grounded theory analysis and helped me (and I hope the reader) to have a more integrated and 'wholistic' grasp of the participants. It also felt as if the validity of my analysis was enhanced by the use of multiple analytic strategies: the conclusions in this study were generated by exploring the general categories and by focusing on individual participants.

Although my choice for inclusivity (doing both a grounded theory analysis and case studies) seemed to be a very useful strategy from a research point of view, this choice led to the generation of an extremely detailed and comprehensive research report, sometimes with overlap in the reporting of findings. It will perhaps help the reader if I say that, in line with its social constructionist underpinnings, this research report can be read in different ways. Different reading strategies will illuminate the different ways in which meaning was constructed: The reader can:

(a) Skip the case studies, and read only the grounded theory analyses;
(b) Only read the case studies and skip the grounded theory analyses; or
(c) Read the full report.

In addition, the reader may find it useful to consult Figure 4.1 to follow the argument that I constructed. The advantages and disadvantages of using multiple data analytic and data reporting strategies are discussed in Chapter 5.

CHAPTER TWO

THEORETICAL PERSPECTIVES

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2.1   Introduction

Dorothy E. Smith's often quoted statement, 'Theory is a tool to think with', aptly describes the role that the theoretical perspectives of postmodernism, social constructionism, feminism and psychoanalysis played in the research documented in this dissertation. This chapter considers the various theoretical perspectives that influenced my thinking about the choice of topic, the research design and my interpretation(s) of the findings in this study. The theories presented in this chapter, are very complex and a comprehensive review will not be attempted here. Instead, I will provide brief descriptive accounts of some of the main tenets of these theories.

Postmodernism and social constructionism are first discussed as the metatheoretical frameworks adopted in this study. This is followed by a consideration of feminism and psychoanalysis as these theoretical approaches are generally regarded as influential in psychological research on motherhood and proved to be useful in directing the design of this study and the interpretation of its findings. Following the argument forwarded by Cosgrove (2003) that postmodernism can move feminist thinking beyond the essentialist notions contained in both feminist empiricist and feminist standpoint theories, as well as Jane Flax's (1990) argument that feminism and psychoanalysis have much to contribute to the deficiencies and gaps in postmodern theorising, the relevance of postmodern, feminist and psychoanalytic theories to this study on motherhood and childcare, is argued.

2.2   Postmodernism as metatheoretical perspective

Postmodernism has been described and defined in so many ways, imbued with such diverse meanings, that Cilliers (1998) concluded that the term postmodernism has become impossible to define. Waugh (1992), described postmodernism as mainly used in the following three ways: (a) a cultural period through which we are living; (b) an aesthetic practice; and (c) a development in thought that represents a critique of Enlightenment and modernity. I will not attempt to define or describe postmodernism in the broader sense, but rather frame the present discussion within an understanding of postmodernism as a critique of Enlightenment and modernity.

Lyotard, in his seminal work, 'The Postmodern Condition' (1984) studied the conditions of knowledge in developed societies. He claimed that the dream of modernism was to find a coherent metadiscourse that would serve a unifying function. In terms of scientific

knowledge, such a metadiscourse would be able to legitimate all knowledge claims and could potentially incorporate all forms of knowledge into a single, grand narrative (Cilliers, 1998). Postmodernism, according to Lyotard (1984), represents an 'incredulity towards metanarratives' (p. xxiv). In contrast to modernism's quest for a single, grand narrative, postmodernism is characterised by a multiplicity of discourses which are determined locally and cannot be legitimated externally (Cilliers, 1998). Cilliers (1998) further emphasised that the description of postmodernism as a multiplicity of local narratives 'is an argument not against scientific knowledge as such, but against a certain *understanding* of such knowledge' (p.114).

Much of the research conducted in psychology, can be regarded as a 'by-product' of modernism (Gergen, 2001). Gergen (2001) highlighted three aspects associated with modernism that deeply affected the practice of psychological science: individual knowledge, the objective world and language as the carrier of truth.

Enlightenment thinkers conceptualised the human being as a coherent, stable self (Flax, 1990), governed by 'autonomous capacities for careful, conscious observation and rational deliberation' (Gergen, 2001, p. 804). This Cartesian self implied that (a) the individual mind can be the object of scientific study and (b) individual minds of scientists can discover and develop knowledge of the human mind. Most research in psychology was influenced by the implicit promise of modernism that an increased capacity to predict and control human activity will ultimately result in the establishment of the ideal society (Gergen, 2001).

A second defining characteristic of modernist thinking is the belief that there is an objective, natural world that exists independent of the inner world of mind, or 'the knower'. It was therefore assumed that there is a dualism between the inner world of the mind and the external world of the material. Following the ideas of Isaac Newton and Francis Bacon, it was argued within the modernist tradition, that if the cause and effect of mind and environment can be deciphered, it will result in an increased capacity for prediction and control (Gergen, 2001). 'Truth' viewed from a modernist perspective, exists as something real and universal (Flax, 1990) with the experimental method regarded as the best way to determine the causal relationships between mind and the material world.

Thirdly, modernist thinking regards language as the transparent and neutral means of transporting the content of mind to others and assumes a 'correspondence theory of language'. Language can therefore be used in scientific work to communicate thoughts and

observations to others with words that are seen as matching the world as it is (Gergen, 2001).

Postmodernism, on the other hand, problematises all essentialist notions, including the idea of the individual as an isolated, autonomous, self-contained, rational being with a rich inner life (Cilliers, 1998; Flax, 1990; Smith, 1994). Postmodernism regards language as a system unto itself which 'precedes and outlives' the individual. For the individual who has to participate in a system that is already constituted, 'being rational' becomes a form of communal participation (Gergen, 2001). A similar understanding was expressed by Lyotard (1984), who wrote:

> *A self does not amount to much, but no self is an island; each exists in a fabric of relations that is now more complex and mobile than ever before. Young or old, man or woman, rich or poor, a person is always located at 'nodal points of specific communication circuits, however tiny these may be. Or better: one is always located at a post through which various kinds of messages pass. No one, not even the least privileged among us, is ever entirely powerless over the messages that traverse and position him at the post of sender, addressee or referent (p. 15).*

Similar to Lyotard, Cilliers (1998) emphasised that different local narratives (discourses) are in constant interaction with each other and no discourse can be seen as fixed or stabilised by itself. As a self-organising process, meaning is created through a dynamic process and not the 'passive reflection of an autonomous agent' (p.116).

Postmodernism further questions the modernist idea of the world as an objective, easily observable entity. Instead, from the postmodern position it is argued that attempts at creating order and structure are always preconstituted (and undermined) by language, desire, the unconscious and the 'unintended effects of the violence required to impose such an order' (Flax, 1990, p.32). All observations made, occur within a 'linguistic forestructure' (Gergen, 2001) that is communally constructed. From this point of view, knowledge of the world is socially constructed and not that of an observable, objective, separate entity.

Language is problematised in postmodernist approaches as it is seen not as a neutral conveyor of truth, but as the product of a cultural process (Flax, 1990; Gergen, 2001). Language is generated within human relationships and gains its meaning from participation in what Wittgenstein termed, language games. People are born into an on-going set of language games that they need to learn in order to be understood by and to understand

others (Flax, 1990). Language, as preconstituted or forestructure, therefore constructs the world by generating or sustaining certain cultural practices. The implication of this relational view of language for psychology research is, that 'to do science is not to hold a mirror to nature, but to participate actively in the interpretive conventions and practices of a particular culture' (Gergen, 2001, p. 806). For the purpose of this study, Hare-Mustin's (1994) description of the term 'discourse' as a 'system of statements, practices, and institutional structures that share common values' (p.19) will be used. There are different and competing discourses in circulation, with some having the privileged and dominant influence on language, thought and action. As dominant discourses both produce and are produced by social interaction, they become so familiar that they 'recede from view' (p.21), whilst maintaining a powerful influence on attitudes and behaviours (Hare-Mustin, 1994).

2.3   Social constructionism

The communal, relational view of language and knowledge that was briefly attended to in section 2.2, also found expression in what has been termed 'social constructionism'. Constructivism can be described as a 'postmodern epistemological formulation' that regards knowledge not as a reflection of an objective reality, but the result of an individual's own (subjective) cognitive processes (Rudes & Guterman, 2007). Whereas constructivism still positioned knowledge within the individual's mind (rendering it 'skull bound', to use Rudes and Guterman's term), social constructionism regards knowledge and ideas as located in language used between people. This implies that the only reality people can share is that which is co-created in language. It is in relationship, that words function to create meaning or intersubjective experience (Rudes & Guterman, 2007). Knowledge, reason, emotion and morality reside not in the individual mind, but is constructed through the individual's participation in particular communities and within particular cultural and historical contexts (Coyle, 2007; Gergen, Lightfoot, & Sydow, 2004). It therefore removes the power of any individual or group to make claims about universal truths and in its place value plurality of worldviews as these are socially constructed and locally relevant.

In this conceptualisation of knowledge, language is seen as 'the most important resource available for creating and sustaining meaning in relationships' (Gergen et al., 2004, p.391). The focus on language in the construction of 'reality' in psychology, implies that diverse views can be appreciated, that the constructions within psychology itself need to be reflexively assessed and that new realities can be constructed (Gergen et al., 2004). Psychology research conducted from a social constructionist perspective usually examines the social constructions (discourses) available within particular cultural and historical contexts, the conditions within which these are used and the implications they hold for

human experience and social practice (Willig, 2001). Social constructionism also engages seriously with the consequences and practical outcomes of the acceptance of certain truth claims (Gergen et al., 2004). Durrheim (1997) expressed the view that social constructionism does not necessarily deny that there are truths, but rather view truths and facts as perspectival interpretations which can only emerge against the backdrop of socially shared understandings.

Some of the main tenets of social constructionism can be summarised as follows (Davis & Gergen, 1997; González, Biever, & Gardner, 1994):

- Social constructionism holds the view that all 'facts' are dependent upon the language communities that have created them and sustain them. In other words, all forms of naming are socially constructed, including what may seem like basic biological categories such as male/female or mother/father.
- Words create how we perceive the world and language is the primary vehicle for the transmission of meanings and understandings. Actions and behaviours are secondary vehicles of social interaction, since some language and unspoken understandings have to precede the initiation of most meaningful acts.
- Any type of description of the nature of reality is dependent upon the historical and cultural location of that description. Social constructionism acknowledges a multiplicity of worldviews.
- Social constructionists generally hold that there are no universal ethical principles, but they are constituted in so-called language games and sustained by social communities. Feminist social constructionist views take the nature of values seriously and consider the ethical implications of 'facts' or findings in relation to the political goals of feminism.
- Social constructionism is sceptical about any claims to the discovery of reality since sensory experiences are seen as mediated by linguistic descriptions of experience. It is similarly sceptical of any claims to the discovery of 'the truth'. A new interpretation only becomes acceptable, when it is supported as such by others in the linguistic community.

As communities support certain discourses and resist others through the adoption of linguistic tools and forms, people belong to many different linguistic communities in which meanings ('reality') may become contested (Wetherell, 1994), in which discourses that threaten to undermine or differ with the authority of the dominant one are suppressed and in which dominant discourses depend on the suppression of differing voices in order to

maintain its (apparent) authority, coherence, and universality (Flax, 1989). Power relations assume a central position in social constructionism, as discourse and patterns of interaction are dependent on power structures created in the past and being upheld by institutionalised practices and conventions in the present. In the words of Wetherell (1994), 'to speak at all is to position oneself, it usually also involves positioning the other person, and momentarily or otherwise can define the relationship' (p. 307). Meaning-making and control over language are significant resources held by those in power and are not distributed fairly across the social hierarchy (Hare-Mustin & Maracek, 1988). Yet, as Foucault pointed out, power should not only be thought of as something that suppresses, denies and negates, since it can also be a productive force. Lupton and Barclay (as cited in Appelt, 2006, p.17), described the Foucauldian understanding of power relations in discourse as:

> *Central discourses invite and persuade individuals to conform to norms and expectations rather than directly coercing them, appealing to individuals' desires and wants at both conscious and unconscious levels. Individuals are neither passively enmeshed in power relations nor are they purely free agents, for subjectivity is always produced through power relations which themselves involve resistances. Power cannot simply be removed or stripped away, allowing individuals to be 'free', for power in some form or another is a condition of subjectivity. We are always the subjects of power.*

Postmodern and social constructionist thinking contribute to a more nuanced understanding of subjectivity since people are seen as both constituting and being constituted by the contexts in which they find themselves. These contexts can include among others, the family, racial/ethnic groups, religious identifications, the workplace and overall life in the contemporary Western world (González et al., 1994). It further offers the researcher a perspective from where the various discourses influencing people's lives can be examined. Since people's statements are not regarded as a mere description of the world nor a representation of 'authentic' experience, their narratives need to be critically investigated for the ways in which they either constructed certain social worlds and/or dismissed others (Wetherell, 1994). Social constructionist research on motherhood, for instance, demonstrated how the discourse of intensive mothering as ideal, circumscribe to all mothers how to mother, regardless of the structural differences between them. Psychological research, in particular, has been instrumental in upholding the construction of ideal motherhood, most notably through the construction of negative constructions of 'young mothers', 'employed mothers' and 'lone mothers'. Due to its support for the dominant discourse, psychological research on motherhood has not reflected the reality of mothering for many women whose day-to-day

practice of mothering and childcare is in stark conflict with these dominant discourses of motherhood (Phoenix & Woollett, 1991).

Researchers working from a discursive approach often argue that material practices are produced by discourse practices and therefore regarded as subordinate or secondary to the discursive. It logically follows that the non-discursive can only be experienced in a meaningful way once it has been transformed into (and examined as) text (Flax, 1989). Sims-Schouten, Riley and Willig (2007) strongly argued that this relativist epistemological approach, (a) fail to fully theorise why people use certain social constructions and not others; (b) neglect or marginalise experiences outside the realm of language; and (c) focus on the impact of the discursive on the material but ignore how material practices impact on the discursive. As solution, these authors suggested a critical realist approach in which both the discursive and the non-discursive (such as embodiment, materiality and institutional power) are attended to. According to Sims-Schouten et al. (2007), the 'extra-discursive factors' interact with discourse, but are not reducible to it. This approach suggests that while meaning is made in interaction, non-discursive elements also impact on that meaning. Their study of motherhood, childcare and female employment for instance, demonstrated how a researcher can also study the conditions that gave rise to the constructions mothers draw on, most notably the impact of materiality and institutional power. They concluded, '(critical realism) is a position that allows a more ethical analysis in the sense that we do justice to the lived experience of our participants' lives by situating participants' sense-making in the materiality that they have to negotiate and manage' (p.118). The need for ethical research that attends to the lived experiences of women and provides contextualised interpretations has also been strongly voiced in feminist writings.

2.4   Feminism
2.4.1 Some definitions
The difficulty in assigning a definition to the word 'feminism', has lead theorists to refer to *feminisms to* indicate the plurality of meaning and definitions often labelled as feminist or feminism (Campbell & Wasco, 2000; Flax, 1990). Broadly speaking, feminism can be seen as an intellectual and political movement that seeks justice and equality for all women, the advancement of women's interests and the end of sexism and discrimination in all its forms (Finchilescu, 1995). Across the social sciences, the interdisciplinary movement of feminism has the following broad goals: (a) to understand the imbalances of poverty and privilege for women in all societies; (b) to challenge the disadvantaged status of women in both public and private arenas; and (c) to advocate on behalf of and empower girls and women of diverse social, national and ethnic identities (Worell, 2000).

Early feminist movements (early 20th century) focused on the acquisition of political rights for women and was followed a few decades later by second wave feminism's fight for equality for women in all spheres of life, not only political rights (Gergen, 2008). In the early 1980s black women in particular raised concerns about the lack of attention paid to other forms of oppression that women faced (such as those due to race, ethnicity, class, nationality, religion, sexual orientation, disability, etc.). Black feminists alerted all that the oppression of women by patriarchy was effectively replaced with biased approaches from white, middle class women (Thomas, 2004). As a response, third wave feminism (from the 1990s onwards) concerns itself with the differences and diversity among women and emphasises 'identity' as the site of gender struggle. The concept of intersectionality was adopted to denote the interaction of 'multiple identities and experiences of exclusion and subordination' in feminism's approach to the multilayered, multifaceted nature of subjectivity, self and/or identity (Davis, 2008, p 67). In the words of Cheryl de la Rey (1997):

> *We cannot partial out gender from the rest of who we are – we are simultaneously classed, raced and gendered. Hence, we cannot talk about my experience as being a woman without talking about my race and my class for how I experience the social world and others' responses to me are inextricably tied to all these axes of difference (p. 7).*

2.4.2 Feminist psychology research

Feminist psychology has been described as 'a collection of efforts to understand gender' (Maracek, 2001, p. 255) and feminist psychology research as 'designed to seek social justice, to enhance women's voice and influence in society and to explore alternative ways of understanding the world through women's experiences' (Gergen, 2008, p. 280). The influence of feminism on psychology first became noticeable in the early 1970s with Naomi Weisstein's declaration that psychology has neglected and omitted women from its knowledge base. Psychological knowledge proved to be androcentric biased, as male researchers studied men on topics that concerned men. Developmental psychology, in particular, was criticised for the ways in which childhood, masculinity, femininity and motherhood was constructed in androcentric, child-centred rather than woman centred, and Eurocentric ways and as such promoted unfair social relations within the family (Finchilescu, 1995). Traditional studies on women evaluated their abilities, characteristics and behaviours against the male norm and differences were constructed as deviant or deficient in comparison (Finchilescu, 1995; Worell, 2000). Early feminist psychology was therefore intent to 'uncover, reshape, rename, and transform the face of its parent discipline and its

connection to the real lives of girls and women everywhere' (Worell, 2000, p.185). In the process, feminist psychologists reframed research questions in order to consider the environmental factors that affected women's lives; challenged research priorities and methods; revised approaches to therapy and counselling in which women's distress were viewed as located in a social and political context; encouraged egalitarian research relationships; applied research in public advocacy and legislative policies and transformed institutions and programmes to render them more collaborative and woman friendly (Worell, 2000). Feminism is ultimately a perspective on research and not a research method per se (Crawford & Kimmel, 1999) and consequently any method used to generate feminist knowledge can also be used as an anti-feminist tool (Russo, 1999).

Within psychology, intense debates have ensued about exactly how research advocating for women should be done and this has become polarised into two positions: feminist empiricism and feminist standpoint theory (also described as the similarities and differences traditions) (Cosgrove, 2003). In the feminist empiricist approach, traditional, positivist assumptions, methods and designs are used, but careful attention is paid to the identification and removal of all sources of gendered bias (Campbell & Wasco, 2000). Feminist empiricist research most often focuses on proving empirically that there are no essential differences between men and women's abilities, emotions, experiences, etc. Differences between men and women are thus minimised, in part, to support the value of equality between the sexes (Gergen, 2008). This approach has been criticised for divorcing the subject from context and not studying real people in their natural settings. Although there are many advantages to the empirical method (Cosgrove, 2003), it has also been criticised for the ways in which an insistence on a neutral investigator and a discouragement of a relationship between researcher and subject, lead to an objectification of research participants. Some have criticised it for not solving immediate practical problems, but rather testing scientific hypotheses (Davis & Gergen, 1997; Finchilescu, 1995) whereas others declared its usefulness as dependent on the ways in which the results are used to further women's cause at policy level (Cosgrove, 2003). Cosgrove (2003), for example, demonstrated how numerous feminist meta-analytic studies found no gender differences in math ability, aggressive and empathic behaviour, yet the gendered stereotypes (such as that girls as a group are less proficient in math than boys) remain and are perpetuated in both scholarly journals and the popular media. Overall, the feminist empiricist approach has shown limited success in bringing about equality or a change in gendered stereotypes while the continued research focus on gender similarities unwittingly contribute to the belief that differences between men and women are essential, universal and ahistorical (Cosgrove, 2003).

Feminist standpoint research, in contrast, uses a variety of methodologies, engages participants and reflect on personal subjectivity. Researchers working from this perspective, often study individual experiences, challenge the validity of empirical, traditional scientific methods and celebrate women's special and unique nature. In this perspective, essential differences between men and women's ways of doing and being are emphasised and celebrated. Attempts are made to redefine as positive many of the formerly despised female characteristics such as women's greater capacity for relatedness and care. Feminist standpoint research has been criticised for its essentialist notions of women which could potentially widen the gap between gender stereotypes (Davis & Gergen, 1997).

Both empiricist and standpoint feminism have been accused of essentialism. Essentialist models portray gender as a fundamental, internal and persistent attribute and fails to acknowledge that social, historical and political locations impact on women's experiences. According to Bohan (1993), what distinguishes essentialist from constructivist views of gender is not in the origin of gender qualities, but in their location. Whereas essentialist views regard gender as an inherent quality of an individual, constructivist views emphasise that gender exists in social interactions that are socially construed as gendered. The problem with essentialist conceptualisations of gender is that it is grounded in timeless, universalising assumptions about women and as such, fail to acknowledge diversity among women that result from their differing social, political and historic locations (Bohan, 1993). Bohan (1993) further argued that essentialism could easily lead to interventions or actions that tend to blame the victim instead of addressing the social systems that adversely affect women's lives. Essentialism, however, does facilitate collective political action on women's issues as women are assumed to share essentially the same interests (Sand & Nuccio, 1991).

Cosgrove (2003) strongly stated that feminism needs to move beyond a paradigm that essentialises gender towards a plurality of discourses in which complex accounts of power can be developed. She stated, 'Postmodernism provides a powerful epistemological grounding for deconstructing, rather than regulating, gender difference and gender norms; it can aid and abet feminist psychology by focusing attention on the complex processes and matrices through which gender is produced' (p. 92). A postmodern feminist perspective calls into question the idea of an objective world, which is the basis of feminist empiricist research, as well as the subjective world of the feminist standpoint position. The 'real' world according to this approach, is not observed nor is it perceived. What is attended to as the 'real', is dependent upon the 'relational processes of groups in naming, defining and acting it' (Gergen, 2008, p. 286). From a postmodern/social constructionist vantage point, it follows that sex roles are regarded as socially constructed and therefore formed and regulated by

social conventions. The performative nature of gender receives increased attention in this approach, since gender is not seen as an inherent, individual quality, but performed in social interaction, guided by social convention (Gergen, 2008). Postmodern feminism questions whether the true nature of women and men can be known (Worrell, 2000) and consequently focuses on the deconstruction of the word 'woman' and reconsiders the ways in which gender is symbolised. The postmodern/social constructionist view of gender also pertinently focuses on power, and the ways in which it is shaped between men and women, and between women (Notko & Sevón, 2006). Power practices should be viewed as an integral part of all social life, since it is rooted in and also enforces and diminishes hierarchies of domination and subordination.

Psychology literature on motherhood is permeated with essentialist notions of gender. These range from traditional views that regard women's mothering as a natural, inherent, biological instinct to analyses that confirmed women's capacity for care as an inherent psychological propensity (Woollett, & Phoenix, 1991). From a social constructionist/postmodern point of view, motherhood/mothering is regarded as socially constructed within complex gender relations of power. Postmodern feminist researchers are interested in the ways in which dominant discourses produce certain normative experiences and marginalise others and attempt to identify the structural impediments that women have encountered in their mothering practices. Postmodern feminism, in its view of gender as a form of discourse, does not assume a 'foundationalist understanding' of gender and mothering. It also implies that the researcher cannot assume to discover 'homogenous categories of participants' inner experiences' (Cosgrove, 2003, p.102). In my adoption of a postmodern feminist approach to the present study, the following rather modest claims to knowledge production can be pursued:

> Feminist psychology of women will generate no universal laws, promise no uncomplicated models of change, and offer no easy routes to undermining gender-based differentials. Feminist psychology can advance qualified psychological findings that recognize commonalities and differences across groups of women, incorporate an understanding of structural and economic influences on women's psychologies, produce complex, non-victim-blaming analyses of women's conditions, and distinguish between ideologies and realities for distinct groups of women across different settings and in carried power relationships (Fine, 1985, p.180).

2.5 Psychoanalytic theory

Psychoanalysis is a vast field and justice cannot be done to the complexity, breadth and depth of existing psychoanalytic theory within the confines of the present discussion. Instead, after a brief introductory section on unconscious processes in psychoanalytic theorising, this discussion will turn towards a delineation of some of the theoretical ideas and concepts specifically associated with postmodern and feminist approaches in psychoanalysis, its potential for use in psychology research and its application to the theorising of motherhood and childcare.

2.5.1 Unconscious processes

At the heart of psychoanalytic theory lies the central, organising concept of the unconscious, which broadly speaking refers to mental processes of which the subject is unaware. Some unconscious processes can easily come into conscious awareness, whereas others are subjected to repression (Mitchell & Black 1995; Rycroft, 1995). According to Freud the unconscious is constructed in early childhood and continues to influence everything people do, without them being aware of it. Early experiences of relationships form mental representations and affect the development of the individual and actual social relationships (Frosh, 2006). However, the unconscious can never be directly accessed and it is through random slips of the tongue, jokes, dreams, neurotic symptoms or sudden eruptions of emotion that a glimpse thereof is offered (Minsky, 1996). Although psychoanalysis, as developed by Freud, is largely viewed as a modernist project (Chodorow, 2005), his description of the unconscious quoted below, is suggestive of a postmodern/social constructionism view on the 'unknowability' of reality.

> *The unconscious is the larger circle which includes within itself the smaller circle of the conscious; everything conscious has its preliminary step in the unconscious, whereas the unconscious may stop with this step and still claim full value as a psychic activity. Properly speaking, the unconscious is the real psychic; its inner nature is just as unknown to us as the reality of the external world, and it is just as imperfectly reported to us through the data of consciousness as is the external world through the indications of our sensory organs (Freud, 1920, p. 128).*

The process through which psychic material becomes unconscious, according to Freud, is not accidental, but is in fact brought about by defence mechanisms that repress and keep overwhelmingly emotionally charged material outside of conscious awareness (Mitchell & Black 1995). Freud, his daughter, Anna Freud, and other followers such as Melanie Klein identified a number of defence mechanisms commonly used to deal with anxiety that

threatens to overwhelm the ego. These include, among others, repression (called 'motivated forgetting', by Anna Freud), isolation, displacement, projection, reaction formation, undoing, introjection, identification with the aggressor, regression, rationalisation, splitting, idealisation and sublimation. Anna Freud described repression as the most stable and highly developed defence since it is the only mechanism that 'succeeds in completely obliterating their appearance in the conscious material' (Freud, 1998).

Freud's classical psychoanalysis has always concerned itself with inquiry into the internal world (Tubert-Oklander, 2006). In Freud's view, the unconscious was universal, fixed in early childhood and therefore ahistorical (Minsky, 1996). Although some still support this dichotomous view between 'inner' and 'outer', psychoanalytic theorists increasingly regard the human being as 'both individual and social from the very beginning' (Tubert-Oklander, 2006, p.147). In Jane Flax's (2004) words, 'the boundaries between inside and outside are porous' (p. 914) while Minsky (1996) suggested that, 'in a variety of complex symbolic ways, the social world or culture both "picks up" and is "picked up" and structured by the unconscious' (p.10). The on-going debate regarding the universal or constructed nature of the unconscious is complex and important – most notably in terms of the unconscious construction of identity, gender and difference (Minsky, 1996).

Tubert-Oklander (2006) further argued that it is not only 'internal' processes that may be unconscious, but external processes and phenomena may also be kept out of consciousness through repression. He concluded,

> *There is, therefore, an unconscious dimension in all human affairs and mental processes, which span the gamut from solitary reflection to international relations, including bipersonal encounters, group interaction, intergroup relations in institutions and communities and the formalized and ritualized interchanges prescribed by social institutions and culture. This unconscious dimension is the object of all analytic inquiries, whether they take place in the traditional bipersonal situation, or in small, medium, or large groups (p. 149).*

The discipline of psychology has not escaped the influence of unconscious processes on the knowledge it produces. Theorists have, for instance, consistently failed to address the problem of poverty, despite numerous calls in psychology literature to do so (Kruger, 2006b). A similar process of 'repression' in psychology literature has been pointed out by Goldman (2005) who reviewed psychoanalytic theory's engagement (and especially failure to engage)

with the influence of the 'nanny' and other childcare providers on developmental theory. She concluded,

> *Psychology has for the most part persistently refused to grant any theoretical status to the nanny other than as a temporary intruder into the family romance. As a corollary, they decline to contemplate the psychological significance she has for her charge. This is indeed curious for in the absence of the biological parents she is so often, de facto, surrogate and even psychological parent and yet this is not seen* (p.78).

From a psychoanalytic perspective, the omissions, the gaps, that which is repressed and not said, are often as significant as the manifest content of thought (Flax, 1990). Flax (1990) theorised that repressed material often has to do with gender and stated that Freud's notion of the unconscious posed a challenge to modernist ideas of self and knowledge.

2.5.2 Postmodern thought and psychoanalysis

Postmodernism does not favour a particular psychoanalytic theory over and above another since no single psychoanalytic theory can ever provide a full picture (Minsky, 1996). From a postmodern perspective a plurality of psychoanalytic theories are valued and regarded as equally valid (Leffert, 2007). Several authors commented that psychoanalysis is not a unified theory, that there is considerable variation in the assumptions, emphases and formulations of different approaches and that the differentiation between different psychoanalytic schools is becoming increasingly difficult, and, perhaps somewhat superfluous (Frosh, 2006; Minsky, 1996).

Classical psychoanalysis has been described as a modernist project, heavily embedded in Enlightenment ideals (Chodorow, 2005; Eagle, 2003; Flax, 1990). Flax (1990), however, alerted us to the paradoxical nature of Freud's work, as she wrote,

> *Freud's work is paradoxical because it culminates and defends major tendencies within Enlightenment thinking, especially its individualism, empiricism, and rationalism. Yet at the same time his theories undermine the very epistemological and psychological aspects of Enlightenment thought he attempts to rescue* (p.17).

It is especially Freud's notion of the unconscious that, according to Flax (1990), undermines the belief that the self can be fully accessed, accurately known and controlled by the individual. This paradox led some theorists to state that classic psychoanalytic theory is

simultaneously located in modernist and postmodernist thinking (Fairfield, 2001; Heenen, 2000; Rustin, 2006)

2.5.2.1 Intersubjectivity and the discursive context

The primary goal of classical psychoanalysis as cure was to lift repressed material from the unconscious. Lifting repression, making unconscious material conscious and expanding the patient's conscious awareness and self-knowledge were regarded as liberating and curative (Eagle, 2003). This conceptualisation of psychoanalysis was thoroughly modernist in its assumption that an individual can develop full knowledge in the self and its assumption that subjectivity can become unified. Psychoanalytic theorists working from a postmodern perspective are more comfortable with the notion of 'multiple selves' which are determined by social roles and social interaction than the idea of an enduring, stable structure independent of social interaction (Eagle, 2003; Fairfield, 2001).

Since the inception of psychoanalysis, two major paradigm shifts have been observed: the first being the shift from drive reduction (classical psychoanalysis) to the relational paradigm (psychoanalytic self and object relational theories) and the second from positivism towards constructivism (Rubin, 1997). Rubin (1997) contended that the latter 'postmodern psychoanalysis' specifically challenges the notion of the psychoanalyst as an objective observer. In the therapeutic encounter the postmodern approach introduced a number of shifts: the first major shift was from the 'patient as object of theory, to the analyst as subject who theorizes'. The second shift occurred when the analyst was not viewed as a merely 'theorizing subject', but where the 'relational, intersubjective experience of social constructionism' emphasise subject-to-subject interaction. Analytic interactions are thus actively shaped by the analyst's understanding, including her unconscious resistance, or other unconscious processes. A shared subjectivity therefore develops which is neither objective nor subjective – hence the term, intersubjective. Some postmodern thinkers such as Jessica Benjamin, do not regard intersubjectivity as a given, but rather as a developmental or analytical goal in order to signify the recognition of another's subjectivity as distinct from the analyst using the other as an object (Berman, 1997).

In approaching research informed by a postmodern psychoanalytic perspective, the researcher and research participant are similarly engaged in a process of developing a shared subjectivity which cannot be reduced to individual subjectivities. This intersubjectiveness contains unconscious processes of both participant and researcher as well as that which is shaped by the discursive context and its elements. Similar to the unfolding of understanding in the analytic encounter, researchers working from a

psychoanalytic perspective need to take the discourses that 'set the terms for what the dialogic partners can think and know', seriously (Goldner, as cited in Leffert, 2007).

The final shift, according to Goldner cited in Leffert (2007) moves the focus beyond the intersubjective towards the discourses and cultural narratives that influence what subjects can think and know. Leffert (2007) concluded that postmodern ideas postulate that the analytic relationship can only be understood and analysis conducted if serious consideration is also paid to studies of race, gender and queer theory. This inevitably points to the importance of deconstructing the power components imbedded in the social matrix of power relations that surrounds identity categories of gender, race, etc. (Leffert, 2007).

2.5.2.2 Psychoanalysis and the sociocultural domain

Tubert-Oklander (2006) as well as Billig (2006) contended that both interpersonal and transpersonal phenomena are necessarily mental. It follows then that 'external' phenomena and processes are also unconscious – both in the descriptive sense (out of awareness at a given moment) and in the dynamic sense (kept out of awareness as a consequence of repression). Tubert-Oklander (2006) argued that this 'false consciousness' represents a 'confluence of the Freudian concept of repression and the Marxist one of ideology' (p. 146) and that the goal of psychoanalytic research should be to investigate this unconscious dimension.

Billig (2006) argued that the social constructionist view of language as action, combined with a revised version of Freud's notion of repression, enable researchers to investigate socially reproduced unconsciousness. Language is here viewed as both repressive and expressive and can as such be studied as speakers routinely repress, or push aside ideologically delicate topics from conversation. Billig (2006) stated that the defence mechanisms of psychoanalytic theory are patterns of discourse. 'Repression is not primarily a property of the individual personality. It is a fundamental feature by which orders of power and inequality are routinely reproduced' (p.23).

Frosh, Phoenix and Pattman (2003) similarly explored the use of 'cultural' psychoanalysis or psychoanalytic concepts to explain the specific positioning of individual subjects in discourse. As social constructionism makes a range of identity positions available to people (usually a set of historically constituted discourses), each person positions or locates herself somewhere on this continuum. The use of psychoanalytic concepts proved to be useful in understanding 'why' participants position themselves in certain discourses in addition to the more commonly explored 'how' of discourse analytic work. Hollway and Jefferson (2000)

similarly drew on Kleinian object relations theory to account for the ways in which 'the defended subject' positions herself in certain discourses. According to Frosh et al. (2003), 'it is the combination of a rigorous awareness of the constructing activity of social processes and an equally potent analysis of the agentic struggles of individual subjects that is needed in order to explore how specific subject positions come to be held' (p.41).

2.5.3   Feminism and psychoanalysis

Finchilescu (1995) stated that, 'feminist psychologists have been profoundly affected by psychoanalysis: either rejecting it in its entirety or attempting to engage with the androcentric and misogynistic aspects of the theories to develop a more women-centred approach' (p. 137). The latter approach attempted to link feminism with psychoanalytic theory through a focus on the mother-child relationship and child-rearing practices in the development of the human psyche. To this end, object-relations theory and its focus on the pre-oedipal period became the focus of study. Feminist object relations theorists expressed an interest in the 'tenacity of self-definition, self-concept, and psychological need to maintain aspects of traditional roles which continue even in the face of ideological shifts, counterinstruction, and the lessening of masculine coercion which the women's movement has produced' (Chodorow, 1978, p. 33). Nancy Chodorow (1978) and Dorothy Dinnerstein (1976), for instance, explored how the 'maternal monopoly of childcare' engendered male domination, political domination and the domination of nature (Balbus, 1992).

Criticism has been voiced against some of the feminist object-relations theories for reflecting an essentialist view of women (Finchilescu, 1995), reinforcing existing gender stereotypes, positioning the mother as the one responsible for the psychological development of her child, neglecting to attend to the 'nastier sides of women's emotional expression' (Heenen, 1998, p.102) and most importantly, privileging the infant's perspective and subjectivity to the neglect of its mother's (Burman, 2008; Heenen, 1998). Burman (2008) related how women's and children's interests and rights were either assumed to be the same ('womanandchild') or in opposition to each other ('woman versus child'). The first position ('womanandchild') gained importance in psychology discourse through child-centred psychological and psychoanalytic theorising (Birns, 1999; Thurer, 1993) and standpoint feminist writing that argued for women's inherent need for and capacity to care (Chodorow, 1978; Gilligan, 1982). The latter position followed from the women's rights movement and feminist writing viewing the institution of motherhood (i.e. how their roles as mothers are configured) as a site of oppression by patriarchy (Burman, 2008; Rivka Polatnick, 1983). From a feminist postmodern/social constructionist perspective, it seems important to move away from psychoanalytic theorising that endorses this type of dichotomous thinking, since it sustains

the common therapeutic practice of mother blaming for psychopathology whilst rendering maternal subjectivity invisible (Thurer, 1993).

Contemporary psychoanalytic theory, such as the work of Jessica Benjamin, uses object-relation theory in ways that pay attention to both the mother's subjectivity and that of the infant. She developed an intersubjective perspective on the mother-infant relationship in which she conceptualised maternal subjectivity as one who participates as a co-creator of interactive patterns (Benjamin, 2006). The capacity for mutual recognition, according to Benjamin (1990), allows the subject to gradually become able to recognise the other person's subjectivity and to develop the capacity for attunement and tolerance of difference. The differentiation process between mother and infant is not one of mere separation, but is characterised by the 'continual breakdown and repair of mutuality in the psyche's stance towards the outside' (p.33). According to Featherstone (1999) Benjamin's theory implies that the recognition by a mother that she has her own needs and priorities facilitates a child's development, since the child can only experience recognition by someone whom she does not control. Benjamin (as cited in Featherstone, 1999) articulated it as follows,

> If the mother is unable both to set a clear boundary for the child and to recognize the child's intentions and will, to insist on her own separateness and respect that of the child, the child does not really 'get' that mother is also a person, a subject in her own right. Instead, the child continues to see her as all-powerful, either omnipotently controlling or engulfingly weak. Whether the child attributes the omnipotence to the mother or attributes it to herself or himself, the process of mutual recognition has not been furthered (p. 135).

In Benjamin's (1990) conceptualisation both mother and infant are confronted with the on-going tension between recognising the other and asserting the self – a tension that has to be dealt with in an on-going process. However, when this process of mutual recognition breaks down, the absence of a real other creates a void that is filled by a fantasy of the other as threatening and which needs to be subjugated. 'The cycle of destroying the reality of the other and replacing it with the fantasy of a feared and denigrated object, one who must be controlled for fear of retaliation, characterizes all relations of domination' (Benjamin, 1994, p. 138).

Jessica Benjamin as well as other contemporary psychoanalytic feminists attempt to do away with Freud's sexist biases without giving up on any of the complexity of psychoanalytic thinking (Berman, 1997, p.199). Benjamin (1988) in particular, demonstrated the complex

psychological processes involved in domination as she used psychoanalytic object-relations theory and intersubjectivity theory to explain why relationships of domination and submission are accepted and perpetuated, despite the conscious commitment to equality and freedom.

2.6 Concluding thoughts

In this chapter postmodernism/social constructionism was discussed as the metatheoretical framework adopted in this study, while some of the main theoretical tenets of feminism and psychoanalysis were also briefly considered. Flax (1990) contended that feminist, postmodern and psychoanalytic thought all have much to offer each other. It is at these 'nodes of enhancement', that the present study is theoretically situated. This chapter did not attempt to provide a comprehensive overview of the complex theoretical frameworks discussed, but rather intended to present some preliminary ideas that influenced the research methodology followed, my approach to the data analysis and the interpretation of the findings. Some of these ideas will be developed in more depth in the discussions that follow in Chapter Four and the Conclusion in Chapter Five. Next, the methodology followed and the theoretical choices underlying the methodology used will be presented in Chapter Three.

CHAPTER THREE
METHODOLOGY

3.1   Introduction

Decisions on research methodology largely depend on: (a) the goals and objectives of the research project; (b) the broader theoretical and paradigmatic foundation(s) chosen for the study; and (c) pragmatic considerations (Henwood, 1995; Smaling, 1994). In this chapter, the goals and objectives of the present study are introduced, followed by a description of the constructivist/interpretive paradigm on which the study is based. This is followed by a detailed description of the research design and its practical implementation including considerations of validation and researcher reflexivity. This chapter concludes with a section on the ethical matters attended to during the course of the research.

3.2 Goals and research question(s)

It was argued in Chapter One, that there exists a great need for research on motherhood and childcare in South Africa: both in terms of the prevalence and manifestation thereof and the psychological impact childcare arrangements may have on mothers. In particular, it was argued that South African mothers' psychological experiences of multigenerational childcare are in need of investigation.

The broad goal of the present study was to develop an in-depth understanding of women's lived experiences of childcare and to pay particular attention to instances of multigenerational childcare. More specifically, it aimed to explore, describe, analyse and document the key dimensions of the psychological experiences of childcare among low-income mothers in the semi-rural, coloured community of Paradijsbos.

In the early stages of the research process, the following broad research questions were asked:

- How do childcare arrangements (including multigenerational childcare arrangements) manifest in one particular low-income, South African community?
- How do low-income, South African mothers themselves experience the use of childcare?

As the study progressed, it specifically aimed to explore, describe, analyse and document the following:

- the factors contributing to childcare choice;
- low income mothers' experiences of sharing the practice of motherhood with other child carers, especially their own mothers;
- low income mothers' experience(s) of the mother-daughter relationship within the context of multigenerational childcare;
- the specific psychological needs and concerns of low-income mothers who use childcare, including care provided by grandmothers.

Given the open-ended nature of the initial research questions, the goals of the research became more refined as early data was constructed and potential analytic ideas pursued, more data was constructed while early data was re-examined in light of the emerging analytic categories, followed by more data construction and analysis. This circular process (see Charmaz, 2006) suggests that more specific research questions and goals develop from the data and its analysis, and are as such 'grounded in the data' (Charmaz, 2006, p.2).

The purpose and goals stated here, necessarily implied that the research would be context-specific (localised), aimed at investigating personal meanings and subjective accounts of motherhood and childcare in the form of 'thick descriptions' (Ponterotto & Grieger, 2007).

3.3 Theoretical perspective: Constructivist/interpretive research

As discussed in Chapter Two, postmodern feminist and psychoanalytic ideas formed the basic point of departure for this study – particularly in my conceptualisation of and approach to the 'research subject', researcher subjectivity, and our intersubjective, mutually constructed understandings. The 'choice' of theoretical foundation(s) for a research project can be influenced by a variety of factors such as the nature of the research question, the existing expertise and training of the researcher (and of her supervisor and/or research team members) or her pre-existing theoretical preference(s). More often, pragmatic as well as philosophical considerations underpin the 'choice' of a theoretical foundation (Smaling, 1994). All of these factors influenced my choice of a constructivist/ interpretive paradigm as the frame for the qualitative research methodology presented in this chapter.

The practical implications of postmodernism acknowledges the co-existence of a multiplicity of heterogeneous discourses (Cilliers, 1998), questions the benefits of progress (as promised by modernism) on oppressed peoples (Willis, Jost, & Nilakanta, 2007) and challenges a certain understanding of scientific knowledge, i.e. the interpretation of such knowledge 'as the totality of all true knowledge' (Cilliers, 1998, p. 114). Postmodernism asserts that knowledge comes from knowing in context (Willis et al., 2007), assumes the form of multiple,

co-existing narratives (Cilliers, 1998) and consequently can be regarded as interpretive (Willis et al., 2007). The present study is located within such a constructivist/interpretive paradigm.

A constructivist/interpretive paradigm is grounded in relativist ontology that postulates that realities are mentally constructed, local, specific (Guba, 1990), and that multiple, equally valid social realities co-exist (including that of the inquirer) (Haverkamp & Young, 2007; Smaling, 1994). This paradigm does not necessarily deny the existence of an external physical reality, but challenges the view that this 'reality' is independent and knowable (Willis et al., 2007). It therefore also follows a subjectivist epistemology that stresses the co-construction of understanding between researcher and participant (Guba, 1990).

The implications of a constructivist/interpretive paradigm for knowledge production are that both the world view and pre-existing theories of the researcher and the participants influence the research process and end result; that the 'reality' the research tells us about is socially constructed (Willis et al., 2007); that knowledge is co-constructed by researcher and participant in an intersubjective process, and is always interpreted and can never be directly observed (Haverkamp & Young, 2007). Constructivist/interpretive-based research methodologies usually, but not necessarily, attempt to develop an understanding of participants' lived experience within a particular context, whilst acknowledging that the end result always constitutes a co-creation or co-construction between researcher and participant.

Ponterotto (2002) argued strongly for the use of constructivist and critical theory paradigms in multicultural research. She asserted that qualitative methods informed by a constructivist paradigm place the researcher in close proximity to participants, focus on the description of lived experiences, could serve to sensitise researchers about their own unconscious biases, all of which could lead to less eurocentrically biased multicultural research. In a similar vein, feminist researchers have advocated for research methods that take reflexivity seriously, are context-sensitive, and able to give voice to women's concerns and understandings (Gergen, 2008; Wuest, 1995). This call has also been extended to research on motherhood as Arendell (2000), Gerson et al. (1984) and Kruger (2005a) strongly urged research on motherhood to focus more on the lives of particular mothers, to include mothers' own voices, and to study the lives and voices of diverse groups of mothers. Not only can this create a more realistic understanding of mothers' lives, but it can also serve to connect mothers' personal beliefs and choices with their social situations (including various political, economic and other social/cultural influences). The objective of the research reported here, was to

explore subjective accounts of childcare use as experienced by the mother – an objective for which qualitative research is particularly suitable (Tindall, 1994).

3.4 Research design

3.4.1   Qualitative research

The objectives of the present research project, combined with the theoretical point of departure described in section 3.3 were strong motivating factors for my choice of a qualitative research design. Qualitative research is especially conducive to the development of an understanding of complex psychological processes, to facilitate theory-building (Morrow, 2007), to describe and clarify lived experience in a detailed and in-depth manner (Denzin & Lincoln, 2003; Morrow, 2007; Murray & Chamberlain, 2000), to examine the meanings people attach to certain experiences (Morrow, 2007; Willig, 2001), to investigate topics for which there is little or no existing research and to develop interventions that could ultimately contribute to social change (Morrow, 2007).

Qualitative research does not adhere to a distinct paradigm or theory, nor does it privilege any method of inquiry above another (Denzin & Lincoln, 2003; Madill & Gough, 2008; Murray & Chamberlain, 2000). It does support the socially constructed nature of reality, the intimate relationship between the researcher and that which is studied, acknowledge the value-laden nature of research and the contextual factors that shape inquiries (Denzin & Lincoln, 2003; Murray & Chamberlain, 2000). Murray and Chamberlain (2000) as well as Nicolson (1995) noted that a key difference between qualitative and quantitative enquiries is that qualitative research is more likely to reveal complexity and contradiction in understanding. These authors also asserted that qualitative research has the potential to challenge established power positions, empower participants, and provide them with 'a voice'. Some qualitative methods also demonstrate an interest in the absence of certain words (for example words about certain issues or words absent in certain circumstances) as these often act as an indication of resistance to dominant discourses (Murray & Chamberlain, 2000). The wide scope of qualitative research and its applications are compatible with the constructivist, feminist and psychoanalytic theoretical frameworks of the present research, as well as research that focuses on women's health (Murray & Chamberlain, 2000), women's mental health (Nicolson, 1995) and motherhood (Gerson et al., 1984). Regardless of the growing support for the use of qualitative methods in psychology, qualitative researchers still have to grapple with various concerns inherent to the approach. These include the 'triple crisis' of representation, legitimation and praxis (Denzin & Lincoln, 2003) and concerns about methodolatry (defined as the privileging of methodological concerns over other considerations in qualitative research) (Chamberlain, 2000). Methodolatry, according to

Chamberlain (2000) contributed to a lack of qualitative research on interpretive, theoretical levels with a corresponding proliferation in descriptive qualitative studies. An opposing argument was forwarded by Seldén (2005) who blamed the lack of studies with a fully-developed grounded theory on the dilution of grounded theory methods (i.e. not following methodological guidelines to the letter). Nicolson (1995) argued for a more inclusive approach and asserted that qualitative research in the mental health field, should focus on both the systematic descriptive analysis of subjective accounts of experience and the more complex, interpretive, theoretical levels of analysis. Both are necessary and important to inform clinical practice and the development of theory. It is with this suggestion in mind, that this study was designed to provide both a descriptive and an analytical account of motherhood and childcare.

3.4.2   Setting
Since understanding in context is advocated by both qualitative (Haverkamp & Young, 2007) and feminist research (Gergen, 2008), a detailed description of the setting in which I conducted the research, is indicated.

3.4.2.1 Considerations in the choice of setting
Choosing a site for interview-based research needs forethought and careful planning to ensure that the selected participants are well situated to illumine the issues under analysis. Gerson and Horowitz (2002) urged researchers to 'select a group of participants who are strategically located to shed light on the larger forces and processes under investigation' (p. 204). With this recommendation in mind, the site chosen for the present research project was the small, semi-rural town of Paradijsbos. There are various theoretical, pragmatic and personal reasons that informed this choice.

Pragmatically, my supervisor, members of the research group and myself have been researching motherhood and related aspects in Paradijsbos since 2001 (see Addendum A for a description of the research conducted by the Women's Mental Health Research Project [MMHRP]). Through our longstanding involvement in Paradijsbos, we are afforded an intimate knowledge of the social and cultural practices, the psychological and social problems that are frequently encountered and the rituals and celebrations that are valued in the community. Our prolonged involvement in the community has resulted in relationships of trust with key community members, which in turn facilitated community entry and co-operation.

Women who were interviewed for the Maternal Mental Health Research Project (MMHRP) described Paradijsbos as a family-oriented place where family members lived in close proximity to each other and where multigenerational childcare was commonly practiced. Theoretically, I anticipated that the recently acquired international funding to expand and develop childcare facilities in Paradijsbos, would increase accessibility to affordable, quality childcare alternatives which might lead to a reassessment of established childcare practices. Documenting these processes and attempting to understand the psychological processes involved, seemed relevant from a theoretical perspective.

On a personal level, working in a familiar environment alleviated some of the anxiety that is characteristically provoked in researchers entering unknown situations to repeatedly recruit the help of strangers (with the repeated risk of rejection) whilst 'putting their most cherished ideas and perspectives to the test' (Gerson & Horowitz, 2002, p. 209).

In conclusion, doing research in Paradijsbos provided me with an interesting and varied community that was nearby, that reportedly practiced multigenerational childcare, was accessible, familiar with our presence and a context familiar to me and the members of our research team.

3.4.2.2 Paradijsbos: Demographic profile and description of the community

Paradijsbos is a picturesque town, set against the backdrop of majestic mountains, surrounded by agricultural land, vineyards and indigenous flora. Driving past the small towns and settlements in the area, it is easy to romanticise the seemingly tranquil setting. Yet, upon entering the town of Paradijsbos, it is clearly a poor, underserved community that is confronted with an array of social problems.

Accurate statistics for Paradijsbos' demographic profile is not available, but it is estimated that there are about 1 220 households and about 5 000 residents. It is a predominantly Coloured, Afrikaans-speaking community of a lower socio-economic status (Van der Waal, 2005). In the area as a whole, 47% of households who participated in the 2001 census earned an annual household income below R38 400 and 26% households earned an annual income of less than R19 200 (Stellenbosch Municipality, 2005). In Paradijsbos, many residents worked on nearby farms and in fruit processing factories which have a high seasonal demand for workers. Between May and October, countless people are left unemployed. This, in turn, contributed to overcrowded houses and related social problems in some areas. According to some residents, the social problems are mostly caused by

undesirable 'inkommers' who are corrupting the youth and who do not have a long-standing family history in Paradijsbos (Van der Waal, 2005; Visser, 2009).

In terms of age distribution, the 2001 Census indicated that about 567 children under the age of 4 and 318 people over the age of 65, were residing in the area. Forty-three percent (43%) of people older than 63y were men and 57% female (Stellenbosch Municipality, 2005). As far as education levels are concerned, the 2001 census survey indicated that about 18% people in the area over the age of 20 have completed grade 12 and about 43% have some secondary education (Stellenbosch Municipality, 2005). Although the residents of Paradijsbos were mostly from a working class, Van der Waal (2005) pointed out that there was a degree of social differentiation between the 'bodorp' and the 'onderdorp' with the lower part of Paradijsbos representing the more affluent section. The poorer section is associated with the illegal selling of alcohol and drugs (from the 'smokkelhuise' or sjebeens) and instances of public violence (Visser, 2009).

There are few facilities and organisations in Paradijsbos, but these include a primary health care clinic, a number of churches, rugby and netball associations as well as a rugby field, a primary and secondary school as well as a subsidised crèche. There are also a few privately owned childcare facilities for preschool children. Economic activities in the town itself are limited to a few shops and small, informal enterprises. There were for example no banks, no fuel stations and no restaurants. Most residents traveled to Stellenbosch for shopping and other business.

The primary health care clinic in Paradijsbos has a weekly antenatal and a monthly psychiatric clinic and referrals are made from this service to surrounding hospitals and social services. In the past, psychological support was extremely limited in Paradijsbos and most residents had to travel to Stellenbosch or Paarl to access services. In 2001 the primary health care clinic approached the Department of Psychology at the University of Stellenbosch for assistance and ever since, weekly psychological counselling has been made available by students and qualified psychologists at the local primary health care clinic.

3.4.3   Community entry and the recruitment of participants

The local primary health care clinic was identified as a potential source of referrals since most participants for the MMHRP were successfully recruited in this manner. I decided to recruit participants myself and visited the clinic once a week on the days that the clinic catered specifically for pregnant women, infants and young children. During my visits I spent time in the waiting area having informal conversations with mothers and grandmothers who

were attending the antenatal clinic whilst informing them about my project and inviting some to participate. My first participant was recruited by the sister in charge during such a visit. After about six visits, I realised that this form of recruitment was problematic since most of the children were brought to the clinic by grandmothers or other family members and not the mothers themselves. Grandmothers often showed a keen interest in the research, but I was hesitant to use them as a go-between, mostly because of my awareness that intricate power relations existed between mothers and daughters.

While I was reconsidering my recruitment strategy, telephonic follow-up interviews with all the MMHRP participants were being conducted by a research assistant of the Women's Mental Health Research Project office (WMHRP). Recruitment of participants for my study among women who took part in the MMHRP four years earlier, presented me with an attractive recruitment alternative: not only would I have access to interview data collected at the time of their last pregnancies, but I would also be able to track childcare choices, experiences and developments over a four to five year period. Seven of the eight participants were recruited from this group by a research assistant who phoned MMHRP participants at random and completed a short survey questionnaire for each. All of these participants were then given a short description of my study and invited to participate. Those who consented, were contacted by me to arrange for an interview. To my knowledge, none of the participants who were approached by the research assistant, refused to be contacted.

Convenience sampling was therefore used with the provision that further recruitment and/or interviewing could be done with women who did not participate in the MMHRP, should the need for theoretical saturation required so. Smaller sample sizes are usually recommended for analytic, inductive and exploratory studies (Crouch & McKenzie, 2006) with multiple case studies usually comprising no more than six to ten cases (Willig, 2001). Theoretical sampling also formed an integral part of the data analysis process. According to Charmaz (2006), theoretical sampling entails 'seeking and collecting pertinent data to elaborate and refine categories' (p.96). This needs to be distinguished from initial sampling, where sampling criteria are established before a field is entered. Theoretical sampling pertains to 'conceptual and theoretical development' and is therefore not about representing a population or increasing the statistical generalisability of results. In the present study, theoretical sampling was informed by early findings and used to focus further data collection in order to refine the initial categories and subcategories constructed.

In table 3.1 a short summary of the demographic details of the participants are provided. All the participants resided in Paradijsbos, apart from Carmen, who was resident in a small,

nearby town, but who stayed for lengthy periods with her boyfriend's family in Paradijsbos. Table 3.2 provides the reader with a summary of the childcare arrangements utilised by the participants interviewed, while table 3.3 contains a summary of the childcare received by the participants as infants and children. These tables demonstrate to some degree how theoretical sampling was used in this study. Early in the grounded theory analysis, there were indications that the participants' childcare decisions and arrangements were intimately connected to the mothering and childcare they received as children as well as their ongoing relationships with their mothers (or mothering figures). Following the principles of theoretical sampling, participants whose mothers were deceased or who were raised by people other than their biological mothers were purposefully included in the sample. Although demographic details are important to situate participants to some extent, I am mindful that demography and biography create different profiles (Hollway & Jefferson, 2000). For a more detailed account of the various participants' biography (and additional demographic information), the case studies in Chapter Four can be consulted.

3.4.4 Data generation
Data for this study was generated through two in-depth interviews conducted by me with each participant. Although other data sources, such as interview material from the MMHRP were also utilised for the case studies, most of the data analysis was done on interview data generated for this study specifically.

3.4.4.1 Interviewing: Format and process followed
Interviewing as the method of data generation, was approached as a site of knowledge co-construction between myself and the interviewees, rather than a 'mining or excavation' site for the unearthing of accurate, objective social knowledge (Mason, 2002). Suzuki et al. (2007) suggested that exploratory studies use open, less structured interview protocols. Since all interviews contain some structure, my goal was to ask a few, carefully constructed, open-ended questions that would facilitate participants' narration of their experiences, concerns and perspectives on motherhood and childcare (Mason, 2002). For the construction of the interview schedule, I decided to use the MMHRP interview transcripts to identify aspects related to childcare that spontaneously arose during the interviews on women's experiences of pregnancy, birth and the postpartum period. I first did a close reading of all the interview material obtained in these interviews (270 interviews from 90 participants) and during a second reading, identified all the sections that pertained to childcare and related experiences of motherhood. These were then submitted to a manual,

Table 3.1

Participant details

Name[4]	Age	Children	Level of Education	Nature of Employment	Housing	Relationship status at time of first interview
Rosy	24y	Elné (1y)	Grade 11	Seasonal	House shared with family	Single (18 months)
Elize	34y	Sharné (Deceased) Sharlize (6y)	Grade 11	Permanent employment (Domestic worker)	Own dwelling on family's property	Single (5 years)
Carmen	19y	Aden (4y)	Grade 10	Seasonal	House shared with family	Relationship (5 years)
Sarah	39y	Cheri (4y) Jocelyn (16y)	Grade 12	Unemployed	Own house	Married (18 years)
Poppie	38y	Stephanie (17y) Lauren (5y)	Grade 12	Permanent employment (Domestic worker)	Rented house	Married (6 years)
Lecia	36y	Andrea (16y) Shirley (11y) Chandré (5y)	Grade 11	Unemployed	Informal structure on family's property	Single (1 week)
Lily	25y	Regan (5y)	Grade 12	Permanent	Own house	Married (1 month)
Rachel	36y	Lee-Anne (15y) Angelique (10y) Steven (6y)	Grade 11	Seasonal	Own house	Married (10y)

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[4] All the names of participants and their family members have been changed to protect their identities.

Table 3.2

Childcare utilised by the participants

Participant	Age at birth of child	Childcare: Infancy	Childcare: Toddler	Childcare: Child
Rosy	Child 1: 22y	Mother Great grandmother Grandmother Aunt Neighbour Father	-	-
Elize	Child 1: 22y	Great grandmother Mother Cousins	-	-
	Child 2: 28y	Mother Paternal grandmother Grandmother Cousins Aunt	Mother Crèche Grandmother Great grandmother Cousins	-
Carmen	Child 1: 16y	Mother Grandmother Father Paternal grandmother	Grandmother Mother Father Paternal grandmother	-
Sarah	Child 1: 23y	Mother Grandmother	Mother Grandmother Crèche Lodger Neighbour Employee	Mother Lodger Neighbour Employee
	Child 2: 35y	Mother Employee Older sibling Father	Mother Older sibling Father	-
Poppie	Child 1: 20y	Great grandmother Grandmother Mother Aunt	Great grandmother Grandmother Mother	Grandmother Mother
	Child 2: 32y	Mother Day mother Grandmother Father Older sibling	Mother Crèche Grandmother Father Older sibling	-
Lecia	Child 1: 20y	Mother Grandfather	Mother Grandfather	Mother Grandfather Aunt
	Child 2: 25y	Mother Grandfather	Grandfather Aunt Mother	Mother Grandfather
	Child 3: 31y	Mother Paternal grandmother Older sibling	Mother Crèche Aunt Neighbour Older sibling	-

Table 3.2 (contd.)

Childcare utilised by the participants

Participant	Age at birth of child	Childcare: Infancy	Childcare: Toddler	Childcare: Child
Lily	Child 1: 20y	Mother Paternal grand-mother	Mother Crèche Paternal grand-mother Father	Mother Pre-primary school Paternal grand-mother Father
Rachel	Child 1: 21y	Grandmother Mother	Grandmother Mother Crèche	Mother Grandmother Pre-primary school
	Child 2: 26y	Grandmother Mother Day mother Employer	Grandmother Mother Crèche	Mother Grandmother Pre-primary school
	Child 3: 30y	Grandmother Mother Older siblings	Grandmother Mother Crèche	Mother Grandmother Pre-primary school

Table 3.3

Childcare received by the participants

Name	Brought up by	Mother present	Other childcare providers
Rosy	Grandmother	0-9y: No 10y+: Yes	Crèche Aunt
Elize	Grandmother	0-9y: Yes 10y+: No	Paternal grandmother Teacher
Carmen	Grandmother Aunt	0-6 months: Yes 6 months+: No	Cousin
Sarah	Mother Father	Yes	Aunt
Poppie	Grandmother	0-11y: No 11y+: Yes	Aunt Siblings
Lecia	Mother Father	3y-17y: Yes	Grandmother
Lily	Grandmother Aunt	Yes	Siblings
Rachel	Mother Father	Yes	Grandmother

incident-by-incident coding (Charmaz, 2006). The codes were grouped into the following eleven low-level categories which formed the basis of the interview schedule devised for data collection.

Childcare and poverty

Employment patterns and childcare

Ideas about good and bad mothering

The impact of women's own upbringing on mothering practices and beliefs

Intensive, full-time mothering presented as the ideal

Desires for self-sufficiency

Childcare availability and practices

Feelings about using childcare

Grandmother provided childcare

Mother-daughter relationships

Role and function of the paternal grandparents

The interview schedule was designed to facilitate two in-depth, loosely structured interviews on motherhood and childcare and had a life story focus. It was anticipated from the start that the interview schedule would be used as a flexible guide and not a structured format that needed to be strictly adhered to. It consisted of two sections (that in practice often overlapped): the first focused on the participant's current life circumstances and recent childcare experiences (Section A) and the second on her personal and relational history (Section B). The A section was mostly covered during the first interview and was strongly based on the categories identified during the analysis of the MMHRP interviews. The design of the B section was influenced by both the categories obtained from the MMHRP interviews, and the Adult Attachment Interview (AAI) developed by George, Kaplan and May in 1985 (Buchheim & Kächele, 2003; Steele & Baradon, 2004).

The AAI, when formally applied, is a semi-structured interview of 18 questions that elicits information about people's relationships with their parents (caregivers) during childhood (including specific memories) and at present. Questions are also asked about childhood experiences of rejection, being ill, upset and hurt as well as experiences of loss, abuse and separation. The AAI interview narrative is then assessed according to criteria for coherence and classified into one of three groups: autonomous-secure, insecure-preoccupied and insecure-dismissing (Steele & Baradon, 2004). In the present study, the AAI was not formally applied, but rather served as a sensitising framework for the second interview in which

participants' personal histories were explored. The AAI sensitised me to listen for experiences of early relationships with caregivers, interruptions in care giving, traumatic experiences, specific memories of care giving, explanations offered for caregivers' behaviour as well as descriptions of current relationships with parents and/or caregivers.

The first draft of the interview schedule was piloted on a 26 year old, Coloured, Afrikaans-speaking woman from a rural area similar to Paradijsbos. The transcribed pilot interview was presented and discussed at a MMHRP research group meeting and some adjustments were made before the final version used for data collection was drafted (see Addendum B).

I interviewed the eight participants twice on locations and times that they indicated as convenient. As a registered Clinical Psychologist, I have fourteen years of clinical experience in addition to my experience as a research interviewer (see section 3.4.8). Participants were interviewed at their homes, at the local clinic and at our research office in Stellenbosch. Most interviews were an hour long, although some took slightly longer – especially when there were interruptions or third parties present. Throughout, I used the interview schedule in a flexible manner and kept my questions fairly open-ended. Participants were encouraged to narrate their experiences in their own words and I tried to follow their lead in the issues raised. I was particularly interested in spontaneous references to maternal grandmothers and only if no mention was made by the participants themselves, did I ask directly about grandmother involvement. Three of the eight participants' mothers were deceased and in these instances I enquired about the impact thereof on them and their childcare arrangements. All of the participants (except Rosy) were experienced interviewees through their earlier participation in the MMHRP and seemed familiar with the interview process that I followed. I took care to inform them fully about the research project and obtained written, informed consent before the commencement of the interviews (see Addendum C). Participants were also asked to identify a pseudonym that could be used during the interviews.

The interviews were tape-recorded with both a traditional tape recorder and a digital recorder. I used high quality external microphones which ensured excellent sound quality. I failed to record the second interview with Sarah due to technical failure and some negligence on my part. In an effort to capture as much as I could of our conversation, I documented everything I could remember as soon as possible afterwards.

Within 48 hours after the completion of each interview, I wrote a detailed research journal to capture the qualitative and relational aspects of the interview. These included descriptions of

the interview context, my own thoughts, feelings, experiences and observations about the participants and any additional information I deemed relevant. Some of the journal content was incorporated into the case studies reported in Chapter Four.

3.4.4.2 Considerations in interviewing poor, South African, women of colour

The theoretical framework and research paradigm within which the current research project was situated, influenced my overall approach to the interview process: both the format of the interview (as described above) and the relational context within which interviewing took place (Fontana, 2002). Informed by a commitment to feminist research, I paid close attention to the power relationships between me and the women I interviewed. Although in agreement with the postmodern (Fontana, 2002) and feminist critique on the distant role traditionally occupied by interviewers and committed to the feminist notion of equalised research relationships (Finch, 1993; Oakley, 1993), I was acutely aware of the intricate and complex ways in which power shifted within the interviews. Enosh and Buchbinder (2005) described the power between interviewer and interviewee as discursively constructed throughout the interview: each participant is dominant and tries to steer the interview, whilst being submissive and being steered by the other. Consequently, every interview is a power struggle between interviewer and interviewee – especially when sensitive issues are explored.

Power in research relationships is also affected by the similarities and/or differences in social locations (such as race, gender, class, sexual orientation, disability, etc.) between participants and researchers (Reinharz & Chase, 2002). These insider-outsider challenges faced by interviewers are particularly pronounced in cross-cultural interviewing (Ryen, 2002) and interviewing people from 'nonmainstream' groups such as people of color and working class backgrounds (Dunbar, Rodriquez & Parker, 2002). In the present study my own social location differed markedly from the participants in terms of race, culture, level of education, marital status and social class. There were also some similarities such as that we all spoke Afrikaans, we were all female and mothers. During the interviews, some of the participants invoked an us/them discourse especially in their attempts to clarify or shed light on localised cultural practices - mostly which they were very critical of and assumed I was equally critical of or unfamiliar with. The following two quotes can serve as examples:

Sarah: *Because, those people so hide away their children's stuff, but they want to know about your child's stuff and make a whole story out of it. That is why I don't. Yes, they often do it. **Our people are like that.***

Elize: **We, we Coloureds are mos maar now just like that.** *Now wants to wander and even though, you have a two day old little baby, then they still want to sit with pajamas.*

Our cultural and racial differences were of course situated within the historical context and legacy of Apartheid which added another layer to an already complex interview context. I interpreted comments such as these by Sarah and Elize as a reminder of our different social locations (and my outsider status), particularly in terms of race and culture. I also wondered whether the seemingly derogatory and depreciative ways they spoke about 'their people' were a function of the longstanding system of racial discrimination under Apartheid – a system that ultimately privileged the racial and cultural group I belonged to.

Following the advice offered by Dunbar et al. (2002), I tried to maintain an awareness of how social location (in particular race and class) impacted on identity and self-presentation and how this transpired during the interviews either 'by assertion or through silence' (p. 281). I kept my interview questions fairly open-ended and flexible (Reinharz & Chase, 2002), attended to both silence and talk (Dunbar et al., 2002; Reinharz & Chase, 2002), used my own experiences of motherhood to frame and follow-up on questions asked (Reinharz & Chase, 2002), used my clinical skills to remain attuned to unconscious processes and wrote a detailed interview journal capturing my experiences and reflections of the interview process in an attempt to reflexively explore the ways my social location intersected with those of the participants. I utilised prior attained knowledge of Paradijsbos, attended to non-verbal cues, facial expressions, voice intonations and body language (Dunbar et al., 2002) and clarified local idiomatic expressions unfamiliar to me. I also gave participants the opportunity to reflect on some of my first tentative interpretations of the material. These reflections also became part of the data.

Some theorists recommended interviewer self-disclosure when interviewing people of colour (Dunbar et al., 2002) and women (Reinharz & Chase, 2002) in order to facilitate rapport. Since it is difficult to anticipate the impact of interviewer self-disclosure, I decided not to offer personal information, unless participants asked me to. In the few instances that I was asked whether I had children and was married, I answered truthfully and directly, without volunteering detailed additional information. Throughout the interviews, I tried not to maximise or minimise the differences between myself and the interviewees. Instead, I viewed the 'insider-outsider' issue as an inherent part of the interview process that participants themselves (myself included) had to resolve rather than 'merely cope with or suffer from' (Ryen, 2002, p. 348).

In conclusion, the co-construction of the interview material was strongly affected by my own social location(s) (see section 3.4.8). The interlocking nature of gender, race and class and the way(s) it all impacted on the co-construction of knowledge during the interviews (Shope, 2006) will be reflected upon in the discussion of the findings in Chapters Four and Five.

3.4.5 Data management

Traditionally, the data management of interviews was viewed as a mere technical matter that concerned itself with the manufacturing of accurate, verbatim transcriptions of audio-taped interviews. The postmodern turn in the social sciences critiqued these realist notions of a transcript being able to reflect an interview accurately. Various authors highlighted the interpretive, constructive nature of transcription work as a research activity (Lapadat & Lindsay, 1999; McLellan, MaQueen & Neidig, 2003; Poland, 2002; Tilley, 2003). An interpretive frame for transcription work implies that no transcription can ever reflect accurately everything that transpired during an interview, the transcriber continuously makes decisions about what should be transcribed, and this affects the meaning and construction of the text (McLellan et al., 2003). Unconscious processes also affect transcription processes and decisions about something seemingly insignificant such as punctuation, could change the meaning of what was said (Poland, 2002). Following the advice offered by Charmaz (2006), I decided to do all the interviews and transcriptions myself. This not only afforded me some control over decisions of transcription, but also enabled me to remain close to the data from the start (Lapadat & Lindsay, 1999).

A wide range of transcription conventions and guidelines have been described and proposed in the literature and the challenge according to Bloom (as cited in Lapadat & Lindsay, 1999), is to obtain 'lean descriptions that allow for rich interpretations'. The level of transcription most of all, needed to complement the level of analysis which is in turn determined by the research question (McLellan et al., 2003; Poland, 2002). Since the goal of this research was to provide both a descriptive and analytical account of the data, I decided to transcribe all the interviews in full.

All the transcriptions were done in the language used during interviewing, namely Afrikaans. Interview material quoted in the dissertation, were translated into English during the final editing of the dissertation by a linguist who is fluent in both Afrikaans and English and familiar with the colloquial Afrikaans spoken in Paradijsbos. Where possible, effort has been made to retain colloquial expressions in the translations. Translation (similar to the construction of

transcripts) is an interpretive activity and limited in its ability to portray the precise meaning of all words and phrases in a different language.

3.4.6   Data analysis

The goals of description and analysis in this study required attention to both 'breadth' and 'depth' in data analysis. According to Todres and Galvin (2005) the pursuit of 'breadth' facilitates the emergence of the complexity of the phenomenon, allows participants to express the scope and boundaries of complex experience and allows for the historical and narrative unfolding of experience. 'Thick description' with its focus on rich and detailed information adds to the depth of qualitative analysis. The notion of 'thick description' was defined as follow by Denzin, cited in Ponterotto and Grieger (2007):

> *A thick description does more than record what a person is doing. It goes beyond the mere fact and surface appearances. It presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick description evokes emotionality and self-feelings. It inserts history into experience. It establishes the significance of an experience, or the sequence of events, for the person or persons in question. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard (p. 416).*

According to Henning, Van Rensburg & Smit (2004), thick description is essential in a good qualitative research study. Data cannot speak for itself and needs interpretation and explanation that capture the richness and complexity of the life world of participants. The complementarity of 'breadth' and 'depth' approaches to data analysis 'expresses a circularity in which lived experiences ground narrative identity and narrative identity makes sense of lived experiences' (Todres & Galvin, 2005, p. 9). In the pursuit of both breadth and depth in the current analysis, constructivist grounded theory methods were utilised to analyse the transcribed interviews. The analysis and presentation of findings were done through a case study approach.

Figure 3.1 contains a summary of the main steps followed in the data analysis process. Although these are presented in a linear fashion here, the process was often characterised by 'sub-steps' that were more iterative and overlapping in nature. The data analysis was designed to construct layers of interpretation (becoming more focused and finely grained as the analysis proceeded) whilst staying close to the data throughout. As stated before, theoretical sampling was used to focus further data collection and to refine the key categories constructed. As stated by Charmaz (2006), 'theoretical sampling keeps you

moving between targeted data collection and analytic memo-writing' (p. 110) and therefore constitute a circular rather than a linear process.

Step 1
Do incident-by-incident coding on MMHRP interviews and identify low-level categories

Step 2
Develop an interview schedule based on categories constructed in step 1

Step 3
Pilot the interview schedule on a volunteer and devise final interview schedule

Step 4
Conduct two semi-structured in-depth interviews (with interview schedule developed in step 3) with eight participants

Step 5
Transcribe interviews conducted in step 4

Step 6
Apply constructivist grounded theory methods to transcripts generated in step 5 and construct low-level categories

Step 7
Do focused coding

Step 8
Write a descriptive case study for each participant, based broadly on the categories constructed in steps 6-7

Step 9
Conduct a literature review and incorporate it into the interpretation and discussion of the findings

Figure 3.1   The data analysis process

3.4.6.1 A case study approach

Case studies usually consist of detailed, in-depth investigations of groups, organisations or individuals with the aim of presenting an analysis of the context and processes involved in the phenomenon being studied (Meyer, 2001). Case study research represents an approach to research that focuses on the case as the unit of analysis. It is therefore not a research method in itself and can draw on various methods of data collection and analysis (Willig, 2001). The lack of specific requirements for case study research, allows for the tailoring of the design and data collection procedures to the research questions (Fisher & Ziviani, 2004). Willig (2001) identified the key aspects of case study research as: taking an idiographic perspective, focusing on contextual data, using diverse data sources and data analysis techniques, containing a temporal element and being concerned with theory generation.

Traditionally, case studies were conceptualised as descriptive and explorative research techniques designed to understand unique systems. More recently it was argued that case studies can also explain causal relationships, support and build theory. These are often referred to as explanatory case studies and are most often grounded in a positivist paradigm (Eisenhardt, 1989; Fisher & Ziviani, 2004). Case study research, according to Zach (2006), is especially useful to identify new and divergent themes that are often overlooked in other research approaches. The strength of a case study approach lies in the in-depth study of a small number of individuals with attention paid to context. The intention behind case study research is not to generalise across populations but to make theoretical rather than empirical generalisations (Payne, Field, Rolls, Hawker, & Kerr, 2007). In this respect, Ruddin (2006), argued persuasively that generalisation from a single case study is possible, that case study research can contribute to scientific development and that researchers need to develop ways of using the cumulated wisdom of case studies (similar to the case archives in the legal system). Al Rubaie (2002) concurred that case study research (conceived from a postmodern perspective) is a legitimate approach to research and well-suited to develop understandings of the 'complexities of intrapsychic and interpersonal processes that emerge and unfold within a wider socio-historical context' (p. 31). These qualities of a case study approach to research correspond well to the broad goal of the present research to develop an in-depth understanding of low-income women's psychological experiences of childcare.

Various approaches to data analysis in case study research have been described, most of which are based on a positivist or postpositivist paradigm (Eisenhardt, 1989). The basic data analysis process usually entails the derivation of hypotheses and concepts from a literature study which precedes data collection. Data is collected from various sources and may

include both quantitative and qualitative data. The data is then analysed (often by means of grounded theory methods such as coding, constant comparison, and theoretical saturation) (Eisenhardt, 1989; Meyer, 2001; Smith, 1990; Zach, 2006). A case description for each case is written ('within-case analysis'), based on the pre-existing concepts and hypotheses, themes of interest or categories identified. This is followed by an analysis across cases that culminates in a broad interpretation of what has been learned and how it can be applied (Creswell, Hanson, Clark Plano, & Morales, 2007). According to Eisenhardt (1989) the key is to look at data from divergent vantage points and not to reach premature or false conclusions. The present study followed a multiple case design with the aim of constructing detailed case descriptions in order to identify some explanatory concepts and processes.

Since the present study was informed by constructivism, an adapted version of the case study method described above, was utilised. For instance, the focus areas in the case descriptions were not derived from a literature study, pre-defined hypotheses or pre-existing concepts. Instead, low-level categories developed through the constructivist grounded theory analysis of transcribed interviews, were used as sensitising concepts to write a detailed case description for each participant with these categories forming a guiding framework. The case descriptions were based on the content of the transcribed interviews, interview material from the MMHRP as well as my research journal and field notes. Through the case descriptions, a context was provided for the mothering practices and beliefs described by participants. Following the initial case descriptions, selected interview excerpts containing narratives on motherhood, childcare, mother-daughter relationships, childhood experiences of childcare and intimate relationships were identified and submitted to focused coding (see section 3.4.6.2). Based on the focused coding, the case studies were re-worked in the format presented in Chapter Four.

The case study approach followed here, provided me with an opportunity to not only look closely at the constructed categories across cases, but also to do a comparative analysis within an individual account. Since social constructionism and postmodernism reject notions of a coherent, unified self, individual accounts are not expected to be internally consistent. My focus on individual cases lent itself well to an analysis that incorporated the fragmentary and contradictory aspects of individual participants. It also allowed for a contextualised analysis that considered the constructive and performative powers of language and narrative. Through the use of a case study approach, I was able to not only attend to the meanings that were produced, but also the process of meaning production (Greckhamer & Koro-Ljungberg, 2005). Case study research is also highly compatible with the goals of feminist research, such as enhancing women's voice and influence in society, exploring alternative ways of

understanding the world through women's experiences, and exploring women's lives in its diversity and wholeness (Gergen, 2008). Psychoanalysis has a rich tradition (since Freud) of utilising case studies to develop and illustrate theory. According to Frosh and Young (2008), the application of psychoanalytic ideas to case studies enables the researcher to take the participant's biographical material and unique life contexts into account in her attempts to make sense of the ambiguities and contradictions in the material.

Since case study research represents an approach to research and not a research method per se, the rest of this section will be used to describe the chronological data analysis process.

3.4.6.2 Grounded Theory Methods (GTM)

The Grounded Theory Method (GTM) has been applauded for its data drivenness which allows researchers to develop theory through the systematic analysis of empirical material (Hawker & Kerr, 2007) and organise and analyse unstructured qualitative data (Pidgeon & Henwood, 1997). The GTM can aid the researcher in developing an understanding of complex behaviours and their meanings, has its own internal source of rigour, is particularly useful in situations where little is known about a topic (Hawker & Kerr, 2007; Payne, 2007) and can facilitate the development of theory (Willig, 2001). Charmaz and Henwood (2008) described GTM as a particularly valuable research method in the field of psychology, since it offered a rigorous approach to qualitative data analysis, can be used in conjunction with other qualitative approaches such as ethnographic research and discursive analysis, fits both constructivist/interpretive and post-positivist epistemologies and can potentially bridge the traditional quantitative-qualitative divide in psychology. All of these attributes motivated my use of grounded theory methods in this study.

Three broad approaches to grounded theory can be identified: (1) the original method (classic grounded theory) developed by Glaser and Strauss (1967) and still strongly advocated by Glaser (2002a; 2002b); (2) Grounded Theory (GT) as conceptualised and developed by Anselm Strauss and Juliet Corbin (1998) (often called the verification model of GT) and (3) Constructivist Grounded Theory developed by Kathy Charmaz (2006). Madill, Jordan and Shirley (2000) suggested a fourth approach, which they termed 'radical grounded theory'. Much has been written about the historical development and the methodological and epistemological differences between the approaches to grounded theory (Annelis, 1997; Boychuk Duchscher & Morgan, 2004; Heath & Cowley, 2004; Seldén, 2005; Walker & Myrick, 2006; Willig, 2001). More recently, debates about the adaptation and evolution of grounded theory methods have dominated published literature on grounded theory. Some

supporters of the GTM argued that the term 'grounded theory' be reserved for studies that adhered strictly to the classic, Glaserian method (Cutcliffe, 2005) since the transferring of the GTM from one epistemological position to another (such as constructivism), leads to the dilution (or erosion) of the method (Greckhamer & Koro-Ljungberg, 2005; Thomas & James, 2006). Others advocated for diversification, adaption and 'evolution' of the method (Charmaz, 2006). The difference in opinion has raised new debates about the essential elements of a grounded theory study (Becker, 1993; Cutcliffe, 2005; Glaser, 2002a; Hallberg, 2006) and consequently various versions and solutions have been proposed. Eaves (2001) for example, suggested a synthesis technique for grounded theory in which she integrated elements from the theories of Kathy Charmaz, Mark Chesler, Juliet Corbin and Anselm Strauss. Zappa (2007) advocated diversification in grounded theory by adapting existing approaches to include the researcher's contextually developed experience throughout the research process. Concern has also been raised about coding procedures in grounded theory leading to codes and categories being divorced from context (Hawker & Kerr, 2007; Seldén, 2005), resulting in the fragmentation of data (Hawker & Kerr, 2007; Riesmann, 1990), word overload (Heath & Cowley, 2004) and a general lack of attention paid to theory development (Seldén, 2005). Others criticised the lack of consideration paid to the co-constructed nature of data, and grounded theory's connection to theoretical sensitivity (Seldén, 2005). Calls have been made to move constructivist grounded theory methods closer to discourse analytic practice (Frosh & Young, 2008; Henwood & Pidgeon, 1994; Madill et al., 2000; Willig, 2001) by paying attention to the macrodiscourses that shape the underlying assumptions of individual accounts or by explicating the rhetorical devices through which participants construct and give meaning to their experiences and lives (Madill et al., 2000). Charmaz (2006) asserted that grounded theory methods can complement other approaches to qualitative data analysis and do not stand in opposition to them.

In practice, these suggestions imply that an abbreviated version of a grounded theory method (Pidgeon & Henwood, 1997; Willig, 2001) can be followed by complementary approaches (such as narrative analysis or discourse analysis) in a sequential method of data analysis. This allows for 'outcomes' that are well-grounded in the data while attending to the constructive powers of language, context and subjectivity (Charmaz & Henwood, 2008; Willig, 2001; Willott & Griffin, 1999). Madill and Gough (2008) distinguished between mixed-method design and instrumental modes of research. The latter refers to the use of a variety of methods from a similar theoretical framework and is generally regarded as less problematic than mixed-method designs. Madill and Gough (2008) also asserted that psychological science can benefit from a better integration of research methods and paradigms, especially within qualitative research. These authors concluded the cited article

by stating: 'The challenge for psychological researchers everywhere is to be open to alternative perspectives and to seek common ground where it can be found without lapsing into overhomogenisation' (p.267).

In the present study, an abbreviated version of Charmaz' constructive grounded theory method was utilised during the early, less explicitly theoretical phase of the analysis. Throughout, grounded theory methods such as constant comparison, memo writing, theoretical saturation, linking categories and constantly returning to the data while developing theory, were used (Charmaz, 1990; 1991; 2003; Strauss & Corbin, 1998). The second phase of the data analysis (the case studies) was directly based on the findings of the first phase (grounded theory analysis) and represents what Simons, Lathlean and Squire (2008) described as 'following a thread'. Both methods of data analysis were based on a constructivist/interpretive framework and can be seen as complementary, with the second taking forward some of the findings of the first.

3.4.6.3 A constructivist grounded theory analysis

Constructivist grounded theory as developed by Kathy Charmaz (1990, 2006) provides researchers with a set of 'principles and practices' rather than prescriptive, methodological rules. In contrast to Glaser and Strauss (1967) who asserted that a grounded theory is discovered or emerge from the data, Charmaz regarded a grounded theory as constructed by the researcher who is in turn influenced by past and present interactions and involvement with people, perspectives and research practices. Constructivist grounded theory therefore assumes a relativist ontology and a subjectivist epistemology (Mills, Bonner & Francis, 2006).

According to Charmaz, the researcher collects rich data (usually through interviews), in which she is guided by sensitising concepts (Bowen, 2006). In the present study sensitising concepts comprised the low-level categories that were constructed from the MMHRP interview material and used to devise the interview schedule (see section 3.4.4.1) as well as my theoretical points of departure briefly presented in Chapter Two.

Following the guidelines described by Charmaz (2006), an initial line-by-line coding was conducted on all the transcribed interview material collected for this study. The computer software programme Atlas-t.i. (© Thomas Muhr, Berlin, 1997), was used for coding and the organising of memos, codes and categories. Although Atlas-t.i. provides the researcher with a range of coding functions, I used it similar to the way manual coding is usually done. I examined each line of interview data and coded for meanings, actions and processes in the

data. Where possible, in vivo codes were used to capture participants' meaning and speech (Charmaz, 2006). These codes were entered 'manually' into the Atlas t.i. programme. During the initial coding, I painstakingly scrutinised the data line by line and coded for meanings, actions and processes to account for each piece of data. This was a lengthy process and resulted in a vast number of codes (638 codes, to be precise). Although the number of codes was overwhelming and cumbersome, it also ensured an exceptionally close reading of the data and forced me to think about the material in new ways (that sometimes differed from the participants' interpretations).

The use of computer-assisted qualitative data analysis (CAQDAS) in Psychology has been met with controversy. Some have argued that it removes the researcher from the data (Silver & Fielding, 2008), detracts from the quality of qualitative research or leads to a rigid, automated analysis of data (Bringer, Johnston, & Brackenridge, 2004). Others insisted that the use of computers facilitates a more rigorous approach to data analysis (Bringer et al., 2004) and assists the researcher with the management of large amounts of data without fragmenting the original data set (Carvajal, 2002). Silver and Fielding (2008) concluded that no computer programme can by itself assure high-quality analysis – that remains the work of the researcher who still interprets, conceptualises and develops theory. 'Good housekeeping' is however required to ensure creative analysis and in this regard, memoing, and the constant comparison of data and codes were explicitly mentioned (Marshall, 2002). Both memos and field notes are regarded as important activities in the documenting of the research process and the researcher's insights (Montgomery & Bailey, 2007). In the present project, memos were specifically written to raise the initial codes to tentative (low-level) categories and to push the analysis towards a theoretical level. After initial coding was done on the first few interview transcripts, members of the MMHRP research team were given copies to code blindly. These were compared and discussed during a research meeting in order to broaden my own interpretation and understanding.

Charmaz (2006) described grounded theory research as an iterative process during which the researcher repeatedly revisits data and earlier analyses to develop deeper understandings. During the coding process I used constant comparative methods (Reed, 2004) to compare data with data and data to codes in order to find similarities and differences. This served to establish early analytic distinctions within the data.

At this 'intermediate stage of analysis' I decided to focus further analysis on specific cases as suggested by Pidgeon and Henwood (1997). Since the overall goal of the research was to develop a local, contextualised theoretical understanding, the development of substantive

theory was not pursued through the remaining grounded theory analytical steps. Instead, the grounded theory categories listed above, were used as a framework ('sensitizing concepts') for the case analysis that followed. As noted by O' Connor, Netting and Thomas (2008) grounded theory can be useful to develop generalisable theories and can aid in deep understanding and meaning, but they cannot do both at the same time within the same research design. Therefore, the data analysis presented here, aimed at grounding the data in context with no expectations of generalisability (O'Connor et al., 2008).

3.4.6.4 Conclusion

As stated in section 3.4.6.3, multiple, sequential data analytic strategies were used in this study to analyse the same set of data. This was motivated by the pursuit of both 'breadth' and 'depth' in the data analysis in order to make most of the rich data obtained through the interviews. Simons et al. (2008) argued that the use of two methods to analyse the same set of data can bring a deeper understanding, as long as these approaches had compatible ontological and epistemological underpinnings. In this study, both the grounded theory and case study approach used were constructive strategies in that they represented *my* constructed grounded theory categories and *my* stories about the participants.

The combination of these two approaches in the present study allowed for a very detailed analysis (in the grounded theory analysis), whilst keeping the individual participants and their unique personal and social contexts in view (in the case studies). The two data analytic strategies therefore complemented each other and compensated for deficiencies experienced in the use of only grounded theory or case study research. As stated by Simons et al. (2008),

> *Unlike using mixed methods, this study did not involve viewing a phenomenon from different standpoints underpinned by different theoretical assumptions. Rather, it was about shifting the focus – viewing the same object from the same standpoint but adjusting the lens to bring into view particular aspects of the phenomenon, one after another (p. 129).*

Charmaz (2006) stated that constructivist grounded theory can be used in conjunction with other methods of data analysis, and Willig (2001) specifically mentioned combining grounded theory with case study research. These authors, however, did not elaborate on how exactly this should be done. Grounded theory studies that followed a sequential method of data analysis, either used narrative analysis (Simons et al., 2008) or discourse analysis in conjunction with the grounded theory analysis. At present the sequential use of constructivist

grounded theory and case study research represents an innovative approach to data analysis and will be revisited in terms of its usefulness in Chapter Five.

3.4.7 Validation

Mishler (as cited in Koro-Ljungberg, 2008) defined validation as a process through which the trustworthiness of observations and interpretations in qualitative research can be evaluated. Although it is generally agreed that qualitative research should be submitted to scrutiny for evaluation of the trustworthiness of its findings, the establishment of validity standards is particularly difficult, since rigour, subjectivity and creativity need to be incorporated into the scientific process (Whittemore, Chase & Mandle, 2001). Feminist researchers asserted that the quality of research should be judged according to its political effects and not its ability to formulate universal, objective truths. As discussed by Seale (1999), this suggestion is problematic since it is difficult to ascertain what the desirable political effect for participants should be and from whose perspective this is determined. Some of the validation methods often suggested for qualitative inquiries such as member checking, reflexivity, triangulation and peer review, have been demonstrated to ascribe to positivist notions of an objective, knowable, external reality to which research results can be compared and judged against (Angen, 2000; Cho & Trent, 2006; Mays & Pope, 2000).

In grounded theory research, Charmaz (2006) suggested credibility, originality, usefulness and resonance as criteria for validity, whereas Pidgeon and Henwood (1997) described 'good practices' that can enhance validity, such as keeping close to the data, pursuing fit between theoretical claims and the data, integrating theory at diverse levels of abstraction, and assessing transferability and persuasiveness (internal coherence).

A number of authors suggested that no single procedure or 'method' can ensure validity in interpretive, qualitative research (Angen, 2000; Koro-Ljungberg, 2008; O'Connor et al., 2008) and that appropriate validity criteria need to be developed for each investigation, based on the purposes, circumstances and fundamental assumptions of that particular research project (Madill et al., 2000; Whittemore, et al., 2001). Cho and Trent (2006) proposed a 'holistic view of validity' that takes into account paradigmatic differences within qualitative research as well as the purpose of the research conducted. They suggested that validity be viewed as a process (with an emphasis on theory and practice) and that attention be given to validity throughout the research process. In addition Freeman, DeMarrais, Preissle, Rouston and St. Pierre (2007) wrote:

There is no single marker of validity in qualitative inquiry, and the best qualitative research uses many of the strategies just described and invents others specific to the particular study. Thus, validity cannot be defined in advance by a certain procedure but must be attended to at all times as the study shifts and turns (p.29).

Koro-Ljundberg (2008) and others (Angen, 2000; Cho & Trent, 2006) argued that validation should be regarded as a complex, recursive, ongoing process in which concepts of validity and validation are thought of as tools, rather than a reflection of truth. In addition, validity has been reformulated to encompass the two broad processes of ethical and substantive validation which reflects on the abilities and characteristics of the researcher (Angen, 2000; Cho & Trent, 2006). Although in agreement about the role the researcher plays in the process of validation, Madill et al. (2000) warned that the credibility of findings should rest on more than the authority of the researcher. The legitimisation of knowledge rests on the judgment of an 'entire community of observers' (p. 162).

In considering validation for this study, the suggestion of Madill et al. (2000) to use quality criteria such as internal coherence, deviant case analysis and openness of analysis to reader evaluation, seemed appropriate. In addition, the ethical concerns and critical self-reflection of the researcher and its impact on the co-construction of understanding, also seemed important in the validation process (Angen, 2000). Internal coherence considers the thoroughness and robustness of an analysis (whilst acknowledging that no analysis can ever be complete) (Angen, 2000; Johnson & Waterfield, 2004; Madill et al., 2000). Throughout this process, seeking conflicting understandings and 'negative cases' form an important part in the refinement of conceptual development (Madill et al., 2000; Mays & Pope, 2000; Pidgeon & Henwood, 1997; Seale, 1999). Not only can deviant cases challenge the developing theory, but it could also 'delimit the context of its applicability' (Madill et al., 2000, p. 13). In the present study, these were pertinently pursued through theoretical sampling and the inclusion of participants whose mothers were deceased or who were raised by family members other than their biological mothers (participants also differed in other respects such as income, relationship status, age, etc.). Apart from differences in biography, differences in participants' understandings and meaning-making processes were deliberately sought during the analyses. In the discussion of findings in Chapter Four, alternative understandings are presented and discussed according to the theoretical frameworks of feminism, social constructionism and psychoanalysis.

Ultimately, the written account of the research must convince the reader of internal coherence. This includes a detailed account of the research process followed, the

researcher's subjectivity and transformations throughout the process, the relationship of claims to the data and considerations of the strengths and limitations of the study (Angen, 2000). In the present dissertation, a detailed account of the research process and its epistemological foundations are provided. In reporting my findings and interpretations, I tried to include sufficient interview material to support the claims I made and make it possible for readers to evaluate and re-examine my interpretations (Freeman et al., 2007). Excerpts from the transcribed interviews as well as detailed observations hopefully contributed to a contextualised interpretation and analysis. A critical assessment of the limitations and contributions of the study is also included in Chapter Five.

Since an interpretive framework concerns itself with localised, co-constructed understandings, my history, social situatedness and subjectivity all impacted on the choice of topic, the theoretical frameworks chosen, the data collected, the data selected for analysis, and the interpretations and understandings derived from the data. Reflexivity is often cited as an important element of the validation process in qualitative research. In the next section, researcher reflexivity as a process pursued throughout the research process, will be discussed.

3.4.8   On subjectivity and researcher reflexivity

The interpretive, feminist and social constructivist theoretical framework(s) within which the current research is situated, view the researcher as subjectively involved in the co-construction of meaning. Both researcher and participant co-create understanding in what has been described as an intersubjective process (Anderson, 2008). Reflexivity refers to a conscious, disciplined self-reflection (Tindall, 1994) of the researcher's contribution to the construction of meanings throughout the research process (Willig, 2001). It refers to more than the mere description of research topic, design and process and the values, social situatedness and prior experiences of the researcher: it requires a critical reflection and assessment of the impact these dimensions had on the research process (Reay, 1996). Central to the process of reflexivity, are theoretical conceptions of subjectivity to which I will briefly turn before I continue the discussion on reflexivity.

Subjectivity of the researcher (and participant), can be theorised in different ways, one of which is what Parker (1994) termed complex subjectivity. He wrote, 'the figure of "complex" subjectivity is one that takes seriously both the intentions and desires of the individual and the operations of social structures and discursive forms' (p.244). In a similar vein, Walkerdine, Lucey and Melody (2002) argued that subjectivity involves the 'complex understanding both of discursive constitution and the ways in which the relations between

positions are held together by and for the subject which can be quite contradictory and conflictual (p.180). These authors argued for a serious consideration of the role of emotion and unconscious processes in subjectivity and specifically advocated the use of psychoanalysis to understand the subjectivity of the researcher as it intersects with those of participants. The role of fantasies, defences and transferences in the positioning of both researcher and participant in discourses could have multiple effects on how a research interview is conducted and understood.

Postmodern psychoanalysis and feminism presented a movement away from the modernist conception of self as stable, rational, unitary and fully knowable (Flax, 1990). Instead it is proposed that multiple selves are at work of which the subject may be more or less conscious and aware (Doucet, 2008). Postmodernists and poststructuralists consequently reject the notion of reflexivity as the truthful representation of the research process and the authouring of texts by stable, unitary, transparent authors (Parker, 1994).

In the literature concerning reflexivity, distinctions have been drawn between personal reflexivity and epistemological reflexivity (Willig, 2001) as well as personal, disciplinary, and functional reflexivity (values, biases and assumptions underlying the research process) (Wilkenson, as cited in Tindall, 1994). Mauthner and Doucet (2003) argued that reflexivity should include aspects such as the social location of the researcher, her theoretical perspective(s), emotional responses to participants, interpersonal and institutional contexts of the research as well as ontological and epistemological assumptions. In a similar vein, Doucet (2008) advocated for an expansion of the notion of reflexivity to include considerations of critical relationships such as those with research participants, the researcher's many selves and her readers/audiences. She emphasised the need to move away from a narrow conception of reflexivity that could easily be construed as a self-centred exercise. Brown (2006) provided a detailed account of the contribution psychoanalysis (in particular infant observation as training) can make to the theoretical and practical grounding of reflexivity. A psychoanalytic stance incorporates transference and coutertransference as epistemological tools, attend to non-verbal and unconscious communication in its analysis, implies a developed sensitivity to emotion, uncertainty, discomfort, helplessness and bombardment and an ability to identify and use anxiety as information. Most of all, psychoanalysis stresses the importance of reflexivity, whilst acknowledging the limits to self-knowledge.

In order to enhance reflexivity throughout the research process, researchers are encouraged to keep a research journal, write comprehensive field notes, consult with colleagues and peer

group members, explore the personal relevance of their choice of topic, consider and include multiple voices and perspectives, write in first person style (Mruck & Mey, 2007), provide explicit, relevant background information about themselves, give detailed descriptions of the research methodology (Johnson & Waterfield, 2004), and describe their epistemological and ontological assumptions. From a feminist point of view, reflexivity involves autobiography, a consideration given to the role of emotions in the research process (including writing about emotions) and class considerations (Reay, 1996).

Although much has been written about reflexivity as a significant element of qualitative research, it is not always clear how this should be accounted for within a research report or dissertation. Consequently, I was guided by a need to demonstrate that (a) I took reflexivity seriously by providing a critical account of my perceived contribution(s) to the overall research process, and (b) attempted to provide a balanced view in which the research participants' roles as co-constructors are not obscured or dominated by a focus on my own subjectivity. I followed the guidelines often used to document psychoanalytic infant observations (Brown, 2006) to describe the research process in my field notes and a research journal. These included the use of descriptive language to capture my interactions with participants, the settings in which interviewing took place as well as my first impressions and feelings towards the participants. I also included descriptions of informal interactions between the participants and myself that occurred outside of the recorded interviews. Only once the writing of the case studies started, were these descriptive notes used in a more explicitly interpretive sense. In addition, theoretical memos were written to capture my developing ideas about codes and categories (Montgomery & Bailey, 2007; Mruck & Mey, 2007). These were all re-visited several times during the data analysis process, as new insights developed. My membership of the Maternal Mental Health Research group provided me with an invaluable space to discuss data collection, data analysis and develop ideas with fellow researchers and colleagues.

The supervision process between me and my research supervisor also provided me with opportunities to discuss my developing ideas, consider alternative understandings and interpretations and alerted me to possible 'blind spots' and aspects of the data analysis of which I was not fully conscious.

I understood reflexivity as an awareness of my own contribution throughout the research process, and as such attempted to account for it throughout the dissertation. My account will always be a constructed one that is partial and open to interrogation and alternative understandings. There are aspects of myself that will remain 'beyond the reflexive grasp'

despite all my efforts to render a full, transparent account (Riley, Schouten, & Cahill, 2003, p. 443). However, in order to situate myself more explicitly within this research process, I will conclude this section with a description of myself and aspects of my biography that I am consciously aware of impacted on the choice of topic, the interviews conducted with participants and the analysis of the resulting data.

My research training as a postgraduate student in clinical psychology offered training in quantitative research situated in a positivistic research paradigm. At the time, no courses in qualitative research or critical theory in psychology were offered – mostly because all the teaching staff was trained in quantitative methods and positivism was highly valued. My master's thesis comprised an empirical, quantitative study that mirrored the interest in cognitive psychology prevailing in the department in the early 1990s. Through my involvement with the Women's Mental Health Research Project (WMHRP) from 1998 onwards, I have developed a keen interest in qualitative research. In addition, my interest in critical theories such as postmodernism, poststructuralism and feminism grew whilst completing an M.Phil. in Applied Ethics in 2001. In the latter course, I was presented with formal instruction in political philosophy (feminist theory), postmodernism and complexity theory for the first time. This created an intense awareness of the impact of race, gender and class on my own and others' subjectivities.

One of the first projects initiated by Prof. Kruger in 1999 as part of the WMHRP, was a qualitative study entitled 'Forgotten women on farms' and involved a qualitative study on the psychological distress and resilience of coloured female farm workers in the Western Cape. During my active involvement in the data gathering and discussions of findings in this project, I gained invaluable training and experience in the practical aspects of research interviewing, data management and analysis. I was trained and exposed to grounded theory and narrative research methods and found that these methods resonated strongly with my research interests and preferred epistemological frameworks. My choice of data gathering and analysis strategies for the present research is therefore directly influenced by my familiarity and experience with grounded theory and narrative analysis.

As a white, Afrikaans-speaking, 40-year old female, I grew up in South Africa during the 1970s and 1980s. This was a time during which Apartheid was actively implemented at all levels of society. I grew up in a traditional, middleclass family who lived in a safe, suburban, exclusively white area where (almost) everyone attended the same school and church. Although my family was never wealthy, we lived a comfortable life characterised by financial security – as did everyone around us. My mother was a qualified social worker, who chose to

become a full-time mother after my birth – a decision shared with most of her peers. In recent years (after the birth of my own child) my mother often related how she (and her friends) needed to 'escape' their children and the demands of childcare by playing tennis or joining various interest groups and church activities. I have always been cared for by my own parents within a nuclear family context. My father worked as a clinical psychologist at a school for hearing-impaired children and later at a psychiatric hospital during which we also moved into a house on the hospital grounds. As a young child, I was acutely aware of the stigmatisation and discrimination that accompanied impairments caused by disability or mental illness. Although I was a timid, shy child, I easily advocated for and defended people whom I deemed vulnerable and unable to defend themselves. Both my parents had a strong sense of empathy, sensitivity and respect for people who were vulnerable and marginalised – a sensitivity instilled in me and my siblings. Religion (as practised in the Dutch Reformed church) played a prominent role in my upbringing: both at home, at school and the community at large. It was only once I left my parental home that I started to question the principles and teachings of the Dutch Reformed church. I experienced the church's teachings as prescriptive, dogmatic, punitive and intolerant towards anyone or anything that was deemed different ('deviant') and have since distanced myself from formal religion. Although I am mostly tolerant and accepting of differing views on religion, it is not an area in which my feelings are totally neutral.

My contact and interaction with people from diverse ethnic or racial groups was extremely limited as a child and it was only towards the end of my school career, early university life and adult life that this has gradually changed. My professional career involved working in diverse fields such as a university's student counselling centre, a part-time private practice, teaching psychology (part-time) on under- and postgraduate levels and working as a regional community psychologist in the Department of Health during 1999-2001. The latter position entailed psychological service delivery and service development in a rural area in the Western Cape. I visited numerous primary health care clinics where I consulted with staff and patients; I did several home visits with the psychiatric nurses and psychiatrists; provided support services for staff members, initiated therapeutic groups for foster care parents and organised training for social workers and health care workers in parental training. Towards the end of my employment (2001), the Department of Health secured funding to run a pilot project on the impact of early intervention on the mother-infant relationship, in our region. One of the sites identified for the project, was Paradijsbos primary health care clinic. Prof. Kruger was appointed to implement the programme and a relationship with Paradijsbos clinic was initiated that is still maintained at present. Prof Kruger initiated the Maternal Mental Health Project in Paradijsbos (see Addendum A) in 2002 and my own involvement continued

through supervising various community projects launched by psychology students in Paradijsbos during 2002-2004. Since 2005 I have been working on the research reported here.

My work at the Department of Health and in Paradijsbos took me into the lives, homes and communities of poverty-stricken rural town people. Most of the people I interacted with, were Coloured and culturally very similar to the people of Paradijsbos. It was also through my work in one of the clinics, that the idea for this research was conceived.

I visited a primary health care clinic in a small, rural town where I assessed a ten year old boy who was referred for separation anxiety. He was accompanied by his grandmother who has raised him since the age of one. His mother developed Bipolar Disorder (Type II) shortly after his birth and he was sent to his grandmother while his mother received in-patient psychiatric treatment in Cape Town. After his mother recovered, he continued to stay with his grandmother, but had regular contact with his mother who phoned and visited during holidays. His mother had another child and about a year before our interview, moved with her partner and child to a house across the road from the grandmother. Her intention was to be reunited with her son and to establish a separate household with her partner and children. The grandmother was supportive of this, but the boy refused to move in with his mother and started to experience intense anxiety whenever he was separated from his grandmother, whom he also called, '*mammie*' (mommy).

After my consultation with the grandmother and child, I felt a deep sense of sadness for this young boy who seemed so anxious, troubled and confused. His world seemed like an unpredictable one, and I thought to myself that it was somewhat unfair to expect him to resume a relationship with his mother that was similar in intensity to the relationship he had with his grandmother. My sympathy also extended to his grandmother and I wondered what it was like for her to 'give up' the child she has raised for the past nine years. I was considering the impact the childcare arrangement had on everyone, except the child's mother….

At my request, his mother joined us at a follow-up appointment and she related her experience of having a child, whom she dearly loved, but was unable to care for in the past. She expressed feelings of guilt, helplessness and sadness at what she perceived as his rejection of her as a mother. In addition, she expressed intense feelings of ambivalence towards her own mother. She became very sad and tearful during the interview and said, 'it feels as if my own mother stole my child'. I was struck by my one-sided view of the

complexities involved in the childcare arrangement in this family and the ways in which I initially rendered the mother invisible by empathising with the child and grandmother.

Since my conversation with the mother, I have often thought about my reactions to the members of this family – especially the mother. I realised that I did, what so many people probably do, and that is to unconsciously 'blame the mother' or 'erase her from view', by sympathising with the grandmother and child. I started wondering what the experience of grandmother involvement in child rearing was like for mothers. As I discussed it with colleagues and friends, I was repeatedly struck by the lack of interest expressed in mothers' experiences. I turned to published research on multigenerational childcare, and was confronted with a lack of published research on mothers' experiences while an impressive range of articles on the experiences of grandmothers and children were readily available. I was intrigued about the invisibility of mothers (who used multgenerational childcare) in both academic literature and everyday conversation. As I started thinking about the ways in which dominant discourses of ideal mothering shaped what we know about mothers who utilised multi-generational childcare, I also wondered about the impact of these dominant discourses on health service delivery to families similar to the one who consulted with me. It was my impression that mothers who utilised multi-generational childcare on a full-time basis were often blamed and regarded as 'bad mothers' for 'abandoning' their children, while sympathy and interest were reserved for grandparents and children.

My interest in this topic also came from another, more personal experience. Shortly after working with this particular family, I too had a baby. After considering various childcare options once I returned to work, I appointed a 'childminder' to look after my daughter at home in the mornings and my mother agreed to take care of her in the afternoons. This arrangement worked well, but it also brought new dimensions to my relationship with my mother. One of these was a shift in power: I had to instruct my mother on what my child needed to eat/drink, and my mother had to respect my decisions and wishes. I became highly sensitised to my mother's reactions to my baby. It was important to me that my mother loved and cared for her unconditionally: she must never be impatient, irritable, tired or exhausted (all the things I couldn't do or be). Witnessing how my mother took care of my daughter triggered a range of memories of my own childhood and upbringing.

As a working mother, I have always valued agency and choice in decisions about childcare and employment. Being well-educated, resourceful and in a financially secure position, I have been in the privileged position to combine work and childcare in ways that satisfied my need for safe, reliable childcare, whilst pursuing a career. I knew that in Paradijsbos, most

women lived in poverty and had limited choices about childcare. Yet, I found it sometimes difficult to understand what I perceived as a lack of agency with regard to childcare. For example when Rosy related how her grandmother left her baby alone outside the front of the house, it was difficult for me to understand how Rosy could continue to trust her grandmother with childcare. In contrast, I found it easier to relate to Elize who took her child out of the paternal grandmother's care, because she was dissatisfied with the care her baby received. In very subtle ways, the value I attached to agency and choice, impacted on the interviews with participants such as Elize and Rosy.

There were many differences and similarities between myself and the women I interviewed, but the most pronounced for me, was the difference in social class. During the interviews, I found myself highly alerted to signs of poverty and the impact thereof on the women's lives in general and childcare in particular. These were especially pronounced when I interviewed women at home. I saw empty refrigerators and food cupboards; cramped, overcrowded, spaces; stuffy dwellings with no windows in sweltering summer heat and irritable mothers slapping their children. The class differences between myself and the women I interviewed felt very stark, and I had to be very careful not to let guilt (and a sense of being withholding) about my privileged life, influence my interactions and interviews with participants. Dunbar et al. (2002) noted that white researchers often did not regard participants of colour as diversely situated individuals and consequently presented complex experiences in overly simplified and basic ways. As such, the most challenging aspect of this research to me was the development of a nuanced understanding of the complex ways in which the participants managed and experienced childcare in a complex, multi-dimensional setting.

3.4.9 Ethical matters

Qualitative research designs necessarily imply complexity in the ethical realm. In cross-cultural research the ethical dilemmas, conflicts and considerations are often linked to cultural and social differences between the researcher and participants (Bäärnhielm & Ekblad, 2002). Bäärnhielm and Ekblad (2002) noted that the relationship between the researcher and participant is strongly shaped by the professional identity of the researcher and could easily lead to conflicting roles of clinician and researcher. Furthermore, researcher and participant could have differing understandings and perceptions of ethical considerations in the research process due to their cultural and social differences.

Shaw (2008) commented that the principles of informed consent, confidentiality/ privacy, and social justice are all affected by the choice of a qualitative research design. For example, in qualitative research informed consent has to be continuously renegotiated in order to take

the unforeseen directions of the research project into account. The emphasis on face-to-face interaction, representing multiple, often conflicting realities and maintaining privacy when utilising extensive word-for-word quotations in case studies are ethical problems typically faced by qualitative researchers (Lincoln, 1990).

In the present study, the institutional guidelines for ethical research prescribed by the University of Stellenbosch, as well as the code of conduct stipulated by the Psychology Board of the HPCSA, were used as points of departure. Professional codes of ethics, often based on a biomedical ethics model, have been criticised for its limited use in qualitative research. It has been regarded as restrictive and not practical or applicable. Others have argued that it provided useful guidelines to design a research project that was ethically acceptable in its broadest sense (Bäärnhielm & Ekblad, 2002; Guillemin & Gillam, 2004). I experienced its usefulness as limited, since it provided broad ethical principles and guidelines that still required interpretation and practical implementation by the researcher. Shaw (2008) expressed concern that an overreliance on ethical codes alone, tend to separate or isolate the ethical aspects of research and advocated that more attention be paid to ethics in the *process* of research. This seemed a particularly salient issue in in-depth, cross-cultural, interview research where it is impossible to fully anticipate and control the ethical issues that may arise during the research process. Cilliers (1998) suggested that within a postmodern approach to ethics, we can neither rely solely on universal principles since it denies the complexity of the social systems we live in; nor can we allow everything, since it constituted an evasion of responsibility. In accordance with Cilliers' (1998) recommendations, I decided to take the existing ethical principles and guidelines seriously, but to follow these responsibly and make adjustments where necessary. To this end, I tried to actively explore the participants' understandings of the research situation and to apply the ethical principles with sensitivity to their understandings (Bäärnhielm & Ekblad, 2002).

In the following sections, I will briefly describe how I interpreted these broad ethical guidelines and principles in the initial research design. I will also describe some of the ethical difficulties that arose during the course of the research project and how these were dealt with.

3.4.9.1 Informed consent

Based on the model of biomedical ethics, respect for autonomy and the process of informed consent are important principles and procedures in qualitative inquiries (Guillemin & Gillam, 2004). Normally, informed consent requires legal competency of the consenting person including an ability to comprehend the information provided. Secondly, the researcher needs

to disclose all relevant information (including risks and benefits) that will enable the prospective participant to make an informed decision. The decision has to be made voluntarily, free of all forms of external control and coercion (Allan, 2001; Beauchamp & Childress, 1994; Brinkmann & Kvale, 2008).

With these requirements as a guideline, an informed consent form was devised in Afrikaans which was the home language of all the participants (see Addendum C). In the present project, obtaining informed consent from prospective participants was a process that consisted of roughly three stages. Initially, the research assistant who did the telephonic recruitment (as part of a telephonic follow-up of all MMHRP participants), invited the women to participate in my study after she explained the nature of the research project and the commitments required. Since all but one of the participants took part in a similar study (MMHRP) a few years before, they were well-acquainted with the demands of being interviewed and the measures normally taken to ensure confidentiality and privacy. In a second stage, I explained in a face-to-face meeting with prospective participants the stated goals of the research as well as the main elements contained in the written informed consent forms. Thirdly, the written consent form was given to each participant with the request to read it carefully, before signing. Once participants agreed to participate, the informed consent form was signed, and each participant was handed a copy for future reference. Despite the relative lengthy, painstaking process of obtaining informed consent, some participants still expressed confusion about my presence and the nature of the research process. In these instances, I clarified my role and presence, but also interpreted their 'confusion' as a form of communication about other (perhaps more pressing) needs which they were hoping I could assist with.

3.4.9.2 Privacy and confidentiality

The informed consent form explicitly addressed issues of confidentiality and privacy. Although participants were asked to choose a pseudonym that could be used during interviewing and all written material that may result, a number of participants chose to keep their own names or a nickname of a close family member. Some chose a pseudonym, but then referred to their real name (and those of their family members) in the interviews. In order to ensure that the participants' privacy is protected, I decided to change all of these names in the dissertation as well as the name of the town they resided in. It was also difficult to ensure confidentiality with the use of lengthy transcripts in the dissertation. A particular tension arose between the need to situate the study in context (including those of individuals in their respective contexts) and protecting participants' privacy. This is a tension that cannot be fully resolved by obtaining informed consent. Consequently, I tried throughout to report

my findings in a contextualised manner whilst remaining sensitive to disguise the participants' real identities as much as I possibly could.

I tried to interview participants at a place and time that was convenient for them. One participant was interviewed at our research office, one chose to have the second interview conducted at our office since it was close to her place of work; two participants chose to be interviewed at the local clinic and the rest were all interviewed at their respective homes. Our research office provided the greatest level of privacy, followed by the clinic. All the interviews conducted at participants' homes experienced interruptions from either friends, neighbours, their children or other family members. One participant's husband wanted to sit in on the second interview and she created the impression that she initiated it. I was not sure whether she was coerced into it or instrumental in setting it up, but given my experience of her as a strong, agentic person, I decided to respect her autonomy and continue with the interview in her husband's presence. Another participant had an adult family member eavesdropping behind a cupboard for about half of our first interview. Although I felt very uneasy and concerned about privacy, she seemed unperturbed by it. A particularly challenging situation was the presence of children during interviews. Although the children were seldom present for the duration of the interview, some participants continued to discuss sensitive information in their children's presence. Others continued to focus on the interview while their children were desperately trying to draw their attention. In these instances, I sometimes interrupted the interviews and asked whether they needed to attend to their children before we continued. It was my impression that sensitive matters were frequently discussed in the presence of children and I did not want to come across as critical or disapproving thereof. I did, however, convey that it was perfectly acceptable, should the participants need to interrupt our conversation in order to tend to their children, or any other unforeseen visitors. The frequent presence of third parties during interviewing at the participants' homes also reflected a general lack of privacy and space in these households.

Postmodern ethics hold that ethical behaviour is, at the very least, a shared endeavor between researcher and participant (Bauman, 1993). Both need to take responsibility for example, to protect privacy. Although I could take responsibility for disguising identity in all written material and ensure the safe storage of all information, I could not control for a lack of privacy that resulted when participants chose to have interviews conducted at their homes with third parties present. I took care to phrase questions in ways that required no direct answers and trusted that participants would only tell me what they felt comfortable to share.

3.4.9.3 Payment for participation

Offering monetary inducements to recruit participants for research has been a contentious issue. Although it is not an unfamiliar practice in psychological research, ethical issues about the impact thereof on informed consent from the economically vulnerable, persist (Grady, 2001; Tishler & Bartholomae, 2002; Vanderpool, 2001). Remuneration for research participants need not take the form of undue inducements, but could also serve to express respect and appreciation for their time and effort (Grady, 2001). To serve the latter purpose, monetary compensation needs to occur after participation has been concluded (Vanderpool, 2001).

Congruent with the sentiments expressed by Vanderpool (2001) and Grady (2001), I decided to pay each participant a small amount (R50 per interview) as a token of my appreciation for their time and effort. Participants were not informed about payment beforehand and only received payment once my analysis of data was completed.

3.4.9.4 Roles and boundaries

Much has been written on the therapeutic dimensions of research interviewing and the complex relationships that could develop between researchers and participants. It is often difficult to strike a balance between the research role and other professional roles – in my case that of a clinical psychologist and psychotherapist engaging with the participants as a researcher (Eide & Kahn, 2008; Karnieli-Miller, Strier, & Pessach, 2009). This, coupled with qualitative inquiry's attempts to minimise power differentials between the researcher and participants, necessarily result in a range of ethical concerns related to the nature of the research relationship. The intimacy, empathy, and empowering character of qualitative interviewing can, for example, lead to participants sharing information they did not intend to; share information 'off the record'; approach the researcher for role-functions other than that of researcher; or expect/request self-disclosure from the researcher (Brinkmann & Kvale, 2008).

I have experienced instances of all of these: for example a participant asked me for second-hand children's clothes for her child; another asked me to counsel a visiting teenage niece who refused to attend school; another mistook my presence of researcher for that of a 'social worker' with whom she could share all her problems; and another used my presence to threaten her husband about his drinking. I was struck by the multiple appeals for assistance and help directed at me. My presence was not always seen in a positive light, as one participant thought I was instrumental in the cessation of her child grant which happened to

coincide with our interviewing. Some partners, family members and neighbours seemed curious and suspicious of my presence.

I tried to maintain fairly clear boundaries, always listened to what participants raised as salient issues, offered referrals to agencies and services available to deal specifically with the problems raised and clarified uncertainties that arose about my role and function. I took care to provide an opportunity for participants to reflect and discuss the impact and experience of being interviewed. Overall, it was my impression that participants enjoyed being interviewed, valued the opportunity to talk about motherhood and appreciated being followed-up after being interviewed before in the MMHRP.

To conclude, Guillemin and Gillam (2004) argued that ethics in qualitative research need to move beyond merely attending to the 'procedural' and 'micro' ethical aspects, by expanding the notion of reflexivity to ensure not only rigorous research practice, but also ethical research practice. Reflexivity in this sense, does not prescribe responses to ethical problems but rather sensitises the researcher to enhance ethical research in the 'complexity and richness of social research' (p.278).

3.5   Concluding comments

In Chapter Three, the research project was situated in a constructivist/interpretive paradigm informed by the theoretical frameworks of social constructionism, feminism and postmodernism. The qualitative research design was described in detail, including a description of the setting, the recruitment of participants and the construction of data through in-depth interviewing. An argument was presented for the use of a sequential data analysis strategy of constructivist grounded theory followed a case study analysis. Aligned with the stated research question and goals, this approach to data analysis allowed for both descriptive and analytical levels of analysis. The chapter concluded with a discussion on validity, researcher reflexivity and ethical matters pertaining to the overall research process. In Chapter Four, the focus will shift to the research findings and discussion thereof.

CHAPTER FOUR
FINDINGS AND DISCUSSION

4.1 Introduction

The broad goal of the present study was to develop an in-depth understanding of low-income women's psychological experiences of childcare with special reference to multigenerational childcare. Specifically, the central research questions asked were:

- How do childcare arrangements (including multigenerational childcare arrangements) manifest in one particular low-income, South African community?
- How do low-income, South African mothers experience the sharing of childcare with others, particularly their own mothers?

The present chapter is concerned with a discussion of the findings as it pertains to these broadly stated research questions. In response to the call by Kruger (2006a) to document and describe contemporary, regular, mothering experiences and practices within the South African context, this chapter will provide both a description and analysis of the childcare utilised by the participants in this study. The findings of the present study are presented and discussed in the following interrelated sections: (a) the various childcare arrangements utilised by the participants; (b) participants' constructions of ideal childcare; (c) the interpersonal, structural and contextual constraints within which the participants mothered their children; (d) the childcare compromises made given the contextual constraints, available resources and underlying ideology discussed in (b) and (c); (e) the decision-making processes followed to secure childcare; and (f) the psychological and emotional repercussions of the compromises made and coping with these.

As described in Chapter Three, the interview data were analysed using constructivist grounded theory and a case study approach. The categories that were constructed during the grounded theory analysis were used as sensitising concepts for the case studies and correspond loosely to each of the sections listed above. The participants each gave a unique account of their childcare experiences, while some common themes emerged across cases. Throughout this chapter, my aim is to present both individual, contextualised case descriptions and to explore some of the themes across cases that emerged during the grounded theory analysis. In each section of this chapter, the case studies are presented first, followed by the grounded theory subcategories that emerged for that particular category and a discussion of the findings in terms of existing literature. Kathy Charmaz (2006) noted that diagrams can provide a visual representation of categories and the relationships

Conscious	Unconscious

The "nondiscursive" Mothering context (Section 4.4)

The discursive Ideal Childcare (Section 4.3)

Society	Own childhood

Decision-making processes (Section 4.6)

Conscious	Unconscious

Actual childcare utilized (Section 4.2)

Emotional sequelae (Section 4.7)

Coping (Section 4.8)

Conscious	Unconscious
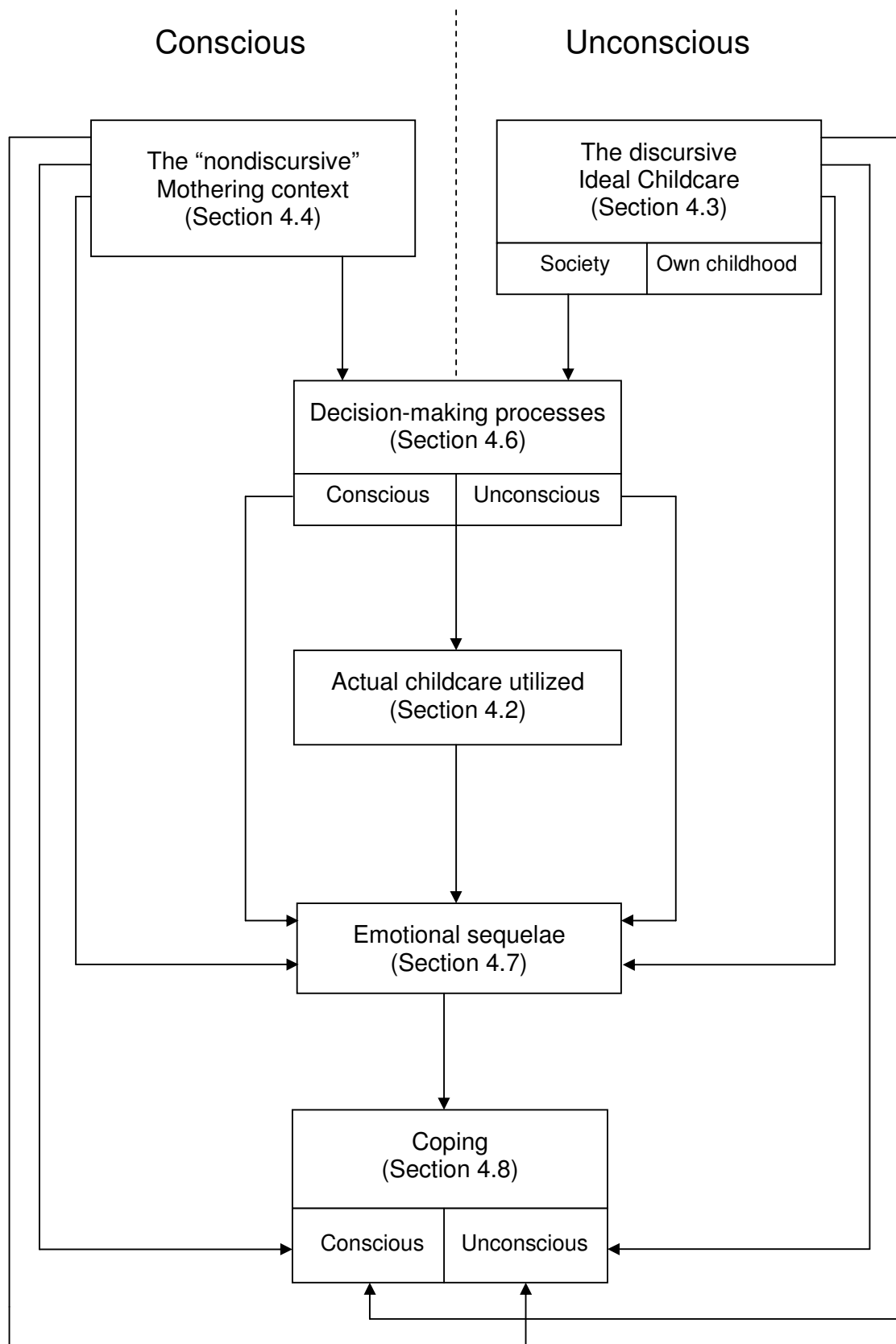
Figure 4.1 Outline of the argument constructed

between them and that these are particularly useful in the presentation of findings in completed research. Figure 4.1 presents a visual outline of the categories constructed during the grounded theory analysis and some of the relationships between them. Since the development of a 'complete' grounded theory was not pursued in this study, all the relationships between categories (and subcategories) were not explored in the text or visually represented in Figure 4.1.

The present research's focus on individual mothers' experiences of childcare and how these were articulated necessitated the use of extensive verbatim interview material to exemplify the findings, keep the human story and to explain the theoretical arguments and findings. For each of the constructed categories and subcategories, numerous quotes from the interview material were compiled. Since a grounded theory analysis does not aim to reproduce all of what had been said by the participants, but rather to present the data that underlie theoretical arguments, a selection inevitably had to be made for inclusion in this dissertation. The selected quotations presented in this chapter are therefore by no means exhaustive. As mentioned in Chapter Three, verbatim material from the interviews was translated from Afrikaans to English so that the participants' stories and experiences can be understood and appreciated by a diverse group of readers.

4.2 Childcare utilised

This section responds to the research question, 'How do childcare arrangements (including multigenerational childcare arrangements) manifest in one particular low-income, South African community?'. Childcare can be defined as a range of activities, responsibilities, decisions and emotions involved in supervising and nurturing children (Bray & Brandt, 2007; Engle, Menon, Garrett, & Slack, 1997). UNICEF adopted a conceptual model of nutrition and care containing five broad types of caregiving behaviours relevant to the present study: feeding and breast-feeding, food preparation and handling, hygiene behaviours, psychosocial and cognitive stimulation and health seeking behaviours (Engle et al., 1997). With these descriptions of childcare in mind, this section focuses on the various childcare arrangements utilised and described by the participants in this study. The findings of both the case studies and the grounded theory analysis are presented, followed by a discussion. The reader is also referred to Table 3.2 that contains a summary of the actual childcare utilised by the participants presented in the case studies.

4.2.1 Case studies

Rosy

Rosy's pregnancy was unplanned and her mother, grandmother and aunt reacted with surprise, disappointment and anger. In the quote below, Rosy related how her mother threatened to withdraw all her support from childcare upon learning of Rosy's pregnancy.

Rosy: My mother said, you are going to raise your child alone.

Once the baby was born, her mother and grandmother gave Rosy much needed support: both in terms of her own physical recovery from a difficult and painful birth and the caretaking of the newborn baby. During the days following the birth, Rosy's grandmother was a useful source of information and advice. She demonstrated to Rosy how to bath and 'massage' the baby and how to take care of the umbilical cord. Although Rosy experienced her grandmother as supportive, she still equated her mother's limited availability (due to work commitments) with doing it all on her own.

Rosy: She helped where she could, but I just had to get through myself.

Both Rosy's mother and grandmother provided much needed practical help – often in the form of respite care. During the day, Rosy's grandmother assisted her with bathing and massaging the baby and washing the baby's clothes and nappies. Rosy breastfed her baby and at night, her mother often took the baby so that Rosy could rest.

Most of the childcare provided during the first year, was home-based care shared between Rosy, her mother and grandmother. Rosy provided childcare herself (with support and assistance from her grandmother and mother) during the first three months. Once Rosy returned to work, her grandmother provided childcare during the week (for which Rosy paid her) and her mother on Saturdays (which her mother did for free). Rosy took care of her child in the evenings and on Sundays. Rosy's grandmother was occasionally unavailable for childcare (when she visited family in Cape Town or fell ill) and on these occasions a neighbour provided care. Rosy intended to enrol her one-year old daughter at the local crèche once the new season at the factory commenced. Her plan was to drop her daughter off on her way to work and arrange with her mother and/or grandmother to fetch her in the afternoons.

Rosy was a devoted church-member and when she attended church and other social functions, she usually took her daughter with or arranged with her mother to babysit. Rosy's sister never volunteered childcare, but provided care when specifically requested to. She also provided informal supervision when Rosy's daughter played outside with her and her three month old baby.

The father of Rosy's child ended their relationship when Rosy was a few months pregnant. He

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Rosy (contd.)

sometimes visited them to play with his child, but never provided childcare in Rosy's absence. The paternal grandmother, according to Rosy, never approved of her as a partner for her son and apparently stated that she would never accept Rosy's daughter as her grandchild. She was not involved in the provision of any childcare.

In the household as a whole, there was some fluidity in the provision of childcare. Rosy remained ultimately responsible for her child while other members of the household were involved in supervising, caring, disciplining and playing with her. Not only were Rosy's mother and grandmother involved in caring and nurturing her daughter, they were also given carte blanche to discipline and punish her as they saw fit.

Elize

Elize's first child was born while Elize shared her grandmother's house. Her grandmother was therefore also the person rendering assistance during the postpartum period. She described her grandmother's assistance as 'ouma het altyd vir my so bederf' ('*Grandmother spoiled me so*') - especially since her grandmother believed that a woman should stay in bed for 10 days after giving birth. During this time, her grandmother took care of both Elize and the baby. Shortly before the birth of her second child, Elize moved into a Wendy house on her mother and second stepfather's property. After the birth, she and her baby stayed by themselves, but received much assistance and support from her mother.

Elize: But I was on my own, my mother was always there to come in, she was always there, but I mainly just stayed alone.

Elize returned to work within a month of her second child's birth. The paternal grandparents invited Elize to move in with them and the paternal grandmother offered to look after her baby. Ever since Elize and the father of her child ended their relationship (four months after giving birth), he has been absent from their lives. Elize paid the paternal grandparents for lodging and childcare, even though they indicated it to be unnecessary. Initially, she was satisfied with the childcare received, until her nine month old child fell seriously ill whilst in the care of the paternal grandmother. Elize's disappointment in the paternal grandmother's reaction to her child's illness caused her to move her child into the care of the paternal grandmother's sister, before enrolling her one year old daughter at the local crèche. This incident resulted in a very strained relationship between Elize and the paternal grandmother who hasn't provided any childcare since.

Elize took pride in the fact that she provided all childcare herself when not working. When Elize had to work outside of the crèche's working hours, her grandmother or mother provided childcare and when she went out socially, she arranged with her mother or grandmother to babysit her daughter. It seemed that her mother (who lived in a separate house on the same property) was her first choice in childcare, followed by her grandmother. Elize also relied on her cousins and extended family (who all lived in close proximity) to assist with informal childcare. She reciprocated this type of childcare and frequently babysat her cousins' children.

Carmen

Carmen gave birth at the age of 16, shortly after completing Grade ten. She regarded herself as experienced in the provision of childcare since she assisted her cousin with childcare from a young age. She described it as follows:

Carmen: *No, I knew what to do all the time. Then I would always like perhaps now clean the house, and then I would now perhaps look after the child for a while so that she could sleep. And so I mostly learnt how to rub out winds and so. And then I now had my own one. I knew exactly all the basic things that you now have to do for a baby.*

During the postpartum period, Carmen received assistance from her aunt,[5] but felt confident in caring for her infant herself. Carmen returned to school when her child was about three months old and left her son in her aunt's care during the day. In the afternoons, Carmen resumed responsibility for her child until the next morning when she left for school again. At the end of the year, after failing grade eleven, Carmen left school and managed to find employment in a nearby fruit-processing factory where she worked shifts. Her aunt continued to provide childcare while Carmen worked. The childcare arrangement between Carmen and her aunt seemed fluid and informally arranged as is evident from the quote below.

Carmen: *When Aden gets up in the morning, then she (aunt) now makes porridge for him. And when I now get up, then I now feed him. In the evenings, when I now wash myself, then I just wash him too, then if I now feel tired, then she now washes him. And what also is good now, when I now eat, then supper is now also like finished then I feed him too. But if I now don't get to do it, then she just carries on, then she just feeds him too.*

In addition to the arrangement between Carmen and her aunt, her boyfriend and his mother also provided childcare – especially over weekends when Carmen worked. Carmen described her boyfriend as a father who loved his child dearly and who was actively involved in his child's life. During periods of unemployment, he took their son to his mother's house where the paternal grandmother provided care. Carmen and her son also spent every second weekend at the paternal grandmother's home.

Carmen seemed keen to enrol her child in the local crèche, but was concerned about the high costs involved. The severe financial constraints she suffered from as a result of the seasonal and contractual nature of her (and the father of her child's) employment prevented her from making a commitment to the monthly crèche fees.

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[5] Carmen referred to her aunt, who raised her, as her mother

Sarah

The birth of Sarah's first child occurred about two years into marriage and was celebrated by her mother. At the time, Sarah's parents resided in nearby Franschhoek and although her mother was very supportive, the travelling distance hindered her from providing much needed practical support. From the start, Sarah felt that she had to care for her child on her own: her mother wasn't nearby, the paternal grandmother refused to provide any childcare, the neighbours kept their distance and her husband was largely absent.

Sarah: And I struggled with her all on my own. His mother didn't come near, who was the closest to me. My neighbours, not one of them came near.

Sarah continued to care for her daughter on a 'full-time' basis until her daughter turned four and she decided to divorce her abusive husband. She took up formal employment and enrolled her child at the local crèche. Problems soon arose when her daughter refused to attend the crèche and insisted that she wanted to go to a 'real school'. Sarah experimented with alternatives, such as to rely on her neighbour to 'keep an eye', her employees to assist with childcare and a lodger to accompany her daughter to and from school and provide supervision in the afternoons, but these arrangements proved to be unreliable. Out of desperation, Sarah turned to her mother in Franschhoek for assistance. She arranged for her daughter to stay with her grandparents during the week and to return home on weekends. This arrangement continued until Sarah's daughter started primary school.

During Sarah's last pregnancy (after she remarried her husband), her mother fell terminally ill and passed away two months after Sarah gave birth to her second daughter. Her mother's death left a void in childcare options, since Sarah's mother-in-law refused to provide any childcare, her husband was relatively uninvolved in childcare except for occasional babysitting and her eldest daughter was 'too lazy' to assist with care. Sarah decided to close her house shop and attend to her children and household on a full-time basis.

The local crèche(s) presented Sarah with a childcare alternative, but Sarah seemed ambivalent and cited financial constraints, her child's irregular sleeping routine and her own emotional needs and attachment to her child as factors contributing to her decision to keep her four year old at home. A former employee also offered to provide childcare at her (the employee's) home, but Sarah declined, stating undesirable circumstances and safety concerns.

In addition to her parenting responsibilities towards her own children, Sarah occasionally provided temporary housing and care for other adolescent family members – mostly teenage nieces who needed a bit of 'discipline'. This was a childcare responsibility Sarah reluctantly accepted.

Poppie

Poppie's first pregnancy occurred within months after finishing school. Her mother and grandmother both expressed deep disappointment, but were supportive – especially after the baby was born. Support and assistance were readily available: her sister helped to bath, 'massage' and dress the baby; the clinic staff did daily home visits and her mother (and grandmother) held the baby when she cried or was 'naughty'. Poppie remembered being exhausted and sleeping most of the time, while her mother and grandmother took care of her and the baby. Poppie's grandmother played a particularly prominent childcare role shortly after the baby was born. Not only did she offer to babysit when Poppie wanted to go out, but she also gave her plenty of advice. Although Poppie was confronted with new responsibilities after her daughter's birth, the support from her mother and particularly her grandmother afforded her the opportunity to carry on with life as before. Poppie returned to work when her daughter was about two months old. She couldn't remember who cared for her baby whilst she worked, but did remember that she handed her monthly salary to her mother and from that deduced that her mother must have provided childcare.

Twelve years after the birth of her first child, Poppie married and fell pregnant for a second time. She, her husband and two children shared the household with her parents and her mother and husband both provided assistance with the baby. Poppie herself assumed a much more active involvement with the provision of childcare for her second child. Three months after giving birth, Poppie returned to work as a domestic worker and approached a neighbour to act as a day mother for her child. She paid the day mother a weekly fee and the day mother ensured that her baby was well cared for, washed her clothes, bathed the baby and took her to the clinic or doctor when necessary. Poppie dropped her child off in the mornings and fetched her again in the afternoons when she returned from work. She was highly satisfied with this childcare arrangement and the day mother continued to provide care until Poppie enrolled her three year old at Paradijsbos crèche.

At the time of the interviews, Poppie's youngest child was attending the Paradijsbos crèche. Her eldest daughter accompanied the younger one to and from the crèche, while Poppie's mother looked after the youngest child in the afternoons and her eldest daughter did occasional babysitting in the evenings. Poppie anticipated that her youngest would stay at the crèche until she entered the pre-primary school and planned to follow the same childcare arrangements after the birth of her third child (with whom she was pregnant at the time of the interviews). Poppie seemed to rely on formal arrangements, such as the crèche and the day mother to provide daily childcare and informal arrangements such as care provided by her husband, older child and her mother to fill the gaps when she was unable to provide care herself.

Lecia

Since the birth of her first child about 16 years ago, Lecia made use of various childcare providers and facilities. When unemployed, Lecia provided childcare herself; and when she worked, her father,[6] the paternal grandmother or one of the local crèches provided childcare.

Shortly after the birth of her first child, Lecia returned to work while her father provided childcare: he prepared the baby's bottles, fed her, put her to sleep, changed her nappies, and tended to the household by cooking meals and washing clothes. Lecia trusted him unconditionally and was very satisfied with the care he provided. Her father also provided care after the birth of her second child, but became progressively ill with Alzheimer's disease until he passed away when her third child was about two years old.

During the two-year period before the birth of her youngest child, Lecia started to drink excessively. With her permission, her father arranged for Lecia's sister to take her two daughters into informal foster care. Lecia had infrequent contact with them whilst her sister assumed all parental and childcare responsibilities. Lecia became converted during a church service, stopped drinking and brought her children back to her home where she has cared for them ever since.

Given her father's failing health, Lecia arranged with the paternal grandmother to provide childcare when she returned to work after the birth of her third child. Her daughter, however, was never keen to stay with her grandmother and Lecia decided to enrol her youngest child in Ant Gesina's crèche.

Lecia: *But when she now grew older and she started talking, she said to me she was not going to stay with her grandmother. Then she was just in the crèche all the time.*

Apart from the use of formal childcare arrangements, Lecia also relied on her neighbours, her sister-in-law and her eldest daughter, to do babysitting. Her brother took her youngest child to the crèche when Lecia had to leave early for work and her eldest brother contributed financially to her children's upbringing. The father of Lecia's children, Johannes, has never been involved in the provision of childcare: he was imprisoned twice since the birth of his children and remained uninvolved whenever he shared their household. He was exceptionally violent and abusive and at the time of the interviews Lecia obtained a protection order that prohibited him from entering their property.

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[6] Lecia's mother passed away 19 years ago.

Lily

Lily's mother passed away shortly after she turned 17. She continued to live with her aunt until she fell pregnant at the age of 20 and moved in with her boyfriend (now her husband) and his family. Her brothers were unsupportive of her pregnancy and reminded her that she had to look after her own 'parceltjie' – implying that she shouldn't expect any assistance from them. After her child's birth, the paternal grandmother provided her with much needed support and help. Lily's mother used to provide temporary foster care for infants and young children – a task Lily assisted with from a young age. According to Lily, this provided her with invaluable knowledge and childcare experience.

Lily returned to work when her child was about three months old, and arranged with the paternal grandmother to provide care. Although she offered to pay the paternal grandmother for the childcare provided, the grandmother refused being paid to look after her own grandchild. Lily nevertheless continued to give the grandmother small amounts of money as a token of her gratitude and appreciation. Although the paternal grandmother was keen to provide childcare, Lily was determined to perform most mothering tasks, herself. For example, she specifically requested the grandmother not to bath her child before she arrived home so she could bath him herself.

Lily valued the quality of childcare performed by the paternal grandmother, but when her son started walking, the grandmother suggested that Lily move him to a crèche. The grandmother continued to provide informal childcare – especially while they were still sharing a household. Lily took her son to the crèche in the mornings and fetched him again when she was not working. Alternatively, she made arrangements with the paternal grandmother to do so. Since Lily worked shifts and had limited time to spend with her child, she sometimes kept him home when she was not working and treated him by taking him shopping.

Lily and her son's father married in 2008 and subsequently moved into their own home. Whereas Lily relied heavily on the paternal grandmother for childcare before the move, she now had to provide most care herself. Her husband provided little, if any support with childcare. She described the relationship between her son and his father as distant. Whenever Lily worked nightshift, her husband and son stayed with the paternal grandmother who then took care of them both.

On weekends, Lily and her husband took their son shopping with them or to the rugby game at the local club. The paternal grandmother was not keen to provide childcare on weekends and Lily had few babysitting alternatives to her disposal. Lily's brothers and their families never provided childcare – even after she pertinently asked them to.

Rachel

Rachel's children were all cared for at home (either by herself, her mother or a day mother) until age three, after which they were enrolled at the local crèche. Once her children reached school-going age, Rachel regarded them as old enough to be by themselves in the afternoons and on weekends when she had to work. Rachel's mother has played a prominent role in the provision of childcare ever since the birth of Rachel's eldest daughter 16 years ago.

Rachel's first child was born shortly after her 21st birthday. Her mother declined the assistance offered by the paternal grandparents and was intent on raising her grandchild within her own family. Rachel described herself as 'stupid' and inexperienced in caring for an infant and consequently relied heavily on her brother's girlfriend to provide care during the day, and her mother to provide care in the evenings and on weekends. This resulted in Rachel feeling uninvolved and incapable of providing childcare herself. She started work about a month after giving birth while her mother resigned from her job to take care of the baby. Once her daughter turned three, Rachel enrolled her in Paradijsbos crèche. Rachel's mother continued to assist with childcare by accompanying her child to the crèche in the mornings and fetching her again in the afternoons.

Rachel's second child was born after she married her husband and they have moved into their own home. Although her mother lived nearby and rendered assistance with the newborn baby, Rachel did most of the caretaking herself until she returned to work.

Rachel: Then I now just did it by myself. Because I watched all the way how she now did it with the first one you know. When it came to the second one, then I could now bath (the baby) myself and so.

Rachel's mother found employment shortly after the birth of Rachel's second child and was unable to provide childcare as initially planned. Rachel's employer suggested that she bring the baby to work and she did so for the first two to three months after her return from maternity leave. Apart from the cumbersome journey that travelling with a small baby entailed, the arrangement worked well. According to Rachel, her employer often took care of the baby which enabled her to do her work. Soon, it became too burdensome to travel with a growing baby and Rachel decided to use a day mother to care for her three month old daughter.

The day mother was an experienced, mature woman who was conveniently located and who could provide individualised attention to her daughter. Rachel's only complaint was the fee of R90 a week. Overall, Rachel was very pleased with the quality of care her child received and continued with this arrangement until her daughter turned three and she was moved to the crèche. Rachel's mother was an important source of childcare before and after her youngest child's birth. While Rachel was in hospital for the birth, her mother moved in with Rachel's family to tend to the household in her

Rachel (contd.)

absence. Once Rachel and the baby were discharged from hospital, her mother paid her daily visits to help with household chores and childcare. Rachel returned to work three months after giving birth and as with her first child, asked her mother to provide childcare during the day.

Rachel's mother provided daycare for her youngest until he turned three and Rachel enrolled him in the nearby crèche. At the time of the interviews, her son attended the pre-primary school in the mornings and went to Rachel's mother in the afternoons. Rachel preferred to take her son to the crèche herself or arranged with her eldest daughter to drop him off on her way to school. During her lunch break, Rachel usually fetched him from school and left him at her mother's house before returning to work. If she finished work at 17:00, Rachel fetched him from her mother's house. On the days that she worked late, he stayed overnight with her mother. Rachel's mother refused payment for the childcare provided, but Rachel often paid her in kind by buying groceries and other necessities.

Rachel was solely responsible for the provision and arrangement of care for her children and made use of her mother and the crèche if she was not able to provide care herself. Rachel's husband was uninvolved in the provision of childcare, even though he was home during lengthy periods of unemployment. She seldom relied on the older siblings to provide regular childcare and only asked them to accompany her youngest to and from school. Rachel also provided informal childcare to children of friends, family and neighbours.

4.2.2   Grounded theory analysis

4.2.2.1 The gendered nature of childcare

It seemed that the participants themselves assumed responsibility for the direct provision of childcare and the arrangement of alternative care when they were unable to perform this task. This assumed responsibility was presented in the narratives through assertions that their young children ***always*** accompanied them on social outings such as attending church and visiting family and that they ***never*** went anywhere without their children.

Lecia: *Then, they are just at their mother's side all the time.*

Elize: *I will never go alone somewhere if she cannot go with me.*

The women in Paradijsbos assumed responsibility for childcare as they not only provided most of the childcare themselves, but also seemed to make all the decisions in this regard – regardless of their relationship status to the father of the child. Men and fathers in particular, were presented as mostly absent in the planning, arrangement and provision of childcare.

Elize: *Her father felt he didn't want to give to her, so I now just have to stand there as mother and father for her.*

Lecia: *He doesn't make any contribution, with the children and so on.*

Women across generations (i.e. mother, grandmother, great grandmother, paternal grandmother) were preoccupied with, and emotionally invested in childcare. Fathers who were married or in a longstanding committed relationship with the mother seemed willing to provide occasional baby-sitting or took the child to the paternal grandmother's house where he would share the childcare responsibility with his own mother.

Sarah: *My husband will keep her busy now and then, perhaps for about an hour and a half.*

Carmen: *And when I now work night (shift), then the child now goes, then the father now comes and fetches the child then the father now goes up (to his mother and them).*

In general, the fathers who were involved in relationships with the participants and/or co-resided with their children seemed more involved in childcare than those who weren't, even though their involvement remained limited.

4.2.2.2 Formal childcare arrangements

Facility-based childcare, such as a crèche, was cited by the participants as the most frequently used form of formal childcare in Paradijsbos and the participants either had their own children enrolled at a crèche or expressed the wish to do so.

Elize:	*Most parents now put their children in the crèche.*
Interviewer:	*Rather than instead, the grandmothers or aunts or?*
Elize:	*Yes. At that time they often (went) to the grandmothers, but now with the many crèches and so.*

Carmen:	*But usually they of course now send the children to the crèche first and afterwards now to school. He actually should have been going to crèche now already …*

Elize, cited above, attributed the increased popularity of facility-based childcare to the recent expansion of services offered in Paradijsbos. In contrast to many rural and semi-rural communities in South Africa, Paradijsbos had several formal childcare options with varying costing structures available.

Day mother care was described by the participants as a frequently used formal childcare arrangement, yet only two participants utilised it themselves. Both these participants (Poppie and Rachel) recruited a non-related, elderly woman with a proven childcare record to provide care at an agreed fee at their (the day mothers') homes. Day mother care was very expensive in comparison to other childcare options, but offered additional benefits to the working mother. For instance, day mothers also bathed the infants, washed their clothes and took them to the clinic or doctor when ill.

Poppie:	*In the afternoons then she washes the baby, I don't need to do anything [laughs]. And if I don't have Kimbies for her, then the nappies have been washed and her clothes everything.*

Interviewer: And what did she then do for the R90 a week?

Rachel: She baths the child, and she now maar just takes care (of) my child. But she looked very well after my child. There was now no illness or such type of things.

Rachel (quoted above) noted that her child suffered no health-related problems while in the care of the day mother. It seemed therefore that day mother care was regarded as an attractive option since it encompassed high quality physical care as well as the performance of tasks that lightened the working mother's overall workload at home.

4.2.2.3 Informal childcare

Informal childcare for children of all ages was largely provided by female family members, neighbours, siblings and friends and was reciprocated by the participants.

Lecia: And hmm, then I go and ask my sister-in-law, or the lady on the other side of the fence, then I go and ask her if she could just stay there for that little while.

Elize: I am, and when my cousin comes to me, then I have to help her.

Despite an occasional reliance on neighbours and friends to provide supervision and informal childcare, adult, female family members were mostly preferred for contingency or 'patchwork' care.

Elize: But my mother is, there are times when I maybe have work, then my mother or grandmother always looked after her, and so. There was always someone who. We are a very close family. I can ask anyone, quickly look after Sharlize, I am just quickly going.

However, not all family members were keen to provide childcare, as the following quotes of Lily and Sarah testify:

Lily: But it is to this day that they (brothers) do not want to look after that child.

Sarah: My daughter also does it (provide childcare), but sometimes she is rather a bit lazy. She will always say, it isn't her child.

4.2.2.4 Grandmother care

Childcare provided by grandmothers (or grandmother figures) emerged as a strongly grounded subcategory. The participants often shared a household with their own mothers or lived in very close proximity to them. The spatial proximity as well as the availability and willingness of grandmothers to assist with childcare, rendered them particularly suitable to assist with childcare for infants and to fill gaps where other arrangements failed to reach. From the data it seemed that both paternal and maternal grandmothers provided the following broad types of childcare: (a) helping and supporting the mother during the postpartum period; (b) providing contingency care; (c) providing full-time childcare while mothers were at work; and (d) babysitting when the mother went out socially.

4.2.2.4.1 Childcare and support during the postpartum period

Despite the grandmothers' initial shock, rejection of and resistance to their unwed daughters' pregnancies they invariably supported their daughters during and after giving birth.

Rosy: *During the day then my grandmother would now perhaps have bathed her and rubbed out (massaged) her and then I would lay her down and then she would sleep. Perhaps now have washed her clothes and so. When my grandmother sees that I cannot carry on, then she comes and takes over and then she does the washing and then I go and lie down.*

The assistance offered by grandmothers during the postpartum period included the provision of respite care, giving advice, assisting with other household tasks such as washing the baby's clothes and nappies, purchasing medicine and other necessities and the provision of full-time childcare. Care-giving was directed at both the baby and its mother – especially when the mother was young and the baby her first-born.

Elize: *And my grandmother believed I had to stay in bed still for ten days. Grandmother always spoiled me and so. And hmm, in the mornings when I get up then Grandmother still has to fetch the nappies for me, it was still towel nappies those days too (laughs). And Grandmother had finished washing too.*

4.2.2.4.2   Contingency care

Grandmothers provided much needed contingency care for participants – especially where a household was shared. The availability of this type of care was important to the participants who worked shifts or irregular hours. Apart from the childcare performed when mothers had

to work irregular hours, grandmothers also provided childcare for school-going children in the afternoons[7], for children unable to attend school due to illness, or for children whose mothers fell ill.

Interviewer: Now what did you do when your child was ill and you had to go to work?
Poppie: She stayed with my mother.

Elize: Like at Christmas time now, I was terribly ill. I just lay down and. Then was, that time she (grandmother) would now come and take Sharlize away and she will now look after Sharlize.

In the absence of contingency grandmaternal childcare, the participants reported increased levels of stress and anxiety.

Sarah: Because then the child cries and then I felt so helpless, because I didn't have help. I am not talking about my mother now, my mother now lived very far away.

4.2.2.4.3   Full-day care
The grounded theory analysis indicated that informally arranged, full-time, home-based care, provided by grandmothers (both paternal and maternal) and great-grandmothers was the arrangement of choice when mothers first returned to work after giving birth.

Lily: Mostly it was, say from baby days, then it was, it was the grandmothers who would now look (after) until perhaps the child is a bit stronger. Then at about eight months, then they put the child in the crèche.

Poppie: I think she stayed with my mother. And then I would work now and the money must come home of course.

The participants who utilised grandmother care on a full-day basis, usually paid them a small amount or bought them food and other necessities. Single mothers who co-resided with their mothers, such as Poppie quoted above, were sometimes expected to hand their salaries to their mothers or otherwise make significant monetary contributions towards the household. In these instances, the grandmothers handed the mothers some pocket money to spend on

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[7] At the time of the interviews, there were no aftercare services for school-going children in Paradijsbos.

their personal needs. Some grandmothers indicated that payment for childcare was unnecessary, yet the participants continued to pay a small amount as a token of their appreciation.

Lily: *Once she told me, but she doesn't want money, because it is her own grandchild. But I see it like this, it takes a lot of one to look after a child. I always put something in her hand just to steal her heart. Just to say thank you.*

Most participants who co-resided with their mothers developed a form of shared childcare that was interchangeable and fluid – all depending on who was available.

Rachel: *I can just go and say here, here's my key or whatever, I am now going this way or that way. Then, she takes them just like that. She takes them out of my two hands.*

4.2.2.4.4   Babysitting

Although several participants described a diminished social life after the birth of their children, they did occasionally go out to dance or attend weddings and church functions. On these occasions grandmothers and especially great grandmothers were approached to babysit. Rosy described the babysitting provided by her mother as 'peaceful'.

Rosy: *If I would now perhaps go out to someone for the evening, then my mother would now perhaps say she will look after the child. See then it is now peaceful, because then I know she is with my mother.*

Rachel's mother not only babysat her children when Rachel assisted a friend in a catering business over weekends, but also kept an eye on Rachel's husband who was frequently intoxicated. Men were often seen as much in need of care as their children.

Rachel: *He is here, but then my mother still comes and sits here. And my mother sits until twelve o' clock tonight, when I get back. Or perhaps he is now too drunk or whatever: he sleeps, and the children sleep and then my mother sits in front of the TV alone. She sits here, until I come.*

In Lecia's case, the grandfather often provided babysitting unwittingly as she slipped out to go dancing whilst her father and children were asleep. This was, however, the exception,

since participants usually made baby-sitting arrangements in advance – especially since their mothers were not always supportive of an active social life for their daughters and may refuse to provide care.

Rosy: *She (mother) will say, I loaf about too much and so on.*

4.2.3   Discussion

Internationally and historically mothers are normally the primary caregivers of infants and young children, but seldom the exclusive provider of care (Engle et al., 1997; Hrdy, 2000; Scarr, 1998). The participants in this study were no exception as they both assumed responsibility for the provision of childcare, and the arrangement of alternative care when they were unable to provide care themselves. Scarr (1998) described the notion of exclusive maternal care as a 'cultural myth of an idealized 1950s' (p. 95) and noted that childcare has always been shared – usually among female relatives. Table 3.2 showed that the participants in this study utilised a wide range of care providers, ranging from family members, friends and neighbours to formal structures such as day mothers, crèches or pre-primary schools.

Attempts at drawing comparisons between the findings of this study and the prevalence rates of childcare arrangements used elsewhere in South Africa, were futile since such information does not seem to exist. Published research on childcare in South Africa is limited to a few empirical and descriptive studies related to household structure, poverty and the care of children orphaned by HIV/AIDS (see for example Aliber, 2001; Möller, 1994; 1996; Townsend & Dawes, 2004) or studies on childcare in Xhosa-speaking families (Bray & Brandt, 2007; Van Rensburg, 2006). A qualitative study by Ally-Schmidt (2005) that investigated caregiving resources in a low-income, Coloured community near Ceres in the Western Cape, was the only comparable South-African study found. She found that access to formal childcare facilities (such as a crèche) was largely dependent on economic status and mothers from chronically poor households were generally unable to afford this form of childcare. The participants in her study relied solely on informal social networks, negotiated through reciprocity with family and friends, for assistance with childcare. In contrast, the women who participated in the present study used a larger range of childcare arrangements, (including formal childcare), despite the frequent mention of the chronic poverty in which they mothered their children and the high costs of formal childcare. This was a somewhat surprising finding and perhaps points towards the significant role that underlying value systems, pragmatic concerns and relationships play in the choice of childcare (see sections 4.3-4.7). It also concurs with the findings of several international studies that facility-based care for children older than a year is a popular childcare choice (Klein, 1985; Obeng, 2007;

Scarr, 1998; Walker & Reschke, 2004) and that the use of formal, facility-based childcare is on the increase (Brewster & Padavic, 2002).

Day mother care, as a formal childcare arrangement, was cited by the participants as a frequently encountered childcare arrangement, yet the expensiveness thereof limited its use among the women interviewed. In Ally-Schmidt's (2005) study, the provision of childcare presented low-income women with a useful income-generating strategy: in return for childcare provided, family members either paid a fee or offered bartering as payment. This practice was not encountered among the women interviewed in the present study. In fact, Rosy described day mothers as women 'hanging around at home', perhaps suggesting that the provision of paid childcare was not regarded as a form of employment but rather constructed as a devalued activity that formed part of women's daily household chores.

Rosy: *There is, they probably ask people to look after their children, who now hang about home.*

Apart from the facility-based childcare acquired for their toddlers, the participants made use of informally arranged, home-based care, provided by mothers, grandmothers or day mothers for their infants. The age and developmental stage of the child therefore seemed related to the type of care utilised by the participants as Engle et al. (1997) noted that the time mothers spend on direct childcare declined sharply as a child moved from breast-feeding and infancy to walking during the second year of life. Klein (1985) and Walker and Reschke (2004) found that less than 11% of infants whose mothers worked, received centre-based care. Internationally, infants and young children mostly receive privately arranged care provided by mothers and family members, although recent research indicate an overall decrease in the use of kin-provided daycare and a corresponding increase in organised centre care (Brewster & Padavic, 2002).

The participants in this study therefore used both formal and informally arranged childcare in what has been described as 'patchworks of care' (Scott et al., 2005). Scott et al. (2005) reported that low-income women, due to their irregular working hours and limited social and economic resources, frequently relied on patchworks of care in which relative care assumed a central role. Their study found these arrangements to be highly unstable, whereas the participants in the present study, expressed satisfaction with the contingency care provided by family, friends and neighbours. The infrequent use of older, female children to provide childcare was noticeable in the data, despite several studies indicating this to be a commonly utilised childcare strategy among poor, rural women (Ally-Schmidt, 2005; Dodson, 2004;

Engle et al., 1997). In the present study, participants relied on older female children for occasional babysitting and to accompany younger children to and from the crèche and other childcare providers. Older siblings seemed largely uninvolved in the provision of infant care, other than playing with their younger siblings. This may indicate a recent generational shift in childcare arrangements within households, since several participants described an active, daily involvement in the provision of infant- and childcare as adolescents.

A finding seldom encountered in existing literature, is the refusal by some family members to provide any form of childcare. While maternal grandmothers were mostly willing and keen to provide childcare, not all the participants' family members were keen or willing to do the same. These divergent findings highlight the variability and idiosyncratic nature of childcare arrangements within families and dispells the myth that all family members are united and uniformly committed to the raising of each other's children.

Tangible help offered by grandmothers and other female family members during pregnancy and the postpartum period (such as providing information related to pregnancy and infant care, providing child care, the purchasing of infant care items and transport) have been described as supportive and central to new mothers' experience of early motherhood (Savage, Anthony, Lee, Kappesser, & Rose, 2007). The participants in this study, similarly experienced the tangible help and advice offered by their mothers during the postpartum period as supportive and nurturing.

The contingency care provided by grandmothers seemed to fulfill the participants' need for flexible childcare where other arrangements were interrupted or failed to reach. Low-income, working women often find themselves in part-time, low-paid, shift-based employment without any employment benefits and childcare. They cannot afford to miss work and the income derived therefrom due to childcare demands, nor can they afford losing their employment when childcare breaks down (Usdansky & Wolf, 2008; Walker & Reschke, 2004). Research has shown that this type of contingency care served a psychologically protective function since it greatly reduced stress associated with childcare hassles and concerns. Press, Fagan and Bernd (2006) found that mothers who experienced childcare problems (regardless of employment status and income) were more likely to report depressive symptoms than mothers who experienced few, if any childcare-related concerns. This was also evident in the present study when Rachel described her mother's presence and willingness to help with childcare as a guarantee that she will never experience hassles with childcare.

Rachel: *So I don't still have to struggle, because I said so long as my mother is still here around me, I don't need to struggle.*

In addition to childcare provided during the postpartum period, contingency care and babysitting, maternal and paternal grandmothers (as well as great grandmothers) also provided full-day childcare after the participants' returned to work. This finding concurred with the findings of several studies on grandmother-provided care in poor, rural communities (Ally-Schmidt, 2005; Bozalek, 2004; Reschke et al., 2006; Walker & Reschke, 2004). Most participants who co-resided with their mothers developed a form of shared childcare that was interchangeable and fluid – all depending on who was available. Research showed that mothers who ascribed to an ideal of intensive, full-time mothering, and who believed that maternal employment was detrimental to children's development and mental health, often turned to their own mothers for the provision of childcare (Reschke et al., 2006). The values and ideology underlying the participants' childcare decisions influenced their choices of grandmaternal childcare and will be further explored in section 4.3.

The women interviewed were generally positive about the childcare provided by maternal grandmothers, but expressed some ambivalence about the childcare provided by paternal grandmothers. Published research on multigenerational childcare generally fail to distinguish between paternal and maternal grandparent involvement, or only focused on maternal grandmothers' involvement in childcare. The very limited published research on paternal grandmother involvement in childcare indicated that these grandmothers are generally not keen to involve themselves in the caretaking of their grandchildren apart from occasional babysitting. Some participants in the present study relied heavily on childcare offered by paternal grandmothers, some described ambivalent feelings about paternal grandmother care whereas others reported refusal by paternal grandmothers to provide any form of childcare. These divergent findings indicate a need for further research on childcare involvement by paternal grandmothers.

In stark contrast to the active involvement of mothers, grandmothers and other females in the provision of childcare, was the absence of men, fathers and grandfathers in childcare provision. The gendered nature of childcare is a well-documented phenomenon and certainly not unique to this community (Ally-Schmidt, 2005; Bozalek, 2004; Chodorow, 1978; Halliday & Little, 2001; Roopnarine, Krishnakumar, & Xu, 2009). Despite the lack of a biological basis for the mothering role and childcare, as well as evidence that fathers can do well as the primary caretakers of infants (Balsam, 2008), women in Paradijsbos seemed responsible for childcare as they not only provided most of the childcare themselves, but also seemed to

make all the decisions in this regard – regardless of their relationship status to the father of the child. Whereas men were largely portrayed as disinterested, distant and uninvolved in childcare, the participants described women as emotionally involved and preoccupied with childcare. In the one instance where a grandfather assumed an active childcare role (see case study of Lecia), it has to be understood against the background of the grandmother being deceased and the grandfather having been actively involved in the provision of childcare for the mother as a child.

Several international and South African studies commented on the lack of father involvement in childcare among diverse cultural and racial groups (Ally-Schmidt, 2005; Manning, Stewart, & Smock, 2003; Morrell & Richter, 2006). Theorists such as Nancy Chodorow and Dorothy Dinnerstein, argued from an object relations perspective that the 'maternal monopoly of childcare' was both the result and the cause of the gendered nature of childcare (Balbus, 1992, p. 817), whereas other studies attributed the lack of father involvement in childcare to high rates of paternal absence among South African fathers (Posel & Devey, 2006), maternal gatekeeping (Fagan & Barnett, 2003), the relationship status between mother and father (Edin, Tach, & Mincy, 2009), poverty and a lack of resources (Morrell, 2006), and the endorsement of traditional gender role ideologies (Roopnarine et al., 2009). These factors all seemed to contribute to the gendered nature of childcare provision in Paradijsbos and are explored in more depth in sections 4.3-4.7.

4.2.4 Conclusion

In this section, the findings related to the actual childcare utilised by the participants were presented. The case studies and the grounded theory analysis indicated that the participants assumed responsibility for all childcare, utilised a wide range of formal and informal childcare arrangements and that childcare provided by grandmothers assumed a central role. Although common themes and childcare patterns could be discerned across cases, the idiosyncratic and variable nature of childcare arrangements within families was clear. This calls for an analysis of the underlying motivating factors for childcare choice, such as the participants' constructions of ideal childcare and pragmatic considerations, presented in the following section.

4.3 Ideal childcare

The findings reported in section 4.2 indicated that the childcare arrangements utilised by participants were strongly motivated by an underlying value system in addition to various pragmatic considerations. Halliday and Little (2001) recommended that studies on rural childcare include a focus on the traditional gender relations associated with rurality and the reasons behind the childcare decisions being made. This section therefore focuses on the findings pertaining to the participants' constructions of ideal motherhood and ideal childcare.

4.3.1   Case studies

In this section the individual participants' constructions of ideal motherhood and ideal childcare are described in more detail. Several participants pertinently mentioned that their conceptions of ideal motherhood and childcare either replicated the childcare and mothering received as children or deviated significantly therefrom. Hoffman (2004) noted that during pregnancy and early motherhood, a mother experienced intensified feelings about her own mother – often in the form of aspirations to be as good a mother as her own or determined to be a better mother than her own. The participants' descriptions of the mothering they received during childhood are briefly included in this section to account for the ways in which these informed their current constructions of ideal childcare. A more detailed version of the participants' experiences of childcare and mothering received is presented in section 4.6.1.

Rosy

Rosy's support for the nuclear family as ideal centred on the promise of financial contributions made by a present and involved father. In this, she was dually positioned as (a) a child who grew up in a single mother's household characterised by extreme poverty and (b) a single mother raising a child in poverty. Rosy's intention was to protect her child from the financial hardship she was subjected to as a child and to ensure that she herself didn't struggle financially as her mother had. Although two generations of women in her family failed to establish the ideal nuclear family, Rosy remained invested and committed to this ideal. She was hopeful that her daughter would one day follow her advice and break the cycle of single motherhood.

Rosy: *I will tell her she must maar wait a bit first. When she is grown-up, then she must understand, it is not always difficult, it is not always easy to grow up without a father, Madam. See my mother raised all her children without a father.*

Rosy regarded the ideal father as someone who served as financial back-up and advisor to the mother. By implication, he also shared the mother's stress and worry about financial matters. She viewed the ideal mother as someone who was present, who looked well after her child and raised her

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Rosy (contd.)

child well. Above all, a mother did everything for her child and kept her best interests at heart. The emphasis Rosy placed on being present in her child's life seemed related to her childhood experiences of continuity and discontinuity in the childcare she received. Rosy, who was raised by her grandmother and aunt, met both her parents for the first time, when she was nine years old. Although her mother took care of her ever since, her father remained absent and uninvolved. Given the absence of her own parents and her longing for them during her early childhood, it is not surprising that Rosy regarded being present in a child's life as the defining characteristic of a good mother.

Rosy: When you mos go to school, then you mos always want your mother with you. And the day when I started going to school, then I looked for my mother. And then I asked my grandmother, 'where is my mother?'. Then they said, 'don't worry, she will come home'. That day when I went to school, then I started crying. Because then I wanted my mother with me. Not Grandmother, my mother.

In her parents' absence, Rosy had substitute caregivers whom she regarded as present, reliable, emotionally supportive and willing to provide in her material needs. Her description of ideal childcare and ideal motherhood was strongly influenced by the childcare she received as she regarded ideal mothering as economic and material provision, looking well after an ill child (even if it meant neglecting other household duties), ensuring a child's safety, paying attention to and playing with a child. She also regarded it a mother's duty to ensure that any undesirable behaviour displayed by her child was controlled and eradicated. It is interesting that Rosy arranged for her daughter to receive childcare from the exact same people who provided care for her as a child, namely her grandmother and a specific crèche attendant.

Ideal caretaking by others was primarily defined by Rosy in terms of the quality of physical care provided. Rosy placed particular emphasis on cleanliness, safety and good hygienic practices and thought an ideal caretaker of infants managed to ease the mother's workload by washing the baby's clothes and diapers.

Elize

Elize belonged to a large extended family that she described as very close, connected and supportive. Despite the praise she had for her extended family, Elize viewed a nuclear family as the ideal context to raise a child in. A good mother, according to Elize nurtured an emotionally engaging relationship with her child, loved her child and did everything for her child. Such a mother practiced intensive mothering and was seldom separated from her child. A good father was present in his child's life, involved in her upbringing and provided well in her material needs.

Having a well-mannered and well-behaved child seemed extremely important to Elize and she regarded it a mother's duty to discipline and raise her child well. She expected her child to accept her authority unconditionally and obey her instructions. Elize seemed to feel personally insulted when her child accepted her teacher's authority but failed to respect hers.

Elize: *Because I say to her, you sit in the school then, you listen to Teacher then. Now I am mos your mommy, so you must listen to me.*

Providing in a child's material needs and ensuring a child's safety were two additional mothering tasks that Elize deemed central to good mothering. She wanted to provide her child with necessities such as clothing and food, spoil her with luxuries such as shoes and toys and give her child opportunities she had to forego as a child. Elize wished to compensate for the deprivation she suffered as a child by providing well in her daughter's material needs.

Elize: *Things that my mother and them couldn't give me, I feel, I want to give to her and so. If I can give to her, then I will give to her.*

Elize was raised by her grandmother who ran a well-organised, disciplined household where children were expected to abide by the rules. Her mother was absent throughout her childhood and it was only with the birth of her second child that their relationship was rekindled. Elize espoused similar childcare values as her grandmother (especially in terms of discipline and physical care), but wanted to provide her child with more financial security and educational opportunities.

Elize: *She, not that I want to be too strict with her, but I also want to be like my grandmother, like now, she is now still with us today. I want the same as my grandmother, (to look) after Sharlize, like my grandmother looked after me.*

A good childcare arrangement, according to Elize, was safe, stimulated a child intellectually, facilitated social development and fostered attachments to peers and authority figures. The strong emphasis Elize placed on safety was largely informed by the sudden, tragic death of her first child. She regarded it a mother's duty to ensure that her child was always safe and protected from danger. This

Elize (contd.)

included promoting a child's health, ensuring excellent hygiene and creating a safe home environment. Safety concerns informed all Elize's childcare decisions.

Sarah

From a young age, Sarah was raised to believe that her nuclear family was the centre of socialisation, support and safety and that family were the only people to be trusted and relied upon. Sarah grew up in a nuclear family consisting of her mother, father and two older brothers. Her father was the breadwinner and permanently employed, whilst her mother took care of the household, her husband and children. Her parents actively encouraged Sarah to marry and establish a similar nuclear family of her own. Establishing her own separate family, served some of Sarah's emotional and psychological needs for independence and autonomy, whilst creating the 'ideal' context to raise her children in.

Sarah: *To have children, fulfils you, you do not feel so alone. You can now also now say you have a family. This is now my family.*

Similar to the roles assumed by the members of her family of origin, Sarah considered an ideal father as the financial provider and an ideal mother as responsible for the household and nurturing of her husband and children. According to Sarah, she only considered pursuing employment if the family had debts to pay and her children were at least three to four years old. Infants, from Sarah's point of view, needed intensive, full-time, at-home childcare provided by the mother.

Sarah: *Yes, but I also only waited until she was about three years old. Yes, about four years old, then I went to work. I always feel you must look after your child.*

Safety featured as an important childcare consideration in Sarah's narratives. As a child and adolescent, Sarah's movements were severely restricted by her mother who viewed the world as an unsafe place. Her mother's fears were intensified with the death of one of Sarah's brothers in a bicycle accident. As a mother, Sarah also expressed several safety concerns and consequently sought childcare that she deemed safe and reliable.

Sarah defined the ideal mother as someone who disciplined and loved her children. In her assessment of the mothering she received as a child, she commented that her parents' strictness was good, also that they always cared about her interests and were very dependable. However, she felt her parents were unrealistic in their efforts to control her ('constrained us too much'). Sarah, in contrast, allowed her children more freedom, made effort to communicate more effectively with them and encouraged them to discuss matters openly with her. Although she valued discipline and well-behaved children, she was cautious not to replicate the strict, overprotective upbringing she had to endure as an adolescent. Instead, Sarah openly expressed and displayed her affection for her children – something she wished her parents did with her.

<u>Carmen</u>

Carmen believed an ideal mother took care of her child, ensured that a child's material needs were met and led an exemplary life. A good mother, according to her, did not drink excessively and if she did, stopped doing so before she fell pregnant. She was particularly outspoken about mothers who neglected their children and failed to provide in their material needs due to excessive drinking. Motherhood was regarded as a serious responsibility and the physical care-taking of children an important function.

Carmen strongly valued providing in a child's material needs. She pertinently stated that she did not believe this to be the sole function of the father - material provision was a responsibility that mothers and fathers shared.

Carmen: *And what was important to me, is not to sit back and now just let the father. You get some young girls, especially if they have (a) baby at this stage, then you now have your child and then they perhaps now let the father only work for the child all the time. Where that is wrong. It is your duty – to work for the child. It is your, the father's duty, but it comes from your side too.*

Ideal childcare, according to Carmen, required financial planning to provide in a child's diverse material needs. Carmen did so in various ways: she opened a clothing account specifically for her son and ensured that she paid it off regularly. When her boyfriend's contract at work was about to expire, they bought their son necessities such as shoes, whilst the father was still employed and earning an income.

Carmen: *Because for him I have now, two years ago I opened him his own account at Ackermans. His clothes I now only buy at Ackermans. Then I go each, say, twice a year then I now settle his account.*
Interviewer: *Okay. So you made a plan to specifically look after him and provide for him.*
Carmen: *Care for, yes.*

In the quote above, it is interesting that when I reflected to Carmen that her advance planning served to provide in her child's needs, she responded by stating, 'care for, yes', indicating that buying her son clothes was not only about provision, but also about the expression of care.

Carmen described the ideal father as someone who supported the mother and child, contributed financially to the child's upbringing and spent time with his child. Her boyfriend was involved in his son's life and supported the dominant ideology of the nuclear family as the ideal childrearing context. Shortly after their child's birth, her boyfriend suggested they get married and told Carmen that he

Carmen (contd.)

wanted her to provide childcare, whilst he earned an income. Although Carmen was keen to get married at a later stage, she regarded marriage and child-bearing as separate, discrete events that did not necessarily have bearing on one another. For Carmen, marriage implied the creation of a nuclear family in a separate household, responsible for all household expenses. This could only be realised once they both secured permanent employment and a regular income. Although the nuclear family remained an ideal context to raise and care for a child, Carmen contested it as the only context within which a child could be successfully raised.

Carmen valued assistance with childcare from family members such as her aunt, the paternal grandmother and her boyfriend. Childcare was largely shared among family members in a spontaneous, fluid and informal manner. This was very similar to the childcare Carmen received as a child. Carmen's mother was unable to care for her, and as a five-month old baby, her grandmother assumed full responsibility for her care. In addition to the care provided by her maternal grandmother, her aunt also played a significant role in her upbringing. Carmen had nothing but praise for the care she received from her grandmother and aunt. She also made it very clear that her pregnancy at age 15 could not be attributed to the lack of good mothering received – it was something she wanted, decided to do and took full responsibility for.

Carmen displayed a strong sense of agency as evident in the way in which she planned and pursued motherhood as a 14-year old. She made all the arrangements and preparations for giving birth on her own and took care of her newborn child whilst returning to school. Carmen grew up in a matrifocal household and described her grandmother (who was her primary caretaker until age nine) as a similarly strong, independent, agentic figure who loved and nurtured Carmen unconditionally.

Perhaps, Carmen's strong sense of agency made it possible for her to position herself in some of the more marginal mothering discourses such as being a proud, single, teenage mother who loved, cared and provided for her child whilst tending to her own needs for career development. Whereas several of the participants commented on the self-sacrificial qualities of an ideal mother, Carmen in contrast, actively pursued the advancement of her own career. She allocated very scarce resources (i.e. time and money) towards her own studies even though it deprived her son from an opportunity to attend the crèche.

Poppie

Poppie and her sisters were raised by her grandmother and aunt with whom they shared a house. Her parents stayed and worked in Stellenbosch and she had intermittent contact with them. She described her family as close and her sisters and mother as her best friends.

Poppie ascribed to the notion of the nuclear family as the ideal childrearing context. She valued intensive, full-time mothering and the facilitating role a mother could play in her children's development.

Poppie: *A mother's role is to be at home, to look after the children [laughs long]. No, now I don't want such a boring life! [Laughs]. No, a mother's role is maar there to help the children where she can, schoolwork, anything, that is the mother's role. To stand by the children.*

In addition, she described the ideal mother, as someone who looked after her children well, paid attention to them and addressed problems through effective communication ('talk it through'). She evaluated herself as a good mother and stood critical of women who did not use available resources (such as government grants) to care properly for their children.

A father's role, according to Poppie, was to provide in his children and family's financial needs. She remarked rather bluntly, 'a father is there to provide money – he must work for his children'. Although she conceded that she also contributed financially to the household, it remained the father's primary role and function. Poppie expected her husband to assist with household chores and to provide occasional childcare in return for the income she generated.

Poppie compared her own upbringing and childcare received, to the way she mothered her children and concluded that she replicated the quality of physical care provided, but disciplined her children very differently. The grandmother, who raised her, was depicted as very strict and almost militaristic in the way she expected children to assist with household chores. They were also severely punished for any transgressions or failure to meet her standards for the execution of tasks. Poppie did not believe in severe corporal punishment and relied on reasoning with her children or giving an occasional hiding as disciplinary measures. Her approach to discipline was not approved of by her mother who was critical of her 'permissive' parenting style. Poppie didn't seem perturbed by her mother's criticism and maintained that times have changed and that the old trusted ways of disciplining children, were inappropriate in modern times.

Poppie: *Then she will say, 'no, you must be more strict. Give a hiding', or so [laughs] she will say, yes. Then I say, 'Ag, Mommy, I will give her a hiding if I think I should …'.*

Poppie (contd.)

In terms of childcare provided by people other than the mother, Poppie gave a rather detailed description of the ideal childcare provided to an infant. She stressed that the childcarer must be mature in her approach to children, have good values and be in a position to provide the infant with individual attention. Poppie was the only participant who mentioned spaciousness as a childcare requirement.

Education and learning opportunities were highly valued by Poppie who envied the youth the multitude of educational opportunities available to them. Adequate preparation (academically and socially) for primary school was important to Poppie and she was one of a few participants who viewed the crèche as a place where her child could socialise and form attachments to children she would later attend school with.

Lecia

Although Lecia did not explicitly assert the desire to establish a nuclear family, she described the role and function of an ideal mother and father in accordance with this ideology. According to Lecia, an ideal father acted respectfully towards his children, set a good example and provided well in his family's material needs. He took an interest in his family, supported the mother and served as a companion to her. In Lecia's conceptualisation, the ideal father had no responsibilities for childcare, other than establishing and sustaining the ideal childcare context.

A good mother, according to Lecia, was someone who loved her children, was self-sacrificial, always had their best interests at heart, kept them safe, did not abandon or neglect her children, ensured their health and well-being and facilitated good moral behaviour (especially through church attendance). Above all, the ideal mother was available to her children, acted as an advisor and exuded strength through adversity.

Lecia grew up in a nuclear family as the second youngest of seven children and described her parents as very strict and punitive, but loving. The family struggled financially and both her parents sought employment to contribute to the household income. Lecia's maternal grandmother provided childcare while her parents worked, but since Lecia was hospitalised continuously between the ages of one and three, her early childcare was largely provided by hospital staff.

Lecia's mother took responsibility for all the childcare arrangements, yet her father was actively involved in family life and assisted her mother where possible. Her father easily performed childcare tasks and other household chores normally regarded as 'women's work'. Lecia's father played a pivotal role in the support and care he gave her and her children. In many ways, her father symbolised the ideal father to Lecia.

Lecia spoke positively about the mothering she received, but indicated that she mothered her children somewhat differently. For example, she did not discipline and punish her children as harshly and entrusted her children with more responsibility. She did endorse some of her mother's ideas about ideal mothering – especially the practice of religious activities and rituals. For example, Lecia insisted that her children attend church-related activities and that they attend church on Sundays. She did not elaborate on her reasons for doing so, and created the impression that she adopted her mother's beliefs rather uncritically.

As far as childcare provision outside of the home environment was concerned, Lecia provided quite a detailed account of both the ideal childcare environment and the ideal person to provide childcare. She was one of the few participants who emphasised the nature of the relationship between a childcarer and child and deeply valued a loving and caring attitude from the person who provided care.

> **Lecia (contd.)**
>
> *Lecia: And he (grandfather) was very dotty about his children.*
>
> *Lecia: She (aunt) loves them very much. She cares about them. She loves them very much.*
>
> Ideal childcare was affordable, trustworthy and operated in a safe, hygienic environment. Lecia emphasised that the setting may be humble, but it needed to be clean and the child hygienically managed. Lecia was clearly not naïve and expressed concern that mothers can easily be deceived by a childcare provider about the quality of care provided. Lecia contended that regardless of the childcare utilised, a mother is never able to just 'put her child down' and walk away – she always remained responsible for her children's well-being.

Lily

Lily valued and pursued the establishment of a nuclear family that operated independently in its own physical space. She defined the ideal father and mother according to traditional gender roles with the father working and earning money to sustain his family and the mother taking responsibility for the nurturance of her children and husband. Lily depicted the relationship between mother and child as particularly close and affectionate and the relationship between father and child as distant and cold.

Lily: But when I am at home, then he is more round me. He just turns, and then it's now Mommy this and Mommy that [laughs].

A good mother, according to Lily, raised her child herself, took her child everywhere she went, set a good example and instilled good values in her child. She was responsible for the discipline and upbringing of her child and had to control unacceptable behaviour. A good child was not spoiled by his mother and accepted the limited means within which the family operated.

According to Lily, a child needed plenty of attention and a good mother spent ample time with her child. The child-centredness of family life was emphasised by Lily's description of how they always responded to their child's needs even if it required adjusting their own plans in order to accommodate him.

Lily: Hmm, if we perhaps go out in the evening, then we see to it that we maybe don't come back too late and we pack a blanket for him and perhaps a cushion that he can sleep. We say okay, we cannot stay too late, because our child.

Lily was one of the few participants who described the nuclear family as a site of learning and educational stimulation. She regarded it as both a parent's duty to expose the child to various intellectual activities and to instruct the child in educational matters. In the excerpt quoted below, her delight in her child's educational progress from parental input is clearly discernable.

Lily: Hmm, the father now bought him, the laptop, the kiddies laptop, three years ago. And he couldn't play a game. And the Saturday, that I was off now, the Saturday evening we now started, we sit with him and we tell him, this now is an a, this now is a b, and this now a c. And now he already knows the alphabet. He knows it!

Lily's own upbringing served as a template for her ideas on family life, motherhood and ideal childcare. Lily grew up in impoverished circumstances where she was cared for by her mother and her grandmother. Her mother was nurturing and affectionate, loved children and often acted as a day mother to other people's children.

Lily (contd.)

She 'initiated' Lily into the mothering role as Lily often helped her with childcare tasks. Her mother's death was an enormous loss. Lily's father was absent and uninvolved during her childhood, and as an adult Lily had infrequent contact with him. In the excerpt below, Lily related how the loss of both her parents motivated her to give her child a different family life than she had as a child.

Lily: *I grew up without a father and a mother and what I could not have I want to give to my child.*

Ideal childcare performed by a person other than the mother, according to Lily, entailed good physical care (such as feeding a child, ensuring his teeth are brushed, etc.) and the provision of entertainment and intellectual stimulation (colouring in, building a puzzle, etc.).

Lily supported the idea of home-based care for infants, provided by the mother or a female family member such as a grandmother. According to her, this type of care was ideal until the baby grew physically strong. Although Lily was supportive of the crèche as a childcare facility, she described it as an option only once the baby was older, the grandmother or mother unable to provide care, and no other childcare options were available.

Rachel

The hardship Rachel's mother suffered in raising five children on her own, instilled in Rachel a strong determination to give her children a different life. She highlighted three significant differences between her own upbringing and that of her children: (a) her children had a resident father who provided financially and who witnessed their growing up; (b) her children had a present, caring and involved mother; and (c) her children had access to small amounts of money to spend as they wished. Raising her children within a nuclear family with a regular income represented the ideal form of childcare for Rachel.

Rachel: *I don't think; I don't think I do it like* they *did it. I think I now just do it my way, I now do it again. Perhaps things that I do with my children today, or mean (to them), my parents didn't do for me. That is why I also maar just want the best for my children.*

The ideal father, according to Rachel, was someone who provided well in his family's financial and material needs. Although an ideal father also spent time with his family over weekends, Rachel did not expect a father to be involved in childcare provision, planning and decision-making. The financial stability provided by a working father, was highly valued since the lack of paternal income as a child, caused her and her family great hardship.

The ideal mother, according to Rachel, nurtured both her husband and children. In this regard, she specifically mentioned the preparation of meals. Not only did a good mother always provide cooked meals to her family, she also ensured an abundance of food so that the deprivation she suffered as a child was not repeated in her own household.

Regarding an ideal mother's role and function, Rachel placed particular emphasis on a mother's duty to lead an exemplary life. She wanted her children to be proud of her, follow in her footsteps, regard her as a good person and above all, present her in a favourable light to others. In the quote below, Rachel briefly referred to the fact that being well-mannered (greeting people and saying thank you) was not something her parents instilled in her, but something she deemed extremely important in raising her own children. Rachel wanted to ensure that her children were respectable and accepted in the community at large. This goal served as justification for the way(s) in which she disciplined and punished her children.

Rachel: *There are some days that I perhaps are hard on them, but it is, if I don't teach my child myself, nobody else is going to do it for me and my child's respect must start with me in the house. It is I, I who always need to show respect towards my child. Perhaps I didn't get that from my parents those days, but I want it, I push it, really, I actually drill it into my children. Because that is what I expect of them. If I am not*

> *going to teach them, then they are going to think, ag wat, this must maar probably be how things should be done. And so they they will mos already go into it while growing up.*

In terms of childcare provided by people other than herself, Rachel valued arrangements that were affordable, flexible, hassle-free and safe. Home-based childcare was Rachel's first choice for children under the age of three, since she regarded infants as particularly helpless and vulnerable.

4.3.2 Grounded theory analysis

The grounded theory analysis yielded the following three broad themes pertaining to ideal childcare: (a) ideal childcare was embedded in the dominant discourse of the nuclear family (consisting of a good mother, a good father and the ideal child) as the ideal context within which to raise and care for children; (b) ideal childcare was child-centred and informed by an interpretation of children's needs to develop optimally; and (c) ideal childcare responded to mothers' pragmatic and personal needs.

4.3.2.1 The nuclear family as ideal

Women in Paradijsbos described the nuclear family as the ideal context in which to raise and care for children. Elize, cited below, stated that given the opportunity, she will marry her child's father (despite his numerous imperfections) so that they can raise their daughter together.

Elize: *If it should so happen that, then I will, then I will choose to take her father. Then we can raise Sharlize together.*

Rachel expressed similar sentiments and thought that a nuclear family ensured financial stability and enabled both parents to witness their children's development.

Rachel: *And I say to myself, they darem have a mother and a father, both. Whether I work or whether I don't work, but he works, at all times he works. And now both of us darem see how our children grow up in the house.*

Within a nuclear family configuration, a good father was regarded as someone who was present and who provided well in his family's financial needs.

Poppie: *A father is there to give money. [Laughs]. He must work for his children. Even if I work too, a father must actually work.*

In addition, a good father performed home maintenance tasks and worked with the mother towards improved life circumstances for the whole family. In the excerpt quoted below, Lecia expressed dismay at her partner for not meeting this ideal:

Lecia: *He will not take a nail, if a thing breaks in the house, then it must maar only be me, I myself hack and hammer and carpenter and so. He, he, he is not a man that … our children grow up, we cannot forever in such circumstances.*

Fathers were not expected to involve themselves in the provision of childcare, including disciplining or playing with their children.

A good mother, on the other hand, was constructed as someone who was present, respectable, and actively involved in her children's lives. She provided childcare, created a clean, safe home environment, cooked her family's meals, washed their clothes and ensured that her children were raised well.

Rosy: *A good mother is when she maybe is there for her children. Looks after her child nicely. See that her child is brought up correctly.*

Rachel: *Ag I am probably maar only here to provide (for) my children, and for him in the house. He walks to work in the mornings, in the evenings when he comes, even if I work, I will at all times I will come and every evening I will see to it that there is (a) cooked meal, or whatever.*

Apart from the practical care and nurturance a good mother provided, she also involved herself emotionally with her children and always held her children in her thoughts.

Lecia: *You must maar always consider, your children. You cannot just do like you feel.*

This inevitably meant that a good mother was constantly concerned with meeting her children's needs, even if she had to sacrifice her own. Several participants commented on the self-sacrificial qualities of a good mother.

Lecia: *Then I say, my child, if the Lord wants it that you must become a lawyer, then your mother will fight that you become a lawyer. Even if your mother has to work her feet and knees and hands through.*

Elize: *I will do everything to be there for her.*

The grounded theory analysis also indicated that the participants constructed a picture of the perfect child as healthy, obedient, strong, well-behaved and clever.

Elize: *But, she talks, she talks nicely. She is very wise and so. She remembers well what she says to you, so, she catches on what you talk and all that.*

Sarah: *No, things are going well with her. She's a very clever child.*

A 'good' child was seen as the result of good mothering and therefore a child's behaviour reflected the upbringing received from the mother. Fathers were not held accountable in the same way.

Rosy: *I will say the most important is that how you raise your child. You never know when your children are now perhaps grown-up one day and walk in the road and the one now greets her. And then the people cannot say, see there walks that one's child. And that one's child is so and so and why mustn't the child be so.*

To conclude, the participants' constructions of ideal childcare rendered strong support for the nuclear family as the ideal context within which to raise children. The underlying assumption is that a child raised in such a setting will be well provided for, mothered intensively and raised to be a respectable citizen.

4.3.2.2 What children need

Notions of ideal childcare were also based on participants' interpretations of what a child needs to develop optimally. Glenn (1994) noted that with the rise of industrialisation and the gradual shift of manufacturing out of the household and into industry, 'childhood came to be seen as a special and valued period of life and children were depicted as innocent beings in need of prolonged protection and care' (p. 14). This resulted in the conviction that all decisions about children and childcare need to be taken from a child-centred view and serve to protect their interests and welfare – a point of view also expressed by the participants in this study.

4.3.2.2.1   A safe environment

A child needed to be cared for in an environment that was safe and secure.

Lily: *Because you stand at work and you worry and is my child okay, is he?*

Not only was a child's safety important for its own sake, but it also alleviated a working mother's anxiety and concern about her child's well-being. As far as infants were concerned, a safe environment was generally defined by the participants in terms of the quality of physical care provided and the presence of a reliable caregiver who could ensure the child's well-being on a continuous basis. Intensive, home-based care provided by the mother or grandmother was presented as the embodiment of this ideal.

As far as toddlers and preschool children were concerned, the participants defined safety as the provision of adequate supervision and control of children's movements. Elize, for example, chose to keep her child at the crèche (and not send her to the pre-primary school) in order to ensure that her child was safe until she could fetch her after work.

Elize: *Now I felt, because she is a little person, who loves walking, I said this year I will this year I will again (send) her to the nursery school, because it is all day until tonight five o' clock. When I get home then she is still in the crèche, then I now go and fetch her.*

4.3.2.2.2   A health-promoting environment

The participants' descriptions of the childcare provided during the postpartum period emphasised neatness, cleanliness and good hygiene as indications of good childcare, good housekeeping and by implication, good mothering. Maintaining a hygienic environment was therefore seen as an important requirement for early childcare.

Lecia: *And you must look at the circumstances. With me it is, even if that little place is very simple, but it must be neat. Because that is how your child, your child is always neat now you go and place your child. And now you come and the child is ill and you are worried about why your child is ill. Does he get washed? Does he get cleaned or does he maar walk around all day long with the bottle that the flies gather around. A dummy that lies about. And such type of things.*

Elize: *But she is always, she's very (hung up) about neatness. She doesn't like that, especially your child, she saw to it that, sees to it that your bottles are clean, have warm water, sees to it that it is cleaned. All these things she taught me.*

It is clear from Lecia and Elize's accounts (cited above) that a hygienic environment served to prevent disease and illness in children. Apart from mothers' intentions to preserve their children's health, they also could not afford to miss work and remuneration due to the care demands of an ill child.

4.3.2.2.3   An experienced provider of childcare

A child needed to be cared for by someone with experience. The ideal person to provide childcare (other than the mother) was an older woman who has either raised her own children (and/or grandchildren) or those of others (such as a day mother). Participants regarded grandmothers and great grandmothers as particularly experienced in the provision of childcare.

Sarah: She (grandmother) has already looked after many people's children.

Elize (cited below) suggested that her grandmother was respected for her vast childcare experience in the way she repeatedly mentioned that her grandmother has raised eight children of her own.

Elize: She (great grandmother) always said, I raised eight children. She has eight children: four sons and four daughters. She has eight children, she always said.

4.3.2.2.4   Willingness to provide childcare

The ideal provider of childcare asserted a willingness and keenness to provide care and did not merely agree to a mother's request for childcare.

Elize: Yes, she (paternal grandmother) offered, to look after her.

Rosy: She must be willing to look after your child.

The implicit belief was that the person with a positive attitude towards childcare provision would also provide quality care and display a positive attitude towards the child.

4.3.2.2.5   Familiarity

According to the participants, the quality of childcare was enhanced when someone familiar to the child and her mother, provided the care. The underlying assumption among the participants quoted below, was that family members were familiar and therefore more

trustworthy and invested in the provision of quality care. Familiarity was primarily presented as beneficial to the enhancement of safety and quality of care, and not a requirement that facilitated a child's emotional adjustment to childcare.

Carmen: *I knew my mother would look well after him. It wasn't now like strangers looking after him.*

Elize: *But if it for me, if I leave her with someone, I will always, I will phone. I will, it troubles me, because I am not at ease, if she now (is) with someone. Because other people will perhaps now not look after her like my family (would).*

4.3.2.2.6 Sharing of values

A child needed to be cared for by a person who led an exemplary life – in other words shared the mother's moral values and ideas about childcare. Lecia emphasised that one had to consider the moral standing of the person who provided childcare. Not only did these factors impact on the person's ability to provide quality care, but it could also impact negatively on the child's moral and social development.

Poppie: *She doesn't smoke and drink. You maar look at such things. How is this one, rude and so, and does this one go (to) church, you have to look at that too.*

According to Elize, her family served as an extension of her in that they endorsed similar childcare values and therefore ascribed to similar childcare practices.

Elize: *So I, I have, if it now is family, if she now stays with family, then I don't have a problem. Because other people now perhaps won't look after her like my family (would).*

4.3.2.2.7 Individual attention

Ideal childcare provided a child with individual attention. Lecia, quoted below, emphasised that some parents wanted their children to receive individual attention and consequently sought childcare arrangements that provided exactly that.

Lecia: *Yes, many people will perhaps now, not like the crèches, then many feel, that child will now not receive all the attention and many parents now mos want those children to get that attention alone, and now they will ask family or a good lady friend or whatever, to look after their children and so.*

Rachel described how her mother provided her children with more attention than she was able to, and equated it with improved quality of care.

Rachel: She actually more or less looks after them maar just like I look after them, or she perhaps even gives more attention than I give them.

4.3.2.2.8   Attunement

A child needed a carer who was attuned to her needs and able to respond accordingly. The childcarer needed to display adaptability in order to provide child-sensitive care rather than forcing a pre-conceived routine onto a child.

Rosy: It is now no use she gives the child food when the child doesn't need food. Or bottle when the child doesn't need bottle. She mustn't get irritable if the child doesn't want to eat and force the stuff into the child.

4.3.2.2.9   Accommodating a child's preference

Ideally, children's wishes and preferences for childcare should be considered.

Lecia: See, she was maar still small, she couldn't talk yet, but when she now grew older and she started talking, she said to me, she is not going to stay with her grandmother.

Several participants changed from childcare provider once their children could talk and express their preferences. For example, Lecia (quoted above), enrolled her child in the crèche after she refused to stay with her paternal grandmother and Sarah, cited below, moved her child into the care of the maternal grandmother, after her daughter expressed unhappiness at the crèche.

Sarah: Then it was now such a problem because she doesn't want to go to crèche. Then she said to me, she wants to be in the real school. Then that time I had to (take) her to my mother there in Groendal.

4.3.2.2.10   Attachment

A child needed a relationship with her caregiver that was characterised by attachment and closeness. In the quotes cited below, Lily and Poppie described how their children's strong attachments to their caregivers influenced their choice of childcare.

Lily:　　　　　*His grandmother is now the best, because Grandmother already knows him like that, he is closer to Grandmother than any person. So, it is much better for me.*

Poppie:　　　　*Yes, because she (is) more (attached) to Maggie (day mother) than to my mother.*

4.3.2.2.11　　Education

Apart from good physical care, the participants also indicated that a preschool child needed educational input. Several participants used the crèche primarily as a childcare facility, but also appreciated the additional educational benefits it offered. These benefits included the mastering of new skills, the early detection of learning difficulties and gaining 'preschool experience'. In general, the participants viewed the educational input provided at a crèche as giving a child a head start in life with the implicit promise of great success later in life.

Lily:　　　　　*Many times it is that you want your child to have that preschool experience given before he goes to school. Then you as mother are at home, but you feel you want to send your child, that he just can. Perhaps if there (is) a problem with your child, perhaps, he perhaps struggles with reading, or he perhaps struggles with the alphabet …*

Poppie:　　　　*At the crèche hmmm, actually the crèche children who were there all the years, I mean, they are children who excel. It is not just sommer such a crèche. The children, some are doctors, some are very qualified children. Who have a good grounding.*

Underlying the participants' emphasis on the crèche as a site of learning was the idea that other providers of childcare were not equipped or able to provide in the educational needs of children. The ideal of an educated child could therefore not be realised with at-home childcare provided by the participants or their relatives. In the excerpt quoted below, Lily related how her child was first able to master certain skills after he attended the crèche.

Lily:　　　　　*We struggle to teach him to pray, and he gets, he now already does it: he prays and he sings, and all the cute little things.*

4.3.2.2.12   Socialisation opportunities

In contrast to the individual attention required by infants and young children, participants regarded toddlers as in need of socialisation with their peers. Poppie, for example, argued that her child would benefit from establishing friendships at the crèche with children whom she would later accompany to the pre-primary and primary school.

Poppie: *Then I thought she must first be in the crèche for a year before she goes to school. Then she is ready to (accompany) the little friends then, they mos go together.*

4.3.2.2.13   Discipline

Toddlers were in need of discipline and other measures to control unacceptable and dangerous behaviour. The participants did not expect childcare providers other than the mother and other (female) family members to involve themselves in the disciplining of children. Fathers and men were seldom involved in the disciplining of their children, although they were sometimes critical of the mother's approach to discipline.

Rosy: *I have now this morning already said to my mother, she nou gets so, so rebellious already. She will have to, I will teach her, to get it out of her. You cannot want to be rude at such a young age.*

Discipline was seen as a private matter, dealt with at home. Ideally, a well-raised child was respectful, obedient, well-mannered, civil and neat and hence not in need of any additional input (of a disciplinary nature) from other childcare providers.

Rachel: *Because if I tell my child not to greet a person outside, then my child will automatically not greet. Because I have to be able to tell him here in the house, you greet people or whatever. Or if someone gives you something you say thank you for it. So it, it all begins with me.*

In households shared by extended family members, the grandmothers, aunts and mothers all participated in the disciplining of children. Family members were not necessarily in agreement with the type of behaviour that warranted punishment or the severity of punishment to be received. Lily, for example, disagreed with the paternal grandmother's belief that children should not receive hidings, whereas Elize occasionally protected her child from punishment by the grandmother.

Lily: *Because, if I now give the child a hiding, then they want to interfere, and that makes it difficult for me because then they say, 'you mustn't spank the child like that'.*

Elize: *'No, Mommy, you don't have to carry on like that with Sharlize now. Ag, she is maar only a child'. But some days I leave her and say, 'Spank her, if she is disobedient, then Mommy must spank her'.*

The use of corporal punishment to discipline children seemed widely endorsed and practised by the participants. Several participants recalled receiving severe corporal punishment as children and regarded it an effective disciplinary action. Lecia (quoted below), described in detail how her mother beat her with a leather strap whenever she disobeyed her as a child.

Lecia: *Oeee and then I am spanked. And she had such a belt that my father made for her himself.*
Interviewer: *Did you also get spanked with that belt?*
Lecia: *Oee, terribly. Oeee I got lots of hidings.*

Poppie also received severe hidings as a child and gave her children occasional hidings, although significantly less severe than the punishment she used to receive.

Poppie: *They don't get hidings. I mean that's a hell of a difference to how I was raised!*
Interviewer: *Did you decide you do not want to give them a hiding?*
Poppie: *I can spank, I mean, but not like that, (like) I was spanked.*

Lily believed in corporal punishment, but expressed some ambivalence as it also evoked feelings of sympathy for her child.

Lily: *Many times I give him a hiding, but ag what, then I feel sorry for him again because he cries so sadly [laughs].*

4.3.2.3 Pragmatic and personal needs of the mother
Several studies reported that low-income parents were generally more concerned about the location, hours of operation, dependability, cost, educational opportunities and safety of childcare than they were about the aspects of childcare quality usually emphasised by experts (Henley & Lyons, 2000; Kensinger Rose & Elicker, 2008; Lee Van Horn, Mulvihill, & Newell, 2001). The findings of this study were no exception as the participants regarded ideal

childcare as those arrangements that attended to their children's needs as well as their own needs for continuity, affordability, convenience and flexibility.

4.3.2.3.1 Continuity

The participants articulated a need for continuity in the childcare arranged for their children. Continuity ensured that working mothers did not have to rely on unreliable, ad hoc, patchwork childcare arrangements which could result in increased levels of stress.

Rosy: *No I am going to put her in the crèche when I now go back to work. Then I know if my grandmother is now perhaps not at home, then I do not need to go and place her with people.*

Formal childcare was generally seen as the arrangement that offered most continuity in care and the care provided by family members as the most susceptible to unexpected interruption and discontinuity.

4.3.2.3.2 Affordability

In this study, the participants clearly expressed the need for affordable childcare. They all struggled financially and childcare expenditure always constituted a significant portion of their income.

Lecia: *And many parents who are now not privileged to now put the children in the crèche, further up from the crèche there is also an auntie who looks after the children at a reasonable fee now.*

Ideal childcare, according to Rachel, offered quality care at an affordable price. Grandmaternal childcare best represented this ideal, since grandmothers provided quality care at a nominal fee.

Rachel: *The thing is the, then my mother does it without pay. Rather than I ask someone else who will perhaps not look after my child so well with pay.*

4.3.2.3.3 Convenience

Convenience was highly valued by the participants who often worked long hours, relied on public transport and had several household duties to perform in addition to their childcare responsibilities. Rosy, for example, described how convenient it was to return home during

tea and lunch breaks to breastfeed, since she could also complete a few household chores before returning to work.

Rosy: But when I now come home at ten o' clock then she is awake, then my grandmother can now perhaps not have cleaned the kitchen, or swept out or perhaps have made her bed and then I now give her breast and first finish my work or so.

Rachel on the other hand, seemed pleased that she found a day mother who was conveniently located near the taxi ranks from where she travelled to work in the mornings.

Rachel: She was about, almost as you come into Paradijsbos, their house is there lower down. But fortunately as we rode with the taxi in the mornings, I sommer took her along and I sommer dropped her and then I sommer climbed (into) the taxi with my mother, sommer just there.

Rachel also regarded the Paradijsbos crèche as convenient in terms of its location (near the taxi ranks), its hours of operation and the age range of children they catered for.

Rachel: All the nursery schools open at seven o' clock. The one opens at half past six. See, so now you can drop your child yourself and now you can go in your direction. And your taxi comes and collects you right in front of your door in the mornings and all those types of things. So. They don't have a struggle with their children.

Rachel: See what, what now actually makes (it) convenient for all the mothers, who work. Here's now one, here's two who take (in) babies from a month old.

4.3.2.3.4   Flexibility
The unpredictable nature of seasonal and shift work contributed to the participants' needs for flexible childcare. Family-provided care offered participants most flexibility. Carmen, as quoted before, described how childcare was flexibly managed between her and her mother, depending on who was available and able to provide care.

Carmen: If I now hmm, if I will now go to work, if I, if Aden gets up in the morning, then she now makes porridge for him. And when I now get up, then I now feed him.

In the evenings, when I now wash myself, then I sommer wash him too, then if
I now feel too tired, then she now washes him.

In the excerpt quoted below, Rachel described the flexible care her mother (who had a separate household) offered whenever Rachel worked an evening shift.

Rachel: *Or if we work until ten o' clock in the evening, then he sommer sleeps with my*
            mother. He will, then I don't go and fetch him at all. Then I will perhaps now
            just early in the morning, just quickly take his school clothes and his food, and
            all that quickly, then I sommer take it down to my mother.

4.3.3   Discussion

The findings from the grounded theory analysis and the case studies support the feminist, social constructionist view that ideal childcare is socially and culturally constructed (Kensinger Rose & Elicker, 2008; Lamm, Keller, & Yovsi, 2008; Obeng, 2007) along dimensions of gender and class (Halliday & Little, 2001; Tulviste & Ahtonen, 2007). It is clear that the participants' descriptions of ideal childcare reflected an intricate interplay between: (a) dominant ideologies on ideal motherhood, ideal childhood and the nuclear family; (b) pragmatic and personal preferences and (c) personal experiences of being mothered and cared for. Through all of these, the gendered nature of childcare is discernable.

In South Africa, the provision of early childcare is seen as the responsibility of the family who either provided care themselves or arranged and paid for childcare services rendered by others. Given the corresponding values that underlie the dominant ideologies of ideal family life and ideal childcare, it was not surprising to find that the participants in this study viewed the nuclear family as the ideal context for childcare. The nuclear family as ideal is often presented as instrumental to a child's healthy psychological and emotional development (Williams, 2008). The participants in this study, however, seemed less concerned with this instrumental discourse on the value of the nuclear family and rather stressed the importance of a father's presence in terms of his role as breadwinner and provider. The gendered division of familial labour was therefore strongly supported by the findings and represented as a split between the 'nurturing' and 'providing' roles in the family (Williams, 2008). Halliday and Little (2001) suggested that rural communities in particular, tend to uphold these traditional family values and gender roles as were also found in this study.

In addition, the participants largely endorsed the ideology of intensive mothering as the ideal form of childcare. Intensive mothering basically postulates that: (a) childcare is primarily the

responsibility of the mother; (b) childcare should be child-centred and (c) children exist outside of market valuation, are sacred, innocent and pure, their price immeasurable (Hays as cited in Dillaway & Paré, 2008). In this conceptualisation, the ideal mother is always present (Dillaway & Paré, 2008) and absorbed in the physical and emotional care of her children (Arendell, 2000; Walker, 1995). She is constantly responsible (especially during a child's early years) for all childcare-related matters, represents a positive role model to her children and ensures a proper upbringing (Almqvist, 2007). All these characteristics of ideal childcare and ideal motherhood were articulated by the participants in this study.

The ideology of intensive mothering further presupposes the presence of a father who provides in his family's material and financial needs. The biological, nuclear family in its separate household therefore provided the quintessential conditions for the mother's exclusive responsibility for childcare (Boulton, 1983; Youngleson, 2006). The ideal father, as described by the participants, provided in his family's financial needs and supported the mother – his involvement in childcare was optional and voluntary. This description of paternal involvement in childcare concurred with the findings of several South African and international studies (Chodorow, 1978; Halliday & Little, 2001; Jeannes & Shefer, 2004; Morell & Richter, 2006). Jordan (1992) noted that nearly 90% husbands did not take primary responsibility for any childcare tasks, although they may spend time interacting with their children. The dominant ideologies on ideal motherhood, fatherhood and paid work are all intertwined (Dillaway & Paré, 2008) and in this study the participants not only regarded childcare as solely women's responsibility, they also regarded childcare as **not** the role of men. Lam and Oppenheim (as cited in Jordan, 1992) reported that 60-80% mothers in their study did not want their husbands to be more involved in childcare, out of fear that it would upset the power balance in the family. Among the women interviewed for the present study, no expectation of father-involvement in the practical and emotional aspects of childcare was expressed and it seems that the gendered division of childcare was ideologically sanctioned by the participants.

Jordan (1992) noted that the source of a family's sense of purpose shifted from participation in a community to the raising of a child. This resulted in the current child-centred focus of intensive mothering which presupposes that a mother's and child's interests are exactly the same (Dillaway & Paré, 2008). The participants in this study identified various child-centred requirements as essential to the provision of quality childcare and positive child development outcomes (see section 4.3.2.2). More specifically, they presented a clear distinction between the childcare needs of infants and those of toddlers. Infants were described as in need of intensive mothering and quality physical care, whereas toddlers were mostly seen as in need

of a good education through instruction. It is possible that the discourse on preschool educational stimulation as essential to children's future development is particularly prominent in present-day South Africa where The National Integrated Plan for Early Childhood Development is being implemented to redress the vast educational disparities that existed as a result of Apartheid (Almqvist, 2007; Gilmour & Soudien, 1994). Not only did five of the participants fail to complete their own schooling, but they also regarded the education they received under Apartheid as inadequate and insufficient. Education was highly valued by the participants, but seen as something that needed to be provided by an agency outside the family – perhaps due to the perception that their own education was lacking. The assumption was that crèche and daycare staff was better qualified to provide educational input, yet none of the participants mentioned the qualifications of childcare providers or the curriculum followed as important considerations in their decision-making about childcare. Lee van Horn et al. (2001) found that when low-income participants had to indicate on a checklist if they considered educational aspects of child care important, 90% indicated yes. Yet, when these mothers had to independently generate their top three reasons for childcare choice, they cited convenience, and structural characteristics such as cleanliness and class size. Whereas well-educated, middleclass, working mothers emphasise the warmth and education level of the caregiver and a play-based curriculum as ideal, low income mothers with lower levels of education value flexibility of hours of operation, safety, quality of care, convenience, affordability and location of the facility (Henley & Lyons, 2000). Parental beliefs about ideal childcare are therefore strongly influenced by social class, culture and the education level of mothers (Kensinger Rose & Elicker, 2008; Lamm et al., 2008; Obeng, 2007; Scarr, 1998). The participants in the present study specifically mentioned safety, continuity, convenience, flexibility and affordability as the personal and pragmatic requirements of ideal childcare.

In their descriptions of ideal mothering and childcare presented in the case studies, the participants used their own upbringing, childcare received and childhood experiences as point of reference. More specifically, the participants described their own childcare beliefs and practices as both a deviation and continuation of their childhood caregivers' values. The childhood experiences the participants wished to 'undo' by caring differently for their children included growing up in extreme poverty; growing up in a single-mother household; growing up with substitute caregivers in the absence of their own parents; and receiving harsh punishment from very strict parents. The intergenerational transmission of parental beliefs (Mason, 2003), family legacy (SmithBattle, 2006) and childcare practices (Chen, Liu, & Kaplan, 2008) have been well documented. Although various theories were forwarded to explain the intergenerational transmission of childcare beliefs and practices, these are insufficient in explaining (a) why some participants continued to support their caregivers'

childcare ideals through childcare practices which they have consciously criticised and rejected; (b) why participants continued to support the dominant discourse of the nuclear family as ideal, despite it not being the practiced norm in their community; and (c) why participants cared for their children as single mothers, despite it being incongruent with their constructions of ideal childcare. Fenchel (1998) suggested that 'a mother's unconscious memories are stored unconsciously in her soma so that the mother does to the infant what she has kept as a memory but does not remember consciously….'(p. xvii). This presumed unconscious motivation for the intergenerational transmission of ideal childcare beliefs and the corresponding positioning of subjects in discourses that support dominant childcare ideologies are strongly suggested in the data, but not explored in existing childcare literature.

All schools of psychoanalytic thought accept the idea of a dynamic unconscious which defends against anxiety and significantly influences people's actions, lives and relations (Minsky, 1996). Hollway and Jefferson (2000) drew on Kleinian object relations theory to demonstrate how the concept of a defended subject explained how people invest in discourses that provided protection against anxiety and support to identity. They described the concept of an anxious, defended subject as simultaneously psychic and social: psychic, because it represented the product of a person's unique biography of anxiety-provoking life-events and the manner in which it has been unconsciously defended against; social, because such defensive activities affect and are affected by discourses, intersubjective processes (they affect and are affected by others) and real events in the external, social world. This theory postulates that the participants in the present study will position themselves in childcare discourses that protect against anxiety. Each will have had unique life-events related to childcare and parenting to which they unconsciously defend against whilst being affected by discourses, intersubjective processes and real life events pertaining to childcare. Some of these processes were alluded to in the case studies presented, and will be further explored in sections 4.6 and 4.7.

The gendered nature of childcare and childcare ideology also seemed to be transmitted intergenerationally. The participants grew up being mothered by women and believed women to be the ideal providers of childcare for their children. Feminist object relations theorists (such as Nancy Chodorow, Jessica Benjamin, and Dorothy Dinnerstein), expressed particular interest in the psychological need of women to maintain aspects of traditional gender roles despite ideological shifts occurring in society (Heenen, 1998). Chodorow (1978) explored how women's mothering was reproduced across generations through 'social structurally induced psychological processes' (p. 7). The familial division of labour where women mother and involve themselves in more interpersonal and affective relationships than

men, produced in daughters and sons a division of 'psychological capacities' that lead them to reproduce this sexual and familial division of labour (Chodorow, 1978, p. 7). The mother-daughter relationship assumed a central position in feminist object-relation theorising and has been found to serve as a reference point for daughters' ideologies about motherhood (Walzer, 1995). In the words of Walzer (1995), 'daughters' assessments of their mothers are a unique lens focusing on their images of what a mother should be' (p. 602).

Although a thorough exploration of the unconscious processes that impacted on childcare ideology is beyond the scope of the present dissertation, it is clear that the participants' conceptualisations of ideal childcare did not only reflect dominant childcare discourses and personal/pragmatic requirements – it also stemmed from unconscious processes related to their own biographies in which the mother-daughter relationship is theorised to play a significant role. This will be further explored in section 4.6.

4.4 The mothering context

In this section, an analysis of the contextual factors that impacted on the participants' ability to render ideal childcare for their children, is presented.

4.4.1   Case studies

<u>Rosy</u>

Rosy worked as a seasonal fruit packer and her mother as a domestic worker. Packing fruit required long hours of work, six days of the week. This left Rosy tired, with limited time to tend to household chores and to spend time with her daughter.

Rosy: *In the beginning I worked and some evenings came home late and when I then get home, then she slept. And then I now have to go out of the house again early in the morning without now seeing her. The only day that I now have with her, is just Sunday because I worked Saturdays too.*

The seasonal nature of Rosy's work also meant that she was unemployed for about three months of the year and consequently without income during that period. This impacted heavily on the household's already fragile financial position. Financially, the family struggled. Although Rosy received regular child support (of about R70 per month) from her child's father, Rosy's stepfather seldom paid support for her stepbrother and –sisters, who shared the household. Rosy earned about R1 300 a month, her grandmother received an old-age pension and her mother earned about R80 a working day. Rosy seemed resentful of having to share her hard-earned income with family members, especially her sister, whom she deemed undeserving thereof.

During times of unemployment, Rosy performed a range of household duties at home, whilst also caring for her daughter. Although the expectation was that household chores be shared among the women, according to Rosy, everyone except she, has found ways to lessen their workload at home: Rosy's grandmother often visited family in Cape Town, her mother suffered from chronic back pain, her brother was male, and her sister refused to assist.

During the interviews, Rosy frequently raised concerns about her child's safety – both in terms of sustaining injury and developing a serious illness. Her concerns became even more pronounced after her child fell seriously ill and Rosy thought she could die.

Rosy: *And when I now got home, then they said to me but my child is – her eyes have just turned inside out it is as though she wants to die. I just came to a dead stop like that and what I started to pray and I said Lord, just help my child, please.*

Rosy (contd.)

Another incident, highlighting the fragility of her child's safety, occurred while her daughter was in her great grandmother's care. Much to Rosy's disappointment, her grandmother (whom she trusted unconditionally) responded to the baby's restless behaviour by putting the baby outside, 'in the road', while she continued with her chores inside the house. Despite her anger and concern, Rosy never considered removing her child from her grandmother's care.

The father of Rosy's child initially rejected the pregnancy and their relationship ended as a result. Although he was not involved in the provision of childcare, he paid monthly child support and visited Rosy and her child to play with his daughter. Since his recent marriage, people were gossiping about Rosy's intentions in encouraging him to visit his child. It created discomfort and tension for Rosy and she thought that this could potentially cause him to stop visiting. The paternal grandparents never accepted Rosy as a suitable partner for their son and did not acknowledge her child as their granddaughter. Rosy consequently received no support from them.

Elize

As a single mother, Elize was solely responsible for her household, caring for her daughter and earning an income. Having and tending to her own household was important to Elize, even though it was time-consuming, tiring and expensive.

Elize has always enjoyed employment stability, although her income was limited. Her previous job at a guesthouse earned her a monthly salary of R1 115. Despite the low wage, she thought the 'package' made it worthwhile: she was employed, she had no travelling expenses and her employer gave generously in the form of food, clothing and other necessities for her baby. The owners of the guesthouse relocated and Elize was briefly unemployed until she secured a new job. Elize's strong sense of agency was apparent in the way she successfully negotiated an increase in salary during her job interview.

Elize: *I always said I am going to find a job where I (earn) more money … I took it, I have a little girl who is growing up. A person cannot work for such little money and so. And when I sommer came here, then then I sommer said to her who I am and what I, I have a child and all that.*

On her increased income, Elize was still barely able to provide in her and her daughter's basic needs and she often had to save for months in advance to afford birthday gifts for her daughter. She was reluctant to approach others for financial assistance and highly valued financial self-sufficiency. Her self-sufficiency also found expression in her reluctance to demand financial assistance from her child's father. It was only after she was diagnosed with diabetes that Elize decided to take him to court for the non-payment of child support. Despite a court ruling in her favour, he continued to default on monthly payments. It remained an ongoing struggle for Elize to secure paternal financial support.

Despite her poverty, Elize gave generously to others. She was proud to be in the position to help others and it seemed important to communicate this to me during the interviews. Elize motivated her generosity on the promise made in the Bible that those who give, will receive. It also served to counteract the shame she attached to poverty and having to rely on others for financial assistance.

Elize expressed several concerns related to her child's health and safety. Based on her prior experience of losing a young child and frequent contact with family members and friends who had children who died, Elize was hypervigilant and concerned about her daughter's physical well-being. Whenever her daughter cried and Elize suspected she was ill, she became worried, anxious and unsure of herself. She bought her own thermometer and routinely checked her child's fever and breathing while she slept. At age eight months, whilst in the care of the paternal grandmother, her second child developed an unusually high fever which later developed into fever convulsions. Elize described it as the most difficult time as a mother: not only did she experience the fear of losing another child, but she felt utterly alone without the support of her child's father.

Elize: *When she was so ill then, her father then wasn't there near to me. That was the saddest to me. Always. I have maar always (been) alone, alone. Alone I have maar all that, in (to) the doctor, out (from) the doctor. She was maar very ill when she was little. There were many times that I sat in the hospital and then I sat and cried and then I thought maar, 'Ag, Lord, I am not alone, You are maar always with me'. And so, hmm, that was maar always the baddest (worst) to me.*

Elize did not assume Paradijsbos to be a safe place for children and was especially concerned about children being raped or injured by reckless drivers. As a consequence Elize never allowed her child to walk on her own and always ensured that her child was supervised by adults she trusted.

Elize seldom went out socially, disliked going out without her child and usually socialised with members of her extended family. She claimed to have a wide circle of friends, but also stated that she frequently felt lonely – especially in the absence of her child's father or an intimate partner.

Carmen

Carmen grew up in and lived in a female-headed household. Apart from Carmen and her son, the household was shared by her cousin, her cousin's husband and two children and her aunt (whom she called mother) and her aunt's brother.

Carmen left school after she failed grade eleven and started work as a seasonal fruit packer. She was employed on a regular, non-permanent basis and worked for a couple of months followed by two weeks of forced, unpaid leave before working another three month stint. Although she was ensured of regular work, she did not qualify for benefits such as paid leave, maternity leave or pension. Carmen regarded her current employment as an improvement on the seasonal work she did before, but the non-permanent nature thereof remained problematic. Her wish was to secure permanent work as a personal assistant. Towards this end, she has saved some of her earnings to complete a computer and secretarial course at a college in Stellenbosch. She was not the only participant who expressed the desire to qualify herself, but was the only one who actively pursued her dream.

Carmen's employment conditions afforded her little time to spend with her child. She often worked nightshift, which left her tired and in need of sleep during the day. Her four year old child, however, did not always afford her the opportunity to do so.

Carmen: *He is only sometimes very handful. Especially when I now work nightshift, then he keeps on waking me up. Then he is now bored now, then he will now wake me up.*

Financially, Carmen struggled since her income had to cover both her own and the household's needs. Her boyfriend paid child support diligently, when employed. His employment was also of a non-permanent nature, and Carmen could not count on his contribution as a reliable source of income. Although nightshift work was disruptive and caused exhaustion, Carmen valued the additional income it brought.

Carmen managed her finances carefully and was intent to remain debt-free. She did not want to make financial commitments she could not honour, such as enrolling her child in a crèche or getting married while neither she nor her boyfriend were permanently employed.

Concerns about her child's safety were evident in Carmen's narratives. As an infant, Carmen was put into her grandmother's care after her brother died of gastro-enteritis. This aspect of her personal biography alerted her to the life-threatening nature of childhood disease and illness. When her son developed gastro-enteritis as a baby, Carmen was confronted with the real possibility of losing her baby – an experience that she described as life-changing in her commitment to and experience of motherhood.

Carmen (contd.)

Carmen: *Like mothers whose child now die perhaps, or so. Perhaps stillborn. I mean maar. Or perhaps now be born, and that the child perhaps now gets ill then the child is not going to live long and now … Then it seemed to me, then I now first got that feeling. How a parent feels if something happens to a child. Then I first got that feeling.*

Carmen was never directly exposed to violence, but had a cousin who was murdered and mentioned the dangers excessive drinking posed to the safety of children. Her boyfriend used to drink, but after developing health-related problems, stopped doing so. Carmen claimed never to have drunk much alcohol, and drinking even less since her child's birth. She suggested that drinking among fathers was somewhat tolerated, as long as they could still provide financially in their children's needs. She regarded drinking by mothers as totally unacceptable. Her decision not to drink, led to some estrangement between her and friends from school. Carmen invested most of her time and energy in her intimate relationship and had few friends with whom she interacted on a regular basis. She and her boyfriend spent most of the weekends at home or occasionally went out to shoot pool or take their son to the Spur. Carmen described her boyfriend as a father who loved his son, who was willing to look after him and took him with to his parents' house when she worked nightshift. He was clearly involved in his son's life, but the responsibility for childcare remained Carmen's.

Sarah

Sarah regarded herself as somewhat separate and detached from the rest of the community and had relatively limited social interaction with others. More than once she referred to some of the residents as unreliable, untrustworthy (won't show up for work), of low moral standards (would steal from you) and backstabbing gossipers. In a similar vein, she experienced the childcarers she employed as unreliable and untrustworthy since they did not show up for work or decided to resign within two weeks of being employed.

Sarah grew up in a slightly more financially privileged position than most people in Paradijsbos and her family embraced middleclass values and ideals. She married someone from a working class background and this has caused major tension between her, her husband and his family. Although Sarah appeared to lead a relatively privileged life (she had her own car, a spacious house and did not have to work), she repeatedly mentioned that they did not have money and that some things (such as formal childcare) were too expensive for them.

Sarah: And hmm, then the people also walked (around) so with a story hmm, that the crèche asks very much money. And then I thought to myself I will not be able to afford it and then it was now also so that my husband now didn't work for two months now.

Her husband was self-employed as a building contractor and there were short periods during which he received no income. The family had no back-up savings to draw on, and on these occassions had to incur debt to survive. Sarah's eldest daughter, Jocelyn, had high expectations of her parents to finance a certain lifestyle for her. Although Sarah and her husband have worked hard to secure their current financial position, their daughter seemed to constantly remind them of what they did not have, or were still unable to afford.

She described herself as a full-time mother. At home, Sarah was responsible for all the household chores and childcare while her husband fulfilled the role of provider. She expressed ambivalence about providing all the childcare herself: on the one hand being with her children alleviated the loneliness and boredom; on the other hand, it left her exhausted and overwhelmed. Due to her withdrawal from the community at large, Sarah had very few childcare resources to her disposal – especially since her mother passed away and her mother-in-law refused to provide childcare. Sarah disliked doing household chores, but persevered since she valued a clean and organised household. She considered re-entering the job market, in order 'to get away' from the endless nature of household work and childcare. In her experience, employment resulted in less responsibility for household chores.

The safety and physical well-being of her children was not regarded as a given. Sarah described herself as a protective mother – especially when her children were young. She tried to protect her

Sarah (contd.)

children by always ensuring adult supervision and warning and informing them of unacceptable adult behaviour. This was informed to a large extent by the overprotectiveness she was subjected to from her own parents, the death of her brother in a bicycle accident and the physical and verbal abuse she suffered from her husband.

Sarah miscarried her second pregnancy which was a highly traumatising experience for her. Not only did she lose the opportunity to bear a son, but she also attributed the miscarriage to the lack of quality medical care. She sought private medical care throughout her pregnancy and consulted with a range of medical practitioners. Her impression was that no one took her complaints seriously and examined her properly.

Sarah: *I was in and out (to) doctors. But no one took any trouble.*

Sarah did not mention it explicitly, but her narrative suggested that she felt neglected by medical staff because she was coloured and from a lower socio-economic class.

Sarah: *I came to the hospital, then the doctor was irritated with me, because he now wants to know why I now (came) twelve o' clock in the night. Then I said to him, but because the pain was mos now severe. And hmm, he also said nothing, he just felt there and stuff, and hmm, and the more I told him they gave me pills and stuff for the bladder, I got nothing. I only got a drip. And like I maar told you, that time when he came there, the more I tell the man I have pain, then it seemed to me (he thought) I (was) pretending. When he was gone, then the miscarriage came. Then it seemed to me he was just as shocked, because he mos didn't believe me when I told him about the pains.*

Sarah's oldest child was very ill as a baby and Sarah described the process of repeatedly seeking medical advice without any significant improvement, as a very tiring, cumbersome process. Sarah, interestingly enough, used the word 'sacrifice' to denote the experience of having an ill child. The financial burden of seeking treatment is what stood out for Sarah.

Sarah: *Yes, I sacrificed a lot. And if you didn't have medical aid, that time, you had to (take) out 25%, you had to pay out of your pocket. And hmm, to (go) like that every week, it exhausted you. She was, we were in and out with her so often. The money then first had to go there for the doctors.*

Poppie

Poppie regarded Paradijsbos as a safe, wholesome neighbourhood where everyone lived in harmony and had each other's best interests at heart. She attributed the sense of safety to the absence of gangsters and 'skollies' and viewed Paradijsbos as the ideal place to raise children in.

Poppie: *You can still send your children to the shop late and you can still trust your children. Here happens stuff here in Paradijsbos, but not every week or so and it is a safe place to raise your children. Here aren't gangsters (skollies) and the school is close by.*

Poppie, her husband and children used to live with her parents and only moved into a separate, rented home a few months before being interviewed. Although Poppie was proud of having her own place, she described it as an adjustment to be solely responsible for the running of the household. She completed her household tasks in the evenings and on weekends and relied on her eldest daughter to assist with washing and cleaning during the day. Her husband was also willing to help when asked to. In contrast to the other participants, Poppie pertinently stated that she did not particularly enjoy cooking or working in her home, 'because it is mos a must' *('want dit is mos 'n moe'*). Most of all, she enjoyed socialising and relaxing at home ('*ek is baie lief vir lê' / 'I love lounging very much').* Poppie and her husband enjoyed an active social life: in winter they supported the local rugby team, and in summer they often went to the beach. She had a wide circle of childhood friends whom she saw regularly and also socialised on a daily basis with her mother and sisters.

Poppie worked as a domestic worker for a white family in Stellenbosch. She travelled daily into Stellenbosch and arranged with her eldest daughter to accompany the youngest to and from the crèche. Poppie's husband worked shifts – including nightshift - at a wood processing factory. The varying nature of his working hours meant that Poppie could not depend on him to routinely assist with childcare and other household tasks.

During the formal interviews, Poppie failed to mention financial difficulties or concerns, although she informally described the innovative ways in which she countered the high costs of living. Perhaps, living with her parents for the first three to four years of married life enabled them to save and buy necessities without incurring too much long-term debt. Also, having two relatively stable sources of income, whilst spending money discerningly, created some financial stability for her family. Her eldest daughter's father made monthly child support payments, but Poppie regarded it as insufficient, given the needs of an adolescent daughter. Her daughter also earned pocket money through blow-drying other women's hair.

Lecia

The extreme poverty Lecia found herself in made it particularly difficult to meet the ideals of motherhood and childcare. Lecia was unemployed, apart from three months of seasonal work she did during summer and occasional domestic work she did for friends during the year. Her partner and the father of her three children failed to contribute financially and Lecia was fully dependent on her siblings for financial and material support. Being financially dependent on others was a source of shame and sadness for Lecia.

Lecia: *All the years it was maar only my sisters. I mean, I feel hurt, because I can't go to them every time when my children need something and so on. Because hmm, they support me too much. Then it is now only them who, who are there. They give me each cent.*

Lecia's eldest sister did not only provide necessities, but sometimes 'spoiled' the children by buying them gifts such as toys and clothes (Lecia called it 'luxuries'). This generosity was seen by Lecia as an indication of how much her sister loved her nieces.

Lecia used to have employment of a more permanent nature at a food-processing factory in Stellenbosch, but after the factory closed down, she was paid out a small amount and hasn't been able to secure regular employment since. Also, when her father became very ill with Alzheimer's disease, her siblings expected her to resign from work and care for their ailing father on a full-time basis. Johannes, her children's father was a qualified sawmill operator who could potentially earn about R200 a day. He seldom worked and when he had money, preferred to spend his income on alcohol and the entertainment of other women. Lecia was also resentful of his family's lack of financial support for her and her children.

Lecia: *When it comes to his people, his people have never, they will never say here is this or here is this for your children. Hmm-mmm.*

Apart from the daily struggle to survive, Lecia found it heart-breaking to deny her children the opportunity to own certain clothes or material possessions. She described it as feeling 'sore'.

Lecia: *Like now, one day then the eldest came and then she said, 'Jinne, Mommy hmmm, the children wear Nikes and Adidas and when will we? Even if I only have one thing which has a name, then it will, then I will also feel important.' Then I said, 'Maar my jinne, my child, one day, when hmm, we must trust in the Lord and something, and one day if the Lord gives Mommy a real job, and He is going (to do) that, Mommy believes that, then you are also going (to have) everything'. Even if it is only one thing.*

Lecia (contd.)

Lecia's partner not only failed to provide financially, he was also an uninvolved father who provided no support – emotional or practical – for Lecia. The resulting loneliness was hard to bear, but it was the severe stress associated with the burden of raising three children on her own, that Lecia found exceptionally hard. She also longed for someone who could provide company – especially over weekends when she felt isolated and lonely. Her sisters stayed far, her parents were both deceased, she had few friends and couldn't afford to go out socially or travel to her sister in Eersterivier.

Lecia has suffered various traumas and losses in her life: she was seriously ill as a child and was hospitalised for almost three years in Red Cross Children's hospital; both her parents were deceased; her youngest child was hit by a car when she was four years old; her eldest brother who acted as a surrogate father, died from burn wounds that Lecia suspected was caused intentionally by his wife and then of course Lecia has been the victim of severe physical and emotional abuse her whole adult life.

These experiences instilled in her a strong focus on safety for her children – something she had great difficulty in ensuring. Her partner (and father of her children) had a history of violent behaviour and has been imprisoned for manslaughter and murder. Lecia recently learned that he was involved in a sexual relationship with someone who was HIV+. At the time of the interviews, she was in the process of obtaining a protection order against him for the abuse she described as ranging from verbal abuse ('skel'), swearing, threatening to kill her, threatening her with a knife held against her throat and hitting her. On many an occasion, she had to flee for safety at night with her children. Her children often bore witness to the abuse and at the time of the interviews, her middle child was receiving psychological counseling at the local clinic for trauma-related symptoms.

Lecia had a history of severe alcohol abuse. As a consequence, she consented to her sister taking her children into her care for more than two years. Lecia recalled how she didn't care about her children's well-being during episodes of intoxication. After attending a tent church service, she became converted and stopped drinking. She was reunited with her children and claimed to be actively involved in their care ever since.

Lily

Lily worked as a quality controller at a nearby fruit-packing factory. This involved long hours of shift work in very cold conditions. Lily described her work as stressful, physically taxing and dangerous to her health. When she worked dayshift, she had little time to spend with her child and when she worked nightshift, she was too exhausted during the day to attend to him.

Her husband was self-employed as a draughtsman and worked from home. Lily described the relationship between her son and his father as distant. According to her she often had to keep her child occupied so that the father did not lose his temper with him. Her husband was present, but mostly uninvolved in the provision of childcare. Lily explained paternal uninvolvement as the result of work commitments, even though she worked longer hours than him and was the main breadwinner at the time of the interviews.

Lily: *It's just, he is not very (attached) to the father. So the child is more in the aftercare. The father now cannot really say to him now say maar we are now going so and so. The father must mos now work. He must now mos also bring in money.*

Lily, her husband and child stayed with his parents until their wedding about a month before the first interview. This was a very convenient arrangement, since the paternal grandmother took care of the household and provided childcare. Since living on their own, Lily had to assume full responsibility for the household, with some assistance from her husband. She described independent living as an adjustment, an added responsibility and an additional workload.

Lily: *But now that we moved up (here), now it is a whole adaptation now. I must prepare food. If I, before I walk out, to work, I have to see to it that the food is ready.*

Financially, Lily and her husband struggled. Whilst their living expenses increased since living on their own, her husband's income declined since starting his own business. Lily's wish to provide well in her child's needs and not to replicate the deprived childhood she endured as a child, could not always be realised. Although they were able to provide in his basic needs, there was no money for 'luxuries' or treats. Lily found it extremely difficult to deny her child's requests for toys, clothes or sweets when they went shopping in town. Even though she and her husband tried to deny their son's requests, the paternal grandmother tended to compensate by buying her grandson whatever he desired. This caused severe tension between Lily, her husband and the paternal grandmother.

Lily: *It is very difficult, yes. [Laughs.] Especially when we hmm, go shopping. Then he goes along. He <u>wants</u> that thing on the shelf and we tell him but you can't, because you already have one at home. Tomorrow, then, Grandmother comes walking down the road.*

Lily (contd.)

Lily and her husband also had divergent ideas on how to raise their child. Lily felt her husband was too harsh and her husband felt she was too lenient. When Lily wanted her child to participate in rugby, her husband refused, stating that he was too young and could get hurt. It seemed that although her husband was not actively involved in childcare and did not share the responsibility, he was critical of Lily's choices and decision-making in this regard.

Lily: *But now the father says it (playing rugby) is now not a good idea, because he is still too small, he gets hurt. But like I say, you now say to me maar I mustn't, but you also say to me I mustn't pamper him. [Laughs.]*

Lily expressed anxiety and concern about her child's health and well-being. As a toddler, he struggled with repeated episodes of tonsillitis. After several visits to the doctor, Lily and her husband decided to have his tonsils surgically removed, since the medical consultations and medicine were becoming too expensive. Her son also suffered from severe colic as a baby and hyperactivity as a toddler. These conditions made it particularly challenging to mother and care for him.

Lily claimed to have few friends and spent most of her free time at home with her husband and child. This resulted in her having very few informal childcare alternatives to her disposal.

Rachel

Rachel's childhood was characterised by extreme poverty and hardship – especially after her father abandoned the family. Although she has secured a more stable financial basis for her own family, Rachel frequently expressed concern about the expensiveness of having children and their limited financial means to provide in all their children's needs. The income generated by both Rachel and her husband was variable and dependent on the availability of seasonal work. Rachel worked as a fruit packer and her husband was a freelance mason. Rachel expressed the wish to find permanent employment, but stated that her husband was not in favour of her working full-time while their children were still young.

On weekends, her husband did 'private jobs' and regarded the money earned through these as his to spend on cigarettes or liquor. Rachel derived additional income by claiming unemployment benefits, doing general assistant work in a friend's shop twice a week and helping the friend with catering over weekends. These did not only afford her an additional income, but also gave her access to food and groceries that she received in addition to her wage. In the interviews, Rachel presented herself as the one who planned, budgeted, and concerned herself with the household finances, whereas her husband was depicted as a spendthrift who incurred unnecessary debt and wasted money on cigarettes and liquor.

Despite their very limited means, Rachel was adamant to provide her children with the opportunity to participate in normative community events, such as the church's confirmation. This was an expensive affair, involving catering for a large group of people and ensuring that her child was appropriately attired. Rachel spared no pains to realise her goal – regardless of the impact on their daily struggle to survive.

In the Skippers household, the household chores were Rachel's responsibility, with her children assisting with the lighter tasks. Her husband had no household responsibilities – also when he was unemployed and at home. A major concern of Rachel was her husband's excessive drinking on weekends. This created a range of difficulties, such as conflict and physical violence between Rachel and her husband, her husband and children and the relative social isolation of the family. Rachel never relied on her husband to provide childcare: when she attended church activities in the evenings or helped a friend with catering over weekends, she arranged with her mother to babysit her children.

A source of great concern for both Rachel and her husband was her youngest child's health-related problems. When he developed treatment-resistant warts on both hands, Rachel found it difficult to provide the necessary post-operative care whilst meeting her employment demands. She stated emphatically that she would rather do without the income and tend to her child's health than neglect her child in this regard. Rachel also related intense frustration with the medical doctor's inability or unwillingness to properly explain the cause of her child's warts. In the narrative quoted below, Rachel

Rachel (contd.)

rejected the doctor's explanation for her son's warts and insisted that they do blood tests to determine their real cause. She expressed frustration with the medical doctors at the local hospital who seemed to make light of her concerns.

Rachel: *But then I said, I now asked him (doctor) what is the cause, so that I can now know I have to avoid him (keep him away) from the stuff. Then he said to me maar it is tadpoles. Then I said maar it cannot be. Whether the tadpoles are then in our yard. Because, hmm, it is darem very far from us down to the river. Then I said, no, there (must) be something else. Or perhaps in his blood or so. Then I asked them to draw blood from him. And they sent it away but there, they then also found nothing in it.*

Rachel described the impact of an ill child as affecting the mother most: she was the one who experienced concern and worry, she was the one who had to take the child to the doctor, she had to provide care and it was her employment that suffered most as a result.

Rachel: *Because I must in the middle of the year I must leave my job. I must look after my own child. Or if my child gets ill and the child is with someone else, then I must automatically stay away from my work. I must see to it myself to get my child to the doctor and everything.*

4.4.2 Grounded theory analysis

The grounded theory analysis indicated that poverty, employment conditions such as seasonal employment, shift-work and unemployment, violence and other threats to physical well-being as well as the gendered division of household tasks all impacted on the participants' childcare decision-making.

4.4.2.1 Poverty

The chronic poverty in this community was widespread (see section 3.4.2.2), caused and maintained by various historical and structural factors and impacted on all aspects of the participants' lives. For present purposes, however, the participants' experiences of poverty will specifically be considered in terms of its impact on their ability to mother and care for their children.

4.4.2.1.1 The daily struggle to meet basic needs

Poverty created difficulties in daily living that impacted on mothers' ability to meet their standards for quality childcare.

Elize: *It didn't always go well, through the time. That I had a difficult time that I didn't have milk money every day. Then there now came some days that there wasn't milk. And then you think, wow, what am I going to do?*

Paradijsbos was not only a poorly resourced community, but its relative isolated setting limited access to employment, affordable transport, specialised services (such as hospitals) and low-budget shops. When Lecia's four year old child was hospitalised after a car accident, Lecia could not afford the transport for daily hospital visits, as she ideally wanted to do.

Lecia: *And the mothers are mos now not actually allowed to sleep in the hospitals any more. And hmm, then I said it is going to be a bit difficult for me because it is a lot of expenses and so on to travel there from Paradijsbos every time.*

Some participants could not afford transport to work, whereas others described how a lack of money resulted in an inability to provide food and formula milk for their families and children.

Rosy: *In the mornings, if she now perhaps doesn't have money, and she now asks one perhaps me now, then it feels to me I can cry, now for my mother, because she has to struggle so much to get taxi fare in the mornings.*

Rosy: *It is quite difficult for me. If you now get up in the mornings then there perhaps isn't something for the bread to put (on).*

The cumulative effect of expenses such as transport to work, food and childcare coupled with very limited financial resources, caused overwhelmingly high levels of stress among the participants. They described increased levels of worry, anxiety, and depression.

Elize: *I work alone, it's taxi fare, I have to pay my mother, I have to buy food and buy for her and buy for me. I can't, it is too much for me.*

4.4.2.1.2   Men and money
The participants attributed their lack of money partially to the lack of paternal financial support.

Lecia: *And, hmm, it is a bit difficult. Because the support of their father is also not as desired. He works, and also doesn't work.*

The relationship status between mothers and fathers seemed related to fathers' willingness to contribute to childcare expenses. It was especially the single mothers who struggled to secure paternal child support. They depended on the fathers' financial contributions in preparation for birth and during the postpartum period when they were on unpaid 'maternity leave'. Difficulties arose when the relationship between the parents ended and fathers failed to pay, paid erratically or paid less than agreed. As noted by Ally-Schmidt (2005), fathers seemed to make payments towards their children 'when they wanted to'. Elize, quoted below, described how her repeated efforts to secure paternal interest and financial support remained unanswered.

Elize: *Then I said, I have everything for you, I told you, just give my child love, but you felt you don't want to do it. Then I said, I was happy with a R50, you didn't want to give that either. I am now happy with a R300 that you give me. I can't (cope) alone.*

Single mothers could not rely on their families to provide financial aid during the postpartum period – their families already had to do without their income (while on maternity leave) and were unable to absorb the additional costs of having and caring for an infant. The baby's

father was therefore the only potential source of financial support for a single mother – a form of support that proved to be highly unreliable according to the participants.

The participants expressed empathy towards fathers who 'worked for their children', but struggled to contribute sufficiently. However, they expressed intense resentment towards fathers who wore expensive clothes and entertained other women, whilst claiming that they could not afford child support.

Lecia: *He worked, took his money and the two of them now partied the whole night and I mean he doesn't even come the Friday, with a bread's money for his children.*

Elize: *And and and, so he got lax and he was only a party person. He, he only likes to party. If you come there and it's just, you have the prettiest tekkies and …*

Some participants expected paternal grandparents to contribute financially – especially when fathers failed to. In the quote below, Elize seemed very angry that both the father and his parents failed to make significant contributions towards her daughter's first birthday party.

Elize: *I take the R30, and I give it back to her father again and I say, you tell your mother, your mother can maar buy her airtime of that money. What must I do with a R30? WHAT must I?*

Gatekeeping by other women such as grandmothers or new girlfriends were forwarded by some participants as an explanation for the lack of paternal involvement and financial contribution, whereas others attributed it to slackness and selfishness. Rosy for example remembered how her stepmother made it difficult for her mother to access financial assistance from her father.

Rosy: *If she now perhaps needed something, then he was never there. Because then she had to go and stand in front of the door and then perhaps his wife opens and says, no, maar he isn't here, go and look for him in another place. Or, no, it isn't his child.*

Married, resident fathers were mostly willing to provide financially, but did not always have the means to. The participants were sympathetic as long as they were convinced of the fathers' intention to provide. Married fathers also provided for the mothers' children from

relationships that preceded marriage. The occasional payments offered by children's non-resident fathers were usually given to the children as pocket money and not regarded as a regular source of income or support.

Poppie: Oe, he is very pathetic. For a matric girl, R100 a month. And he, he earns a lot of money. Yes, I don't worry, I tell her, there is the money for you, use it.

The participants' husbands also had non-resident children with whom they had little contact and towards whom they did not contribute financially. The findings suggested that married fathers only assumed financial responsibility for the children resident in their households – even if they were not biologically related.

Among the married participants, husbands and wives were portrayed as having divergent priorities as far as the spending of their household income was concerned. The participants presented themselves as working responsibly with money to ensure that their children's needs were met, even if they had to sacrifice their own. The men were described as spending money and incurring debt on selfish needs.

Rachel: Sometimes he comes and he now says but he wants to buy this and now I come and I say, no man, come wait, leave (it) first, or.

4.4.2.1.3 The financial burden of raising children
The participants regarded having and raising children as expensive. Infants were particularly costly, since their needs were many and distinctive from those of other members of the household.

Lily: Yes, because a baby is very expensive. It is terribly expensive. They need a lot. It is doctors and it is clothes and it's milk and it's nappies and many things.

Not only did mothers have to provide in their infants' numerous needs, but they also did not qualify for paid maternity leave. The financial pressure of providing in a baby's needs for medicine, clothes, milk and diapers while on unpaid maternity leave, was cited as a huge source of stress during the postpartum period. During this period, mothers were dependent on fathers to provide financially. Poppie, cited below, described the agony of waiting for child support payments from her boyfriend in order to buy necessities for her baby.

Poppie: It went difficult because, we had to, we mos now weren't rich, then I first had to wait for that money (from the father). And then I bought myself something, for the child and so on.

The financial pressure on mothers intensified when fathers completely failed to contribute. Elize, for example returned to work much earlier than she initially intended to, because of non-payment by the father.

Elize: But okay, I maar went to work, because her father didn't worry at all to give to me. So that's the reason why I then maar went to work.

Some participants used private medical services prenatally or when their children fell ill. Sarah described the high private medical fees as 'finishing you off'.

Sarah: Yes, I sacrificed a lot. And if you didn't have medical aid, that time, you had to (take) out 25%, you had to pay out of your pocket.

Noteworthy, was that participants such as Sarah continued with private medical treatment, despite having great difficulty to afford it. This example illustrates how some participants endured enormous financial strain in order to provide what they perceived as quality care for their children.

Whereas infants and toddlers had physical needs to be met, school-age children (adolescents in particular) often approached their mothers with material needs they were totally unable to meet. Sarah's daughter, for example, wanted her parents to buy her a house and a car, whereas Lecia's children wanted branded clothing.

Sarah: Then I say to her, where the hell must we find money for a new house? The most expensive car that we cannot even afford! And we must now just give the money.

Whereas Sarah was angry and indignant about her child's request for expensive possessions, Lecia used the words, 'and it hurts' ('en dit maak seer') to describe the emotional pain of denying her children certain things. It is also interesting that Lecia did not simply deny their requests – she promised to think of ways to meet their needs, full-well knowing that she would be unable to.

Lecia: *Often, it is difficult for me if I, especially now in the time in, especially if you don't work and the children come, 'Mommy, hmm'. She is not going to say but she will come with her questions: maar Mommy, I don't have shoes, and it hurts. Mommy, Mommy doesn't have money. Mommy is still going to think in a way, of a way how to (give) to that child too …*

The participants generally had great difficulty instilling in their toddlers that their financial resources were limited. Shopping with their children often proved to be stressful – especially when the participants had to continuously refuse their children's requests for toys, sweets and other treats.

4.4.2.1.4   Childcare is expensive

Children were regarded as expensive in a generic way and this included the high costs of formal childcare. Providing in an infant's basic needs was already putting strain on mothers' limited financial resources, so that the added cost of formal childcare was unaffordable to most. As an example, Rachel related in the quote below how day mother care accounted for more than a third of her husband's weekly income.

Rachel: *And that time then he still (got) paid R250 a week. And now you can think I must hand over the R90 a week, each week for the child's nanny.*

Apart from the weekly crèche fees, there were also 'hidden costs' such as paying for crèche outings and contributing to crèche fundraising events. Elize, for example, mentioned that she had to pay an additional R70 for her child to go on a crèche outing (this was the equivalent of a week's crèche fees), whereas Lecia experienced great difficulty to contribute to a fundraising event hosted by the crèche.

Lecia: *They now had a sport day, last week. And hmm, the parents had to make a contribution. With a, at the tuck, a table, each parent had to buy something and so on. I maar phoned my sister and there wasn't. And they brought for me, and I sent it to school.*

Crèche attendance was directly affected by parents' ability (or rather, inability) to afford the fees.

Lecia: *And hmmm, then it was now that I took her out of the crèche: I am now at home, there is not going to be money any longer to pay the crèche.*

Carmen: But then I now said, we cannot put the child in the crèche, because now I don't work and the crèche must be paid every month.

4.4.2.2 Employment

From the grounded theory analysis, it was clear that the participants felt compelled to work. Since their geographic location offered limited employment opportunities they were reliant on low-paid, temporary and seasonal work.

4.4.2.2.1   Work is not a choice

The participants in this study did not regard employment as optional or a choice. Apart from the expectation that adults should keep themselves meaningfully occupied, the participants' families also expected them to find employment as soon as they left school in order to contribute to the household income.

Rosy: No, they said it's better that I now start working rather than sitting at home and doing nothing.

In these poor households, every able adult was expected to contribute financially and this implied that mothers, fathers, sons, daughters, and grandmothers all worked to contribute towards the household income or alternatively offered their state grants towards the household expenditure. Once the participants' children were born, ongoing employment was necessary to cover the additional costs of having a child – especially since the paternal financial contributions were unreliable or insufficient.

Rosy: I maar said I will maar just go and work so that my child has money. That my child can darem have something, that she can eat, that she can drink.

4.4.2.2.2   The nature of low-paid work

The participants all did temporary and seasonal work that involved among other things, shift work, daily travelling by public transport, irregular working hours, low paid work, uncomfortable working conditions and long periods of unemployment.

Carmen: So for a time then you perhaps now have just worked three months, then you must be off and then you can, you can now perhaps next year work seasonal again.

Lily:	I work hmm, shifts, seven – seven. We are now off, now, up to five days off from Friday morning when I came out of the night. And now I work the Wednesday day again. And so it goes on and on and on.

Temporary work was irregular and the participants frequently faced periods of unemployment as seasons ended, factories closed down or employers moved away. The participants had no employment security and did not qualify for benefits such as pension, paid leave or sick leave. Lecia, quoted below, related how she was paid a minimal amount when the factory where she worked for seven years, closed down.

Lecia:	All the years I worked at SunCape. Stellenpak. But they have, the factory has now mos closed down. Then all of us were mos now paid out. But they paid us out very poorly.

Finding employment – even of a temporary kind - proved to be very difficult and securing employment of a permanent nature, almost impossible. Several participants settled for part-time work whilst pending their hopes on finding permanent employment in future.

Lecia:	Yes, I maar trust in the Lord for a job, hmm, I don't want to do seasonal jobs any more. I want to get myself a permanent job that I can work every day, and if I can walk out for them every day.

4.4.2.2.3 Benefits of employment

Apart from the financial benefits employment offered, the participants also enjoyed opportunities to socialise with co-workers.

Lecia:	It's very nice. Especially if you, if, if, if the people with whom you work are many in one line. They are there for one another and so. Then, then, then it is very nice.

Rosy:	When you walk in at work, and you see your friends again, and you talk, and to be with them again and make jokes and so.

Poppie and Rachel established close relationships with their employers and valued the positive interactions they had with the families for whom they worked.

Poppie:	I love my job very much.

Informal employment also had other economic benefits. The person, whom Rachel assisted in her shop, often gave her groceries in addition to her wages and whenever Rachel assisted her with catering assignments, Rachel received some of the leftover food that she shared with her extended family. Elize's employer gave her second-hand goods, which she distributed among friends, family and other community members. Employers were perceived as a material resource since money (or goods) could be borrowed in times of need.

Rosy: *My mother always says, she always receives from the people. If she now perhaps gets ill, the missus is always there.*

Informal employment offered some childcare flexibility. Rachel's employer, for example, encouraged her to bring her baby with to work when she had no other childcare alternatives available.

4.4.2.2.4 The 'costs' of employment

The participants complained about the stressfulness of working long hours in unsatisfactory conditions. Lily, in particular regarded the cold working conditions of the factory as potentially hazardous to women's health.

Lily: *It is very cold. And for women. It is maar for all women it is a risk there. Because it is cold and your kidneys, later it is trouble with your kidneys and you sit with arthritis. It just isn't a good place there for me to work, but we now perhaps have no other choice.*

The participants also mentioned feeling tired and exhausted, especially when they worked shifts and were unable to get sufficient sleep at home.

Lily: *Especially if I now perhaps go in nightshift this evening and he (child) is at home, then I perhaps cannot fit in some sleep to stand up straight tonight. I now have to (run) after him.*

Emotionally, employment also took its toll. The participants longed for their babies when they first returned to work, missed out on special occasions such as their children's birthday parties, had limited time with their children and felt very stressed and worried about their low earnings. Their childcare concerns also contributed to increased levels of stress and a decrease in work satisfaction.

Lily: See if you are at work, you are worried. Especially if it is your first day after your little baby and… You worry whether he is okay, you worry, hmm, does he drink, or what does he do? It's just, is just general worries. Is maar about small things. You don't realise it later builds up stress, because later on, you don't feel lekker to go to work, you do not look forward to the work because you are worried.

4.4.2.3 Violence and trauma

In the present study, all the participants expressed concern about various threats to their children's health and well-being. Although they did not regard Paradijsbos as a particularly dangerous place (in comparison to other low-income neighbourhoods in and around Stellenbosch), their living environment exposed their children to risks such as being injured, contracting disease, being exposed to violence and trauma or being sexually abused.

4.4.2.3.1 'Its dogs and cars'

The participants expressed concern about young children being exposed to stray dogs and fast-driven cars. Since most participants lived in overcrowded housing in very small yards, the children often played and socialised in the streets. Rosy expressed dismay at her grandmother for leaving her baby unsupervised outside the house where she was exposed to stray dogs and young children who could potentially harm her.

Rosy: How can grandmother now put the child outside? Where are the dogs? And the children?

Lecia's youngest child was hit by a car in front of their house when she accompanied other children to the shop. Lily on the other hand, constantly had to check her son's whereabouts, since their house was near the main road where people often drove recklessly.

Safety could also not be guaranteed within the confines of their homes. Rosy narrated a recent episode, where her one-year old child got hold of a sharp knife (left on the floor by a household member) and Sarah found her daughter 'making drinks' with her mother's medicine.

Rosy: This morning she came out of the room with a knife in her hand. Teeny-weeny. The knife was on the ground (floor) the whole time. My grandmother

was busy. And then the other children tried to take away the knife and she then started hitting in their direction like that with the knife in the hand.

Sarah: *The other day when my tablets, my vitamin tablets, then she sommer took some of the tablets and threw it. Then she said to me, Mommy, I don't take your tablets, then I knew something isn't right. And then she said, 'Mommy I now make drinks'.*

4.4.2.3.2 The danger of child sexual abuse

The data analysis showed that the participants were particularly concerned about their children falling victim to child sexual abuse.

Sarah: *No, I now maar mean, the whole day with the rapes and molestation and all that stuff. You just cannot trust any more.*

The difficulty they had in protecting their children against sexual abuse was evident in the emphasis some participants placed on the risk even people familiar to you, posed to children. Elize, for example, did not regard it safe to leave her child in her child's father's care. Men were regarded as irresponsible, potentially dangerous and best avoided as caregivers of children.

Lecia: *Because these days you cannot take a husband any more – not like life is now. See how the little children are raped and murdered by people who are close to them and so on.*

4.4.2.3.3 Illness and injury

Children fall ill or develop health-related problems that require medical intervention and/or hospitalisation. These experiences were described as anxiety-provoking and extremely stressful. Seven of the eight participants had children who developed life-threatening illnesses or had to be hospitalised for surgery. It seemed therefore highly unlikely that mothers in this community would be spared the stressfulness of having a severely ill child.

Lily: *This was the first time that he now had (to be) at the hospital, for such, then I said, but this is my first and my last time that I have to come. It was maar scary for me [laughs].*

Rosy: And when I now got home, then they said to me maar my child is – her eyes have just turned inside out, it is as though she wants to die.

Carmen: And when we now got there, then the, hmm, doctor said maar if we were now a bit later, he would have been dead.

One participant's child was hit by a car and another lost a nine month old baby due to illness. The participants regarded infants as particularly vulnerable to develop diarrhea or high fever.

Having an ill child impacted on mothers in various ways. It had financial repercussions since the children needed medicine, medical consultations and/or hospitalisation. Ill children could not be cared for at the crèche, so mothers had to take unpaid leave which resulted in the direct loss of income.

Sarah: Or if my child gets ill and the child is with someone, then I automatically have to stay away from work. I must see to it myself to get my child to a doctor and everything.

Ill children caused worry, anxiety, stress and experiences of loss. Caring for an ill child was time-consuming and required intensive care from the mother – often to the neglect of other duties and responsibilities.

Rosy: If I now see she is not lekker or … Like Monday, then she was now a bit warm again (unclear), then my day was sommer different. Then I have to sit with her in my arms all the time. And then she doesn't even want to eat or so.

It was not only children who required care, but also the elderly. Since there were no frail care facilities or old-age homes in Paradijsbos, female family members usually took care of aging family members.

Rosy: He had hmmm three heart attacks and six strokes then he was bedridden and then it was just me and my grandmother. We struggled to get him on the pee pot or to wash him.

The task of elderly care usually fell on female family members, such as Lecia whose siblings expected her to resign from work to care for their ailing father. The care demands on Lecia

were not only exhausting and time-consuming; it also meant that she could no longer afford formal childcare.

Lecia: *When he started getting ill, then I now didn't have a choice, and my sisters, they now mos have high jobs and I mos maar come out of a little factory, and no one now felt like giving up their jobs. And then I maar had to leave my job. And then I mos now looked after him. And hmmm, then it was now that I took her out of the crèche, I am now at home there is not going to be money any more to pay the crèche.*

4.4.2.3.4 Domestic violence and parental alcohol abuse

Although the participants reported rare encounters with random acts of violence in the community, references to domestic violence were made by some participants and frequently reported by residents who visited the psychotherapy clinic in Paradijsbos (L. Kruger, personal communication, 2009).

Lecia: *Now he comes in, now he hits me that the plate of food falls out of my hand. And if I talk, then he gets rude, then he pulls out knives and such types of things. Pushes me against the cupboards and so.*

Examples of domestic violence related by the participants in the present study included Rosy's stepfather who severely abused her mother; Elize's stepfather who committed suicide after her mother divorced him citing severe verbal abuse as cause, and Sarah and Lecia who explicitly stated that they were physically abused by their partners. One of my interviews with Lecia occurred the day after she was severely beaten by her boyfriend and the physical evidence of the abuse was clearly visible. Rachel provided detailed descriptions of the physical violence between her and her husband – often initiated by her.

Rachel: *I don't want to hit you anymore, because if I hit you, then, then, it's sommer a violent blow. And then, it's a broken blow that I sommer give him. I sommer grab a brick or a thing.*

Alcohol abuse was widespread among men and women in Paradijsbos. Some of the participants mentioned that their own drinking habits underwent drastic changes after the birth of their children – mostly because they aspired to set a good example for their children.

Poppie: *I drank. And then I realised but Stephanie is growing up, and I am her mother, I cannot carry on like this.*

Lecia's drinking increased after the birth of her second child and rendered her incapable of caring for her children. After she converted to the Christian faith, she stopped drinking and recommitted herself to the mothering of her children.

Lecia: *Yes, I did, I did for a time severely, as a result of circumstances, I did just for my feeling, often. You always say liquor is an escape. But, tomorrow the problem is maar just there again and tomorrow you just feel, ag, I just drink.*

The participants in this study conceded that they drank excessively at some point in their lives, but they all indicated that they have since stopped and only drank an occasional cider or beer. Mothers who drink were condemned and criticised for being bad mothers, whereas drinking among fathers was accepted and tolerated as long as it did not lead to public humiliation and/or violent behaviour.

Carmen: *It is only his father who now takes a drink and now, but further on it is okay. I maar mean, if his mother now drank, then there is mos always, skellery (scolding) or so when they are drunk.*

4.4.2.4 Household functioning

Both the participants and their mothers viewed the ideal mother as someone who spends most of her time at home, tending to her household and children. The homeboundedness of mothers resulted in decreased socialisation outside their families coupled with feelings of isolation and loneliness. Decreased socialisation also led to sparsely populated social networks offering few informal childcare options outside of the immediate family.

4.4.2.4.1   Household chores

The gendered division of household chores emerged strongly in the grounded theory analysis. Women were responsible for all household tasks such as cooking, buying groceries, cleaning the house and washing and ironing clothes. Boys and men were not expected to take any responsibility and would occasionally assist when specifically asked to. In their descriptions of their daily routine, participants related how they had to do household chores either early in the mornings, late at night and on weekends in order to ensure the smooth running of the household.

Elize: *Only when I walk out of my house, then I see to it that my place is clean. This is what I do first. This is why I (get up at) five o' clock, because I only get a taxi past seven. But I get up at five o' clock to clean my place.*

Lecia: *Then I come and prepare food and otherwise. The children have to be bathed then the house must be tidied. I go to sleep tonight at twelve o' clock, half past twelve.*

Having a neat and clean household was seen as a reflection of the mother's identity and status as a good mother and a good woman. The simultaneous demands of household chores, childcare provision and income generation, left the participants exhausted and stressed with little time and energy to spend with their children.

Elize: *And then there are some times that you come home then I'm tired and then Sharlize is someone who can talk a lot, ooo, she makes me tired [laughs]. Oee, then it seems I'm fit to burst. Ag, ag, wash and ag just go to sleep, Sharlize. There are times that I now feel like this.*

4.4.2.4.2   Absent men and lonely women

'Good' women and 'good' mothers spent most of their free time at home, tending to their children, husbands and households. The participants described themselves as homebirds who seldom socialised outside their own families. Some participants, such as Elize quoted below, suggested that they became subdued and withdrawn since giving birth.

Elize: *And so I became peaceful and I became peaceful and I became quiet, and I am just like that at home. And now I have my own little place. I am maar just there around the house.*

Whereas women were expected to spend their time at work, church and at home, men were portrayed as having an active social life consisting of visiting friends, working, fishing, dating, drinking and participating in sport. In Lily's case the gendered standards of appropriate behaviour for mothers and fathers created stress and conflict in her relationship.

Lily: *There were difficulties sometimes because he mos, he mos did sport over weekends, rugby, and then it is now, he must now, how can you say now, he must now get his free time he must now get. And often then I think, why must I now sit alone with the child here at home.*

The participants risked being labelled as bad mothers whenever they socialised with friends outside their homes – especially if it involved drinking alcohol. Poppie however, did not subscribe to this type of dichotomous thinking and believed that you can be a good mother *and* socialise with friends. She religiously attended rugby matches with her husband, friends and family, and described it as fun-filled, even though she didn't drink with them.

Perhaps the lack of socialisation outside their homes coupled with the absence of their partners, contributed to the loneliness and isolation expressed by several participants.

Lecia: *And then I again felt so lonely, because here is now no one.*

In Rosy's case, being on her own often invoked the feelings of loneliness she experienced as a child longing for her mother.

Rosy: *I think, I always think, where's my mother now – why am I alone here now?*

Others eased their loneliness by interacting with their children. Children seemed to compensate for some of the loneliness and isolation the participants felt – especially in the absence of rewarding intimate relationships.

Sarah: *To have children, fulfils you, you don't feel so alone.*

Carmen: *Especially if there is now no one, who you can play or so. They are almost like a little friend for you. So. (5 seconds silence). Like a little friend.*

4.4.3   Discussion

In section 4.4 the findings related to the contextual factors impacting on participants' childcare practices are presented. Although these were considered as distinct, separate conceptual categories in the presentation of the grounded theory findings, the complex interaction between race, gender, and class is evident from the case studies and theoretically supported by the concept of 'intersectionality' (Davis, 2008).

The contextual factor that featured most pertinently in the participants' accounts of childcare practices was that of poverty. Economists described the profile of the 'poor individual in the Western Cape' as follow:

She is an adult Coloured woman, living in an urban area. She is poorly educated, with a primary education or less, and has not migrated recently. She is either working full time or is unemployed. If she is employed, she is engaged in elementary occupations, most probably in the Agriculture, Forestry, and Fishing sector and is not a member of a labour union. She is, finally, more likely to live in a large household, headed by herself or another female (Oosthuizen & Nieuwoudt, 2002, p. 22).

This description not only fitted several of the participants in the present study but also reflected the mothering context in which they were raised: poverty impacted on the mothering and childcare the participants received, the mothering and childcare ideals they held and impacted on their ability to meet these ideals. The effects of poverty seemed deeply entrenched in this community as several participants expressed the wish to compensate for the deprivation they suffered as children by giving their children more – both in the material and emotional sense. Lazarus and Kruger's (2004) finding that physical deprivation in childhood can result in an internal representation of objects as withholding, abusive and untrustworthy suggests that poverty and deprivation in childhood can have longer term psychological repercussions. According to Gibson and Swartz (2000) childhood experiences of deprivation and neglect could give rise to a longing to destroy the good things experienced as unavailable and an increased urgency to provide whilst also creating anxiety that limited resources might be used up. Therefore, although the participants may consciously be determined to give their children more (emotionally and materially) to compensate for their own childhood experiences of deprivation and neglect, they may struggle to manage the anxiety related to doing so with extremely limited resources to their disposal. Witnessing how grandmothers gave their grandchildren (who already had a seemingly 'easy life') emotionally and materially that which the participants never received as children, could give rise to intensified feelings of envy.

The participants invariably attributed the causes of their poverty to growing up in poor circumstances, the absence of fathers (their own and their children's), and the ongoing struggle to find permanent employment. Tuason (2008) noted that people born poor often attributed poverty to their familial circumstances. Research is inconclusive regarding the intergenerational transmission of poverty (Harper, Marcus, & Moore, 2003; Musick & Mare, 2006; Rodgers, 1995), although there are indications that economic mobility from one generation to the next is less than widely believed (Rodgers, 1995) and that structural inequality contributed to the reproducing of familial disadvantage (Madhaven & Townsend, 2007). Notably absent from the interview material, was any direct references to experiences of racial oppression and/or apartheid as causally linked to the poverty experienced. May and

Norton (1997) emphasised that poverty in South Africa was largely produced by apartheid and the legislation through which it was implemented – conditions that directly affected the poverty levels of the participants and their families. Gibson and Swartz (2000) similarly noted that 'apartheid left a harsh legacy of personal pain and loss which filters down through communities and families to their children' (p. 135). As a researcher entering a community such as the one in Paradijsbos, I was intensely aware that I was entering a set of circumstances created by the policies of apartheid (Gibson & Swartz, 2000). The absence of the word 'apartheid' in the interview material should not negate the crucial influence thereof on the context in which the participants mothered their children. Lazarus (2007), similarly found in her infant observation study that apartheid was the 'most crucial but unaddressed factor' (p.259), yet was never mentioned by the mother of the child she observed. It is not clear why the participants failed to refer to apartheid in this study: it could be related to me not asking directly about it; the intricate power relationship between me and the participants influenced by our racial and cultural differences or a larger discourse of silence in Paradijsbos on matters that are painful, shameful and/or hurtful (Kruger, 2005b). According to Kruger there is a tendency among individuals in disempowered communities to not acknowledge feelings, thoughts, actions, decisions and conditions that can be construed as problematic (Kruger, 2005a; Kruger & Van der Spuy, 2005). The women who participated in this study, perhaps coped with the difficult emotions related to experiences during and after apartheid through silence and the unconscious process of repression.

Whereas the participants failed to voice the ways in which apartheid personally impacted on their lives through the power differentials, relations of oppression, and the impoverished circumstances it created, they were notably vocal about the ways in which gendered power differentials impacted on their experiences of poverty. Paternal absence and lack of adequate paternal financial support in particular, were cited by several participants as the main cause of their chronic poverty. The participants felt that they could not depend on fathers to provide sufficiently in their and their children's financial needs. Fathers were either subjected to the same levels of poverty or were portrayed as disinterested and unwilling to fulfil the role of provider – especially when non-resident.

The data of the current study confirmed the complexity of father involvement in childcare among married, co-habiting couples. Employed, resident fathers provided for and interacted with their children and also extended these paternal activities to their stepchildren, whereas non-resident fathers remained uninvolved in their children's lives and often failed to provide financially (Edin et al., 2009; Manning et al., 2003). Research also indicated that maternal gatekeeping (where mothers controlled fathers' access to children) contributed to the lack of

paternal financial support to non-residential children (Manning et al., 2003). Fagan and Barnett (2003) found that maternal gatekeeping was causally related to the amount of father involvement and that the father's residential status had a direct link to the mother's gatekeeping behaviour. It was not clear to what extent maternal gatekeeping hindered paternal involvement in the present study, but what did transpire, was that the participants expressed no desire for fathers to be more involved in childcare, other than to provide financially. Bray and Brandt (2007) observed in an ethnographic study on childcare among poor, Xhosa-speaking families significant, informal male involvement in the provision of childcare, even though it was not reported by children as such. Some authors (Bracke, Christiaens, & Wauterckx, 2008) theorised that women experienced ambivalence and a threat to their identity as mothers when they had to share childcare activities with men or others. It is possible that the participants, who found themselves in such a disempowering context, were invested in maintaining their identities as mothers and care providers by controlling all care work – perhaps to the exclusion of other potential care providers, such as fathers. This came at a cost, since loneliness and isolation were pertinently mentioned by the participants as a consequence of the different gendered norms that existed for fathers and mothers. Good mothers were expected to be at home, tending to their children, whereas good fathers could pursue an active social life as long as they provided in their children's material needs.

The participants in this study can be described as chronically poor. Hulme, Moore and Shepard (as cited in Ally-Schmidt, 2005) defined the chronically poor as those who have been poor for a long time and who continued to be marginalised by larger socio-economic, cultural and historic factors. Chronic poverty limited the participants' ability to provide ideal childcare in terms of (a) financial and material provision; (b) the rendering of intensive mothering and care; and (c) the bringing about of a safe childcare environment. Poverty is also a psychological experience (Tuason, 2008) and the participants in this study reported feeling tired, exhausted, stressed, overwhelmed, depressed and worried as a result of their chronic financial and employment difficulties. Chronic poverty among women has been associated with increased risk of psychological distress (Durden, Hill, & Angel, 2007), depression (Peden, Kay Rayens, & Hall, 2005), anxiety and mental illness (Groh, 2007) which in turn have been causally linked to a range of child problems (Evans et al., 2008).

In the context of fathers' lack of financial contribution, the participants felt compelled to find paid employment. Employment was not seen as optional and valued for its own sake – it was purely a survival strategy. The women expressed frustration with the lack of permanent employment opportunities for women in and around Paradijsbos as their low education levels

and isolated geographic location limited their employment opportunities to seasonal and temporary work which offered low wages, long hours of work, no job security and no employment benefits. The employment conditions described by the participants impacted on their choice of childcare arrangements as they could not always afford formal childcare, needed care that was flexible and operated outside the normal 'office hours' and were hesitant to make long-term childcare commitments, given the seasonal nature of their income. These concerns correspond to the findings of several international studies on rural, low-income women's childcare considerations and concerns (Halliday & Little, 2001; Usdansky & Wolf, 2008; Walker & Reschke, 2004). An aspect seldom mentioned in North American and European childcare studies, is the impact of seasonal employment on poverty and childcare. Several participants in this study not only earned a very low income, but were unemployed during the winter months. May and Norton (1997) noted that seasonal stress was related to the lack of income during periods of unemployment and the seasonal nature of ill health (and unforeseen expenses as a result) whereas Pugh (2004) noted that income instability was as important a factor to consider as income scarcity. This contextual factor clearly impacted on the participants' choice of childcare.

Although employment may relieve some of the stress associated with poverty, it could also lead to increased relationship conflict and stress due to the women's simultaneous management of a household, work and childcare. This, combined with the limited supply of affordable, quality childcare could result in employment being experienced as a source of stress rather than a relief (Arendell, 2000; Hoover Dunlop, 1981). The participants and their families endorsed traditional gender roles in the division of childcare, care work, household labour and consequently female employment resulted in the participants working the 'double shift' (Arendell, 2000; Chodorow, 1978; Dinnerstein, 1976; Rivka Polatnick, 1983). Nelson (2000) concluded that rural, single mothers were most disadvantaged in their efforts to simultaneously attend to their housework, childcare and paid employment. The cumulative effect of all these responsibilities within a context of severe poverty, compromised the participants' ability to mother intensively.

The risk poverty and race posed to the development of illness and injury featured clearly in the participants' accounts. Collins (1994) suggested that the physical survival of white and middle-class children in America is usually assumed, whereas poor women and children from ethnic minority groups are at a high risk of illness and death. In South Africa, the infant mortality rate is for instance 8–10 times higher for black children than for whites (Aliber, 2001). The physical struggle for survival among women, and the struggle to ensure their children's survival comprised a central task in low-income, women of colour's mothering work

(Collins, 1994). The findings of the present study suggested that the health and safety of the participants and their children could never be assumed. Their children not only developed life-threatening illnesses, but were also exposed to domestic violence, neglect, the risk of sexual abuse and unsafe public spaces. Savage et al. (2007) found that social isolation and the lack of transport greatly increased the risk of poor infant health and mortality among low-income families such as the participants in this study. Two participants related dissatisfaction with medical assistance rendered at the local hospital. Both participants described not being taken seriously by the medical doctor on duty and although not explicitly stated, alluded to it being the result of discrimination based on race and class. Poverty and race therefore not only put the participants and their children at risk for illness and injury, but could also compromise the quality of medical treatment received.

Bray and Brandt (2007) argued that economic security influenced childcare, but material provision alone did not determine childcare ideals or the nature of childcare practices. These activities also have emotional and relational components that are often neglected in research among the poor – mostly because of the implicit assumption 'that care is driven by practical concerns and that the emotional lives and motivations of the poor are less complex and relevant than those of more middleclass communities' (p.13). The findings of the present study indicated that apart from the structural constraints imposed by class, gender and race on mothers' ability to provide ideal childcare, emotional, personal and relational factors also played a significant role. For example, although relationships between females in extended families are often romanticised as harmonious and characterised by care, solidarity and mutual responsibility (Notko & Sevón, 2006), the findings of the present study suggests that family life is also characterised by conflict, competition, distrust in each other's ability to provide quality childcare, alcohol abuse, violence, power struggles between siblings, refusals to provide childcare, absent, uninvolved and violent fathers and hostile paternal grandmothers. To quote Verhoef (2005), 'family relationships, perceptions of children's needs, individual emotions and the practicalities of daily life are messy' (p. 386). Therefore although a participant may have access to a large extended family who lived in close proximity and theoretically could provide support, their presence did not necessarily translate to a willingness or ability to provide quality childcare, and may in fact add to their stress.

To conclude, the findings described in section 4.4, clearly showed that the ideals of motherhood and childcare described in section 4.3, are impossible to meet given the levels of poverty, intricate familial and relational dynamics and its interaction with gender roles, gendered identities, and childcare practices. As suggested by Debacker (2008), personal preferences play a role in mothers' childcare choices, but structural barriers play a

168

determining role in the childcare choices of low-income, low-qualified mothers. The ways in which compromises had to be made between ideal and practice, will be further explored in section 4.5.

The data clearly confirms that mothering and fathering are gendered (Magwaza, 2003), racialised, shaped by class and culture (Shears, 2007) and can therefore not be analysed in isolation from its context (Collins, 1994; Glenn, 1994). Magwaza (2003) asserted that any analysis of motherhood in South Africa, needs to consider that race, socio-economic factors and apartheid deeply affect mothering practices while Lazarus (2007) concluded that mothering within a poverty context such as Paradijsbos, is an extremely complex construct. She urged researchers to develop more nuanced accounts of the considerable and sometimes subtle impact of the greater environment on mothers and noted that motherhood can easily be demonised or idealised in research accounts that do not depict the intricacies of mothering in impoverished contexts.

4.5 Having to compromise: The discrepancies between ideal and practice

The ideals of childcare expressed by the participants and described in section 4.3 are impossible to meet, given the social, structural and personal constraints described in section 4.4. Consequently, the participants had no choice, other than to compromise on their ideals. Making a compromise inevitably requires the modification of ideals in order to find an intermediate position between the ideals and the contextual limitations imposed thereon. This section provides a description of some of the pertinent compromises related to childcare the participants in this study had to make.

4.5.1   Case studies

<u>**Rosy**</u>

Rosy's dream of establishing a nuclear family was shattered when she felt compelled to end her relationship after her boyfriend rejected her pregnancy. Within months of their breakup, her child's father was married – an action that finally dispelled the possibility of them raising their daughter together as a family. As a consequence, Rosy continued to rely on her extended family for support, childcare and financial assistance. She shared a household with her grandmother, mother and siblings and had frequent interactions with her aunt, uncle and cousins. Her uncle and aunt fulfilled various parenting functions when she grew up and continued to be involved in her and her daughter's lives.

Rosy and her family were poverty-stricken and depended on all possible sources of income available to them. She had no choice: she had to work in order to provide in her and her child's material needs and contribute to the household expenses. In the excerpt quoted below, Rosy related the criticism she received from her co-workers when she returned to work shortly after her daughter's birth. According to them, she was supposed to mother her child intensively, but Rosy retorted that a good mother also provided in her child's material needs. It seemed that the conflict between these two ideals was resolved through Rosy's ranking of financial provision as more important than intensive care.

Rosy: *Because the people look askance at you if you come to work. Because the child is still so small. I maar said I will maar only go and work so that my child will have money that my child can darem have something, that she can eat, that she can drink.*

Interviewer: *What do the people think?*

Rosy: *They think I must sit at home; look after my child, it is my responsibility. Then I say, 'But the child needs money, food and clothes. What use is it that I sit at home? Who is going to work for me? I can't sponge on my mother or on my grandmother'.*

Sharing her hard-earned income with family members sometimes filled Rosy with resentment and caused tension between her, her mother and her siblings. Although Rosy wanted to provide intensive mothering, her work circumstances and household duties afforded her little time to spend with her child.

Rosy (contd.)

As a compromise between her wish to provide intensive mothering and having to work long hours, she resorted to childcare provided by her grandmother (who also raised her) and mother as mothering substitutes. This was not only a convenient arrangement but also more affordable in comparison to other childcare options available to her. Rosy did not always agree with her grandmother's ideas on safe childcare and this, coupled with her child's increased mobility, her grandmother's failing health and frequent travelling to Cape Town resulted in Rosy's decision to enrol her child in the crèche after her first birthday.

Elize

Elize and her mother lived on the same property, but in separate dwellings. They had a relationship characterised by reciprocity in which they provided much needed support to one another. For example, her mother sometimes brought her meals, babysat her daughter, washed her clothes and gave her presents. Elize, in turn kept her mother company, paid her mother a small amount of rent and cleaned her mother's kitchen on Saturday mornings. These acts were gestures of kindness and generosity and there were no expectations for these to be performed.

Elize strongly supported the ideal of the nuclear family, and when the fathers of both her children ended their relationships before and after her pregnancies, Elize was deeply disappointed. She relied on both her family of origin and extended family for childcare support, but remained deeply committed to the childcare ideal of intensive mothering. Being able to afford her own dwelling on her mother's property, was a significant achievement for Elize and represented a compromise on the ideal of raising her child in a separate, 'nuclear' family setting and her financial inability to do so. She continued, however, to dream about owning her own property where she could raise her daughter independently.

Elize   But my biggest desire to this day still, is I just want my own house, that's all. [Laughs.] Even if it is a small little house. Even if it is a two bedroom house. Or just one bedroom house, with a bathroom. That then is now my biggest dream for my child.

After her second child's birth, Elize's return to work was prompted by extreme financial need. She accepted the paternal grandmother's offer to move in with them and although Elize ideally wanted to provide all childcare herself, she was satisfied that she found an excellent mother substitute in the paternal grandmother. Disappointment set in when Elize's daughter fell seriously ill whilst in her grandmother's care and the paternal grandparents failed to make any enquiries after she was hospitalised. Elize was disappointed and disillusioned at what she perceived to be a lack of care and concern. Since her wish for a safe childcare environment overrode her ideal of intensive mothering, she decided to enrol her child at the local crèche where she was safe and intellectually stimulated.

Financially, Elize had to budget and save in order to provide for her child. The tension that arose between what she wanted to give and what she could afford to give was tempered by her focus on the non-material things she was able to provide. In this, she quoted her mother who said that although she didn't have pomp and splendour, she loved her children very much.

Elize: If you can love, only can love, your child. That is all. There are many times that I say, what my mother also says, 'I don't have money for you or so, but I love you very much, very much'. And that makes you feel lekker good and, there is darem someone who looks after me, there is someone who cares for me, and that is why I so. I love my child very much. And I feel, I will do everything for her, if, if I can do it, if, if, if …

Elize (contd.)

Ultimately, being a working, single, self-sufficient mother produced tension between tending to your own needs and those of your child. Elize described it as having a 'battle' when she was tired after a long day's work, didn't feel like cooking and had to attend to her child. Her attempts at providing intensive mothering, whilst being an economic provider, proved to be exhausting and the source of much ambivalence.

Carmen

In contrast to the other participants, Carmen was not convinced that the nuclear family was the only context within which children could be successfully raised. She described the ideal father as a financial provider who was involved with his children and ascribed a similar role and function to the ideal mother. According to Carmen a good mother secured good childcare for her children whilst earning an income to provide in their needs.

Carmen: *I cannot say it (leaving school) was really a good decision, but for me, on the one side it was actually a good decision, because I have now found a job and then I could now work for him too.*

Given the poverty within which Carmen was raised and the financial struggles of the household she shared with her extended family, Carmen's expectation that a good mother act as economic provider seemed realistic. These beliefs created relatively little dissonance for her as she pursued both work and family life. In the excerpt quoted below, Carmen explained that earning her own income afforded her the opportunity to buy her child things. She seemed to value economic independence and self-sufficiency.

Carmen: *That is why I decided I am going to work, because the time when I now perhaps want to buy something for him, or so now from my side, then I have money.*

Regardless of her boyfriend's support and involvement and her aunt's assistance with childcare, the responsibility for childcare remained Carmen's. In practice, this resulted in elevated levels of stress and exhaustion which in turn affected her work performance. After the birth of her child, Carmen was determined to return to school and finish grade eleven and twelve. Caring for a demanding baby, whilst preparing for tests and exams adversely affected her performance and Carmen failed grade eleven. Carmen's decision not to complete her schooling but to seek employment, served as a compromise between her childcare responsibilities and her desire to be well-educated and financially self-sufficient. A related compromise was made when Carmen decided not to enrol her child in the crèche and to rather use the money to further her own education. She argued that the short-term sacrifice of her child's preschool education would benefit him in the long-term if she could improve her own earning potential. It therefore seemed that financial constraints forced Carmen to make tradeoffs between what she ideally wanted for her child and what she was able to afford.

Financially, Carmen and her boyfriend could not afford their own home, and since they were not prepared to marry if they could not establish a separate household, they compromised by staying with their respective families while visiting each other over weekends. Carmen's aunt provided invaluable childcare on an almost continuous basis. This was a workable arrangement for Carmen who did not

Carmen (contd.)

hold strong ideas about exclusive and intensive mothering. According to Carmen a mother had to provide well financially and ensure that her child was well-cared for – she did not necessarily have to do all the caregiving herself. Her positive attitude towards other-provided childcare could explain the lack of conflict and tension experienced between her and her aunt with regard to the sharing of childcare.

Sarah

Sarah grew up in a nuclear family and her parents expected her to establish a similar family of her own. Her marriage was partially initiated by her desire to have more independence and freedom from her parents. Initially she and her husband co-resided with her parents, but soon managed to acquire a home of their own. Sarah has internalised her parents' notion of the nuclear family as ideal and provided intensive mothering for both her children until they were three, four years old while her husband provided financially. For Sarah, there was little discrepancy between ideal and practice, although meeting the ideal resulted in her sacrificing her financial independence. When her first child turned four, Sarah decided to divorce her abusive husband and this left her no choice but to work. She was suddenly unable to provide childcare herself and had to compromise significantly on her ideals of intensive mothering. After unsuccessful attempts to use crèche care, she turned to her mother for childcare. Although Sarah was separated from her child during the week, she felt her mother fulfilled an excellent role as substitute mother. Despite Sarah's attempts to establish and maintain a nuclear family, the preservation of her own physical and mental health necessitated a compromise (divorcing her husband) on her ideals of intensive mothering. The compromise, according to her, had a positive outcome, since her husband stopped drinking and abusing her and they were remarried a few years later.

At the time of the interviews, Sarah was intent on mothering her youngest child intensively, even if the cost in terms of her mental health and sense of happiness was quite high. Sarah described feeling overwhelmed and exhausted by her household and childcare duties and thought that working mothers had a lighter load at home – especially if they could afford a domestic worker. Although Sarah continued to support and adhere to the ideal of intensive mothering, she seemed ambivalent about the impact it had on her mentally and physically.

Interviewer: *And is it not pleasant for you not to work and (stay) at home?*
Sarah: *Not always. I feel I have to do too much. At the moment I don't have a servant, I do everything myself, which I can get round to doing. But I cannot get round to doing everything.*

Sarah regarded maternal employment as something to consider only if you had debt or financial difficulty. At the time of the interviews, she viewed a half-day position as the ideal compromise, since it would afford her time with her children whilst also being given time away from home.

Sarah: *But I don't want such a full day job, I want to work so half day. Because I feel now, I still want to be with my children and at my house. Still self be able to do a few things.*

Overall, Sarah seemed ambivalent about her childcare choices, even though it was aligned with the dominant ideas on good mothering.

Poppie

Poppie endorsed the notion of the nuclear family and intensive mothering as ideal, but had her first child as a single mother at age 20. She continued to stay with her family of origin where she left her child in the care of her mother and grandmother during the day. Poppie was expected to make a financial contribution towards the household and remembered handing her weekly wages to her mother who gave her pocket money in return.

Poppie continued with the relationship with her child's father and although they discussed marriage, she knew that her mother's disapproval of their relationship ruled out the possibility of marriage. After fourteen years, Poppie had enough of her boyfriend's drinking and drug abuse and decided to end their relationship. She met her husband shortly thereafter, married him and a year later they had their first child. She remarked that she felt very proud of her second pregnancy – mostly since it occurred within marriage.

Interviewer: *Hmm. And so, with your second pregnancy – in which way was it then very different for you?*

Poppie: *Yes, in marriage. [Laughs.] No, then you are mos proud. [Laughs.] Yes.*

Poppie finally established a nuclear family, although financial pressure caused them to share the household with her family of origin. This arrangement worked well for Poppie since her mother took responsibility for all the household tasks such as cleaning, washing and cooking, while Poppie worked and took care of her children.

Notwithstanding her marriage to someone who was committed to her and their children, they were not financially able to establish themselves as a discrete, separate family unit, nor could Poppie afford to mother intensively. She compromised on childcare by obtaining the services of a day mother – someone whose description represented that of a nurturing grandmother. About a year before the interviews were conducted, Poppie, her husband and two daughters were able to move into their own, separate house. Although she described it as an adjustment to assume responsibility for the household, having their own home hallmarked a significant achievement. At age 37, Poppie and her husband were finally established in a house of their own, awaiting the birth of their third child. She continued to invest in reciprocal relations with her extended family and expected continuous support from them. In the excerpt quoted below, Poppie related her frustration with her sister's reluctance to help others and reminded her sister that they all depended on each other for support.

Poppie: *My one sister and I have now now shortly had a small difference. Now, the people know mos we work in the town. Now they ask, bring this, bring that, in the afternoons*

Poppie (contd.)

now. And I will maar always bring, yes. And then I now asked my one sister she must pay my account or something of the sort. And the next day then (she) brought, but she answered me so nasty. And I say to her, yes you mustn't have such bad manners. We need one another too quickly. And then she felt quite bad. And you mustn't be like that, where you can help, you must help.

Lecia

Lecia grew up in a loving nuclear family and always envisaged that she would provide a similar environment for her children. Despite a longstanding relationship with the father of her three children, they have not been able to form a stable family unit characterised by paternal financial stability and intensive mothering. Lecia's chronic unemployment coupled with her partner's frequent imprisonment and lack of commitment towards his children resulted in severe poverty and a compromised ability to provide in their children's needs.

Lecia and her children lived in an informal structure on her brother's property. Her brother inherited the property from her deceased father (under suspicious circumstances) and was adamant that Lecia and her younger brother had to secure alternative accommodation. After much debate and family squabble, he reluctantly agreed that they could stay in their separate dwellings in the back yard. The relationship between him, Lecia and her younger brother remained strained and vulnerable. The extreme poverty she found herself in, forced her to compromise on her wish to own a separate house in which she could raise her children independently. Lecia had to cope with the enduring tension caused by the lack of long-term housing security and the sharing of the property with three other families.

Lecia expressed deep disappointment in her partner's unwillingness and inability to provide in his children's needs. He was largely absent and uninvolved in their lives and when present, behaved physically and emotionally abusive towards Lecia. His lack of economic contribution and her limited income from seasonal work left Lecia dependent on her siblings for accommodation, food, clothes and other expenses. Her financial dependency on others was in conflict with her wish to be financially secure and able to provide in her children's material needs. The tension between ideal and practice caused Lecia chronic feelings of stress, inadequacy and despondency. According to Lecia her excessive drinking was initially a means to cope with her circumstances and resulted in her children being informally placed in her sister's care. Her attempts at coping with her circumstances therefore resulted in a further compromise on her ability to mother intensively.

Lecia used to work in a fruit-processing factory and as a result depended on her father, the paternal grandmother and crèche to provide childcare on her behalf. Her mother was deceased and initially her father provided childcare while Lecia supported the household financially. Lecia was very impressed with the quality of care her father provided and regarded him as the ideal substitute 'mother'. When he fell ill, she resorted to the paternal grandmother for care and although her child was clearly unhappy there, Lecia continued with the arrangement since it was affordable and convenient. This compromise was difficult for Lecia to sustain as her child increasingly refused to go to her grandmother's and became verbally expressive about the reasons for her unhappiness. Lecia decided to enrol her at the least expensive crèche in Paradijsbos, even though she highly valued the quality of educational

Lecia (contd.)

instruction offered at the other (more expensive) facilities. When Lecia had to nurse her ailing father full-time, she could no longer afford the crèche. The owner of the facility offered Lecia's child free crèche attendance for which Lecia was very grateful, but deeply ashamed of. She continued to make small payments whenever she was able to. Lecia's extreme poverty resulted in multiple compromises on her ideals of mothering and childcare – compromises she experienced as stressful, painful, humiliating and depressing.

Lily

Lily's engagement to the father of her child occurred shortly after her pregnancy was confirmed. Lily and her fiancée both valued the establishment of a nuclear family in a separately owned household, but could not afford to do so. They therefore continued to stay with the paternal extended family while saving for their own home. Their limited financial means required Lily to return to work three months after her son was born. She was keen to mother and care for her child herself and it was with great ambivalence that she returned to work and left her child in the paternal grandmother's care. Lily regarded grandmother care as the best available compromise since it afforded her child individual attention by someone who loved him and provided quality care. She described feeling excluded from her son's care and struggled to retain her role as mother whilst working long hours. Her ambivalence increased when she noticed her son's growing attachment to and preference for his grandmother. The inner conflict that Lily experienced as a result was only resolved once they were married and able to move into their own home. After six years of sharing childcare and living space with the paternal extended family, Lily was finally able to provide mothering and childcare within the context of a separate, nuclear family.

Lily and her husband struggled financially since her husband established his own business as draughtsman and she only earned a basic income. Through saving and careful planning, they were able to meet all their basic needs, but they seldom had money for 'luxuries' or 'extras'. Her son's frequent requests for sweets and toys whilst shopping was particularly difficult for Lily to deny. This did not only cause inner tension for Lily, but also contributed to conflict with her husband who accused Lily of spoiling their son. Both of them experienced frustration with the paternal grandmother who 'spoiled' their son with the 'treats' they were unable to give. Their limited financial means coupled with the ideals of financial provision and intensive mothering, necessitated compromises that created significant tension and conflict between the childcare providers (Lily, her husband and the paternal grandmother) who also relied on each other for social support.

Rachel

Rachel was particularly intent on providing her children with a nuclear family, a providing father and nurturing mother after her own father left her mother with four children to raise single-handedly. Her first child was born shortly after Rachel turned 21 and since her mother deemed the father of the child as an unsuitable father and partner, she insisted that they raise her child without paternal support and involvement. A few years later, Rachel met her husband who was ten years her senior. He worked as a mason and earned a fairly good wage. Soon after their courtship, they moved into their own dwelling, Rachel fell pregnant and they decided to get married. Financially, they struggled since the seasonal nature of her husband's work resulted in months without income. Rachel felt compelled to continue her work as a domestic worker in order to help her husband financially. As a compromise, she relied on her mother, who lived nearby, to provide childcare. She regarded her mother as the ideal substitute mother since she provided her children with individual attention, did it for free, was reliable and always available. The compromise created little dissonance for Rachel, since she regarded the care provided by her mother as superior to the care she could provide herself. However, her mother's illiteracy limited what she could offer her children educationally and therefore Rachel enrolled her children at the crèche from the age of three. Rachel believed a child needed preschool educational exposure and therefore this childcare decision was met with little ambivalence.

Rachel's relationship with her mother was characterised by reciprocity: her mother provided childcare, and Rachel provided financial assistance, socialisation and friendship. Rachel shared the gifts and hand-outs she received from her employer with her mother. Her husband's extended family disliked Rachel and accused her of depriving them of their 'providing' brother. Her sisters-in-law often approached her for financial assistance and Rachel (much to her husband's frustration) usually obliged. Her husband strongly felt that his extended family had no claim on his earnings – especially since they expressed a dislike in Rachel and their children.

After the birth of her second child, Rachel's mother secured employment which rendered her unavailable for childcare. Rachel decided to use a day mother as substitute and claimed to experience little inner conflict as a result. She explained her reaction, in the excerpt quoted below, as the result of having little choice (other than to find a mother substitute) and procuring a most convenient childcare arrangement.

Rachel: It was very easy. Because I, I didn't really have a choice. It was actually very easy for me to shake her off me, because I made it very easy for myself.

Poverty left Rachel with little choice – she had to assume the role of economic provider alongside her other mothering responsibilities. Rachel claimed to find it easier to cope with the tension created between her role as economic provider and the ideal of intensive mothering if she reminded herself that she had no other choice.

4.5.2 Grounded theory analysis

The grounded theory analysis yielded five broad categories of compromise to the ideals presented in section 4.3: (a) the extended family as primary family unit; (b) the mother as breadwinner; (c) mothering substitutes as providers of childcare; (d) the crèche as site of learning and education; and (e) compromising on material goods.

4.5.2.1 The extended family as primary family unit

The ideal of the nuclear family seldom materialised for participants who were first-time mothers. Several participants raised their children as single mothers since fathers were largely absent and/or uninvolved. The repercussions of not realising the nuclear family as ideal were twofold: firstly, there were no providing fathers and hence no opportunity for the participants to provide intensive, full-time mothering. Secondly, in order to make ends meet, the participants shared the household with their extended families on whom they relied for financial support and the provision of childcare. In these instances, the extended family functioned as the primary family unit.

Financially, the extended family functioning as the primary family unit, benefited mothers who could not afford a household of their own. They also gained from the accessible and affordable childcare provided by female family members sharing the household. On the downside, the participants had to share their hard-earned income with the rest of the household, do household chores in addition to their paid employment, assist with childcare and cope with intricate family relationships.

Rosy: *The thing is, if I now go to work, then everyone will look at me: I must now do this, I must now do that.*

Not all the participants who shared housing with their extended families were single. Some, who were in committed relationships with the fathers of their children, could not afford to marry and settle in their own, separate households. In these instances the 'nuclear' families shared a household with their extended families. In all of these arrangements, goods and services (such as childcare) were reciprocally shared. Poppie, quoted below, related how she, her husband and two children recently moved into a house of their own after having shared her parents' home for more than five years.

Poppie: *We have the other time been at my mother. We are now here maar for a year and maar rent the little place.*

Interviewer: And how is it for you now that you have moved?

Poppie: Is lekker, lekker. Is wonderful. To be able to stand on your own feet.

The participants all indicated that they preferred having their own, separate dwelling where they could raise their children with their partners. Staying with their extended families was seldom a choice, and always represented a compromise met with ambivalence. Some participants had to endure unpleasant living circumstances in order to reap the financial and childcare benefits that shared housing offered.

Perhaps as a consequence of the extended stay with family, the participants all described strong, ongoing relationships with their families of origin after they have acquired homes of their own. They often obtained housing close to their extended families (not always by choice) and had face-to-face contact with their mothers on a daily basis. Poppie, for example, described how she and her sisters had daily tea at her mother's house on their return from work. For several participants, interactions with their extended families were the only socialisation opportunities outside work and their nuclear families.

Poppie: Because we are mos four sisters and every afternoon we drink tea with my mother. And then we first come home.

In terms of childcare, living with their extended families presented the participants with accessible, affordable and flexible childcare. For some mothers, sharing childcare on a continuous basis with members of the extended family, posed great difficulty in setting clear boundaries and lines of authority with regard to their children. Their dependence on senior family members for housing and support meant that these relationships had to be carefully managed in order not to alienate those on whom they were dependent. Lily, for example described how she could only enforce clear childcare boundaries, once she, her husband and child acquired their own home.

Lily: But, now that we are up here, I see to it that especially when I am now at home, if I am now off, I say to the lad, you go down, when I work. Then you go down to grandmother. But when I am home, you stay with me. So I just want a bit, just a bit then, hmm, mmm, how can one say, get a distance, I am now not funny or so, but …

The findings indicated that since the attainment of an isolated, nuclear family consisting of a providing father and a mother who mothered intensively, remained an elusive ideal for most

of the participants, the extended family provided an alternative family context within which children could be raised and mothers be supported. This arrangement, however, remained a compromise and for some, a source of stress.

4.5.2.2 Mothers as breadwinners

The high levels of poverty, coupled with the non-realisation of the nuclear family as ideal, necessitated the participants' pursuit of paid employment. Whereas the unmarried participants worked to provide in their children's and family's material needs, the married participants felt that they worked in order to 'supplement' their husbands' incomes. The women continued to regard men as the main breadwinners, even though they often earned more than their husbands/partners. Some also regarded their own employment as a temporary measure (even if it never ends) until they managed to find a providing husband or until their husband managed to increase his income.

Rachel: *As little as my husband's salary is, if it comes that I can help him, where I can help him, I help him. Even if I now have to walk far to my work, I don't mind. Because, I now just want to help him.*

Lily: *I must (get) away there (from work), and now at the moment my income is a help for both of us.*

As a consequence of their wish to provide in their children's material needs, the participants had to compromise on their ideals of intensive mothering and do paid work. The limited employment opportunities in and around Paradijsbos caused them to do seasonal or shift-based work that afforded them little time with their children. Their irregular working hours also posed challenges to the procurement of childcare. Since the ideal of intensive mothering could not be realised, the participants settled for childcare that seems to most closely resembled the childcare ideal, such as home-based grandmother, and/or day mother care.

4.5.2.3 Mother substitutes

The tension between maternal absence due to work commitments and the ideal of intensive mothering seemed to necessitate the use of 'mother substitutes'. 'Mother substitutes' provided intensive mothering that closely resembled the care a good mother ideally provided herself. This inevitably pointed in the direction of grandmothers and day mothers who were assumed to practice the ideals of intensive mothering whilst holding similar values to the mother.

Rachel: No, she looks. She actually maar looks after them more or less the same as I look after them, or perhaps she gives even more attention than I give attention to them.

Apart from the ideological congruence brought about by grandmother-provided childcare, these arrangements also fulfilled the other requirements of ideal care described in section 4.3 such as affordability, flexibility, safety, convenience, individual attention, familiarity, etc. Grandmother care, next to intensive mothering by the biological mother herself, seemed to represent the best compromise available. Theoretically, the only constraints grandmother care posed (with reference to the participants' notions of ideal childcare), were the limited socialisation opportunities available to the children in her care and her perceived inability to educate and 'teach' them in scholarly ways.

4.5.2.4 Crèche-care as a site of learning
The childcare ideal of raising a well-educated child, according to the participants, could not be achieved through parental and familial input alone – formal childcare and educational facilities needed to be accessed for this purpose. The ideal, according to the participants, was to enrol your child in a suitable place of learning where children could be taught and given instruction.

Formal childcare was expensive and the participants could not afford the crèches they evaluated as best. Financial constraints forced them to compromise on the 'quality' of educational instruction. For some participants, the compromise resulted in opting not to send their child to a crèche whereas others chose a facility they could afford, even if it was not the 'best' facility available.

Lecia: She also comes from that auntie, because there wasn't always funds for a full R200 which I can (pay) for a crèche. After their grandmother I have, she was with that aunt Gesina and she could say her name, her surname and who she is, where she lives, what her street's name is, and such type of things.

Also, although grandmaternal care was regarded by participants as nearing the ideal of intensive mothering, grandmothers could not always sustain the care provided and sometimes failed to meet the standards of care required. In these instances, a further compromise was made by removing the child from intensive, full-time care, and placing her in a safe, controlled environment with a focus on education. The participants seemed willing to sacrifice 'intensive mothering' in exchange for crèche-based care as long as the quality of

care was adequate, affordable and it offered an educational input that surpassed what could be provided by the grandmother.

4.5.2.5 Compromising on material goods

A childcare ideal that emerged strongly from the data was the wish to provide well in their children's material and financial needs. The high levels of poverty, however, placed severe constraints on the realisation of this ideal. As a consequence, the participants continuously had to compromise on what they wanted to give their children by denying their children's wishes, downgrading to more affordable options or delaying gratification through saving.

Elize: *It is so, I feel, I, I want, where I can, to give her something, I want to give it to her. But then, understand, if Mommy doesn't have, then Mommy doesn't have. But if Mommy has, then I will buy it for you.*

A poignant example of financial compromise was described by Rachel who desperately wanted to celebrate her daughter's confirmation in church according to the customary practice, but couldn't afford to. In contrast to the traditional custom of providing cake or food for 800 congregation members, Rachel decided to use her limited funds to ensure her house was neat and presentable, her daughter was beautifully dressed, and to only provide eats for her daughter's peers. Her 'toned-down' plans were still barely affordable and the whole family were expected to sacrifice in order to realise this ideal.

Rachel: *Because next year my eldest child becomes, then it is her confirmation. Even if we now also have to go hungry, we, we somewhere just have to skimp or so. We will have to. Our confirmation works like that. If you want to, but it is now almost seven, eight hundred people for whom you have to provide cake. But now I said to them I am not going to offer anyone a little plate (of eats), except for the Sunday school. Because she comes from the Sunday school. So the rest who then come here after the Sunday school, are now just going to sing to her and then they now maar have to (go) again. Because it is about 28, 29 children who are confirmed here by us every year. So it's a lot. It is terrible.*

The financial limitations that resulted in a denial of their children's wishes were particularly difficult for the participants to cope with – especially when other caregivers such as grandmothers were able to give their children what the parents were forced to deny.

Lily: *It is very difficult, yes. [Laughs.] Especially when we hmm, go shopping. Then he goes along. He <u>wants</u> that thing on the shelf and we tell him but you can't, because you already have one at home. Tomorrow, then, Grandmother comes walking down the road.*

Given the participants' limited means with which they can treat their children on a daily basis, occasions such as birthdays (21st birthday in particular), christenings, confirmation and matric farewells seemed to be afforded special significance. For these events, the participants would save, borrow, plan and earmark their limited resources to ensure a special celebration for their children.

4.5.3 Discussion

The widespread poverty in this community coupled with intricate gender relations, resulted in women having to compromise on their ideals of mothering. Not only was the ideal of a nuclear family seldom realised, but the participants had to expand their mothering roles to include that of economic provider whilst seeking 'substitute' mothers for their children and restricting expenditure on their offspring. Throughout this process, the participants' extended families assumed a significant role – most notably as the primary family unit in which their children were raised.

Worldwide, the extended family plays a central role in the lives of poor, young, single mothers of colour (Ally-Schmidt, 2005; Bozalek, 2004; Ochieng, 2003). In South Africa, extended families play a particularly prominent role in the provision of childcare in black and Coloured families (Ally-Schmidt, 2005; Bozalek, 2004). Cultural, economic and evolutionary factors are regarded as influential in the establishment of the extended family as a pivotal childcare structure (Hill Collins, 1997; Hrdy, 1999). According to Ochieng (2003), the extended family 'adapts and commits family resources to normal and non-normal transitional crisis situations' (p. 126) and as such has survived because of minority groups' enduring exposure to discrimination and poverty. Hill Collins (1997) asserted that Black American families were denied sufficient resources to support private, nuclear family households. She contended that a distinct Afrocentric ideology of motherhood resulted in which (a) 'othermothers' play a central role in the caring for children and the rendering of support for 'blood-mothers' (p. 329); (b) economic provision have been integrated into the mothering role and (c) Black women felt accountable for the care of children in the community at large.

The participants in the present study were similarly exposed to discrimination and poverty under apartheid, and developed similar childcare practices as described by Hill Collins

(1997). However, a noticeable difference was that the participants in the present study did not all value maternal economic provision, the use of 'othermothers' and a shared responsibility for the larger community's children. In fact, the participants' childcare practices were presented as the result of a compromise between the lack of resources and the ideal of the nuclear family. The exchange of goods, money and services between female family members included the provision of childcare. The preference for grandmother care in this study, was not motivated by the wish to transfer cultural identity to the next generation (Obeng, 2007), but rather a compromise between the wish to mother intensively and the economic realities and constraints they were faced with. Grandmother and day mother care for infants, closely resembled intensive mothering by the biological mother and represented the compromise with the least amount of tension between ideal and practice.

The women interviewed, frequently attributed their lack of financial resources and childcare difficulties to the absence of men and the unwillingness and inability of men to provide sufficiently in their and their children's needs. Despite the participants' hopes that paternal presence and involvement would enable them to mother intensively, the data clearly showed that paternal employment and involvement did not relieve women from their roles as economic providers. Men in this community were also subjected to high levels of poverty associated with rural unemployment and low-paid work. A study conducted by Kohler et al. (2004), indicated that the presence of a male partner was unrelated to the economic or emotional well-being of low-income, rural mothers and that the extended family, who provided practical assistance and care, mostly buffered mothers against their economic challenges.

Those participants who did manage to establish a separate household and/or nuclear family continued to be highly involved in reciprocal relations with their extended families – in particular their female kin. According to Chodorow (1989) women in matrifocal societies tend to remain in relationships with females that are characterised by mature dependence. Since their roles as mothers are valued in these societies, they gain prestige as they age. Furthermore, they contribute to their family's economic support and have control over real economic resources which enhances their sense of self-esteem, independent of their relationship to their children. Chodorow (1989) speculated that mothers' embeddedness in multiple female relationships of mature dependence could potentially facilitate differentiation between mother and daughter and provide the daughter with a positive valuation of herself.

Poverty and financial constraints caused the participants to compromise on the perceived quality of care and educational instruction received from the various crèche facilities and to

deny their children certain material goods or opportunities. Compromising between what they wanted to provide financially, and what they were able to afford, always resulted in a reluctant downward adjustment of the ideal. This was frequently met with disappointment and ambivalence as the participants remained determined to improve their financial position in order to meet their childcare ideals. Celebrating special occasions such as birthdays, matric farewells and confirmations in church seemed to be one of the ways in which the participants managed to compromise between their childcare ideals and the lack of resources. Lee, Katras and Bauer (2009), found that low-income, rural mothers made special effort with birthday celebrations on which they would intentionally spend money on non-essential goods and services to 'infuse their children with a feeling of normalcy', and to 'show their children that they are important' (p. 547). These cultural standards of 'big celebrations' tended to conflict with the participants' limited resources and in turn required innovative financial strategies and a reliance on extended family members for assistance.

To conclude, the findings of this study indicated that race, poverty, gender and family relations limited the extent to which the participants could provide the childcare they envisaged for their children. Similar to Ally-Schmidt's (2005) observation that women in the Ceres community, 'are caught in the paradoxical bind of being responsible for care-giving and acquiring resources, but are limited structurally through being marginalized and exploited workers' (p.v), the participants in the present study endorsed dominant ideas on ideal motherhood, whilst mothering in a disempowering context. In many ways, the participants' childcare ideals were unrealistic given the structural, social and personal constraints with which they were confronted (Youngleson, 2006). The absence of more realistic childcare discourses that could successfully compete with the dominant ideal of intensive mothering within the nuclear family, caused a range of feelings such as ambivalence, self-blame, despondency, frustration and shame. As noted by Kruger (2006a) 'the ideology of mothering can be so powerful that the failure of lived experience to validate, often produces either intensified efforts to achieve it or a destructive cycle of self- and/or mother blame' (p.203). Both these possible outcomes of the discrepancy between ideal and practice were discernable in the data as the participants continued to pursue the procurement of childcare aligned with the ideal and blamed themselves, their families and their partners for their failure to do so.

4.6 Making decisions about childcare

As presented in section 4.5, the participants had to compromise on their ideals of childcare and this frequently resulted in the use of substitute mother-care provided by maternal grandmothers, great grandmothers, paternal grandmothers, day mothers or formal childcare providers. In this section, the findings related to the childcare decision-making processes that were followed, are presented.

4.6.1 Case studies

As is evident from the grounded theory analysis (see section 4.6.2), the participants' childcare decisions were informed by both pragmatic, personal, conscious motivations as well as unconscious processes related to the mother-daughter relationship. In the case studies presented here, these factors as well as the mother-daughter relationship, its development through childhood and its impact on childcare decision-making will be explored in more depth.

Rosy

Rosy's choice of grandmother care during her child's first year was motivated by practical concerns such as flexibility, affordability and convenience. It also constituted a compromise between the ideal of intensive mothering and the acute financial difficulties she experienced. Besides the pragmatic and conscious reasoning behind her choice of childcare, it was noteworthy that Rosy used the same people who raised and cared for her as a child, (namely her grandmother, her mother and the crèche she attended) to provide care for her child. Unconsciously, Rosy seemed moved to recover her own early maternal loss and re-work her relationship with her mother.

Rosy's narratives of her early childhood experiences centred on the absence of her mother and father. Within a month of Rosy's birth, her mother left her in the care of her grandmother to go work in a coastal town about 100 km away. Rosy had no contact with her mother or father before the age of nine. In her mother's absence, Rosy's grandmother and aunt (and uncle) served as substitute parents. Her substitute parents proved to be trustworthy and dependable caretakers and Rosy valued their presence and availability. In the excerpt quoted below, she started the short narrative with a statement regarding her aunt and uncle always being there for her. She then listed the various ways in which they provided in her needs and then concluded the narrative by stating again, 'they were always there for me'. Clearly their continuous presence, reliability and availability in contrast to her parents' absence and unavailability were highly valued. These valued attributes found expression in Rosy's description of ideal childcare as 'being there' for your child.

Rosy (contd.)

Rosy: They were always there. If I now perhaps needed something for the school – then they were always there to give (it) to me. If I was now perhaps sad about my mother, then they were always there to talk to me and to say, 'don't you worry, she will come home'. They were always there for me.

Rosy described herself as a 'naughty', unhappy and sad child who cried easily and who demanded attention from her caregivers. Her narratives reflected a sense of her own destructiveness which could potentially destroy and drive her caregivers away.

Rosy: For them it was just as difficult. Because they say I was very naughty. They could just look at me like this, then I would cry all day long. And so they then just left me like that all day long. That I can maar finish crying and settle down again.

As theorised by Benjamin (1994), the conflict that emerges between the infant's grandiose aspirations and the reality of her dependence and/or limitations give rise to the 'paradox of recognition' which should ideally continue as a 'constant tension between recognizing the other and asserting the self' (p.135). According to Benjamin (1994) when the tension of mutual recognition breaks down, fantasy ensues in which the other is experienced as omnipotent and threatening. In Rosy's case, her mother's abandonment felt real and sparked repeated efforts to locate and be reunited with her mother. Her absent mother was omnipotent in her ability to frustrate and inflict feelings of loneliness, sadness and misery.

Rosy's mother unexpectedly returned to Paradijsbos when Rosy was nine years old. She was totally unprepared for her mother's return and experienced intense ambivalence – on the one hand her dreams of being reunited with her mother were fulfilled, on the other hand her mother represented an unfamiliar other, someone she had no connection with and feared.

As a ten year old, Rosy and her mother moved in with her mother's new boyfriend (and soon-to-be stepfather) in Worcester. Amidst the severe physical abuse her mother was subjected to, Rosy assumed a 'mothering' role towards her mother who grew increasingly dependent on her for care, assistance and protection. The powerful, absent mother made way for a helpless, vulnerable, anxious, mother who remained omnipotent in her continuous need for care from her daughter. This all-encompassing need for care (that Rosy felt compelled to fulfil) was evident in her mother's decision to keep Rosy at home and not send her to school. Rosy interpreted her mother's increased dependence on her as an indication of the strengthening of their relationship. The newly acquired, exclusive relationship between Rosy and her mother was abruptly severed with the birth of her stepsister. Rosy expressed her anger and resentment by stating that her mother was never there for her, but '*now she can raise her own child*'. The relationship between Rosy and her mother was further transformed and

Rosy (contd.)

re-negotiated with the birth of each sibling and through the continuous physical abuse her mother suffered from her stepfather. Differentiation between mother and daughter continued as Rosy tried to protect her mother from her stepfather's abuse, pinched money from her drunken stepfather to buy food for the family and criticised her mother for her passivity, helplessness and lack of agency.

In early adolescence, Rosy's life was characterised by stability: her nuclear family moved back to Paradijsbos where she derived much needed support from her aunt and grandmother, her mother separated from her abusive stepfather and moved in with her grandmother, and Rosy established a wide circle of friends at school.

Rosy's mother valued a good education and wished for her daughter to secure employment that would earn her a decent salary (from which the whole household could ultimately benefit). Although Rosy shared her mother's ideals, she was disappointed in her mother's inability to help or assist her with her school work. Her mother had very limited education due to the financial and political circumstances of her childhood, but Rosy experienced it as being left to struggle on her own. Intense conflict ensued between Rosy and her mother when her mother, congruent with her ideals, actively discouraged any threat to the successful completion of her daughter's schooling, such as socialising with peers and entering intimate relationships. Her mother's anxiety about Rosy's developing sexuality and the possibility of pregnancy caused her to openly reject Rosy's choice of boyfriends. After Rosy failed her grade twelve examination, she worked at a nearby factory where she met the father of her child. Her relationship was disapproved of by most people in her life: her family, her co-workers, his family and her mother. Rosy's mother seemed particularly concerned about their age difference and forbid him to enter their home. Despite her mother's reservations about the relationship and repeated warnings not to fall pregnant, a year and five months into their relationship, Rosy's pregnancy was confirmed.

Rosy did not formally announce that she was pregnant and according to her, her mother 'found out' by noticing a change in her eating and sleeping patterns. After her mother and grandmother expressed their anger and disappointment, silence about the pregnancy descended on the household. Whereas Rosy was concerned about losing the positive regard and approval of her family, her mother and grandmother were deeply concerned about the financial burden a baby brought. Rosy's aunt, who was emotionally quite close to her but didn't share their household and was financially more secure, was initially upset, but remained emotionally connected to and supportive of Rosy. Amidst the strained relationships in the household, Rosy's mother and grandmother started to prepare materially for the baby's arrival – a process from which Rosy was excluded.

Throughout her pregnancy, Rosy remained unsure of her mother's support. Her mother's threat, '*jy gaan alleen jou kind grootmaak*' ('*you are going to raise your child alone*'), echoed earlier experiences of maternal abandonment and unavailability. Rosy's pregnancy reminded her mother of her own first

Rosy (contd.)

pregnancy as a single mother and the hardship she suffered as a result. Despite her repeated attempts to control Rosy's reproductive future, she was confronted by her own powerlessness in this regard. Mutual ambivalence ensued throughout Rosy's pregnancy, and rapprochement between Rosy and her mother only occurred during and after birth. Rosy did not receive positive, affirmative responses from those she cared about during her pregnancy, but after her daughter's birth, she could share vicariously in her family's love and affection for her child.

Rosy's mother involved herself with the caretaking of her grandchild from the start but her employment demands rendered her unavailable during the day. Her mother's frequent telephonic enquiries could be construed as support for Rosy or anxiety about Rosy's ability to take proper care of the baby.

Rosy: *The next day then she asked whether the child is darem okay. Then I said, yes, she can maar go. And then she went to work. She phoned constantly and asked whether everything is okay.*

During the days following the birth, Rosy's grandmother proved to be a useful source of information, tangible support and advice. Although Rosy experienced her grandmother as supportive, she still equated her mother's limited availability, with doing it all on her own. In some ways, her mother's absence during the day and her grandmother's presence and assistance mirrored the childcare arrangements of Rosy's youth.

A defining moment in the relationship between Rosy and her mother occurred when her baby fell seriously ill while her mother was away for the weekend. The illness developed rapidly and Rosy felt totally unprepared and incompetent in dealing therewith. In her account of these events, Rosy placed particular emphasis on her mother's absence, whilst obscuring the fact that she seemed reluctant to display her dependence and vulnerability by phoning her mother for advice. Only after Rosy exhausted all other sources of support did she contact her mother who immediately came and took control. While Rosy left to arrange transport to the hospital, her mother decided (without consulting Rosy) to resort to faith healing. She took the baby to a nearby evangelist who prayed for the baby who subsequently got better.

This incident had a profound impact on Rosy and her mother. Not only did her mother's unusual intervention seemed to be effective, but for the first time, Rosy experienced her mother as decisive, active and present when she needed her to be. Subsequent to her daughter's illness, Rosy decided that she could only ensure her future health, by converting to Christianity. Rosy's mother supported her daughter and demonstrated her allegiance by also converting to Christianity. Through her mother's presence at a time of difficulty and outspoken commitment to her grandchild's health, the relationship between Rosy and her mother was restored. Their mutual concern for Rosy's child seemed to have

194

Rosy (contd.)

facilitated renewed trust between them. Although Rosy's grandmother provided the bulk of childcare during the day, it was her mother who developed an intimately connected relationship with her child. Rosy described several interactions between grandmother and grandchild that were characterised by warmth, love, care and spontaneity. Rosy seemed to share vicariously in these interactions – interactions she never experienced with her mother as a child or an adult.

While her mother and her child developed a strong relationship, Rosy remained frustrated with her mother's criticism of her, and her mother's helplessness and inability to assert herself effectively towards Rosy's younger siblings. Rosy continued to fulfil a mothering role towards her mother and siblings: she provided care and finances, did household chores and sometimes disciplined her younger brother on her mother's behalf. Her mother continued to assist her with childcare and provided housing for her and her daughter. Their relationship was not without conflict, but they seemed able to find ways of settling their differences in satisfactory ways.

Throughout her childhood, Rosy's grandmother remained a stable, reliable and present childcarer and Rosy relied on her to provide similar (ideal) care for her child. Her mother, in contrast, was experienced as absent, helpless and passive during Rosy's childhood, but present, reliable and loving towards her grandchild. Through utilising childcare provided by both her grandmother and mother, Rosy tried to ensure that her daughter received quality, reliable care whilst unconsciously recovering her own early maternal loss.

Elize

At the time of the interviews, Elize's child received crèche-based care as well as babysitting provided by Elize's mother, grandmother and cousins. Her daughter used to be cared for by the paternal grandmother until Elize grew dissatisfied with the care received. Elize prided herself in providing most childcare herself when not working and highly valued intensive mothering. Pragmatically, these childcare arrangements proved to be convenient and above all safe – a requirement Elize valued over and above any other. The use of multiple caregivers in the provision of childcare mirrored the childcare arrangements of Elize's childhood: she too was raised by her maternal grandmother who took responsibility for childcare and relied on other family members such as the paternal grandmother, aunts and cousins to assist with childcare. Elize also attended a crèche from the age of about three.

Elize described herself as 'grandmother's child'. Although her mother shared the grandmother's household before and after Elize's birth, she recalled infrequent contact with both her parents as her mother worked long hours and her father established a separate family after his four year relationship with her mother ended. Elize spoke with great fondness of her grandmother who mothered and nurtured her intensively. Her relationship to her grandmother was characterised by love, care and mutual respect and seemed relatively uncomplicated.

In contrast, Elize's relationship with her mother has always been distant and ambivalent. Her parents were unmarried and separated when Elize was three years old. At the age of nine, her mother married her first stepfather and moved to Elsies River where they established a separate nuclear family. Elize continued to stay with her grandmother and regarded her extended family as her primary family unit. She had frequent interaction with her paternal extended family, but limited contact with her mother. Elize described her stepfather as unaccepting of her and verbally abusive towards her mother. In high school, Elize developed stress-related headaches which she ascribed to her stepfather's behaviour and attitude towards her. One of her teachers invited Elize to stay with her, which Elize did for about two years. She developed a strong attachment to her teacher whom she described as a mother figure – someone who continued to play an important role in her adult life.

In her mother's absence, Elize was able to find mothering substitutes who loved and cared for her and to whom she developed strong attachments. Elize nurtured and invested in relationships with friends and family and frequently used the word, 'geheg' ('attached') to describe the quality of her relationships. Her first, serious heterosexual relationship developed shortly after she left school to start work. At the time, conflict between her and her grandmother ensued about Elize's active social life. Her grandmother was a religious woman who highly valued respectability in the community and her granddaughter's association with friends who drink, was not approved of. Against her grandmother's wishes, Elize fell pregnant at age 22. Elize decided to convey the news of her pregnancy directly to her grandmother, who in turn informed her mother. Her grandmother's initial disappointment was short-lived and acceptance and support soon followed. Her boyfriend visited her mother to discuss Elize's pregnancy, but Elize never engaged directly with her mother on this matter.

Elize (contd.)

A few months into her pregnancy, Elize and her boyfriend went their separate ways after he involved himself with someone else. Elize was devastated and heartbroken, and her grandmother confronted him on her behalf. Whereas her grandmother exuded support, strength and agency, her mother's lack of support and passivity left Elize frustrated and disappointed. During her first pregnancy, Elize moved in with her mother, stepfather and stepbrothers in an attempt to establish a stronger relationship with her mother. Her stepfather's verbally abusive behaviour coupled with the seemingly unbridgeable gap between her and her mother soon caused her to move back to her grandmother. Pre- and postpartum, Elize's grandmother played a supportive role: not only did she provide care for the baby, but she also mothered and nurtured Elize. Her mother moved back in with Elize and her grandmother after she separated from Elize's stepfather. Elize, her mother and grandmother all provided childcare, with her grandmother providing most of the care while Elize and her mother worked. The sudden death of Elize's baby brought her and her mother closer as her mother supported her and expressed intense grief at the loss of her granddaughter. Elize, however, turned to her school teacher (who was a mothering figure to her), her grandmother and the priest for support and comfort – not her mother. Elize described the adult relationship between her and her mother as distant and uncomfortable: they had nothing to say to each other. Her mother would intentionally seek out her company, but then have nothing to say. The discomfort between them caused avoidance and limited communication – Elize, for example described how she would 'walk past my mother' to seek her grandmother's company.

Elize:　　　　There was a time when she and I could not communicate so lekker. Because I did not know what I should be able to say to her and what not. When she comes into a room, then I go out. Then it is as if my mother now comes and wants to talk to me, but then she now doesn't know how.

Elize's second pregnancy was celebrated by everyone – especially her mother. Perhaps based on her mother's undivided support for her pregnancy, 31 year old Elize moved into a Wendy house on her mother and second stepfather's property. Her mother's marriage to her second stepfather was supported by Elize who described him as a 'wonderful person', someone she could talk to, who had good advice to give and who facilitated a closer relationship between Elize and her mother.

When Elize returned home after giving birth, her mother was present and available for support and assistance, but also granted Elize the opportunity to care for her infant on her own. Elize who valued self-sufficiency was empowered by this and although her mother was there 'to come in and help', Elize felt more involved and connected to her second infant, than she did with her first. She also described herself as more experienced and therefore less dependent on her mother for practical assistance.

A month after her child's birth, Elize felt compelled to return to work. The paternal grandmother offered childcare and Elize who valued grandmother-provided childcare and wanted to strengthen the

Elize (contd.)

ties between her, her child and her child's father moved in with the father of her child and his parents. After her boyfriend ended their relationship and the paternal grandmother disappointed her, Elize moved back to the Wendy house on her mother's property, where she continued to stay at the time of the interviews.

The relationship between Elize and her mother continued to grow and they developed the closeness that has evaded them throughout her childhood and early adulthood. When Elize was diagnosed with Diabetes Type II, her mother proved to be highly supportive in the provision of childcare, cooking meals and ensuring that Elize attended to her own health. Elize in turn, frequently sought her mother's company, ran household chores for her and supported her financially. She continued to have a very close relationship with her grandmother who supported her employment endeavours, encouraged her to participate in church activities and who continued to serve as a role-model.

The hurt Elize suffered from the abandonment by her children's fathers, created intense ambivalence about paternal involvement in her child's life. On the one hand, Elize desperately wanted to create a nuclear family for her child, on the other hand, her disappointment in men coupled with her self-sufficiency and independence, caused her to conclude that she did not need a man in her life.

To conclude, Elize's choice of grandmother and great grandmother care was motivated by her own experiences of being nurtured and cared for by her grandmother. Her childcare choices served to recover some of her own early mothering experiences, whilst also trying to repair the relationship with her mother. The grandmaternal care provided for her first-born, offered Elize an opportunity to vicariously share in the nurturance and love from her grandmother. Through the birth and loss of her first child and the birth of her second child, Elize and her mother re-negotiated and re-worked their relationship. Their relationship evolved from a distant, uncomfortable, strained relationship to one in which they cared for and nurtured each other. In her mid-thirties, Elize has developed relationships with her mother and grandmother that were characterised by closeness, respect, but also independence, autonomy and self-sufficiency.

Carmen

Carmen's wish to have a child seemed at least partially informed by an unconscious wish to repair or recover the loss of a good object personified by her grandmother. After Carmen's younger sibling died from diarrhea at the age of five months, her grandmother decided to take Carmen into her care. She was subsequently raised and nurtured by her maternal grandmother while she had occasional contact with her biological mother. Consciously, Carmen did not regard the loss of her mother as problematic and stated that it didn't bother her since she would have died if her grandmother did not take her into her care. Carmen seemed grateful that her grandmother not only saved her life, but also nurtured, loved and cared for her in a very generous, intimate way. Carmen felt loved and valued by her grandmother, who called her 'my blompotjie' ('my little flowerpot') and took her everywhere she went. Her grandmother's death at age nine was an enormous loss. Carmen described feeling very sad and tearful, missing her grandmother and the care she provided. Her grandmother (on her deathbed) appointed her maternal aunt (who also shared their household) as guardian and Carmen addressed her aunt as 'mother'[8]. Her relationship with her aunt was good, but not as close and intimate as the relationship she had with her grandmother. Carmen respected her aunt who provided good physical care and was less controlling and strict than her grandmother. They had little conflict and Carmen was granted freedom to socialise and enter heterosexual relationships.

At age 14, Carmen entered her first sexual relationship with someone five years her senior. Together they decided to fall pregnant, and made repeated visits to the clinic until her pregnancy was confirmed. Carmen was excited about having a baby and anticipated that a baby would be like a friend to her – someone she could play with and dress up. She insisted that her pregnancy was the result of a decision she and her boyfriend purposefully pursued. Throughout her pregnancy, she acted with remarkable self-sufficiency as she made all the arrangements and preparations for the birth, herself. Carmen intentionally kept her pregnancy a secret from her aunt, whom she anticipated would be angry and disappointed. Carmen's planned pregnancy, and the ways in which she prepared for her child's birth, clearly served to accentuate her growing independence from her mother.

Despite her aunt's shock about Carmen's pregnancy, she was supportive of Carmen and offered practical assistance and help after the baby was born. Carmen, determined to display her independence, claimed not to need much help, since her prior experience in caring for her nieces and nephews, developed her into a skilled mother.

Although Carmen's aunt seemed supportive of Carmen and the baby, her heightened ambivalence about the baby's father, became more pronounced after the birth. Carmen was determined for her

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[8] Carmen refers to her aunt as her "mother" and is quoted as such in the text. In the case descriptions, I referred to her aunt as her "aunt" to distinguish between the roles her aunt (as a mothering figure) and her biological mother served in her life.

Carmen (contd.)

child's father to be actively involved in the raising of their child (as he indicated he wanted to be), but since they lived in different households, Carmen wanted him to stay over on occasion. Her aunt on the other hand, forbid Carmen's boyfriend to sleep over at their house, and a hefty power struggle ensued. Carmen felt torn between her loyalty to her aunt and her wish to share her child's upbringing with her boyfriend whilst a tug-of-war ensued between her aunt and her boyfriend for access to the baby. Her aunt instructed Carmen to obey her, but Carmen seemed intent on asserting her independence and autonomy by moving in with her boyfriend and his family (with her baby) for lengthy periods of time. Her aunt reacted by fetching the baby (without Carmen's consent) from the paternal grandmother. The conflict between Carmen and her aunt further escalated until her baby fell seriously ill while Carmen was visiting another family member. After he was hospitalised and successfully treated, her aunt remarked that it will be best for the baby if Carmen and her child returned home permanently. She also invited her boyfriend to visit whenever he wanted. The process of differentiation between Carmen and her aunt ('mother figure') seemed painful as Carmen negotiated increased autonomy whilst also being confronted with her dependence on her aunt.

When Carmen returned to school, her aunt provided childcare on a shared basis. Carmen's decision to use 'grandmother'-provided care was partially motivated by financial constraints and the need for cost-effective, flexible, quality childcare. Unconsciously, her reliance on her aunt for childcare and assistance, served to recover some of her own early maternal loss whilst solidifying their re-negotiated relationship of 'autonomy with connection'.

Sarah

Sarah grew up in an upwardly mobile, low-class, nuclear family. Both her parents subscribed to the view that intensive mothering by the child's biological mother, was ideal. Sarah endorsed similar values and chose to provide all childcare herself. She was also the only participant who could afford to do so.

Sarah's mother took care of her since birth. Being the youngest of three, and the only girl, her mother was particularly concerned about her safety and consequently controlled all Sarah's movements. Apart from attending school, Sarah was seldom allowed out of the house, unless accompanied by an adult. Her brother's death in an accident intensified her mother's actions of control and surveillance. As an adolescent, Sarah had few friends, disliked school and resented her mother's control. Sarah's dependence on her mother's approval and her own sense of helplessness caused her to remain 'a good, obedient daughter', despite her unhappiness and anger at being controlled. Sarah experienced her mother as 'out of tune' with her daughter – especially as far as sexual matters were concerned. Her mother seemed particularly anxious that Sarah may fall pregnant out of wedlock. Not only did her mother control and police her movements, she also warned Sarah about the dangers of unprotected sex and encouraged Sarah to use contraceptives as a precautionary measure. Sarah on the other hand was totally inexperienced as far as sexual relationships were concerned and did not plan to become sexually active before marriage.

Sarah completed her schooling successfully and was keen to study further. Her father reckoned there was no need for a girl to be qualified, since she first had to 'work for her parents' before she gets married and become a housewife. Consequently, her parents discouraged her to do a computer course she was selected for, citing safety concerns (travelling to Cape Town by train was construed as too dangerous). At twenty years of age, Sarah was still controlled by her parents, but her wish for independence and freedom of movement intensified after she met her future husband. On impulse, Sarah and her boyfriend decided to get engaged – a decision that was immediately met with approval from her parents. Sarah repeatedly stated in the interviews that her decision to get married was 'not for the right reasons', but mostly to gain independence from her parents and freedom of movement. Sarah decided to continue with the wedding even after it became clear that her fiancée was increasingly abusive towards her. Her mother made all the decisions and arrangements for the wedding.

Sarah was unhappily married as her husband drank excessively and became increasingly abusive towards her. Not only did Sarah withdraw from those around her, but she also became increasingly isolated when her parents moved to nearby Franschhoek. Two years after the wedding, Sarah was pregnant and this heralded a significant change in her relationship to her mother. Her mother expressed great excitement over the pregnancy and eagerly assisted Sarah with preparations for the

Sarah (contd.)

birth. Sarah felt recognised and respected as an adult as her mother's approval of her pregnancy affirmed her independent self.

After a painful birth, Sarah was discharged from hospital and visited her mother to assist with the baby while she recuperated. Although she anticipated to be nurtured and cared for by her mother, her husband insisted that she return home within a day. Sarah developed post-birth haemorrhaging and struggled to attend to her baby. She felt unsupported and lonely given the lack of a supportive husband and the absence of her mother. Sarah had no one to turn to and her longing for her mother intensified.

Sarah's mother was incredibly fond of her granddaughter and also extended love, nurturance and care to Sarah. Sarah increasingly sought her mother's company and paid her frequent visits (usually accompanied by her daughter). A strong relationship between mother and daughter developed as motherhood afforded both Sarah and her mother the opportunity to re-work and re-define their relationship to one of more autonomy for Sarah, whilst remaining close and connected. Perhaps through the renewed, satisfying relationship with her mother, Sarah decided to divorce her abusive husband and return to work. Her mother was also the person she turned to for childcare when her daughter refused to attend the local crèche. Sarah described her mother as ''n regte staatmaker' – someone she could rely and depend on.

Sarah's second pregnancy that occurred shortly after she was reunited with her ex-husband, caused Sarah much excitement – mostly because she was expecting a son. Much to her disappointment, her mother seemed disinterested, if not opposed to the pregnancy. Sarah felt deeply hurt by her mother's inability to celebrate the pregnancy with her and was resentful of her parents' insistence that she remarry her husband. Although Sarah had reached some autonomy in her relationship to her mother, she still sought her mother's approval and consequently married her husband a day before she miscarried the four month old fetus. The miscarriage left Sarah devastated, lonely and isolated as her distrust in her mother brought some estrangement in their relationship. Her feelings of depression intensified as her marital difficulties resurfaced and her mother's health deteriorated. Throughout Sarah's third pregnancy, her mother was bedridden due to diabetes-related complications. Sarah knew that her mother was terminally ill and throughout her pregnancy mourned her mother's ailing health, and the pending loss of a mother who not only loved her, but was her only source of nurturance and care. Four months after the birth of her youngest child, Sarah's mother passed away. Sarah was deeply affected by the loss of a mother towards whom she had such ambivalent feelings of love and hate.

At the time of the interviews, Sarah expressed an intense longing for her mother which she projected onto her youngest child, by stating that her daughter was deprived of a grandmother who could spoil and treat her. Sarah's mother could not bear witness to the daughter of whom Sarah was incredibly

Sarah (contd.)

proud, and Sarah had no one to assist her with childcare and the mothering of her daughters. Her mother's 'legacy' continued as Sarah intensively cared for her youngest, ensured her safety and controlled her movements.

Poppie

Poppie was raised and cared for by multiple caregivers, such as her parents, her grandmother and her maternal aunt. She was part of a large extended family and the third of five children. Her parents lived and worked in Stellenbosch while she and her siblings stayed with her maternal grandmother and aunt in Paradijsbos. Poppie was unable to recall much of her early childhood, but remembered that her grandmother was very strict, authoritarian and punitive.

Poppie had limited contact with her parents who visited them once a week (or less) and showered them with sweets and toys. She remarked that they were the envy of other children in Paradijsbos, since they always had new toys to play with. It is almost as if Poppie's mother and grandmother exchanged the stereotypical roles of mother and grandmother: her mother was the one visiting and spoiling them whereas her grandmother was the one who tended to the day-to-day care and upbringing.

A significant development took place when Poppie's parents managed to get a dwelling of their own in Paradijsbos and the twelve year old Poppie and two of her sisters moved in with her parents for the first time. Despite the family living together for the first time, Poppie recalled that her parents often went out to the Sandberg Inn to dance and socialise. On these occasions, the children stayed with her father's sister next door. Poppie described her mother as a 'party animal' and someone who was 'orraait op haar dag'. Her mother's employment responsibilities and active social life, rendered her largely unavailable to her children, despite them sharing a household.

Poppie and her mother never had a hierarchical, mother-daughter relationship – she described her mother as a friend, more than a mother. As a teenager her mother provided in her physical needs, and granted her the freedom to pursue social and school interests. Poppie referred to her adolescence as her 'stoutvangjare' – a time during which she experimented with smoking and drinking, truancy and going out with friends. As an adult, she and her mother seldom had conflict and established a relationship characterised by reciprocity: Poppie contributed financially to the household, while her mother cooked, washed and cleaned. The only source of conflict between them was her mother's disapproval of her first, serious relationship.

Poppie fantasised about doing a tertiary course in nursing, but her applications were all unsuccessful. Perhaps the lack of future prospects unconsciously moved her to fall pregnant at the end of her final year at school. Poppie expressed ambivalence about the pregnancy which she described as unplanned and unwanted. She feared telling her mother and insisted that her boyfriend break the news ('want hy was die man wat my so omgekrap het'). Her mother and grandmother both expressed disappointment in her pregnancy – especially since Poppie had only just finished school.

Poppie was unable to recall much of her first pregnancy, but indicated that despite her mother's and

Poppie (contd.)

grandmother's negative reactions to the pregnancy, they both supported her when she went into labour. Poppie's memories of the birth were scant – perhaps suggesting that she was somewhat disconnected and dissociated from the process. Being confronted with the 'ugly' appearance of her new-born baby, Poppie's intense ambivalence caused her to withdraw from childcare and leave the responsibility of care to her mother and grandmother who were eager to substitute.

Poppie's grandmother played a significant role shortly after the baby was born. Not only did she offer to babysit when Poppie went out, but she also gave her plenty of advice and criticism. Poppie welcomed her grandmother's input and stated emphatically that her grandmother's care was good – it was all good.

As a mother, Poppie was mostly absent and detached from her child, as work, friends and her boyfriend remained her focus. She also drank excessively over weekends and increasingly left her child in her mother's care. No one in her family expected her to be more involved in childcare and gladly fulfilled mothering tasks on her behalf. In some ways, the substitute mothering provided for her first child, was a repeat of the childcare Poppie received as a child. Similar to how Poppie was raised by her grandmother in the absence of her mother, her daughter was raised by her grandmother and great grandmother in the absence of her mother. In Poppie's absence, her mother was now afforded a first opportunity to mother a young child as she was never able to with her own children.

Poppie's initial detachment from her child was evident in her inability to remember what the childcare her child received, entailed. She did however offer the following description of the care she *imagined* her mother would provide.

Poppie: *Hmmm, my mother will give her her sweets and then she has to go and sleep or she must play or she must do something. That is what my mother will do.*
Interviewer: *What will your mother do then?*
Poppie: *My mother would only give her porridge and she will have to play. She will maar just have to get used to it. To the the routine. [Laughs.]*
Interviewer: *And what if the little baby now cries a lot?*
Poppie: *Then she will now pick her up now, then. You can mos now hear this is a naughty cry, and a sleepy cry, you know that! [Laughs.]*
Interviewer: *And if it is a naughty cry, what will she do then?*
Poppie: *Then she will now: shut up, and so on. But sleepy cry you can now see in the eyes. No, the child is sleepy.*

From the description cited above, it is clear that Poppie did not imagine her mother to be particularly affectionate, patient and loving towards a baby, although she expected her mother to take good care of her baby's physical needs. This fantasy probably reflected Poppie's experience of her mother as a

| **Poppie (contd.)** |
| good friend, provider and social partner, but not a nurturing, affectionate, loving mother. |
| |
| After Poppie married and had her second child, she, her husband and children co-resided with Poppie's parents. Poppie experienced less ambivalence about her second child: she was married, had a planned and wanted pregnancy and was financially more secure. When she returned to work three months after giving birth, Poppie did not give her mother consideration as a provider of childcare. Although she did not elaborate on her reasons for doing so, it is possible that she kept her mother 'all good' by *not* putting her in the position of childcare provider. Her mother was a good friend and source of support to her, but not necessarily someone she regarded as an ideal childcare provider. In her choice of day mother care, Poppie found a substitute for grandmaternal care, who was loving, caring and affectionate towards her child. By keeping her mother 'all good', Poppie could split off any 'undesirable', aggressive feelings towards her mother that could potentially threaten her view of their relationship as good and close. |

Lecia

Lecia, as a single mother, raised her children in severe poverty and used childcare that was affordable, of a reasonable good quality, flexible and convenient. Her choice of grandpaternal childcare, was unique among the participants who all regarded childcare as 'women's work'. This has to be understood in the context of Lecia's developmental history and the close relationship that developed between her and her father after her mother's death.

Lecia grew up in a nuclear family where both her parents assumed an active childcare role in the lives of their nine children. As an infant, Lecia was hospitalised for more than two years with a life-threatening illness. Although her family visited her regularly, she was largely separated from them until she turned three. Once discharged from hospital, her grandmother cared for her while her parents worked. She described her grandmother as very strict and unsympathetic towards her – someone she grew used to, but was not particularly fond of or attached to. Lecia recalled her upbringing as loving, but strict. Her father was mostly a nurturing figure and her mother a disciplinarian whom Lecia described as strict, but loving. Lecia described her mother as a 'godsvrou' and 'kerklik' - a steadfast person who based the education of her children on the church and its teachings. Her mother exerted strict control and surveillance over her children, but this did not hinder adolescent Lecia from openly challenging her mother's authority. Conflict frequently ensued as Lecia asserted her wish to go out with friends and her mother insisted she stay home where it was safe.

At age 17, the sudden death of her mother represented an enormous loss of security and care for Lecia, her father and her younger sister. Her father, who was grief-stricken, withdrew from the family and developed somatic complaints. Their once close-knitted family was shattered and Lecia described her experience as feeling lost without her mother who always exerted strength, control and authority. Unconsciously, Lecia responded to her father's vulnerability by assuming her mother's role and function. She substituted for her mother by dropping out of school to go work in the same factory where her mother used to work, assuming her mother's role and function in the management of the household and providing care and nurturance for her youngest sister.

Without her mother's external control on 'unacceptable' behaviour, and her father's absence, Lecia increasingly socialised with friends and started to drink excessively. She met her boyfriend, who displayed immediate interest in her but also threatened her with violence, when she was 19 years old. Lecia's ambivalence about the relationship coupled with her reluctance to discuss it with her grieving father, left her paralysed and helpless. Her ambivalence about the relationship intensified when she realised that she was pregnant. In reaction to the ambivalence about her pregnancy, Lecia first made repeated attempts to abort the fetus, and when that proved to be unsuccessful, tried to end the relationship. Her boyfriend's imprisonment for manslaughter during her first pregnancy, brought temporary relief to her ambivalence and Lecia gradually started to accept the pregnancy.

Lecia (contd.)

Lecia expressed both love and hate towards her first-born child whose birth failed to alleviate her loneliness, but demanded continuous, intensive care from her. Her father offered to look after the baby as Lecia worked and pursued an active social life. Being able to leave her child in the care of someone she trusted, admired and regarded as 'all good', Lecia could protect her baby from her own aggression and hate. For Lecia's father, nurturing and caring for his granddaughter, afforded him the opportunity to 'father' again and re-create the family he has lost with his wife's passing. Perhaps in some ways, Lecia was unconsciously moved to produce a baby for her father, as she symbolically fulfilled her 'absent' mother's role and function. Sharing the responsibility for childcare afforded Lecia and her father the opportunity to re-work their relationship and the distance that developed between them after her mother's death, quickly dissipated. Lecia spoke with endearment about her father who never judged her, but loved and cared for her and her children. Of all her siblings, Lecia developed the closest relationship to her father and nursed him until his death from Alzheimer's disease.

In mothering her three children, Lecia remained ambivalent: she loved her children dearly, but also experienced frustration and resentment with their dependence and neediness and her own inability to provide in their emotional and physical needs. During two of her pregnancies, Lecia actively contemplated terminating the pregnancy due to her 'circumstances' and during her first two pregnancies she continued to drink excessively, despite warnings of the dangers it posed. Her ongoing struggles with poverty as a single mother whilst being abused by her boyfriend left Lecia with little emotional and financial resources to mother her children according to her notions of ideal childcare. Consequently, her ambivalence resulted in frequent episodes of leaving her children in the care of family (most notably her father and older sister) whom she regarded as 'all good', followed by regret and determination to mother her children herself. The most extreme example, cited by Lecia, was when her constant intoxication resulted in her children living with her sister for more than two years. During that time Lecia had infrequent contact with them and remembered missing her children and crying for them, whilst also experiencing hate, resentment and feelings of rejection towards them.

Lily

As a child, Lily was raised by her grandmother and mother. After her grandmother's death, her mother played an increasingly prominent role in her upbringing during early adolescence, until she too passed away when Lily was 17 years old. Her father was resident in Elsies River and largely uninvolved in her life.

Lily described her mother as someone who had numerous children ('n klomp kinders') of whom she was the youngest and the only daughter. Her mother struggled to make a living and in later years, worked as a day mother to supplement her income. She initiated Lily into the practical provision of childcare as Lily helped her with childcare tasks. Although Lily knew how to care for a baby practically, she was emotionally unprepared for motherhood. Lily's relationship to her mother was not particularly close and as she entered adolescence, her mother grew increasingly uncomfortable with her daughter's developing sexuality. She frequently warned Lily against pregnancy out of wedlock, but never discussed sexual matters with her daughter. Wanting to be a 'good daughter', Lily delayed entering into a relationship, focused on her school work and socialised selectively with friends her mother approved of. Although she met her future husband while at school, they only became romantically involved after her mother's death. Her mother's death was an enormous loss to Lily whose father was absent and whose brothers were older and emotionally distant from her. Her boyfriend's mother increasingly fulfilled the role of a substitute mother – especially during and after her pregnancy.

The pregnancy was unplanned and unexpected as Lily was convinced that her boyfriend was sterile after he sustained a serious rugby injury. At first, Lily denied being pregnant despite numerous positive test results. She experienced herself as 'dead inside' with 'no life to me'. Although she was referring to the lack of physical symptoms of early pregnancy, it also captured her ambivalence and feelings of hate towards the fetus that she thought would deprive her of life familiar to her. For example, Lily was resentful of having to spend her hard-earned savings in preparation for the baby – savings she planned to spend on herself. Lily's ambivalence about her pregnancy and impending motherhood was intensified when she and her boyfriend experienced relationship problems during her pregnancy.

Lily experienced the growing fetus as needy and dependent on her for survival. Lily's intense emotional turmoil was accompanied by behaviour (described by others as 'dangerous' to the fetus) such as running, jumping, drinking and lifting heavy objects in an unconscious attempt to 'undo' her pregnancy. It was as if Lily longed for a strong, stable 'other' with whom she could merge and derive safety from. Lily's ambivalence intensified when the ultrasound indicated that she was not expecting a baby girl as she hoped, but a boy. She expressed shock and disappointment as she wished to produce something unique and special in a family who already had male grandchildren. Complications arose as Lily was faced with a possible miscarriage during the last trimester of the pregnancy.

Lily (contd.)

Her hate for the fetus and shame at being pregnant out of wedlock underwent a significant shift when her boyfriend's mother intervened. She encouraged Lily to view the pregnancy as something to be celebrated, and most of all, invited Lily to move in with them so that she could nurture and care for Lily and assist with the baby once he was born. The paternal grandmother was visibly excited about Lily's pregnancy, supported her and told Lily 'to be strong'. Lily remarked that her boyfriend's mother was like a mother – she 'wanted her grandchild near'.

After the birth of her child, Lily struggled to mother a baby who was colicky and cried incessantly. Her ambivalence intensified as she was simultaneously filled with love for her child (who also alleviated some of her loneliness and isolation) and frustration and hate for the incessant demands he placed on her. The paternal grandmother doted on her grandchild from the start and where Lily withdrew from the demands of childcare, the grandmother engaged and immersed herself in the provision of care for her grandchild. Lily welcomed the assistance offered, but struggled to come to terms with her son's increased attachment and love for his grandmother and his corresponding withdrawal and dismissive stance towards her. She struggled to connect with her son and found it painful when her attempts at physical closeness were not responded to by her child. Lily increasingly felt in competition with the paternal grandmother for her child's affection, whilst not having the physical and mental energy to do all the mothering and caretaking herself.

Whereas Lily initially supported grandmaternal care as a substitute for intensive mothering and the respite it brought her, she expressed relief when the grandmother suggested crèche-based care for her toddler. After Lily and her child's father married and moved into their own home, Lily was intent on creating clear boundaries in terms of the childcare provided for her son. She wanted to be more actively involved in childcare, although she barely had the energy to cope with her son's energetic nature and frequent demands for attention.

Rachel

Rachel grew up in dire circumstances and when her alcoholic father left the family when she was 13, her mother was barely able to provide in her children's basic needs for food and clothing. In reaction, Rachel (as an adult) had a low tolerance for hassle ('sukkel') and consequently structured her life, household and childcare in ways that minimised unnecessary difficulty. Her choice of childcare was mostly informed by pragmatic considerations such as convenience, flexibility, reliability and affordability. These childcare requirements rendered her mother particularly suitable for childcare.

Rachel purported to love her mother very much and was the only participant who directly expressed her affection for her mother. Rachel was acutely aware of the hardship her mother suffered when her father left and seemed especially attuned to her mother's heightened vulnerability as a result. Rachel described her mother as dependent on her from a young age. She first said, 'I was attached' and then corrected herself by stating, 'my mother was attached'. It seemed that her mother depended on Rachel (her only daughter) for support from a young age and Rachel in turn, assumed a position of strength and security for her mother. Rachel was determined not to disappoint her mother who often boasted to others about her caring daughter.

Rachel claimed to have few memories and little information about her childhood. She suffered from a serious (unknown) childhood illness and the doctors predicted that she would be sterile as an adult. Rachel attributed her mother's special love for her as a result of her ill health as a child, but remarked that she and her mother have never discussed the illness, nor the impact it had on them. After finishing grade eleven, Rachel decided to leave school in order to save her mother school fees. While her mother worked as a domestic worker, Rachel took care of the household and a foster child who was placed in her mother's care. Rachel's mother actively discouraged her involvement in heterosexual relationships, but when Rachel told her she was pregnant, acted supportively. According to Rachel, her mother viewed her boyfriend as an unacceptable partner and father and did everything in her power to end their relationship. Rachel offered little resistance and accepted her mother's authority. Since she was still living in her mother's home and 'dependent' on her mother, she expected her mother to take responsibility for both her and her baby - something her mother seemed keen to do. After her daughter was born, Rachel's mother provided full-time care for her child, while Rachel entered the world of work. As Rachel became the breadwinner, the power that came with earning an income, afforded her increased authority while her mother became increasingly dependent on her – emotionally as well as materially. The role-reversal in their relationship, constituted a significant change in their relationship as they remained strongly connected, but with increased autonomy for Rachel. These initial shifts in their relationship were further solidified when Rachel moved in with her husband, married and had two more children. Her second pregnancy afforded Rachel the opportunity to take full responsibility for her child's care, although she relied on her mother for assistance. Rachel admired and idealised the childcare provided by her mother and regarded her mother's care as

Rachel (contd.)

superior to the care she was able to provide herself. She frequently referred to herself as strong, indestructible and claimed that nothing could ever get the better of her ('niks kry my ooit onder nie'). She also found separation from her children unproblematic and denied feeling deeply attached or needy of them. This seemed to be a function of her defending against the extreme vulnerability and dependence she experienced in infancy and childhood.

4.6.2   Grounded theory analysis

The identity of the decision-making agent was not always clear from the participants' accounts. The interviews suggested that the participants made the majority of childcare decisions, even though their narratives were constructed in ways that minimised their active involvement. Fathers (in their absence) as well as grandmothers, great grandmothers and the children themselves exerted a strong influence on mothers' decisions and therefore their contributions (and lack thereof) are included in this section. The participants followed decision-making processes that varied from active, conscious decision-making to impulsive, haphazard and less conscious processes. These were invariably linked to both conscious and unconscious motivations for the decisions made.

4.6.2.1 Decision-making processes

4.6.2.1.1   Mothers making decisions

The participants in this study mostly portrayed themselves as the decision makers with regard to their children's care.

Rachel: *Then I got a nanny for her.*

Lecia: *Then I decided, I will now maar once apply for her at the crèche.*

The grounded theory analysis indicated that the following decision-making processes were followed by the participants: (a) rational decision-making; (b) a gradual 'slipping into' a childcare arrangement, and (c) an impulsive, haphazard decision.

4.6.2.1.1.1   Rational decision-making

The participants who provided accounts of the reasoning behind their decision-making related how they weighed the costs and benefits attached to the options available to them.

Rachel: *This is why I maar rather preferred my mother because then I now didn't prefer the nursery school again, because when the child now again went back to the nursery school, then the child could darem already say to me who fights and who hits him and all that type of stuff. That is why I maar preferred my mother.*

Rosy: No I am now going to put her in the crèche when I now go back to work. Then I know if my grandmother is nou perhaps not at home, then I don't need to go and place her with people.

The participants mostly used the weighing up of alternatives when decisions about the care of toddlers were made or when existing childcare arrangements needed to be revised. This type of decision-making was seldom encountered for decisions on infant care when mothers first returned to work.

Rachel: I think at three years old, then I put him in the nursery school, because it is much easier to get him into the pre-primary.

4.6.2.1.1.2 'Slipping into'

Childcare provided for infants were typically described by the participants as informally arranged between female members of the household – in particular the mother, grandmother and/or great grandmother. Rosy, quoted below, described how multiple caregivers in the household (including herself, her grandmother and mother), provided care in a rather spontaneous, interchangeable manner.

Rosy: During the day then my grandmother would now perhaps have bathed her and rubbed out (massaged) her (little body) and then I would lay her down and then she would perhaps now sleep. When my grandmother sees that I cannot carry on, then she comes and takes over and then she does the washing and then I go and lie down.

Interviewer: And how would your mother in the night – what would she now have done.

Rosy: She would now have washed her, rubbed her. And then I will now have breastfed her and then she took her.

These arrangements seemed to develop spontaneously during the postpartum period when grandmothers assisted mothers with their infants. Once the mother returned to work, the grandmother continued to provide care (often with increased hours of childcare responsibility), without it being actively decided, discussed or negotiated. The participants seemed to 'slip into' a continuation of existing, informally organised childcare arrangements with their mothers.

Carmen: When Aden gets up in the morning, then she (aunt) now makes porridge for him. And when I now get up, then I now feed him. In the evenings, when I now

wash myself, then I just wash him too, then if I now feel tired, then she now washes him. And what also is good now, when I now eat, then supper is now also like finished then I feed him too. But if I now don't get to do it, then she just carries on, then she just feeds him too.

The continuation of childcare provision by grandmothers was particularly pronounced for first-time mothers who shared a household with their families of origin. Rosy's account of the childcare shared between her and her grandmother, suggested that childcare provision was one of several household tasks performed and shared between female household members. Childcare was therefore assimilated into their daily routine, which precluded it from being actively negotiated or agreed upon.

Rosy: *When, when I now went to work in the mornings, then I change her nappy and then she sleeps again. Then my grandmother now perhaps gets up or she starts sweeping out. Then if I now perhaps come home at ten o' clock, then I come and sweep out and then then she will clean up the kitchen. But when I now come home at ten o' clock then she is awake, then my grandmother can now perhaps not have cleaned the kitchen, or swept out or perhaps have made her bed and then I now give her breast and first finish my work or so. Then she now sleeps again and then I can now go and work further.*

The most extreme example of 'slipping' into a childcare arrangement without any active decision-making or formally arranged care, was Lecia's account of how she left her sleeping children in her sleeping father's care to secretly slip out to go dancing.

Lecia: *And then I run away. Then I feel Andrea now sleeps with her grandfather, I am now going. I come out when the dance (comes) out, [laughs], then I come out of the dance, then I feel so bad, so guilty, so. Yes, then it's now whole, Friday evenings it is mos now whole night until three o' clock. Then I dance until three o' clock. Now I come in so (softly, like a) chameleon, he doesn't hear me, that not one of them know.*

4.6.2.1.1.3   Impulsive decision-making

The participants who used crèche care tended to think and deliberate before taking a decision; those who used grandmother care 'slipped into' arrangements without giving it much conscious thought; and those who used day mother care for their infants, made active

decisions, but in a rather impulsive way. Poppie, for example described her decision to approach the neighbour to act as a day mother as sudden and impulsive.

Interviewer: And how did you decide to use her to look after her?

Poppie: All of a sudden. We, my mother, I was with my mother, cake and drank tea, then she came there, then I said to her, Maggie, you are going to look after the little baby, not so? No, you are going to look after the little baby, I said. [Laughs.] Then she said, no, but I will look after the little baby. Just like that, just like that I asked her.

Despite being probed to elaborate on the reasons for her choice, Poppie maintained that it was an intuitive decision that was not based on careful, deliberate reasoning.

Interviewer: So, now I wonder what you thought why would she be so good?

Poppie: I cannot say my_self_. Why I just asked her.

Rachel, actively searched for a day mother, but then accepted the first available person to provide care for her three month old infant. The scarcity of affordable day mother care seemed to contribute to impulsive decision-making processes.

4.6.2.1.1.4 Ad hoc arrangements

The precarious nature of childcare arrangements in Paradijsbos frequently resulted in participants having to find alternative childcare on very short notice. These decisions needed to be taken immediately and participants usually turned to those in their immediate vicinity such as family and neighbours. The urgency with which these decisions needed to be made meant that the first, best, available person was usually approached for assistance.

Sarah: Like one day then, then the girl mos didn't come to work, then she now didn't show up. Then my neighbour's daughter said to me, it's okay I can maar go to work, she will keep an eye on my daughter. Until the girl comes or if she doesn't come, she will keep an eye.

Ad hoc decisions were made to fill the gaps between childcare arrangements. These varied from day to day, depending on the weather and the health and availability of childcare providers. Lecia, quoted below, described how four different family members assisted her

with childcare. This reflected the multiple caregivers involved in care of an interchangeable, informal nature.

Lecia: Dayshift I had now then I did, my brother always helped me, then my brother now takes her up, or I walk up and then I sommer take the bus up there and then I have to walk with her up in the road at half past five already. Or often when my sister is now here, then she now stayed with her and so. But more often. My father omtrent (very often) looked after her. Now if he didn't feel well, then she maar had to (go) up here because then there isn't much (of a) choice.

A variation on ad hoc decision-making was the decision to spontaneously extend an existing childcare arrangement. In Rachel's narratives, she related how the care provided by her mother, was often extended to accommodate her varying working hours.

Rachel: And there he stays with my mother now until I stop (working) at five o' clock. Or if I perhaps now work until seven o' clock, eight o' clock, he stays on with my mother. Or if we work until ten o' clock in the evening, then he sommer sleeps with my mother. He will, then I don't go and fetch him at all. Then I will perhaps in the morning now just early, just quickly (take) his school clothes and his food, and all that stuff quickly, then I now sommer take it down to my mother.

Some participants left the choice up to their children. Poppie, for example did not have a fixed childcare arrangement for her children after school and they could choose to either go home or to their grandmother's house.

4.6.2.1.1.5 Passive response to what is available

The decision-making process was also influenced by childcare on offer to the mother. Lecia, quoted below, decided to remove her child from the crèche, but after the owner of the facility urged her to keep her child there at no charge, Lecia revoked her decision and continued with the existing arrangement.

Lecia: And hmmm, then it was now that I took her out of the crèche, I am now at home there is now not going to be money any more to pay the crèche. Because then the auntie said, no. I must now bring her every morning, because my father needs attention. And then she maar stayed there.

Elize, felt particularly flattered when people offered to take her child on outings or invited her for sleepovers. She interpreted it as her child being popular, accepted and liked by others.

Elize: *What feels good to me, there are people who will always come and fetch her. Then we are alone at home, then they come and fetch her to take her out.*

Rachel's narratives contained several references to being offered childcare. All her childcare decisions, other than the care provided by the grandmother, were presented as agreements to offers made by others.

Rachel: *And when I now so looked for help, then she offered her mother for me. (…) And she then offered to me maar she will now look after her.*

Sarah also relayed how she was *approached* by women who wanted to work for her in exchange for free accommodation.

Sarah: *And hmm, then someone says to me, <u>this</u> person wants to come and sleep in, come and work there, and then I I go and fetch the child.*

Viewed from the performative function of narrative (Langellier, 1989), Rachel and Sarah portrayed themselves (in their narratives) as powerful agents who could accept or refuse childcare options offered to them. These narrative presentations strongly contrasted with the disempowering context and lack of childcare options actually available to them.

4.6.2.1.2   Paternal absence
Fathers were notably absent from any decision-making regarding their children's care. None of the participants described fathers as involved in this process, regardless of the relationship status between mother and father.

4.6.2.1.3   Grandmaternal influence
The findings of the present study suggested that grandmothers exerted a significant influence on maternal decision-making with regard to childcare: in some instances they made the actual decisions and in others they influenced the mothers' decision-making by asserting a preference or by becoming unavailable to provide childcare themselves. Their opinions, suggestions and offers were seldom refused or ignored by the participants. Some participants expected their mothers to take control and ownership of the baby – especially

when they were young, single and co-residing with the grandmothers. In these instances, the participants seemed passive, while their mothers took control of all decision-making.

Rachel: *Because I now said to myself I am now pregnant and I stay with my mother in the house and my mother must now provide.*

Rachel: *But she also always took most of the stuff out of my two hands. See, she did everything, my mother has … She maar did everything so. Bathed the baby herself, gave the food herself, all those types of things. She actually maar did those types of things herself. She took everything out of my hands she never really told me how one actually really must do it.*

The childcare provided by grandmothers commenced during the postpartum period. In the quote below, Rosy described how her mother provided some respite care by taking the baby so that she (Rosy) could rest. Rosy described it as her mother 'taking' the baby, suggesting that the grandmother made the decision with which she (Rosy) merely complied.

Rosy: *Some evenings then my mother took her. Then my mother slept with her on the bed.*

During the postpartum period, great-grandmothers and grandmothers encouraged participants to go out socially, whilst offering to take care of their babies. Again, the narratives were presented in ways that suggested that grandmothers took initiative in the arrangement of childcare.

Poppie: *But my grandmother has, I was very spoilt, I could now go like I wanted. Because she was very (crazy) about her. Grandmother said I can maar go and dance. I can maar go there, I will look after her. [Laughs.]*

Grandmothers were also instrumental in maternal decisions to change from childcare provider. Lily, for example, related how the paternal grandmother suggested she enrol her child at the crèche since she was unable to continue caring for him – a recommendation Lily readily followed. Sarah on the other hand, was forced to consider alternatives to grandmother-provided care when the paternal grandmother refused to provide any care.

Lily: *Says she, I am now growing old, my heart cannot take it, I cannot run after the child any more. You better put him in the crèche. [Laughs.]*

Sarah: *My mother-in-law doesn't feel up to a crowd, to look after her grandchildren. It has been like that all the years. From my eldest. She just feels they are too much for her.*

A particular form of agency that was not frequently encountered in the present study, was the participants' active resistance of childcare recommendations or suggestions proposed by grandmothers. Elize, quoted below, was the only participant who explicitly refused to follow her mother's and grandmother's suggestions.

Elize: *My grandmother and my mother actually want me to place her with my auntie, but it is because it is her last year, I feel she is very attached to her teacher, yes. And I don't want to take her away now and so.*

In this study, the participants were strongly influenced by their mothers' presence, opinions and decisions. The power differential between them as well as the participants' dependence and reliance on their mothers created a complex relational dynamic that inevitably shaped their childcare decision-making.

4.6.2.2 Motivation for childcare decisions

This section presents the motivation behind the childcare choices made by the participants. Some decisions were clearly informed by conscious, pragmatic, ideological and personal preferences whereas others emanated from psychological and unconscious processes.

4.6.2.2.1 Pragmatic, personal and ideological reasons

From the grounded theory analysis the following subcategories emerged as strongly grounded considerations of conscious childcare choice: safety, quality of care, educational input, convenience and affordability. These conscious reasons for childcare choice were obviously informed by the participants' notions of ideal childcare presented in section 4.3 and therefore some overlap in the presentation of the findings is unavoidable.

4.6.2.2.1.1 Safety

The safety of both infants and toddlers was a strong motivating factor in the participants' decisions to use family-provided childcare and formally arranged care (day mother and crèche).

Elize: So I, I have, if it now is family, if she now stays with family, then I don't have a problem. Because other people will now perhaps not look after her like my family (would). She can play in the road and so at someone else. Where my family mos now says, 'play here inside, behind the gate and play inside'. Do you understand, Suzanne? I feel rather, I will rather feel very calm if my family and so, yes. Or the crèche is for me, or I will put her in the aftercare. Then I feel, she is safe.

Family-members were deemed a safe option, since they were familiar, shared similar values and were presumably committed to the safety and survival of their kin. The day mothers and crèche facilities were assumed to be safe since it operated in a routinised, structured manner and supposedly had experienced, reliable staff members who cared about the children's well-being.

4.6.2.2.1.2 Quality of care
The quality of childcare sought, was mostly described by the participants in terms of the physical care provided (i.e. feeding and the management of hygiene), and the caregiver's attunement and responsiveness to the physical needs of the child. The participants used the words, 'mooi gekyk' (looked well after), to refer to the quality of care provided.

Rachel: But she looked after my child very well. Very well. There was now no illness or such type of stuff.

Largely absent from the data, were references to the emotional and relational aspects of childcare such as nurturance, love, attachment; the caregiver's approach to discipline and punishment; and the educational approach such as the facilitation of play and/or mental stimulation. These factors were either assumed to be embedded in the physical care provided or were not regarded as defining qualities of ideal childcare. Perhaps in a poverty-stricken environment where social factors seriously compromised the quality of physical care provided, emotional and relational requirements necessarily assumed secondary importance.

4.6.2.2.1.3 Educational input
The participants cited educational input as one of the main reasons why they enrolled their children in the local crèches.

Elize: *Probably for learning and, and, and, and the children learning many things in the crèche. To be honest with you, the children learn extremely many things and well. My auntie, her crèche, she learns English, there.*

They used words such as 'leer' (learn) and 'gelerendheid' ('erudition/learning') to describe the educational input their children received and seemed unashamedly proud of their children's scholastic progress.

Lecia: *Yes, the crèches definitely taught very well. She could sing when she went to school, she knows where she lives, she knows her street's name. Everything. She can count up to twenty. Very well. When she goes to school, the teacher is very impressed with her, this year.*

The participants strongly valued instruction-based education. This type of educational input presupposed well-educated instructors and since family members (such as grandmothers) were either illiterate or had limited schooling, the participants deemed them unsuitable for this purpose. The participants had similar reservations about their own abilities to teach and educate their children.

Interviewer: *And do you think the crèche works well?*
Lily: *Yes. We struggle to teach him to sing. We struggle to teach him to pray, and he gets, he now does it already: he prays, and he sings, and all the cute little things.*

4.6.2.2.1.4 Convenience
The participants such as Rachel (cited before), chose childcare arrangements that were convenient – especially in terms of location, flexibility and hours of operation.

Rachel: *All the nursery schools open at seven o' clock. (Of) which the one opens at half past six. See, so now you can drop your child yourself and now you can go in your direction. And your taxi comes and collects you right in front of your door in the mornings and all those types of things. So. They don't have a struggle with their children.*

Rachel: *See what, what now actually makes (it) convenient for all the mothers, who work. Here's now one, here's two who take (in) babies from a month old.*

Home-based care was described as the most convenient arrangement, since mothers did not have to travel with a sleepy child early in the morning. It also enabled mothers to return home during their lunch or tea breaks to feed and interact with their infants. Lecia, who did not have access to home-based care for her youngest child, related how she walked from her home at half past five in the morning to drop her one year old at the paternal grandmother's house before leaving for work.

Lecia: Or I walk up and then I sommer take the bus up there and then I now have to walk with her up in the road at half past five already. That time of the morning in the winter, half past five, then I walk.

The location of the crèche or day mother was important, since the participants had to drop their children off on their way to work and did not have private transport. If the childcare provider was close to the participant's home and/or near the taxi rank or busstop, it was regarded as particularly convenient.

Rachel: She was about, so, just so at the, almost as you enter Paradijsbos, their house is there in the lower part. But fortunately as we rode with the taxi in the mornings, I sommer take her along and I sommer drop her and then I sommer climb (into) the taxi with my mother sommer just there.

Flexibility in terms of the hours of operation was an important consideration for mothers who worked irregular working hours. Home-based, family-provided care usually offered flexible hours, although some grandmothers clearly stated that they were not available to provide care on weekends.

Lily: I never go out without the boy, because Grandmother says I am off over the weekend. Weekends is my free time. Now I want that for her. Because I know she is tired and the child is with her for the whole week and so if I am off and we go out, perhaps with the rugby and we perhaps go shopping, then we take him along.

The crèche facilities were regarded as convenient since it opened early in the mornings and provided care until five o'clock when most parents returned home from work. None of the crèches provided care for infants younger than 12 weeks, and none offered childcare services after five o'clock in the afternoons or on weekends. The operating features of most

of the crèche facilities offered some convenience, but were still limited in what it offered the majority of women who did seasonal and shift-based work.

4.6.2.2.1.5 Affordability

The cost of childcare emerged as a strongly grounded subcategory and was a major consideration in the participants' decision-making processes. The participants proposed a direct association between the quality and affordability of formal childcare: the most expensive crèche was regarded as the 'best quality' facility. Participants, such as Lecia, compromised on 'quality' by choosing a crèche that she could afford.

Lecia: And this is now, you can rely on the crèches around, and hmm, some of the crèches like this little one, the Klein Diamantjies (Small Diamonds) is very expensive, but you know why and wherefore you pay your money, and those children get, they are now already trained to, they are now already in their preparation for big school. They are still so small, but they, one thing, their children are far ahead, of the other children here. And many parents who are now not privileged now, to put the children in the crèche, up in the road, up in the road from the crèche there is also an auntie who looks after the children at a reasonable price now. She has sommer at her house, organised her house for parents who can perhaps now look for R30 and so on.

Grandmaternal care, in contrast, presented the participants with quality care at an affordable price.

Rachel: The thing is this, then my mother does it for me without payment. Rather than me asking someone else who will perhaps not look after my child so well with a payment. That is why I maar rather preferred my mother.

Not only did grandmothers often decline offers of payment, but mothers could also compensate them through bartering. Some participants preferred to make small payments as a token of their appreciation and to preserve a positive relationship (and childcare arrangement) with the grandmothers.

Lily: At a time she told me, but she doesn't want money, because it is her own grandchild. But I see it like this, it takes a lot from you to look after a child. Especially children at that age. I always put something in her hand, just to

steal her heart. Just to say thank you, because I would have been worried if, if
I (had put) my child in someone else's care whom I don't know at all.

Two participants cited the high crèche fees as reason why their children were cared for at home, whereas several participants complained about the high costs of formal childcare. The financial pressure brought about by formal childcare was sorely felt among the participants who spent a large portion of their small income on childcare.

4.6.2.2.2 Unconscious and psychological processes

The grounded theory analysis and the case analysis in particular, indicated that the participants did not choose childcare only on pragmatic, personal and ideological grounds, but also according to underlying psychological and psychodynamic processes.

4.6.2.2.2.1 Maternal ambivalence

Maternal ambivalence during the postpartum has been well documented in existing literature (Lupton, 2000; Parker, 1995; Pines, 1993; Walzer, 1995). Among the participants in the present study, ambivalence towards their newborn child (i.e. experiencing both love and hate towards the infant), their mothers, as well as their developing roles as mothers, strongly emerged in the grounded theory analysis. The findings suggested that the ambivalence was sometimes resolved through maternal withdrawal from childcare and/or finding substitute childcare that was 'all good'.

In Poppie's case her newborn daughter's appearance did not match the fantasised baby of her pregnancy. She experienced horror and shame about her baby's 'ugly' appearance accompanied by conflicted feelings of love and hate towards her infant.

Poppie:	*Hmm, she was not a pretty baby. [Laughs.] Oeeee! She had such receding bald spots, oeeeee. And such a long head! [Laughs.] No hair. No, like she looked, no, this isn't my child! [Laughs.] People guyed with me, hmm, your child doesn't even have hair! [Laughs.]*
Interviewer:	*So you were a bit disappointed in her looks or …*
Poppie:	*Yes. I was. I didn't expect, such a child must have hair! [Laughs.]*
Interviewer:	*And when you went home with the little baby, that first day at home?*
Poppie:	*Oeeee. Everyone was there to look at the baby. School friends and family, came to look at this ugly little baby.*
Interviewer:	*And how did you feel about them coming to look?*

Poppie: *Hmmmmm. Because I was very tired that time. Then I now just maar slept so the first few days.*

In reaction to the ambivalence, Poppie withdrew from childcare through sleeping and resting, whilst her mother, sister and grandmother took care of her baby.

Carmen on the other hand, prepared excitedly for the arrival of her baby – anticipating a strengthened relationship with her boyfriend and the arrival of a female companion and friend to her. After her son's birth, she had some regret as the baby's presence failed to deliver on the fantasised outcomes. She described feeling like a child (and not a woman) after the birth of her son – someone who wanted companionship and care and not the responsibility for a needy, dependent child. Carmen's ambivalence in her newly acquired mothering role was acted out in her indecisiveness about returning to school. She initially returned to school shortly after giving birth, but this was followed by regret and the decision to leave school and be with her child. Carmen's ambivalence was somewhat resolved when she finally decided a few months later to return to school whilst leaving her child in her mother's care.

The participants seemed to resolve some of their ambivalent feelings through a defensive withdrawal from care-provision, (and thus protecting the infant from the mother's aggression) whilst leaving their infants in the care of mothering figures (grandmothers) who were perceived to only love and adore their infants.

The interview material suggested that grandmothers experienced their daughters' first pregnancies with intense ambivalence oscillating between anger and disappointment, to concern and care. Among the participants in this study, pregnancy typically resulted in a tumultuous time in the mother-daughter relationship, characterised by conflict, withdrawal and silence. Reparation occurred with the birth of the participant's baby as the grandmother invariably supported her daughter and reveled at the birth of her grandchild. In the excerpt quoted below, Rosy commented on the shift in grandmaternal affection from daughter to grandchild.

Rosy: *When I now told them I was pregnant, then they were now cross. They didn't want to talk to me then. And I now maar just kept quiet and kept my mouth shut. And when she was born the day, then all of them were around us, then I said to my grandmother, they say if the one is pregnant, then they want to blame the child, but as soon as the child is born, then you love the child more than the mother.*

Grandmothers were invariably regarded as mothering figures who displayed only positive attitudes towards their grandchildren. Carmen described her mother as 'sy was mal oor die kind' ('she was crazy about the child') whereas other participants described the care provided by grandmothers as 'all good'.

Elize:　　　　*But this, everything that my grandmother and my mother did, was good.*

The grandchild, as a substitute receiver of grandmaternal love, care and nurturance, provided the grandmother with an opportunity to mother again (Klockars & Sirola, 2001; Robinson, 1989) – especially since few of the grandmothers raised and mothered their own daughters (the participants) during infancy and early childhood. Through producing a grandchild, the participants not only presented their mothers with an opportunity to mother again, but created an opportunity for themselves to 'be mothered' through the vicarious sharing in the grandmaternal care provided for their infants. The participants' defensive withdrawal from childcare therefore created opportunities for grandmothers and mothers to re-work aspects of the mother-daughter relationship.

In conclusion, mother and daughter both seemed to experience ambivalence during the daughter's first pregnancy and postpartum period – ambivalence that was responded to by the daughter's emotional (and sometimes actual) withdrawal from mothering and childcare and the grandmother's immersion in the provision of childcare. As such, these complementary processes served to establish and maintain shared childcare arrangements during the first year after the birth of the daughter's first child and afforded the mother-daughter dyad an opportunity to re-work old conflicts in their relationship.

4.6.2.2.2.2 Merger fantasies

The participants in this study seemed particularly drawn to their own mothers for support, nurturance and care during birth and the postpartum period. A particularly poignant example was related by Rosy who described an intense longing for her mother whilst giving birth. In the excerpt quoted below, Rosy described the support she received during labour from her aunt who supportively mirrored all Rosy's actions (as if in a merged state).

Rosy:　　　　*I was here the Tuesday morning half past ten then I was in here. And there my auntie then sat by me. And stood. When I had to walk up and down, she walked with me.*

Rosy's mother made a brief appearance at the hospital and Rosy described a change in affect as her mother (and aunt) left her at the hospital while still in labour. She described it as feeling 'anderster' (different) and alone.

Rosy: My mother then also came in later and they went home the Tuesday evening. And I then maar stayed there. And then it felt so different to me. I am alone now, where is my mother now? Why must I now stay here alone? And so on.

After her baby was born, Rosy held her in her arms throughout the night while she remained preoccupied with feelings of loneliness attributed to the absence of her mother. Even her newborn's presence could not alleviate the feelings of loneliness and loss.

Rosy: So, the Tuesday morning, say the Wednesday morning, five past two, then I finished (giving birth). And then I was tired then I just wanted to go to sleep. Then they brought her in. And then they said, here is your little baby daughter, congratulations. And then I maar lay with her in my arms and held her the whole evening (night).
Interviewer: What went through your thoughts then?
Rosy: I think, all the time I think, where's my mother now – why am I alone here now? They can't see what she looks like and so on.

Rosy's longing for her mother was only alleviated when her mother visited her the following day. Once her mother held her baby daughter, Rosy was able to relax and find joy in her child's birth. Nothing, not even the backhanded compliment from her mother, could detract from the sense of union Rosy experienced in the presence of her mother and her newborn daughter.

Rosy: And Thursday morning, then my mother and them came in there. When my mother now saw her, then she picked her up and my mother then held her. Then I felt, then I was so glad. My mother is darem there. When she saw the little one, then she said, oo, this is a pretty girl-child this, she looks just like the father. She then held the child.
Interviewer: And how did you feel when she held the baby?
Rosy: I got tears in my eyes.
Interviewer: It was a very special moment. What, was so special for you?
Rosy: Just the fact that she was there for me.

Several authors noted that mother and daughter can regress into experiences of oneness (symbiosis) with each other during pregnancy, childbirth, breastfeeding and infant care (Klockars & Sirola, 2001; Reed, 2006). Although Rosy, quoted extensively in this section, did not explicitly state a desire to merge with her mother, her narratives strongly suggested that she was seeking closeness and intimacy. The desire for closeness may be suggestive of an unconscious wish to merge or return to a state of oneness (symbiosis) with her mother. The participants also seemed to share vicariously in the perceived 'merged states' between grandmothers and infants – especially when the closeness between grandmother and grandchild has never been achieved between mother and grandmother. Rosy, for instance described affectionately how her mother and her daughter conversed in the mornings – an interchange from which she was excluded and that she never directly experienced in relation to her own mother as a child.

Rosy:	She, she when she now wakes up in the morning, then she now sits up straight in the bed and then she now says good morning to my mother. Then she sits by my mother and chats with my mother. Then my mother says I am now going to work, I cannot sit anymore now. Then she puts her in the bed, then she clings on to my mother. And then the two of them chat.
Interviewer:	And how do you feel then?
Rosy:	I lie and I listen to them and then I look and so.

In conclusion, the findings of this study suggested that mothers and daughters may both regress to a merged state or develop fantasies thereof during the daughter's pregnancy, birth and postpartum period. These unconscious processes may bring about the practice of shared childcare that is fluid and characterised by a loosening of ego boundaries between mother and daughter.

4.6.2.2.2.3 Recovering early loss

The participants in this study either provided care and nurturance for their infants themselves, or sought care and nurturance for their infants in which they shared vicariously. The data analysis yielded few accounts of the participants receiving nurturance and care, other than the care received from female relatives during the pre- and postpartum period. The early, inevitable losses that occur within the mother-infant dyad (associated with increased recognition of each other's subjectivities) could lead to continuous attempts to recover that which has been lost. In the words of Lisa Baraitser (2006), 'When Kristeva poses the question, "what does a mother want?", the answer she provides is that she wants her own mother, even in the figure of the child. All desire, in other words, is understood as

desire for the lost mother, including our desire for our children' (p. 224). Psychodynamically, the daughter's search for nurturance and care (either for herself and/or her child), can represent an unconscious attempt to recover the loss of the merged state between mother and infant.

The participants in this study seemed engaged in several unconscious processes aimed at the symbolic recovering of their own early loss: (a) they provided care and nurturance for their infants (and others); (b) they received postpartum care and nurturance from their mothers (or mothering figures); and (c) they vicariously shared in the nurturance and care provided for their infants.

In the excerpt quoted below, Rosy described the centrality of childcare and the provision of nurturance in her daily routine.

Rosy: *Like in yesterday now, if she now, if she now wakes up at half past six in the morning, then I will now get up, and I will now change her nappy. Then I now perhaps go and wake up my mother and them to go to work, and then I now play with her until she falls asleep again.*

Elize elicited nurturance and care for herself after the birth of her first child. Her high levels of post-operative pain combined with her grandmother's belief that a woman should take a ten day bed rest after giving birth, resulted in her grandmother nurturing and caring for her. Elize described it as being 'bederf' (spoiled) – perhaps emphasising the novelty of the nurturance and care she received as an adult.

Elize: *And the first time, the first little baby was very painful, because I had not yet, the Caesarean and, and, and is now very sore and. And my grandmother believed I had to stay in bed for ten more days. Grandmother always spoiled me and so.*

In the quote below Lecia favourably compared the childcare provided by her father to the care she received as a child. She described his care as 'doing everything' for her children: loving and adoring them whilst providing in all their needs.

Lecia: *My father raised her. I worked. My father looked after her. She doesn't know other people. He did everything for her. He did, I did … since baby days. I go to work, I only make one bottle before I walk out of that door. And when I*

come in, then the fresh bottles are there and my father was very mad about children. And he did, like he maar helped to raise us with my mother. So he did, for the other two.

In Lecia's spontaneous comparison between the care she received as a child, and the care her father provided for her children, she seemed to share vicariously in the nurturance and care her children received – nurturance and care of which she once was the recipient.

The unconscious processes aimed at recovering early loss of maternal nurturance, contributed to the participants' decisions to: care for their children themselves, to elicit care and nurturance for themselves during the pre- and postpartum period, and to share vicariously in the care and nurturance their children received from other childcare providers – especially grandmothers.

4.6.2.2.2.4 Compensating for own failures

Education was highly valued by the participants and several of them expressed regret for not finishing school or pursuing higher education after school.

Sarah: *At a time she (daughter) now wanted to leave the school as well. Now she tells me, now she is maar going to leave the school. And then she is maar going to work. Then she will go to evening school. Then I said to her, hallo, it doesn't work like that. Then I said to her, here you will go to school until you turn blue. But to school you will go now. Then I said to her, because is important now and so.*

Lecia: *And hmm, then I felt here in August, but I am not going to school any more. And I am quite sorry today. I mean it was now my last matric year and I can maar have finished.*

Their mothers had high hopes for well-educated children (who could earn a decent living), and the participants expressed a sense of failure and disappointment in not meeting their mothers' ideals of being good, dependent daughters. As an act of reparation, their hopes were now pinned on their children to change the family legacy of low educational attainment.

Rosy: *No, she said to me I must go to school so that I one day can go and work and so on.*

Some participants described high school as the happiest times of their lives since they were affirmed and loved by teachers, received recognition for excelling in sports and had unadulterated fun with friends.

Rachel: Yes and (some) of the school years that were very nice to me. And that was probably maar the best time of my life. It was, because I enjoyed every moment of it.

Through the enrollment of their children in crèches with an emphasis on 'learning' and socialisation, the participants on the one hand compensated for their own perceived educational deficiencies but also vicariously re-lived and re-experienced a positive affirming period in their lives. Interestingly enough, the two participants who did not enrol their children at a crèche, were Carmen, who decided to rather invest the money in furthering her own education (and who did not describe her own schooling as particularly exciting or pleasurable) and Sarah who successfully completed her schooling, despite disliking it intensely. She remained a 'good daughter' to her mother, received a good education and had confidence in her ability to educate her children herself.

Perhaps the participants could not be 'good daughters' in the successful completion of their secondary education, but they could be 'good mothers' by ensuring that their children did.

4.6.2.2.2.5 Strivings for autonomy in the mother-daughter relationship
In this study, the participants related how their relationships to their mothers were re-visited and renegotiated during adolescence – most notably with regard to the daughter's developing sexuality. The data analysis showed how mothers' ambivalence about their adolescent daughters' developing sexuality (and fears of pregnancy) resulted in a fierce disapproval of their first heterosexual relationships.

Rachel: But now since that time, when I was still with my mother, then she now also kept me away. Then she kept me away from my boyfriend. Because see, then I maar sommer stayed with them in the house. But she didn't want me to get too involved that time, to menfolk, but then she now kept me away.

According to Klockars and Sirola (2001), increased differentiation between mother and daughter occurs during adolescence when the daughter's developing sexuality forces her to separate from her mother. This is accompanied by anxiety, guilt and the threat of loss of her mother's nurturance (Bernstein, 2004). On the other hand, the mother's approaching

menopause may confront her with the loss of her capacity to bear and mother a child and therefore potential envy of her daughter's youth, beauty and developing sexuality may ensue (Gerson, 1994; Hershberg, 2006; Trad, 1990).

Rachel, (similar to the other participants), struggled to achieve autonomy, individuation and a sense of separateness from her mother in a context where she was in all other ways dependent on her mother.

Interviewer: *And how was that time for you? That your mother did that?*

Rachel: *No, I also maar. See, that time then I was mos now stupid. I also now maar just accepted it, as it came. Maar at a later time, then I was now maar actually sorry about that, what she did, to keep me away from him and away from the child.*

Since physical separation was financially impossible, the participants resorted to symbolically leaving their mothers in their pursuit of outside interests such as intimate relationships, work, socialisation with peers, etc. These were generally resisted by the grandmothers who urged their daughters to stay at home and focus on their schoolwork.

Rosy: *If we go out, we would now perhaps, go to a dance or whole day, we perhaps first have a party or perhaps we braai. And then now we perhaps come home in the morning. Then we go and sleep now and then the Saturday we will perhaps go out again, the Saturday evening. But the Sunday we will rest a bit.*

Interviewer: *Hmm, how was it with you and your mother during that time – when you went out with your friends?*

Rosy: *We fought a lot. Then I come home, then she comes down on me, you mustn't come home this time (of the night). Aag Mommy, stop moaning around my head.*

Falling pregnant with a first child during late adolescence/early adulthood, seemed to symbolise a definite moment in the process of differentiation from their mothers: the original love the participants had for their mothers has now visibly turned into love for a man outside the family (Klockars & Sirola, 2001). The grandmothers were invariably shocked, angry, and disappointed in their daughters' pregnancies: some ceased communication with their daughters while others threatened with abandonment.

233

Elize:	But she (mother) asked me nothing, my mother asked me nothing. No, because my boyfriend. He went to my mother, he told my mother I was pregnant and so. I didn't tell my mother anything.
Interviewer:	When did you talk about it for the first time – you and your mother?
Elize:	My mother and I, my mother and I never really actually talked about it. She and I. I was mos now just pregnant and so. And I was. I mean when the little baby was now there then, then they loved her very much and so, yes.

Once the babies were born, mothers invariably supported their daughters and immersed themselves in the provision of care for their grandchildren. The data suggested that in an effort to maintain a connection to their mothers the participants not only 'produced' a baby for them, but shared the childcare in ways that tied mother and daughter together whilst facilitating increased autonomy for the daughter in her pursuit of employment. The mother, in turn, was given an opportunity to 'mother again', enjoy the 'repeat' of her own childhood and that of her daughter in the care she provided for her grandchild.

| Rachel: | When her father came to come and fetch her, then, then my mother was also in the middle. Then my mother said, but she, the child isn't going anywhere, she won't give the child to anybody. Even if they now maar have to struggle to raise the child. Because, she is not going to give away the child. |

Grandmother-provided childcare after the birth of the mother's first child therefore seemed to serve an important function in the achievement of 'autonomy-with-connection' between mothers and daughters. In the excerpt quoted above, Rachel related how her mother assumed responsibility for her child's care and vehemently defended her right as the care provider. Rachel and her mother both underwent role changes as her mother quit her job in order to provide full-time care for Rachel's child and Rachel entered the 'grown-up' world of paid employment. They both seemed to emerge from the potential crises in their relationship (brought about by the daughter's first pregnancy) with what Bernstein (2004) described as 'autonomy with connection'.

| Rachel: | I have all the way, <u>after</u> the birth of my first child, then I went to work. Then I started to realise, I am now entering the world of grown-ups. Then I went to work. And I started working right through. |

4.6.2.2.2.6 The helpless daughter and the omnipotent mother

The demands of motherhood are plenty and the participants reported feeling exhausted, tired, overwhelmed, etc. (see section 4.7). The participants expected assistance from female family members during the postpartum period. Rachel, for example, expected her mother's assistance during her first pregnancy by virtue of the fact that she was still a daughter in her mother's household.

Rachel: *Because I now told myself I am now pregnant and I stay with my mother in the house and my mother must now provide.*

Leonhardt-Lupa (1995) commented that new mothers unconsciously hoped to be rescued from the demands of motherhood by their own mothers. This reflects back on the early infantile dependence on the omnipotent mother. Such a mother can anticipate her daughter's needs, respond accordingly and alleviate the distress and discomfort brought about by the overwhelming demands of early motherhood. Grandmothers in this study, tended to respond intuitively to these wishes and several participants described how their mothers spontaneously intervened when noticing that their daughters were struggling with their infants.

Poppie: *She will make my hands lighter for me if the child is now naughty or so, then she will take the child or so.*

The assistance provided, was welcomed by the participants – especially during the first few weeks after birth. Some participants soon assumed full responsibility for all childcare, whereas others continued to position themselves as helpless, dependent daughters. These participants struggled to move away from their 'mother's dictates, no matter how ill-suited to her current situation' (Leonhardt-Lupa, 1995). The participants in this study did not always agree with the childcare their mothers and grandmothers provided, but as good, dependent daughters, refrained from confronting their mothers since the risk of losing their mothers' approval and willingness to provide care was too great. In the excerpt quoted below, Rosy was faced with undesirable grandmaternal childcare practices which she tried to address with great diplomacy in order to preserve her relationship to her grandmother.

Rosy: *Because one morning when I worked, I came home. And I walked into the house and I asked Grandmother, now where is the child now? Then she said probably outside. Then she sat in the road outside. Grandmother then said,*

> *she just wants to sit outside all day long, then I put her outside the door. And there she lay still the whole day.*

Interviewer: *And what do you think about that?*

Rosy: *I was very cross with her that day. How can Grandmother now put the child outside? No, Grandmother said she doesn't want to sit still. Then I said no, but Grandmother was mos supposed to give bottle that time.*

Interviewer: *And the next day – were you then afraid to leave her there?*

Rosy: *No. I said to her, please, do not put her outside again. If she cries, try to make her asleep. Just don't put her outside again.*

Grandmothers' and mothers' 'dictates' were taken seriously by the participants in the caretaking provided for the first-born child. All the participants who had more than one child indicated that they mothered and cared for subsequent children in a more autonomous, confident manner.

Rachel: *She took everything out of my hands she actually never told me how you are really supposed to do it. I have also maar so, with my second child, then I started to realise, then. Because then I almost did it. I did it myself.*

Poppie: *No, now, I mos now looked after Lauren (youngest child) more. For a whole four months I mos looked after her. And Stephanie (eldest child), my mother looked after her again. So, it is quite different.*

4.6.2.2.2.7 Relationships

Ambivalence

The grounded theory analysis suggested that the lack of paternal involvement in childcare seemed to stem from maternal, grandmaternal and paternal ambivalence during the peri-natal period as well as the exclusive nature of the relationship between mother and grandmother and mother and infant during the postpartum period.

In this study, the participants and their mothers not only experienced ambivalence about the daughter's first pregnancy but also experienced conflicted feelings about paternal involvement in the daughter and infant's lives. Although not the focus of the present study, one can assume that fathers were also confronted with intense ambivalence during the pre- and postpartum period (Long, 2007) – perhaps even more so when the pregnancy was unexpected and unplanned.

In this study, the grandmothers' anxiety and ambivalence about their teenage daughters' developing sexuality were acted out in their attempts to discourage and police their daughters' heterosexual relationships. Rosy, for example related how her mother refused her boyfriend entrance to their house whereas Poppie described her mother's outright disapproval of her boyfriend.

Rosy: *In the beginning it was very difficult, because then he could now not come in the house and so on. Then after that, then my mother and his relationship started, then they started to chat, and since then he could now come into the house.*

Poppie: *I talked to many people about him. And he also used drugs. Says my mother, my mother actually never approved that I would marry him.*

The participants' first pregnancies were not consciously planned and the shame experienced with a pregnancy out of wedlock exacerbated existing ambivalence in their relationships to their mothers and boyfriends and was further compounded by intense conflicted feelings about the pregnancy itself. Some participants dealt with it by displacing the shame and blame onto their boyfriends and insisting that they be the ones who break the news to their mothers (who were invariably shocked, angry and disappointed). This reinforced the mother's negative opinion of her daughter's partner, whilst shielding the daughter from her mother's visible disappointment and anger.

Poppie: *Oe, many things then mos go through your head that time. The most important is, how, what am I going to say! How I am going to tell Mommy and them? Then the two of us decided, but he must go and say, because he is the man who bedeviled [laughs] me, yes.*

Elize: *No, because my boyfriend. He went to my mother, he told my mother I am pregnant and so. I told my mother nothing. My mother and I, my mother and I never actually really talked about it. She and I.*

Other participants struggled to contain their own anxiety related to their boyfriends' ambivalence and opted out of the relationship during the pregnancy or shortly after the birth of the child.

Rosy:	In the beginning he often, he didn't want the child. Then I maar said to him, I am maar going to keep the child. Even if I now have to raise the child alone. It's my decision and choice. And I didn't know whether my mother and them would support me … then I didn't see my way open to go on with him. Because he then doesn't see his way open to raise the child together (with me), so.

There are indications in the data that fathers dealt with their own ambivalence by withdrawing from their relationships to the participants (and infants) and investing in new relationships, work, sport, etc.

Elize:	Then my child's father came there and so we went on and then when it came to what he now felt, okay he felt, he sees someone else and everything.

Sarah:	Because my husband had very different sort of manners at that time. And I struggled alone with her. His mother didn't come nearer, who was the closest to me. But everything because of my husband's selfishness.

Ambivalence associated with pregnancy and childbirth exerted pressure on intimate relationships and either culminated in the termination of the relationship, increased conflict between the parties involved (father, mother and grandmother) or the gradual withdrawal from the relationship and investment in other interests.

Exclusiveness
After the birth of a first child, the participants seemed generally more invested in their relationships with their mothers and infants, than the relationship with their partners. Rachel, for instance, was primarily invested in her relationship with her mother and offered little resistance when her mother 'kept her boyfriend away'.

Rachel:	I have now also just accepted it, as it comes. But later in time, then I was also now maar actually sorry for that, what she did, to keep me away from him and away from the child because the father now mos walks around lekker free.

Others got caught up in mother-daughter-boyfriend struggles for exclusive access to the baby. Carmen, for example, described intensified mother-daughter conflict as a result of her mother's refusal to let her boyfriend stay over at their house after the baby's birth. Unconsciously her mother seemed intent on creating an exclusive relationship with the

infant. Carmen pledged allegiance to her boyfriend and frequently stayed with him and his family, depriving her mother of her daughter and grandson's presence. Once her mother revoked her decision, Carmen and her child moved back home where she left her baby in her mother's care and returned to school. In this instance, the conflict and struggle between mother and daughter was successfully resolved to transform their relationship into one characterised by autonomy-with-connection.

During the postpartum period mothers and grandmothers who shared a household, seemed to develop a renewed connection that revolved around the shared caregiving of the infant. The participants' unconscious investment in exclusive relationships with their mothers and infants inadvertently excluded fathers from the provision of childcare, even though the mothers consciously wished for it to be otherwise. Elize for example stated the wish for increased paternal involvement but never actively encouraged increased contact between him and his daughter. She also described the relationship between her and her child as 'sy is my alles en ek is haar alles' ('she is my all and I am her all') – a symbiotic relationship that would be indelibly transformed (and result in great loss for Elize) through increased paternal involvement. Rachel, in turn, described her relationship to her mother as very close and exclusive – a relationship her husband valued, respected and deemed beyond reproach.

Rachel: My mother has much for me. I was actually very attached. My mother was very attached. She is still now, she is very attached to me.

The findings of this study seem to suggest that the lack of paternal involvement stemmed from ideological, structural and social influences, as well as unconscious and psychological processes related to maternal (and grandmaternal) ambivalence and the establishment of exclusive relationships between grandmothers and their daughters and mothers and infants.

4.6.3   Discussion

The findings strongly suggested that the responsibility for childcare decision-making, rested solely in the hands of women – particularly mothers and grandmothers. Although the participants claimed to make most decisions themselves, the data suggested that grandmothers exerted a significant influence on the decisions made. None of the participants in the present study indicated any paternal involvement in the search for or selection of childcare regardless of their relationship status. Pungello and Kurtz-Costes (1999) reported that although fathers tend to be relatively uninvolved in the search for childcare, they do fulfil an important role in the final selection of childcare in two-parent families. In the present study, it was not clear whether paternal absence created an opportunity for grandmaternal

239

involvement, or grandmaternal involvement left little room for paternal contribution or whether paternal absence and grandmother involvement constituted two separate processes.

The data analysis further indicated that in contrast to the childcare procurement processes described by Pungello and Kurtz-Costes (1999), the participants in this study often made decisions in an intuitive, haphazard way which resulted in multiple caregivers and multiple sites of childcare provision. Decision-making seldom followed a systematic, deliberated, consultation process – especially when an existing childcare arrangement was disrupted and participants had to find formal childcare on short notice. Research indicated that low-income mothers who sought formal childcare, tend to consider only one childcare placement for its convenience, cost and location (Lee Van Horn et al., 2001). The participants in the present study were no exception – possibly also as a result of the very limited range of formal childcare options available in rural areas such as Paradijsbos.

A particularly interesting finding that emerged from the data was the tendency among young, unmarried mothers who co-resided with their extended families to 'slip into' childcare arrangements during the first year after the birth of the first child. These arrangements typically involved the maternal or paternal grandmother in the provision of childcare and often represented an extension/expansion of the tangible support offered to the mother during the postpartum period. Grandmaternal childcare in these instances was frequently accompanied by maternal withdrawal or detachment from the infant and an immersion in her work, alcohol, intimate relationships and/or peer socialisation. Furman (1994) theorised that middleclass mothers of young children responded to the anxiety of 'losing a part of the self to the growing child' (p.54) by unconsciously putting the child in the situation of experiencing the overwhelming anxiety by 'leaving' the child first in a variety of ways such as becoming preoccupied with other activities or returning to work. Furman (1994) suggested that some mothers' maternal functioning is more seriously affected by extreme aggression towards their infants which result from the threat of narcissistic loss. A vulnerable mother tends to disinvest in her child by 'walking out on him or handing him over to another's care in order to keep in check her aggressive impulses' (p. 55). In this study, the lack of active decision-making in the 'choice' of grandmaternal childcare for infants seemed to suggest that these decisions could at least be partially motivated by unconscious processes such as those described by Furman (1994).

Grandmaternal childcare provided for infants could not always be sustained and the participants described a more active, conscious decision-making process when a more permanent change in childcare was imminent, for example when children were moved from

240

grandmother care to crèche care. The data analysis further indicated that the birth of a second child was likely to occur within a committed relationship between parents who have acquired their own, separate housing. Childcare decision-making in these instances seemed more active and conscious, although in practice, it may result in the repeated use of grandmaternal care.

The findings of the present study concurred with those of several international studies that low-income mothers choose childcare that was safe, convenient, affordable, provided educational input and quality of care (Henley & Lyons, 2000; Kensinger Rose & Elicker, 2008; Lee Van Horn et al., 2001). In this study, grandmother-provided care was perceived to meet all of these requirements (except the provision of educational input) and therefore explained why this type of childcare was often favoured among low-income mothers (Reschke et al., 2006).

Educational input was highly valued by the participants and caused them to enrol their toddlers in one of the local crèche or preschool facilities. These facilities were generally regarded as expensive, but the participants equated the high fees with quality of educational input and physical care provided. Studies have shown that low-income mothers tend to rate the quality of childcare received higher than trained observers would (Lee Van Horn et al., 2001). One of the explanations forwarded for this finding, was that relative to the everyday experiences of poor children, the care received at formal childcare centres would generally be perceived as of high quality by low-income mothers if minimum requirements were met. It is therefore no surprise that quality of childcare was defined by the women in this study in terms of the quality of physical care provided.

As far as educational requirements were concerned, the participants in this study favoured childcare facilities that followed an instruction-based curriculum over learning through exploration and play – a consideration that caused several participants to choose crèche-provided care for toddlers rather than care provided by grandmothers. Although this finding is not unique to this particular low-income community, in this study it has to be interpreted against the impact apartheid had on the participants' evaluation of their own education as deficient and inadequate.

Unconscious processes seemed to play a significant role in the participants' motivation for childcare choice – especially the use of grandmother-provided care. A woman's first pregnancy and early motherhood have been described as a period of transition characterised by emotional disequilibrium, increased anxiety (Gerson et al., 1984; Raphael–Leff, 1991) and

intense ambivalence towards the infant (Furman, 1994). Klein speculated that maternal ambivalence was related to a re-experiencing of feelings the mother held in relation to her own mother during childhood (Featherstone, 1997). These psychological and emotional processes are not necessarily viewed as problematic, and if negotiated and worked through successfully, could facilitate adjustment to motherhood and the development of a caring relationship between mother and child (Parker, 1995). However, Rozsika Parker (1995) noted that the conscious experience of maternal ambivalence is particularly difficult to attain in a cultural environment that regards the expression of female aggression as taboo. This taboo is intricately related to the idealisation of motherhood and adherence to the ideal of the perfect mother as always loving, self-sacrificial and selfless.

Parker (1995) theorised that the ideology of the perfect mother as all-loving, precluded the acknowledgement and expression of ambivalence and consequently, hateful feelings experienced towards the infant are either internalised with resultant persecutory guilt and maternal depression or it becomes split off, repudiated and acted out. The participants in this study described feelings of ambivalence towards their infants and related several instances of 'leaving' their first-born infants in the care of grandmothers (i.e. physically leaving their infants) and/or leaving their infants psychologically by becoming disengaged and detached. Maternal withdrawal (as a defence) could serve to 'protect' the infant from maternal aggression (Furman, 1994), whilst the idealised care provided by the grandmother assured the infant of love and protection. Benjamin (1988) noted that idealisation is regarded as a defence against aggression that emerges when hate cannot be integrated with love. The participants in this study experienced ambivalent feelings towards their own mothers – often in response to experiences of maternal abandonment and deprivation in early childhood within a social context where the idealisation of maternal nurturance, prevails. It can be speculated that the participants' idealisation of grandmaternal care resulted from an attempt to cope (through defensive splitting) with the ambivalence experienced towards their mothers.

According to Benjamin (1988) and Klein (1946), the fantasy of omnipotence, idealisation, splitting and denial are closely bound up with ambivalence. Through splitting, the idealised, good object and the bad, frustrating and persecuting object are kept apart while denial serves to ultimately deny the existence of the bad object (and by implication psychic reality). The fantasy of the omnipotent mother is the result of psychic splitting and serves as a defensive wish that one will have a perfect world (Benjamin, 1988). The data analysis indicated that the participants' use of grandmothers (or grandmother substitutes) for childcare seemed intimately connected to fantasies of maternal omnipotence. Desires and

fantasies of merging and regression into merged states between mother and daughter partially explained the fluid nature of the childcare shared between the participants and their mothers whereas attempts at recovering early loss accounted for the provision of childcare themselves, the eliciting of care for themselves or the vicarious sharing in the childcare their children received. In some mother-daughter relationships, the sharing of childcare served an important function in the transformation of their relationship into one of autonomy with connection (Bernstein, 2004) whereas others reverted back to the dynamic of a helpless, dependent daughter wishing for her omnipotent mother to relieve her from the emotional and physical demands of motherhood.

Various studies indicated that the mother-daughter relationship undergoes transitions during the daughter's first pregnancy and early motherhood (Fischer, 1981; Nice, 1992; Walzer, 1995). According to psychoanalytic thinking, the mother-daughter relationship may visibly seem unaffected by the daughter's pregnancy, while the internal representation of the relationship is negotiated, reorganised and reconstructed during this period of transition (Nice, 1992). Both mother and daughter may experience ambivalence about the other as they not only each re-experienced their own early childhood and mothering history, but also had to grapple with issues of differentiation and connection in their relationship. The revisiting of the mother-daughter relationship internally as well as externally was shown in the data analysis to impact on the childcare arrangements chosen. Both the participants (as daughters) and their mothers were active participants in the establishment of shared childcare arrangements. Van Mens-Verhulst (1995) used the term, 'daughtering' to denote that:

> *Daughters are assumed to not only receive care and authority, but also to elicit it when they are in an originally dependent relationship that involved being looked after by more powerful people; people who are perhaps older, wiser or better qualified….. For example, 'daughters' may wallow in the love, welcome it, resist it, or try to reciprocate; they may accept the authority, avoid it, withstand it or try to negotiate (p. 531.).*

The participants in this study not only regarded men as unsuitable for childcare provision, but failed to consider male-provided childcare even as a remote possibility[9]. Nancy Chodorow (1978) stated that a woman tends to remain bound up in preoedipal issues in relation to her mother. She therefore has an unconscious investment in reactivating this relationship

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[9] The only exception was Lecia, who grew up in a family where her father assumed an active role in childcare provision.

243

through the creation and maintenance of a family and other personal relationships with women (including her female kin). Men are unable to fulfil women's relational need due to their place in a woman's oedipal constellation and therefore, the mother-infant relationship can intrapsychically be experienced as exclusive and the mother may unconsciously regard her relationship to a man as superfluous. These unconscious processes within the mother-daughter relationship could therefore contribute to the universal tendency for mothering and childcare to be regarded as women's work.

In addition to the exclusive relationships established between the participants, their mothers and their infants (resulting in the exclusion of fathers), the findings suggested that paternal and maternal ambivalence caused significant relationship strain during the pre- and postpartum period. The relationship strain may in turn contribute to the lack of paternal presence and involvement in childcare which could exacerbate existing levels of ambivalence (for both mother and father) and further escalate relationship strain and paternal withdrawal. Perkel (2006) explored how a mother's ambivalence towards the baby contributes to relational strain as 'hate' gets split off and becomes projected into the 'phallic container'. Long (2007), asserted that maternal and paternal hate both 'circulate in the postpartum couple' and unless allowance is made for ambivalence to be creatively dealt with, it has the potential to create lingering couple conflicts that could damage the relationship. The participants in this study claimed that (a) they did not need childcare assistance from their children's fathers (apart from financial provision) and (b) complained about the absence and uninvolvement of their children's fathers. A tension seemed to arise between the participants' wish to preserve an exclusive relationship with their children whilst also hoping for paternal involvement and support. It seemed however, that the wish for paternal involvement was mostly motivated by a need for financial stability and tangible support for the mother in her attempts to mother her child(ren) exclusively.

4.7 Emotional and psychological sequelae of childcare utilised

The childcare provided and secured by the participants had a range of emotional and psychological consequences for them. The findings presented here focus on the psychological sequelae that resulted from the compromises participants had to make between their childcare ideals and the structural, relational and personal constraints imposed thereon.

4.7.1   Case studies

Since the participants' emotional and psychological experiences related to childcare use were so closely tied to their efforts to cope therewith, the case studies presented here focus on both the individual participants' psychological experiences (section 4.7.2) and the coping strategies utilised (section 4.8).

<u>**Rosy**</u>

Rosy experienced tension and ambivalence with her inability to render the mothering and childcare she ideally wanted to. She had to provide in her child's material needs, but also wished to mother intensively. These two competing notions of ideal mothering caused her continuous stress and anxiety whilst her attempts to meet both these ideals, left her physically and mentally exhausted.

Rosy: *In the beginning I worked and some evenings came home late and when I then came home, she slept. And then I have go out of the house again early in the mornings without seeing her. The only day I now have with her, is only Sunday, because I also worked on Saturdays.*

Rosy: *On a Sunday it was very peaceful (laughingly), then I can rest. But now also not for long, then she again wants a bit of attention from me, then, I first have to sit and play with her again.*

Returning to work and being separated from her child was difficult at first. Rosy kept her child in her thoughts, longing for her and wondering what she was doing, where she was and whether she was safe. She experienced a sense of exclusion and loss as her child lived a daily life separate from hers – a life she was unable to access and share in. Initially, Rosy's solution to this dilemma was to combine work and childcare by going home during teatime and lunch to breastfeed her baby. In the afternoons her grandmother brought her child to work, so that she could breastfeed and spend time with her. This solution was difficult to sustain given the demanding nature of her work and Rosy soon had no alternative, but to entrust her child to her grandmother's care throughout the day.

Rosy expressed intense concern and worry about her child's well-being and safety whilst in the care of

Rosy (contd.)

others. During the interviews she maintained that her child was safe in the care of her grandmother, while also relating an incident where her grandmother's care (and judgment) put her child at serious risk for injury. Rosy's shock and anger about this incident had to be suppressed in order to ensure the ongoing childcare provision by her grandmother. She could not afford the crèche, nor had she any other informal childcare resources to her disposal. In order to cope with the anxiety about her child's safety and ambivalence towards her grandmother, Rosy split between the competing feelings of anger and love and idealised all the care her grandmother provided while identifying her child's 'naughtiness' as the main cause of the dangers she was exposed to. The following quotes (cited before) serve to illustrate this point:

Rosy: *She was very naughty. Because one morning when I worked, I came home. And I walk into the house and I ask Grandmother, now where is the child, now? Then she said probably outside. Then she sat in the road outside. Grandmother then said, she just wants to sit outside all day long, then I put her outside the door. And there she lay still the whole day.*

Rosy: *I have now this morning already said to my mother, she now gets so, so rebellious already. She will have to, I will teach her, to get it out of her. You cannot want to be rude at such a young age. This morning she came out of the room with a knife in her hand.*

Interviewer: *Wow!*

Rosy: *The knife was lying on the floor the whole time. My grandmother was busy. And then the other children tried to take away the knife and she then started hitting in their direction like that with the knife in the hand.*

Rosy regarded her daughter's health as beyond her control, and relied on her faith in an omnipotent, almighty God to preserve her daughter's future health. According to Rosy, her faith required a commitment from her to lead a good life, to regularly attend church activities and remain free from alcohol abuse. Her faith and religious practices seemed to lessen Rosy's anxiety about the 'uncontrollable' aspects of motherhood and childcare and perhaps helped her to cope with the increased vulnerability brought about by poverty.

Rosy: *Then I said to my mother, I am not going struggle further I am going to convert myself, I am going to give my heart to the Lord, because if I know my child now gets ill, then I now have the confidence to pray for her, to ask the Lord the heal her.*

Social support was an important resource for Rosy in the daily coping with childcare and poverty. Financially, she and her family shared their scarce material resources, they shared the household

Rosy (contd.)

chores and assisted each other with childcare. The unspoken agreement was that everyone should contribute where they could and when Rosy's younger sister failed to do so, resentment and frustration ensued.

Rosy: And, I wanted to say now, it is mos now my sister and I at home during the day, she also has a little baby, but when she now gets up in the mornings, then she just sits with her child the whole day and I must now do everything.

Lone motherhood was very hard for Rosy. To her, it meant that she had to take responsibility for all the childcare and financial support: no one shared her level of commitment, emotional involvement and concern. Bearing sole, parental responsibility left Rosy lonely, overwhelmed and frustrated. Although she had support available from her family and neighbours, this needed to be purposefully activated and accessed. She often asked other people to help, but disliked the dependent, powerless feelings it evoked when others had the power to offer or refuse help.

Interviewer: What, what do you find difficult? What is tough for you?
Rosy: Sometimes when she is ill, then there is nobody to help me, then I must maar cope on my own. Or sometimes then I must ask other people to help me.

Elize

Elize awaited the birth of her first child with ambivalence: although she was excited about becoming a mother, the end of her relationship to her child's father during her pregnancy, left her sad, angry, depressed and lonely. Raising her daughter as a single mother, was not what Elize envisaged and she was deeply disappointed in her inability to establish a nuclear family. After a complicated birth process, Elize left most of the childcare to her grandmother and mother who were eager to assist while she recovered, returned to work and continued with life as before. Although Elize retained some involvement in her daughter's care, she was emotionally preoccupied with the breakdown of her relationship and her ex-boyfriend's newly formed relationship with her best friend. She reported a limited recollection of the early postpartum period after the birth of her firstborn and considered her failure to deal constructively with the emotional turmoil during pregnancy as a possible cause of her daughter's death. In an attempt to defend against the overwhelming guilt she experienced, Elize resorted to her faith and the belief that her daughter's death was God's will and part of a greater plan for her life – a decision she ultimately had no control over or influence on.

Elize: *But then it happened that she fell ill, I never knew that she was actually really ill, but the actual reason is probably maar, I avoided everything and when I was pregnant I kept everything to myself, bottled up everything, never talked. I cried and cried everything and never talked with somebody about it and then she died. But I came to terms with it, the Lord God had a reason, because there is always a purpose. I always say to myself, if anything should happen to me then I really think ( ) the Lord God will not let anything happen to you if He himself does not have a purpose and I have made peace with that.*

In contrast to the ambivalence experienced with her first pregnancy, Elize was overwhelmingly positive and excited about her second pregnancy. She envisaged that she and the father of her child would raise their daughter together, that he would provide materially and that she would have a second opportunity to mother her infant intensively. When her child's father failed to support them financially, Elize was forced to return to work within a month after giving birth. She was deeply disappointed, sad and frustrated that she was forced to compromise on her ideal of intensive mothering. These feelings were further intensified when her boyfriend ended their relationship five months after she gave birth. He has remained uninvolved in his daughter's life ever since. Elize responded to these disappointments with a determination to mother her daughter intensively and exclusively. In this, Elize seemed intent on protecting her daughter from her hostility and aggression as she focused on her daughter's 'lovableness', popularity among her peers, scholastic achievements and favouritism experienced at school. Elize seemed unashamedly proud of her daughter who served as an extension of herself: someone with whom she strongly identified and ultimately could present to the world as a product of her (excellent) mothering and childcare. Whenever her child failed to live up to Elize's

Elize (contd.)

idealised version (especially in public), Elize experienced intense rage, frustration and aggression.

Her own childhood experiences of poverty, deprivation and hardship caused Elize to deeply value providing well in her child's material needs. She was intent on compensating for the lack she suffered as a child. Therefore, not having the financial means to meet her daughter's needs and desires left her with feelings of depression, sadness and anger. She attributed much of her hardship to the lack of paternal involvement and financial contribution and although she seemed frustrated and angry towards her child's father, she explicitly denied feeling angry towards him.

Elize: *Then I said, I have everything for you, I told you, just give my child love, but you felt you didn't want to do it. When I said, I was happy with a R50, you didn't want to give that either. I am now happy with a R300 that you give me. I am alone. My child's school fees is R250. What must I (do) with a R50? It is not. And I felt, I then told him, I am going to the court again, for more money because I cannot like this, Suzanne. I work alone, it's taxi fare, I have to pay my mother, I must buy food and buy for her and buy for me. I cannot, it is too much for me. But there isn't anger between us. Because I phoned him yesterday then, then hmm, he was behind about two we(eks), months. But the thing is, Suzanne, I hmm, he pays the money into my bank account. I say, if I was another woman, I would already have gone to court and said, look here Mister, the man is behind two months. But I didn't do it, I phone you to say, so don't make your days difficult with me. And yesterday then, he actually still owes a R600 to her, and when I came to the bank yesterday, then there was R300 in (the account). Nevertheless I show him I am the least and I phone him and I say thank you very much for the money that you paid in. I will prove to him, because I don't want, I am not a difficult person and so on.*

Feelings of anger were clearly not easily acknowledged or expressed and perhaps did not fit Elize's self-presentation as someone who was friendly, forgiving, well-liked and easy-going. Her feelings of anger and resentment seemed repressed, denied and compensated for by her resolve to be an exceptionally good mother to her child. In order to resolve the tension between what she wanted to give her child and what she was able to provide she focussed on the non-material things she was able to give, such as bestowing her daughter with love, nurturance and care. Elize specifically noted that although she had no choice but to deprive her daughter materially, she wanted to ensure her child was not deprived of love, nurturance and care.

Financially, Elize coped with the severe poverty in which she raised her child by planning carefully, negotiating a salary increase with her employer, resorting to the legal system to ensure child maintenance from her daughter's father and depriving herself in order to provide for her daughter.

Elize (contd.)

Apart from these problem-solving strategies, Elize also relied on the social support she received from and provided to her large, extended family. The reciprocal relations were particularly convenient when childcare had to be arranged informally. According to Elize, family was obliged to help one another and presented her with the only form of safe childcare outside the formal structures such as the crèche or daycare centre. Elize invested heavily in the establishment and maintenance of interpersonal relationships and purported to have a wide circle of friends, family and acquaintances on whom she could rely in times of need. Elize did not only approach such persons for tangible help, but occasionally confided in people about her difficulties and emotional hardship. She also seemed to derive a sense of power, self-esteem and optimism whenever she was in a position to assist and give to others.

Elize deeply valued self-sufficiency and independent living, but her limited financial means inevitably meant that she had to rely on her family for support and the provision of childcare. She did not always agree with her grandmother's approach to childcare, but regarded her grandmother as a powerful, omnipotent figure on whom she was totally dependent for childcare during her own childhood. Elize idealised and admired her grandmother and viewed her as the embodiment of an all-good, all-perfect mother. She similarly idealised childcare provided by her mother, despite her mother's abandonment and absence from her life as a child and young adult. The defensive splitting off and repression of hostile feelings towards her mother in particular, was projected onto the paternal grandmother towards whom Elize expressed disappointment and anger after she failed to provide safe care for her child and displayed a subsequent lack of concern about her granddaughter's health. Whereas Elize continued to idealise childcare provided by her mother and grandmother, the care provided by the paternal grandmother was devalued and denigrated.

After a deeply disappointing experience with the childcare provided by the paternal grandmother, Elize seemed to favour the formal childcare provided by the crèche which was, safe, reliable, convenient and had an educational focus. This choice in childcare also affirmed a sense of self-sufficiency as she was not dependent on any individual for childcare, but rather had a formal agreement with an institution of her choice. Ultimately, being a working, single, self-sufficient mother produced tension between tending to your own needs and those of your child. Elize described it as having a 'battle' ('*stryd*') when she was tired after a long day's work, didn't feel like cooking or tending to household chores and finding her child's incessant talking tiring and exhausting. Elize coped by retaining flexibility in terms of the standards with which she ran her household, accepting tangible help offered by others (such as meals prepared by her mother) and putting her child to bed earlier than usual so that she could rest.

Carmen

Carmen claimed to have had an easy transition into motherhood including the provision and arrangement of childcare for her son. She indicated that her pregnancy was planned and actively pursued. The sense of agency, independence and autonomy with which she planned both the pregnancy and the birth of her son also facilitated the use of problem solving and planning to provide for her child and herself. Carmen presented a pragmatic approach to coping with economic difficulty as she seemed to accept certain constraints (such as her boyfriend's lack of permanent employment) whilst saving and planning to ensure her child's material needs were met.

Poverty and the demands of shift-based employment were forwarded by Carmen as the most difficult challenges to overcome in the mothering of her child. Carmen did not regard working whilst mothering her child as a source of tension that she needed to compromise childcare for. In contrast to several of the other participants, Carmen presented no difficulty in being separated from her child and seemed comfortable combining the roles of caregiver and economic provider while relying on others to take care of her son. Since she did not subscribe to the nuclear family and intensive mothering as the only context within which children can be successfully raised, she seemed to experience less inner tension in combining these roles. It seemed also that Carmen's narratives, in comparison to the other participants, lacked the expression of emotion (positive and negative) in both content and as an observed quality. Whereas the other participants presented both positive experiences of motherhood (such as feeling proud) and/or difficult emotions experienced in relation to motherhood (such as frustration, irritation, anxiety, etc.), Carmen appeared emotionally detached and unaffected by her child. Whereas several participants expressed both positive and negative emotion in relation to childcare providers, Carmen expressed neither enthusiasm for the care provided by her aunt nor any form of ambivalence or disappointment. It is possible that repression of difficult feelings helped her to cope with the emotional demands of motherhood and childcare.

More difficult, according to her, was coping with the impact working nightshift had on her energy levels and sense of exhaustion. She similarly described coping with her schoolwork, whilst attending to her son as exhausting and difficult.

Carmen: *And for me it was now a little difficult, because when I now get home in the evenings, then you must mos now spend time with them and you cannot sleep and. When it now comes to studying – then he was mos now teething that time, then he is mos now restless in the night. Then you cannot learn your work. Perhaps you now learn, and when you nou get up in the morning, then it is completely out of you (forgotten), because the child now cried the whole night. And so. That is what now probably caused me to fail that year.*

Carmen (contd.)

The tiredness and lack of adequate rest that resulted from working nightshift in particular, left Carmen exasperated with her child's demands for attention and care. Carmen could not afford a crèche and although the grandmother provided childcare, she was not always able to keep Carmen's child occupied so that Carmen could rest. Their small living environment further limited the privacy necessary for adequate rest. Her son's frequent interruptions when she tried to sleep also seemed related to Carmen's general struggles around limit setting and the effective disciplining of her child. Both her mother and boyfriend have criticised Carmen for adopting a permissive approach to parenting and her failure to discipline her son effectively. Despite all her intentions, Carmen found it impossible to refuse her son's requests for material things and dealt with her sense of inadequacy around limit setting and discipline, by leaving this function to her mother and boyfriend to fulfil.

In contrast to her struggle to effectively discipline her child, Carmen presented confidence in her ability to tend to his physical needs. She gained valuable childcare experience as a child whilst caring for her nieces and nephews. She also relied extensively on social support offered by her mother, boyfriend and the paternal grandmother – particularly as far as childcare was concerned. Carmen presented herself as disinterested in friendships and relationships outside her immediate family, and spent most of her spare time with her boyfriend and his family.

Carmen expressed regret for not completing her schooling, but she compensated by furthering her education through training as a personal assistant at a college in Stellenbosch. Carmen, again planning ahead, argued that it was better to invest in her own education and increase her future earning potential than to spend money on crèche fees for her child. She focused on the positives, remained optimistic about the future and actively planned and pursued opportunities that would help her to cope with motherhood in the long-term, even if she had to sacrifice in the short-term.

Carmen: *But, now I see hmmm, but you can still (build up) your, your. Hmm, build up your career. Because I have now, I now do a course in Stellenbosch. A computer course. And then I am now going to do the PA. Then I am now going to get me a better job. The two is, together is actually almost R4 000. But I do it bit by bit. First a thousand and five. And now I have finished this one. And now I must now again put away money, to put in the other thousand (and) five.*

Sarah

Sarah felt overwhelmed and exhausted by the responsibilities of childcare. On the one hand her teenage daughter's rebelliousness and challenging of her parental authority angered, frustrated and concerned her, while her youngest child's demandingness for care and attention tired and depleted her. Sarah described feeling down because of all her problems – problems that included mothering her teenage daughter, dealing with her husband's occasional drinking, abusive behaviour and episodes of infidelity, while bearing sole responsibility for the household and childcare.

Sarah tried to cope with the demands of motherhood and childcare by relaxing at home. Relaxation included watching television and children's movies with her youngest child throughout the day and playing computer games. Sarah was socially quite isolated and did not have family and friends nearby who could support her emotionally or instrumentally. Occasionally she tried to lessen her workload by refusing to take care of family's children and trying to get her children to assist with household tasks. She frequently felt despondent and helpless as her eldest daughter refused to help, her youngest was limited in what she could do and Sarah struggled to decline requests for assistance from family members.

Sarah expressed intense ambivalence about providing all childcare herself: Although being a full-time mother was aligned with her notion of ideal motherhood and alleviated her boredom and sense of loneliness, she seemed resentful of the household chores that she was responsible for. Giving up her employment meant they could no longer afford a domestic worker and henceforth, the responsibility for the household chores became all hers. As Sarah contemplated enrolling her daughter at the crèche, her ambivalence became clear: while her daughter frustrated and exhausted her, her presence also alleviated Sarah's loneliness, boredom and isolation. It seems as if Sarah's statement, 'ek gaan haar te veel mis' ('I am going to miss her too much'), accurately captured the real reason for her reluctance to sort out her child's sleeping problem, enrol her at the crèche and have more time to herself.

Sarah: I actually wanted to put her in the crèche, but then I again feel I will miss her too much. And hmm, then the people also walked (around) with a story hmm, that the crèche asks very much money. And then I thought to myself I will not be able to afford it and then it was now also so that my husband now didn't work for two months. And hmm now that the money is now darem there, now I maar feel. Now the problem that I have with the little one, is she, she goes to bed late at night and then she cannot get up in the mornings, And then she is very tearful. Now I feel, leave her maar until she is awake. And we got stuff from the doctor, but (laughs), that makes her sleep. The stuff is now finished and I want to get (some) again, but I know she's so clever, she says she doesn't want that medicine (laughs).

Sarah (contd.)

Immediately after the birth of her first child, Sarah had little support available: her mother lived far, her mother-in-law seemed disinterested and her relationship with her husband was strained. Sarah described how she 'struggled on her own' and how the stressfulness of it all left her exhausted, overwhelmed and angry. She was particularly resentful towards her husband and her mother-in-law for failing to support her at a time of great vulnerability and hardship. Sarah was fearful that her child might develop a serious illness or suffer from an inexplicable ailment. In the excerpt quoted below Sarah related her sense of incompetence and anxiety in caring for an infant on her own.

Sarah: *Yes, then you feel a bit upset, you hope and you pray that your child will not get ill or get stuff that is too complicated for you. You see so you read about in the books, of stuff that you don't even understand. You maar hope that your little one doesn't get like that.*

Although Sarah deeply valued intensive mothering, four years after giving birth, she decided to seek employment and divorce her husband. While she tried to combine motherhood with her newly found employment, she experienced elevated levels of stress – mostly due to her struggles to secure reliable, affordable childcare. She related feeling despondent, desperate, hopeless and frustrated with the ongoing hassles related to childcare. A solution presented itself when her mother offered to take care of her daughter during the week. Although Sarah only saw her daughter on weekends, it brought instant relief from the tension and worry about childcare.

Sarah's opposing needs of having to work and wanting to mother intensively, were psychologically resolved by idealising the care her mother provided. Sarah assumed that the care her mother provided was all good and noted that her mother and she never spoke about the details of the care her mother provided. Her mother continued to be an important source of support and someone to socialise with after Sarah and her husband reunited. Her mother's illness and subsequent death after the birth of her youngest child represented an enormous loss as Sarah not only lost a mother, but also her main source of social and emotional support. After her mother's death Sarah immersed herself in the caretaking of her children, but the lack of other meaningful relationships left her lonely and isolated. Her children became her main source of socialisation and entertainment but also overwhelmed her with their continuous need for nurturance and care.

Poppie

Poppie, her husband and two children created a family set-up that nearly complied with her notions of ideal childcare. She and her husband both earned a stable income which created some financial stability, even though their income remained limited. Although Poppie could not afford to provide intensive, full-time mothering, their financial stability afforded her an opportunity to choose a childcare arrangement that complied with her notion of ideal substitute care, namely that of a day mother and the crèche. Poppie coped with the internal conflict caused by the use of substitute care while she pursued paid employment, by idealising the care provided by both the day mother and the crèche. She described the care her children received only in positive terms and indicated that she planned to use the same arrangements after the birth of her third child. Poppie served on the 'crèche committee' that was involved in the recent renovations and upgrade of crèche facilities and as such expressed pride and a sense of accomplishment in what they have achieved.

Poppie coped with the mental and physical demands of employment, childcare and household chores, by delegating work to her husband and children, socialising over weekends with friends and family, going on inexpensive trips to the beach or club rugby games and remaining involved in community-based projects. She also stated that she disliked doing household chores and preferred sleeping and resting – she described it as 'being lazy'. Although Poppie subscribed to the dominant ideas of ideal motherhood and childcare, she seemed able to resist some of the prescriptions contained therein and retained an investment in cultivating her own interests, separate from her roles as mother and wife. She took pride in her children's achievements and displayed an interest in their lives, but also noted that she enjoyed working, since it added variety to her life. Her investment in and fostering of reciprocal relations with her mother and sisters, her sense of humour and confidence in her own values and childcare ideas enabled her to rebut the criticism from her mother-in-law and mother on the ways in which she mothered and disciplined her children. She also seemed to share vicariously in her children's accomplishments and expressed enthusiasm for her role as mother.

At the time of the interviews, Poppie seemed confident in her mothering abilities, but explicitly stated that she experienced overwhelming ambivalence during her first pregnancy and after the birth of her first child. She described feelings of shame for falling pregnant out of wedlock and embarrassment for her newborn's unattractive appearance. Poppie coped with these ambivalent feelings by leaving her baby in her mother's and grandmother's care while she socialised with friends and drank excessively. She described herself as lacking confidence in taking care of a newborn child, but idealised all the care her grandmother and mother provided. Sixteen years later, Poppie continued to idealise the care her eldest child received, despite not remembering who exactly took care of her baby or what the caretaking entailed.

Her inability to recall much of her early motherhood experiences, feelings and thoughts can be attributed to a defensive process of repression or can be a consequence of her absence and

Poppie (contd.)

uninvolvement in the provision of childcare.

Poppie's second pregnancy conformed to her ideal of raising children in a nuclear family set-up, and she consequently experienced less inner conflict and seemed more able to manage the ambivalence pregnancy and motherhood brought. Not only did she describe herself as more actively involved in the mothering of her second child, but she was able to make decisions about childcare in an agentic, independent way. Her increased autonomy and sense of independence was further enhanced when she, her husband and children moved into their own, separate dwelling where they pursued independent living, whilst maintaining strong ties to her family of origin.

Lecia

Lecia's ambivalence about motherhood, childcare and her struggle to provide for her children according to her notions of ideal motherhood created heightened feelings of depression, anxiety, hopelessness and a sense of failure as a mother. She attributed her emotional struggles to the chronic poverty she was subjected to, her partner's failure to provide for his children financially and emotionally and the physical abuse she suffered at the hands of her partner. Although her children's father 'hovered around', he was largely absent from their lives and it left Lecia unsupported and lonely. The loneliness in itself was hard to bear, but it was mostly the severe stress associated with carrying the burden of raising three children on her own, whilst being unemployed, that Lecia found unbearable.

Interviewer: *Whew, so you are actually a mother who stands alone.*
Lecia: *Alone. Alone. So far, all the way maar alone. Provide for them.*

Lecia also missed having a partner or someone who provided company. Her family stayed far, she had responsibilities towards her children and didn't have money to go out as she pleased. Weekends seemed a particularly lonely time for her.

Interviewer: *And what dit you do the weekend?*
Lecia: *Relaxed, my sister and them were here, from Eersterivier – she looked in again. We just maar sat here and chatted the whole day and they left again in the evening. And, then I again felt so lonely, because here is now no one and, now only she (refers to youngest child) and hmmm, but they mos now go to sleep early. Maar switched on the radio and listened to Radio KC. Further it was completely peaceful.*
Interviewer: *Is the loneliness hard?*
Lecia: *It is rather very difficult. Yes, it is, But, what can you do? [Laughs.] Hmm-mmm.*

Given her lengthy periods of unemployment, extreme poverty and limited material resources, Lecia relied on her siblings for financial support. The social support provided by her sister-in-law and her eldest sister in particular was deeply valued by Lecia. Her sister, for instance, provided financial assistance, bought her children special treats and emotionally supported Lecia through difficult times. She also motivated Lecia to use the available training opportunities in order to find employment and improve her circumstances.

Apart from the tangible social support Lecia received from family, she seemed to cope with the emotional repercussions of the tension between providing ideal mothering and childcare within a context of severe poverty, by avoiding unpleasant emotion, actively pursuing pleasurable activities that

Lecia (contd.)

distracted her and numbed the feelings experienced (such as dancing and drinking), leaving her children for extended periods in the care of her father and/or sister, relying on the goodwill of others (for example, the owner of the crèche accepted her child free of charge) and believing that God will provide and give her the strength to withstand adversity. Lecia has contemplated suicide as 'a way out', but remained hopeful to find permanent employment in future. Her lack of resources and overall sense of disempowerment perhaps explained the lack of any clear plans, strategy or action that would realise this goal.

In the past, when Lecia managed to find employment, she found the practicalities of combining work and childcare exceedingly stressful and tiring. While her father was healthy, he assisted her with childcare and took responsibility for all the household chores. She described this arrangement as ideal, since her father mothered her children as an ideal mother would. After he fell ill, she could no longer rely on his support and had to arrange with her sister-in-law to provide childcare when working nightshift. When Lecia was on dayshift, she had to catch the bus at about six o'clock which meant that she either had to ask her brother to drop her child off at the paternal grandmother's house or Lecia had to walk with her baby in the early morning hours to the paternal grandmother's house on the opposite side of Paradijsbos. In the evenings she returned home late, exhausted after a long day's work, having to tend to her children and do all the household chores herself. Although the paternal grandmother was willing to provide childcare, Lecia's daughter seemed unhappy about the preferential treatment given to her cousins. After her father's death, Lecia decided to enrol her daughter at the crèche where she stayed until she started pre-primary school.

Lecia valued self-sufficiency and autonomy and her dependence on others for material provision and childcare was met with heightened ambivalence. She described it as 'sore' to approach others for assistance and felt inferior to her siblings who all had secure employment and relative stable family lives. In efforts to manage her ambivalence, Lecia idealised the care provided by her father, her sister and the crèche while expressing disappointment in her own inability to mother her children as she ideally wanted to.

Lily

The word 'stress' and related terms frequently featured in Lily's interviews. She described her work circumstances in the factory as stressful, dealing with a colicky baby as overwhelming, managing her child's health as anxiety-provoking and her concerns around childcare as stressful. Mothering and childcare was clearly emotionally challenging and at times exceedingly taxing for Lily. Some of the emotional turmoil was already evident during pregnancy as Lily engaged in behaviour perceived as 'dangerous' to the fetus' health and experienced herself as 'hyperactive' and highly strung. Her anxiety intensified after the baby was born and she struggled to mother her baby as she idealised she would. Although she was familiar with and confident about her ability to physically care for a baby, she felt overwhelmed, exhausted and anxious caring for a baby who seemed irritable, demanding, inconsolable and distressed. Lily coped with the stress and exhaustion by relying on the assistance offered by the paternal grandmother and seeking medical advice and help. The lack of paternal assistance during this time filled her with anger, resentment and frustration which in turn lead to relationship strain and an exacerbation of her psychological distress.

Although returning to work offered Lily an escape from the demands of childcare, it also compromised her ideal of intensive mothering. On the one hand, leaving her child in the care of the paternal grandmother gave reassurance that her child would be well-cared for, while it also left Lily feeling excluded from her child's world. Lily dealt with it by trying to reserve certain childcare tasks for herself in order to retain involvement in the mothering of her son – for example she insisted on bathing and feeding him herself in the evenings, even though the grandmother offered to do so.

Initially Lily idealised the care provided by the paternal grandmother as it reflected her ideas of ideal childcare and mothering. Since her employment demands made it impossible for her to provide intensive care, the grandmother as substitute provided her with an attractive alternative. Her son, however, grew increasingly attached to the grandmother with whom he shared a bed at night and who mothered him intensively during the day. Lily felt envious about the close relationship that developed between her son and his grandmother – a relationship Lily struggled to establish with her child. Lily also felt dependent on the grandmother to provide childcare while she needed to work. These competing needs created heightened ambivalence and relationship strain between Lily and the paternal grandmother. Lily tried to suppress her unhappiness and avoid conflict with the grandmother, whilst working with her fiancée towards independent living in a house of their own. Sometimes conflict was unavoidable as Lily and the paternal grandmother increasingly differed on the effective disciplining of her son and Lily felt undermined by the grandmother who 'spoilt' her son with material goods she was not able to provide herself. While Lily attempted to establish clear boundaries between her son and his grandmother, she remained careful not to alienate the grandmother who continued to provide much needed support.

Lily (contd.)

Lily had no choice but to work and the hazardous conditions in which she worked contributed to her sense of frustration, anxiety, exhaustion and overall unhappiness. This caused significant strain as Lily tried to mother her 'hyperactive' child whilst trying to cope with a demanding job. Her husband's lack of involvement in the caretaking of their son, further exacerbated Lily's frustration and exhaustion. Although tension sometimes ensued between them, Lily tried to avoid conflict and any situation that created stress. She similarly tried to suppress or distract her attention away from unpleasant emotional experience and would 'leave' the demands of mothering by sleeping excessively.

Rachel

Rachel primarily coped with the multiple roles and mothering tasks by structuring her life in ways that minimised the daily hassle. This involved careful planning and problem solving as well as reliance on her mother to assist with childcare tasks and other household chores. Rachel cited financial concerns as the single, most difficult aspect of her life to cope with.

Rachel: *There are some days then it seems to me I, I am going going to lose my mind, because then I ask myself, where is it now going to come from again?*

She provided detailed descriptions of how she managed their financial difficulties through careful planning in advance, minimising unnecessary debt, accepting gifts and handouts from her employers and friends, whilst taking on additional work over weekends to generate more income. Rachel presented herself as someone who confronted her financial difficulties head-on, remained pragmatic in her focus and relied on her social skills to persuade people to accommodate her needs. Although not related to childcare as such, the way in which Rachel arranged with the state mortuary at Tygerberg Hospital to have her father cremated at no cost to her and her mother, demonstrates how Rachel problem-solves and successfully negotiates to preserve her family's scarce resources.

Rachel: *And then I went to Tygerberg because he died there. To Tygerberg. They helped me with a free cremation. When I now explained to them my whole situation and my mother and everything. They helped me there and they then asked me what they should do with the ashes. Then I said, I don't know. Give it maar to one of his family members, when they come. They don't know me; I don't know them. Because they haven't, they haven't got finances. We don't have. So. What do we do now? Then I signed the documents there and just said to the man if his family comes again afterwards, just say it is his own daughter who signed and they just maar have to accept it, finish en klaar. So, it is a favour that I now did for* them *and a favour that I did for* us*. Because, since they helped me free, I can mos now not refuse if I am helped free.*

Rachel's strong sense of agency enabled her to access available resources and outside agencies to her disposal: for example, she frequently visited the clinic and hospital to attend to her children's health, she applied for UIF payouts when she was unemployed, she consulted the priest at church for assistance with her marital problems and visited the local school to arrange for her niece to be appropriately placed in school. In coping with the demands of motherhood in an impoverished setting, Rachel was constantly alerted to opportunities to earn an additional income, save on expenses and negotiate special deals. Although Rachel dealt creatively with their financial difficulties, these measures provided only temporary relief in their ongoing struggles with poverty.

Rachel (contd.)

Rachel's self-presentation in the interviews was one of being strong, resilient and indestructible. She repeatedly stated that nothing ever gets the better of her, and described how she wouldn't hesitate to resort to violence when she was frustrated with her husband and brothers who all drank too much. Presenting herself as strong and resilient, can be seen, in part, as a defensive reaction to childhood experiences of dependence, vulnerability and overwhelming anxiety when her father unexpectedly abandoned the family. The deprivation she suffered as a child also informed her determination to give her children regular, small amounts of money to spend as they wished.

Rachel lead an active social life: she knew many people in the community, took an interest in their lives and invested in her relationships with others. She seldom relied on her social network for tangible, practical help, but would for instance visit friends over weekends in order to avoid conflict with her intoxicated husband at home. According to Rachel, visiting her friends provided her with an escape from a stressful situation at home, distracted her through making conversation and jokes and provided her with pleasurable activities that relaxed and entertained her. Although Rachel described herself as strong and resilient, she found it incredibly difficult to cope with her husband's drinking. Her husband provided the family with a good income (when employed) and according to Rachel provided her children with a resident father. Despite her intense unhappiness and frustration with her husband's drinking, Rachel was willing to compromise on her own happiness as long as her children had a resident father and she a providing husband. Apart from the conflict, shame, embarrassment and financial hardship that her husband's drinking brought, it also caused Rachel and the children to forego on invitations to socialise as a family in fear of being embarrassed by his behaviour.

Despite all her efforts and intentions, Rachel's husband has not been able to stop drinking. This caused Rachel to feel frustrated, angry, despondent and helpless. She has tried to cope with it through fighting with her husband, avoiding him on weekends, reasoning with him, supporting him and seeking marital counselling from the priest. None of these measures were effective and Rachel's mounting frustration sometimes gets displaced onto her children whom she described as ill-mannered, difficult and unruly and in need of hidings. This applied particularly to her middle child (daughter) whom she thought challenged her authority and had no respect for her parents. The family as a whole seemed to act out their frustration in violence towards each other as Rachel described her children hitting her husband when drunk, she and her husband hitting their children when challenging their authority, Rachel physically hurting her husband when drunk and her husband threatening her with violence when intoxicated. Rachel regarded the childcare provided by her mother as instrumental to her coping with difficult circumstances at home. Her mother's support, company and willingness to provide care at all hours of the day, enabled Rachel to do shift work and earn an additional income. In contrast to Rachel's criticism of her husband's interactions and involvement with their children, she idealised and praised the care provided by her mother. Her mother's care was regarded as all good and superior to the care Rachel herself provided. The idealisation Rachel held for her mother was

Rachel (contd.)

somewhat reciprocated in her mother's idealisation of Rachel as a daughter. She mentioned how her mother always told people what a wonderful daughter she was. It is as if both mother and daughter were invested in living up to the idealised version of themselves as a good mother and a good daughter. Rachel's pragmatic focus in coping with difficulties and compromise was evident in the way she frequently stated that she had no choice, and therefore had to accept her situation and make the best of it. Acceptance of the difficulties and constraints in her life was forwarded by Rachel as her way of coping.

Less conscious processes were also evident in Rachel's struggle to cope with the compromised choice of childcare for her second child. The ideal was to mother and care for her children herself (or arrange with her mother to do so), but since they both needed to work for an income, Rachel had to obtain the services of a day mother. This was an extremely expensive arrangement, but Rachel reasoned that she had no other choice and had to accept this arrangement. Early in the interviews Rachel had nothing but praise for the day mother and the care she provided. Towards the end of the interviews, Rachel briefly mentioned that she attributed her middle daughter's unruly and disrespectful behaviour to being cared for in infancy by someone other than her mother and/or grandmother. Rachel seemed to cope with her ambivalence about the compromise in childcare through defensive splitting in which maternal and grandmaternal care was idealised and day mother and paternal care devalued.

4.7.2 Grounded theory analysis

In this section the participants' psychological and emotional experiences of the childcare utilised are presented. Two broad subcategories of experience can be discerned, namely the psychological and emotional sequelae that resulted from childcare provided by the mother herself and the emotional and psychological experiences that resulted from childcare provided by others.

4.7.2.1 Childcare provided by the mother

4.7.2.1.1. Feeling overwhelmed and depleted

Young children tend to be demanding of caregivers in their need for continuous physical care, attention and affect regulation. The participants, who were employed and had household chores to perform, described feeling overwhelmed by the added responsibility of childcare. Sarah, who was a full-time mother and provided all the childcare for her youngest, seemed overwhelmed by her child's incessant demands for attention.

Sarah: *You must maar always consider your children. You cannot just do like you feel. Now I perhaps sit there on the computer, now I play a game. Now I think, that is now my way of relaxing. Then she will say behind me, Mommy, Mommy, come and look here. Mommy must quickly go to the toilet with me. I am now a bit scared (laughs). Now I ask, what are you afraid of, I am with you then? No, Mommy, come and sit by me there. Now I have to switch off there again. Now I have to maar sit there until she is finished. Now I get there, Mommy, I now want to play a bit too, Mommy, go with me quickly. So. Now that is how she is. She is troublesome all the time, that you now think, o no, leave (it) maar.*

It was especially their children's demands for nurturance and attention that left the participants depleted and overwhelmed. Lily, who was exhausted from her long working hours and her child's high activity levels, struggled to meet her son's demands for nurturance and love. In the excerpt quoted below she described how her son repeatedly opened the refrigerator when arriving home from school, even though the refrigerator had nothing to offer. The refrigerator seemed to serve as a metaphor for Lily's own emptiness, depletion and inability to meet her son's continued demands for nurturance and care.

Lily: *The fridge gets opened about four times, even if there is nothing in it, he looks and looks what is in it. Then he comes there after about half an hour, what is*

here now in the fridge? Even if there is nothing in, but he has to open it to see if there isn't something in. Now I say, what are you doing in the fridge? I am only looking. [Laughs.] I told my mother perhaps I should put a spider in it. That the child can just get a fright. Because I am now tired already, because constantly when he comes in, he must first go the fridge and open it to see what is in it and then close it again, then he walks away and then he comes again, open with the fridge. It is very, it is funny for me because why he was now. I cannot understand it, because if he now saw nothing in the fridge, why then does he come again a second time?

4.7.2.1.2 Exhaustion

The participants described the combined duties of breadwinner and childcarer as extremely exhausting. In the excerpt cited below, Lecia related how her responsibilities as a working, single mother left her little time to rest and relax.

Lecia: *Then I come ten to six the bus came here and then I now first go and fetch her and now I come down home and. Then I come and cook and otherwise. The children must be bathed then the house must be tidied. I go (to sleep) tonight twelve o' clock, half past twelve I go to sleep.*

The participants' descriptions seemed to depict more than a mere physical exhaustion: working long, irregular hours, doing household chores and attending to their children, seemed overwhelming and mentally exhausting. Lily, quoted below, described feeling too exhausted (even after she slept) to fetch her child from the crèche.

Lily: *Often, if I am very, if I am tired and I perhaps sleep, then I cannot go and fetch him, because then my body is actually exhausted, and it is quite a distance to walk from my home.*

The participants were not only left with little energy, time and enthusiasm to be with their children, but also had little 'free' time for personal recreational activities.

4.7.2.1.3 Feeling proud

The participants took pride in their children's achievements and abilities – especially when they were seen as clever, well-mannered and positively responded to by others.

Poppie: No, she learns very nicely. As you can see there. The blue one, the Noddy – it is her work. [Shows to picture of Noddy which is coloured in very nicely.] She coloured this in herself, she says to me.

Sarah: The youngest one is very talkative again and hmm, she catches on more for me. She is more clever.

Their children clearly served as extensions of themselves and the participants seemed to share vicariously in the recognition and affirmation their children received from others. In the following narrative from Elize, the intense emotional impact her child's achievements had on her, is well-illustrated:

Elize: And one day she comes home, hmm, Suzanne, and hmm, she gives me a picture that she coloured in. But, now I look at the Humpty Dumpty. The picture is coloured in very nicely. But I say nothing to her, I, I just take it. But I see her name is on the, and she can already write her name, write Sharlize, she can write him (it). And I paste it and I go to school and I ask her teacher, Teacher I quickly want to ask Teacher something. Quickly tell me, did Sharlize do this herself? And the teacher says, yes, she says and she goes to her file and she shows. And tears flowed that day, that I can see.

In Paradijsbos, child outcomes were directly attributed to the mothering received. The participants therefore experienced a sense of accomplishment in the childcare they provided when their children performed well and were acknowledged as such by others.

4.7.2.1.4   Alleviating loneliness

Some participants pertinently mentioned that their children's presence and their own involvement in their children's care alleviated their loneliness and sense of isolation.

Rosy: I will say in the beginning it is hard, but when they grow older, the more it is for you, the more, everything that she does together with you, is, you share everything together.

Carmen: No, especially if there now is nobody, who you can play (with) or so. They are almost like a little friend for you. So. (5 seconds silence) Like a little friend.

4.7.2.1.5 Irritation, anger and frustration

The participants described high levels of frustration when their children behaved badly, caused them additional work ('ongerief'/'inconvenience'), behaved unacceptably in public, demanded things they could not afford (such as cool drink, sweets, toys or clothes) or openly challenged their authority. Their frustration seemed to be acted out in aggression towards their children – both verbally and in the form of corporal punishment. Elize, quoted below, first explained her frustration in terms of the distraction her daughter's restless behaviour in church caused, but towards the end of the narrative, indicated that it was her daughter's lack of obedience (in a public setting) that she found impossible to tolerate.

Elize: *And what also irritates me about her, she cannot sit still in the church. Because the whole thing is just, she draws my attention away. There are times that I walk out of the church and then I go (to the) back and then I <u>spank</u> her. And then I think, 'Lord forgive me'. But I come to receive the message, because I say to her, you go to school to sit still, you then sit in the school, you then listen to Teacher. Now I am mos your mommy, so you must listen to me.*

Rachel interpreted her eleven year old daughter's enuresis as intentional and a form of attention-seeking behaviour. Her frustration with the extra work it created for her (washing the linen and drying the mattress) sparked the aggression with which she punished her daughter.

Rachel: *She has a manner, if she wants to behave like a baby tonight, and she gets a fright, then she sommer, she wets the bed. Perhaps now to get a little attention, I don't really know. I don't otherwise know why she does it. But then tomorrow morning, then, I sommer spank her just as she is lying there. I spank her, because then she is, she must know what she does is wrong. And hmm, because it is my two hands that have to wash all that type of stuff.*

4.7.2.2 Childcare provided by others

4.7.2.2.1 Yearning for your child

An intense yearning for their children when they first returned to work after giving birth, was described by several of the participants. The longing for their babies seemed especially pronounced for first-time mothers who returned to work sooner than initially expected.

Rosy:	That was difficult, Madam. Because then I am now at work and then my breasts are now full of milk. And then I have to ask if I can just go home. I was afraid something can happen. [Unclear.]
Interviewer:	So it was difficult, physically, because you were breastfeeding. And how was it emotionally for you to be away from her?
Rosy:	I'll say that I missed her a lot when I was at work, then I always think what is she doing now, is she okay, isn't she ill or so?

| Interviewer: | Can you remember how that first day was? |
| Elize: | It was very funny (laughs). It was very funny, because I still breastfed her and all that and I just wanted to be at home. But I felt, it felt to me, I felt how how my child searched for my breast, to drink milk and that. But I couldn't then, because I was at work and all that. And, and, and for me that first day was very difficult, to go and work. |

Both Elize and Rosy, quoted above, referred to the fullness of their breasts as a constant reminder that they were separated from their infants. It is as if the care and nurturance provided by other care providers left working mothers with a surplus supply of nourishment, nurturance, love and a constant yearning for their children.

4.7.2.2.2   Stress, worry and anxiety

The participants described feeling stressed, worried and concerned about their children's well-being whilst in the care of others.

Lily:	See, if you are at work, you are worried. Especially if it is your first day after your little baby and …
Interviewer:	Like what are the things you then worry about?
Lily:	You worry whether he is okay, you worry, hmm, does he drink, or what does he do? Is just, is just general worries. Is about small stuff. You don't realise that it later builds up stress, because later in time, you don't feel lekker to come and work, you don't look forward to the work, because you are worried.

Lily, quoted above, was one of the few participants who used the words, 'worry' and 'stress' to denote the emotional impact of using childcare. More often, the participants refrained from labeling their emotional experiences and rather provided behavioural descriptions of the hassles and 'sukkel' that they experienced (see for example, Lecia and Sarah quoted below).

Other sources of stress, worry and anxiety that emerged from the data analysis were the lack of affordable, quality childcare alternatives. Several participants described intense frustration, worry and anxiety when existing arrangements unexpectedly broke down.

Lecia: *In the time that she moans and groans like that, grandmother she does not (want), then many days then I have to turn back with her, take her to another little girl, and so on, often I then miss the bus, because the child doesn't want to stay there and … Then I thought, no, this is not going to work out like this, I must now maar once.*

Sarah: *Then it was now such a problem, because she doesn't want to go to the crèche. Then she said to me she wants to be in the real school. And then she ran around with me. When I so, came to the crèche, sommer runs down the street. Then I have to run after her. And hmm, it wasn't actually a problem. Only a problem that I then had. And hmm, then someone says to me, this person wants to come and sleep in, come and work there, and then I I go and fetch the child. And then I go and fetch, then I go to the person, and then the person is just gone again. Then I have to go through this again, I struggled a lot.*

These feelings were intensified when the child's father was unavailable or uninvolved and failed to contribute financially to his children's upbringing.

Elize: *For me it was, I, for me it was difficult to go and work, and to just leave her and she is maar one month old and so. But okay, I maar went to work, because her father didn't worry at all to give to me. So this is the reason why I then maar went to work.*

4.7.2.2.3   Anger and frustration

Frustration and anger were experienced towards childcare providers who failed to provide a safe and secure childcare environment. In the following quote (cited before) Rosy articulated her anger very clearly:

Rosy: *That day I was very cross with her. How can Grandmother now put the child outside? Where's the dogs? And the children?*

The participants seemed reluctant to express their anger and frustration directly – possibly out of fear that the relationship with the childcare provider will deteriorate and that the ongoing provision of childcare will be jeopardised. None of the participants expressed any anger, disappointment or frustration with crèche-based services.

Elize: And I am mos such a person, who doesn't talk. I just took her, took Sharlize from her, and then put Sharlize with her sister. Then it now wasn't a good thing.

Interviewer: Were you angry?

Elize: I was, at that moment I was rather terribly, I did, I did not like the thought, understand? And, but this rather disappointed me, I was actually disappointed in them. I was disappointed. And I didn't say a word, I just took Sharlize away, and gave her to her auntie.

4.7.2.2.4   Rivalrous feelings

According to the data analysis, rivalry developed between some participants and childcare providers – especially when female kin were involved in the provision of childcare from birth onwards. One of the most poignant examples of rivalry between a participant and a childcare provider was described by Lily:

Lily: It feels to me, it is now almost like her child. Now it isn't my child anymore. It is her child now. So it almost feels to me then I don't have a say in all of this now. But, now that we are up here, I see to it that especially when I am now at home, when I am off now, I say to the boy, you go down, when I work. Then you go down to Grandmother. But when I am home, you stay with me. So I just want a bit, just a bit then, hmm, mmm, how can you say, get a distance, I am now not funny or so, but I also want, because he must get used because if it comes, then it is that he doesn't want to stay with us in the house anymore, because he wants to stay with Grandmother. And I don't like this idea that he wants to stay with Grandmother and we are mos there.

Sibling rivalry between the participants and their sisters also emerged in relation to childcare provision. Sisters often competed for the same, scarce childcare resources – especially their mothers or grandmothers. Poppie, for example, acquired the childcare services of their neighbour (who acted as a day mother) and expressed a sense of victory over her sister for securing this childcare arrangement first.

Poppie: *I cannot say my<u>self</u>. Why I just asked her. And then it seems, my other sister's child is the same age, 'But I then now wanted to ask Maggie myself'. I have already asked Maggie and she said yes [laughs].*

Rachel, on the other hand, regarded her son's gender as a special 'bargaining chip' in securing her mother's involvement in childcare. She remarked that although her sister was also expecting a boy, she was the first to give her mother a male heir and therefore qualified for special treatment.

Rachel: *Of all her grandchildren he is the youngest little one and he's now the only little boy. All are girl-children.*
Interviewer: *And what does it means that he is the only little boy?*
Rachel: *O hell. She's just so, she's just so chuffed with it. But now my sister is now pregnant and now she's also. It's also a little boy that she. Now it will probably be a bit of a change because see he is now growing up and now her little boy comes again. See, because, because she also only has the two girl-children. Then I said to her, now I don't know, I am now already far ahead of you, my one has now already gone to school. So I, it doesn't bother me anymore, because I don't even want to think at all about (having) children anymore.*

The rivalrous relationships evident in the data seemed to suggest that childcare arranged within a family was an intricate affair – perhaps even more so when resources were scarce and competed for while family members also depended on each other.

4.7.2.2.5 Exclusion and loss

The participants described feeling excluded from their children's worlds, especially when children were too young to verbally relate their daytime experiences to their mothers.

Rosy: *I will say I missed her very much and when I am at work, then I always think what is she doing now.*

Several participants (such as Rosy quoted above) described being at work and wondering what their infants were doing. Their sense of exclusion was intensified when grandmothers failed to relate the children's experiences at the end of the day or when grandmothers only complained about the children's 'bad' behaviour whilst keeping the 'good' experiences to themselves.

Interviewer: *And then, what will your mother do with her through the day?*

Poppie: *Hmmm … my mother … I cannot remember …*

Interviewer: *And wil your mother then tell you at the end of the day what.*

Poppie: *Yeees. Especially if the child was naughty, then you hear that first. [Laughs.]*

Lily, quoted below, related how the paternal grandmother (who provided childcare) failed to discipline her son during the day, but then expected Lily to punish him when she arrived home from work. In this way, grandmothers (according to the participants) kept themselves 'good' in their grandchildren's eyes.

Lily: *I come from work and I am tired and then, she, hmm, yes. He did something the afternoon, but she didn't spank him for it. She now comes and tells me, comes and complains to me actually, I have just come from work. Now I say, but why didn't you spank the child?*

The separation from their children during the day and the felt exclusion from their children's lives, culminated in a sense of loss for some participants as they described their children as 'not attached to me' ('nie vas aan my nie'). Their children developed strong attachments to their caregivers – especially their grandmothers whom they also addressed as 'mother'. The data suggested that grandmothers clearly performed a role that extended beyond that of mere childcare provision – they fulfilled a significant mothering role.

Lily: *She did, yes, especially when I went to work. Then he was there. So he is actually a lot more (attached) to her in the time that I now went to work, he is now even more (attached) to her. In the time that I now work, because she now, he sleeps next to her and she's actually also more (attached) to him too.*

Not all the participants described feeling upset or ambivalent about their children's strong attachments to their caregivers. Rachel and Lecia, quoted below, both valued the attachments between their children and their childcare providers as these facilitated their children's acceptance of substitute childcare, posed no threat to their relationships with their children and benefited their children in material ways.

Rachel: *Because he was, actually he was, he wasn't actually attached to his mother. If I ask him are you going with me? No, Mommy I am going to stay with Mommy (grandmother).*

Lecia: *She says to me, my eldest sister is her grandmother, is her mother and is her aunt. She was now at home the weekend, she brought them puppets, and luxuries and now brought this. Shoes and new jeans and again went shopping for them. And yes. She loves them very much. She cares about them very much. She loves them very much.*

4.7.2.2.6 Ambivalence

The tension between wanting to mother their children intensively and having (or wanting) to work, was met with ambivalence. Participants such as Poppie and Lecia quoted below, ascribed to the ideal of intensive mothering, but also enjoyed the stimulation and socialisation that work outside the home brought.

Poppie: *A mother's role is actually, a mother's role is to be at home, to look after the children [laughs long]. No, I now don't want such a boring life! [Laughs.]*

Lecia: *It's (work) very nice. Especially if you, if, if, if the people whom you work with are in one line. They are there for one another and so then, then, then it is very nice.*

For the single mothers, the ideal of intensive mothering was directly in opposition to the need to provide financially in their children's needs. This tension could not be adequately resolved without compromise and consequently decisions to work were met with opposing feelings of relief and regret.

Rosy: *They think I must sit at home; look after my child, it's my responsibility. Then I say, but my child needs money, food and clothes. What use is it if I sit at home? Who is then going to work for me? I cannot sponge on my mother or sponge on my grandmother.*

The ambivalence that emanated from the competing ideals of a good mother, found expression in the participants' ambivalence about childcare. Rachel, who endorsed intensive mothering as ideal, described her decision to use a day mother to provide childcare as borne out of necessity and not because it was her first choice. Although the 'nanny' provided good care, Rachel would have preferred to provide care herself.

Rachel: *And that nanny asked me R90 a week. And another option I now didn't have. Or I must now leave my permanent job and maar look after my own child. Or I must maar now pay the R90.*

Lecia, whose sister took her children into her care for more than two years, described how she longed for her children, whilst also feeling relieved that she did not have to bear the responsibility for childcare any longer.

Lecia: *In the beginning, I was so drunk then, that I said to them, take them, and raise them and I don't want children and such type of stuff.*

Lecia: *And hmmm, then I cry about my children in the evenings and, then it feels I am a bad mother, because how can I? How are the children going to (respect) me tomorrow? Have respect? They are mos not going to be able. Because since I have then now (thrown) them (away), it feels I have thrown them away.*

Sarah, who was the only participant who could financially afford to provide full-time mothering, also expressed opposing feelings: she wanted to be at home with her toddler, but also fantasised about escaping her multiple mothering and household responsibilities through employment outside the home.

Sarah: *Sometimes when I think I must go and work, then I wonder now where am I going to get work. But, just to get away a bit. But hmm, when I worked (at) other places and you now come home, then you perhaps only prepare your food. You don't have such a lot of other work now. It is like when you are at home, there is always something for you to do. It feels as if you work more than when you, when you are at home than when you worked.*

The experience of ambivalence seemed inescapable: whether the mother provided full-time care herself or whether she used substitute providers of childcare.

4.7.2.2.7   Feeling incompetent

The participants, as first-time mothers, described feeling incompetent and ill-equipped to provide quality childcare and relied on female kin to assist and instruct them.

Rachel: *And always in the mornings she, because I was still a bit stupid that time, to think of little babies, how to care for children and all that type of stuff, then she now came every morning.*

Although the participants valued the support provided by mothers and grandmothers, the advice received was often perceived as criticism and caused them to feel incompetent and inadequate as mothers. Rosy for example, described how she interpreted her mother's criticism as judgment about her being a bad mother.

Rosy: *No, sometimes my mother gets angry. When a child perhaps now fell and I am not there, or so, then hmm she always says (coughs) pardon, you mustn't drag the child (on the arm) and so. Then I always say, but she must also fall. And then she says, no, you don't work with a child like that.*

Interviewer: *Wow, and how does it feel to you then?*

Rosy: *It hurts me. I, then I think she thinks I am not a good mother. But I am, every day I am with my child.*

Interviewer: *Does it then feel to you as if your mother is perhaps critical?*

Rosy: *Sometimes kind of. Especially if you are now outside busy taking down washing for example. She now perhaps wants to be outside. Now if she falls out, then my mother now screams for me, then I am now perhaps busy outside, 'You cannot look after your child!' How can I now look after my child if I am busy outside? And that is how she is now.*

The criticism received from mothers and grandmothers included being criticised for not dressing the baby warmly enough, failing to ensure their children's safety, not disciplining the children enough, disciplining their children too harshly and not demonstrating enough affection and love.

Interviewer: *Does your mother tell you how you should handle your children? What you have to do?*

Poppie: *My mother will say yes, especially with Lauren. Then she will say, no, you must be more strict. Give a hiding, or so (laughs) she will say yes.*

Interviewer: *And what do you do then?*

Poppie: *Then I say, ag Mommy, I will give her a hiding if I think I should.*

Interviewer: *Do you then agree with her?*

Poppie: No , it isn't really necessary. [Laughs.]

The grounded theory analysis indicated that the participants generally accepted criticism uncritically after the birth of the first child, but increasingly developed confidence in their own abilities and judgment with subsequent pregnancies. As their confidence grew and especially once they have established their own, separate households, the participants increasingly dismissed grandmaternal advice and criticism.

4.8 Coping

The grounded theory analysis indicated that the participants drew on a range of coping strategies and resources to deal with the demands of motherhood and childcare. Two broad subcategories of coping were discerned in the data, namely (a) conscious coping strategies and (b) unconscious processes.

4.8.1 Coping strategies

The participants made use of various coping strategies such as the accessing of social support, accepting the lack of choice, the avoidance of unpleasant emotion, faith, problem solving, remaining self-sufficient, establishing and maintaining good interpersonal relationships and focusing on the positives to cope with the demands of motherhood and childcare.

4.8.1.1 Social support

Social support served as an important resource to the participants who struggled to cope with the demands of motherhood. Given their close proximity to extended family members, the participants frequently drew on this source of tangible support. Grandmothers, siblings and other kin were approached for practical assistance with childcare as well as for financial and material support.

Rachel: No, I can, I can, very quickly I can go to my mother and just say to her here, here they are.

Lecia: And we were very devoted to him (her eldest brother) because he was like a father for us when our parents weren't there anymore, he worked. He was the one who provided for us. Food, and so on. School, if (we) needed something for the school.

The participants' requests for support were seldom refused by their families of origin. However, dealings with the paternal extended family were invariably more complex and tended to result in limited support with childcare and almost no financial and material support. The data suggested that family members were more likely to extend support to their female kin (such as sisters and daughters) and less likely to do so with their sons and daughters-in-law.

Sarah: *My mother-in-law, she favours, she has three daughters and two sons. She just favours her daughters. They are now her. She does everything for them, but not for her sons. She has never had time for them. That is why they were also maar confused. The father also doesn't have time for his sons. The father only has time for his daughters.*

The social support received, provided the participants with some relief from the stress and anxiety caused by the lack of reliable childcare and the financial burden of raising children as single parents. Grandmaternal childcare, specifically, seemed to provide some relief from the anxiety and worry about their infants' well-being and safety.

Lily: *His grandmother is now the best, because Grandmother knows him like this already, he is closer to Grandmother than any other person. So, it is much better for me.*

Participants who co-resided with their mothers found the grandmothers' assistance with day-to-day mothering tasks as particularly supportive. Grandmothers often attended to the children's demands and provided nurturance and care on the participants' behalf. Sometimes they also dealt with the less pleasurable activities, such as the setting of boundaries and disciplining of children. Through their support, grandmothers seemed to soften the emotional impact of childcare and as such protected the participants from feeling totally overwhelmed and depleted whilst providing them with time and space to rest and relax. Carmen, for example described her daily routine without mentioning having to attend to her child – a function her mother was happy to fulfil on her behalf.

Carmen: *When I come from work, and come and sleep, then I will now get up and eat and go to sleep again. So. That is now when I work (in the) night. If I now work in the day, then I will come home and then just eat and tidy (the) room and wash and watch TV and go and sleep again. That is now maar my routine.*

The participants' descriptions of social support, focused on the practical, tangible forms of support, such as childcare, cooking, cleaning, etc. Emotional support, such as talking to family members (and partners) about difficulties, rarely featured in the interviews.

An unexpected source of support that emerged in the grounded theory analysis, was the emotional support received from their children. Several participants commented on the ways in which their children alleviated their loneliness and isolation, encouraged them to engage in pleasurable (relaxing) activities and modeled how to cope in anxiety-provoking situations.

Lily: And I was with him when they (put) him to sleep, I was with him right into the anesthesia room. And what was astonishing to me, was that how can you say, not sensible, how quickly he grew up, because he's not scared, he, he actually encourages me: Mommy mustn't be scared. Because I am the one who is scared. I panic.

Elize: But now hmm, <u>she</u> who is Sharlize talks, she sits, and I then said to her where I would have gone and I then said to her, Mommy is not going anymore. Then she said, Mommy can maar go, then I'll go and stay with Moena. This is the first time that she so, she is mos very fond of me, attached to me. She doesn't like me going out, she wants to go with me.

The participants reciprocated the social support received from family through the babysitting of nieces and nephews, the running of errands for their mothers, the performing of household chores, and most importantly, the provision of financial and material assistance to their parents and siblings. Elize, quoted below, described being able to help and assist others as an activity that positively affected her mood.

Elize: I can give to others. The Lord mos says, give to others, then you will receive back. And I gave to everyone there in Paradijsbos whom I know I can give to, I gave and I handed out and so on.
Interviewer: It then feels good to you to give to others.
Elize: I then feel, it then feels to me very, I feel very good.

4.8.1.2   Accepting the lack of choice
Accepting the inevitable was sometimes the only coping strategy available to the participants who had few resources and limited options available to them.

Rosy: *I cannot complain either I must maar go on like this.*

Rachel: *I don't have another choice, I just maar have to. I must now maar accept just like it comes to me.*

Being poor necessarily meant that compromises had to be made: the participants either had to arrange affordable childcare of a lower quality or expensive, quality childcare that resulted in financial strain for the whole household.

Rachel: *Then I got a nanny for her. And that nanny asked me R90 a week. And I didn't have any other choice. Then I said, we cannot. We cannot, but we will maar just have to. We will have to stick it out.*

The findings indicated that the participants' 'choice' of childcare arrangement was often the result of having no real choice and that the acceptance of this lack of choice was the only way to cope with the childcare limitations imposed by poverty.

4.8.1.3 Avoidance of unpleasant emotional states

The grounded theory analysis indicated that the participants tend to deal with unpleasant emotional states such as tension, anxiety and depression caused by their living circumstances, daily hassles, relationship difficulties, conflict with family members and struggles around childcare through the avoidance of potential triggers and/or the 'avoidance' of the unpleasant emotion itself.

The excessive use of alcohol was described by some participants as a way to lessen the intensity of unpleasant emotions as well as to remove the stress of childcare responsibility. Lecia for example drank excessively during and after her second (unwanted) pregnancy and described it as a 'way out'. As a consequence of her drinking, her children were informally placed in foster care while Lecia was relieved of all childcare responsibility

Lecia: *Yes, I did, I did for a while terribly, as a result of circumstances, I just felt for me, often. You always say alcohol is a way out. But, tomorrow the problem is all the same maar just there again and tomorrow you just feel, ag, I'll just drink. My sister has, then I had now for a time, my two children, my sister took the two children and hmm, they stayed with her for a time, probably for about two years, two and a half years.*

279

Lily described in the excerpt below how she engaged in activities that distracted her attention away from the anxiety she experienced. These activities typically served a soothing function and included sleeping, reading, listening to music and doing household chores.

Lily:	And then I take a mop and I wash the floors clean and I. I sommer now see dirt there and I just keep myself, just to draw my attention away. I switch on the music and I listen to the music, and so.

Some participants pertinently mentioned that they avoided discussing their concerns and experiences with others. For some like Sarah, the avoidance was motivated by a lack of trust in people, whereas others avoided any talk that could lead to a re-experiencing of unpleasant feelings.

Sarah:	I always felt so, I have such problems. But I don't know who I can talk to, because I cannot, people. You think you chat to someone, and then tomorrow it is a story, then you hear they tell everyone about your personal stuff and you want it to …

Interviewer:	You won't talk about that with a lady friend or so, or with your mother-in-law?
Lily:	Never! I am actually very much a person who keeps to myself. I don't really mingle much. If I start talking I talk a lot. I talk or I talk little. If no one talks to me, I won't talk. I am such a person. [Laughs.] I keep to myself. If I have music (switched) on, or a book. Or I sleep, I like sleeping. Now my husband says, maar you sleep your life away! Things happen around you. You sleep your life away. Every sleep that you sleep, you sleep your life away. You miss things in life. [Laughs.]

Participants who were financially or otherwise dependent on family also indicated that they avoided conversations that could potentially lead to conflict and result in relationship strain. When family members provided childcare that did not meet the participant's standards of care, the participants either kept quiet or raised their concerns in a careful, confrontation-avoiding manner.

Lily:	I maar pretend that nothing has happened, I say to myself, but even if I have now seen or I, or, just do, just keep your mouth shut..

Elize:	And I said nothing, I just took Sharlize away, and gave her to her auntie.

4.8.1.4 Faith

Several participants cited their faith as an important coping resource in times of difficulty. They resorted to prayer whenever they felt overwhelmed, helpless and desperate – especially when their children suffered from life-threatening illnesses or when their ability to mother and nurture their children was severely compromised by poverty.

Rosy: *Then I said to my mother, I am not going to struggle any further I am going to convert myself, I am going to give my heart to the Lord, because if I know my child is now getting ill, then I have the confidence to pray for her, to ask the Lord to heal her.*

Lecia: *Yes, I trust maar in the Lord for a job, hmm, I don't want to do seasonal work anymore.*

The participants depicted God as an omnipotent, powerful figure on whom they were totally dependent. God could be relied on to give strength through adversity and comfort during times of sadness and loss.

Poppie: *Hmmm, it is good to be a mother. But you also have many problems and so on. And, if you maar just ask the Lord to help you, then you will get through.*

Lecia: *Then I say, my child, if the Lord wants it that you must become a, a, a, lawyer, then your mother will fight for you to become a lawyer. Even if your mother has to work her feet and knees and hands through. Nothing is impossible with the Lord.*

The participants also seemed to derive comfort from the belief that some disappointments, losses and unfulfilled dreams were part of God's greater plan for their lives.

Elize: *And when the thing happened to me, and, I came to terms with what the Lord God had done, He has us people, us as people, we consider it, but God, He guides it. He knows why He that time took His, my child away.*

Religious leaders in Paradijsbos were consulted for advice, support, encouragement and problem solving. Although some of the women interviewed, insisted that they never discussed their problems with others, the priests and ministers were regarded as trustworthy

and wise. Elize, for example, had frequent conversations with the priest after the death of her first child whereas Rachel consulted the priest about her marital problems and her child's ill health.

Elize: I was very sick after, after the funeral and that. Because I never had a good cry, never got it off my chest. I thought something could happen to me, I thank the Lord up to this day. He was just always there, when I felt something, or I just wanted to talk about someone or about her, I always went to my priest, in the church and I always chatted. And so he motivated me and talked. And he always said to me, Sister, hmm, things will not sommer happen so. There is a reason why it.

4.8.1.5 Problem solving

From the interview material, it seemed that problem-solving as a coping strategy was mostly used when existing childcare arrangements failed and alternatives needed to be arranged immediately. The limited availability of options and resources placed severe constraints on the effectiveness of this coping strategy, as illustrated by the following account of Sarah:

Sarah: So I took her I took to the crèche for three years. Three years old. Then it was now such a problem because she didn't want to go to the crèche. And then she ran around with me. When I so, came to the crèche, sommer runs down the street. Then I have to run after her. And hmm, maar so four years old, then I thought to myself, no now this is enough. And hmm, it wasn't actually a problem. Only a problem that I then had. Then I had to (take) her to my mother there in Groendal, in Franschhoek that time, then.

4.8.1.6 Being self-sufficient

The participants coped with the relational difficulties involved in childcare by trying to remain self-sufficient and avoiding relations of dependence. Being dependent on others – especially their mothers and other family members – left the participants with feelings of powerlessness and lack of control over decisions pertaining to their children.

Elize: Now I am a person who, I am not someone who will always ask people easily. I will always first on my own.

Elize: But that always was for me the down, because I am not someone who liked asking and so.

Lily: Because the time hmm, I had the Caesarean, I was, say by the third, not bedridden, but I couldn't do anything for myself. I had to be dependent on other people. Bring me this bring me that. I am not used to it. I am used to doing my own thing.

Although self-sufficiency provided a subjective sense of coping and accomplishment, it also hindered the participants from accessing support that could potentially alleviate their stress and anxiety.

4.8.1.7 Establishing and maintaining good relationships

The participants who invested in the establishment and maintenance of good interpersonal relationships reported a large range of childcare options available to them. Some participants, such as Lecia and Lily, actively pursued the maintenance of good relationships with childcare providers through the payment of small amounts of money in order to secure the ongoing provision of care.

Lily: At a time she said to me, but she doesn't want money, because it is her own grandchild. But I see it like this, it takes a lot of a person to look after a child. Especially children who are at such an age. I always put something in her hand just to steal her heart.

Lecia: And if there now was an extra cent or extra cents then I gave it to her and so on. Just to steal her heart.

Participants such as Rachel and Elize described themselves as outgoing and social, and reportedly had a large circle of acquaintances and family with whom they interacted regularly. Sarah, in contrast, had a distant relationship with her in-laws, reported conflict and frustration with her employees, had few friends and a conflict-laden relationship with her husband and adolescent daughter. She also reported great difficulty in securing reliable childcare from others.

Sarah: How can I now say, we don't worry a lot about friends. I am maar just at home. I don't feel like trouble and gossip and such things.

Sarah: It is only sometimes that I felt I need a bit of a rest. But, how can I now say, I don't actually have people who look after her.

The preservation and furthering of good relationships also came at a cost as the participants felt compelled to avoid conflict and confrontation and to share scarce resources, regardless of the quality of the relationship.

4.8.1.8 Focusing on the positives

The grounded theory analysis showed that the participants coped through the use of humour, the enjoyment of their children's quirks, achievements and development as well as focusing on the positive qualities of the childcare arrangements they managed to secure.

Lecia: He says to me hmm, I have just told her the other day, I love her very much. And she must never forget how much ( ) loves [laughs]. He's maar ten years old. I laughed so much, folks! Then I said, o gosh. Now I don't know anymore! O now it is becoming too much! Oe! [Laughs.]

Poppie: Like yesterday, my mother-in-law, not yesterday it was Wednesday, Monday, Sunday, then my mother-in-law said to her son, to my husband I have to send a photo down, because she doesn't know what I look like anymore. [Laughs.] She means I was there long ago [laughs]. Then I said to her, yes I wil send her a photo [laughs].

Through their focus on the positive qualities (and benefits) of a childcare arrangement and the repression or minimisation of the negative aspects, the participants seemed to cope with the ambivalence they felt about not meeting their standards of ideal childcare. Grandmother care, for example, was positively judged in terms of the grandmother's special love and fondness for her grandchildren even if she did not provide perfectly safe care while day mother care was praised for the benefits it brought mothers (such as saving them the need to wash their baby's clothes and nappies) even though it was expensive and barely affordable.

Poppie: As a little baby. Yes, she was very naughty. But my grandmother did, I was very much spoilt I could now go as I wished. Because she was very (fond) or her.

Rachel: She also baths the child. She baths the child, and that is why she, the child's medicine, the bath soap the [acid] the everything. All of this I bought for her. But she looked very well after my child. Very well. There was now no illness or such type of things. Because there was now no such type of things.

4.8.2   Unconscious 'coping' processes

Psychoanalytic thought holds that not all coping processes are of a conscious nature. Unconscious processes (such as defence mechanisms) serve to protect the ego, minimise anxiety and prevent psychic discomfort. In the grounded theory analysis unconscious 'coping' processes such as repression and 'motivated forgetting', fantasies and acts of leaving, identification, minimisation, and the idealisation of caregivers emerged as salient subcategories.

4.8.2.1   Repression and 'forgetting'

Some participants reported a limited recollection of their first pregnancy, birth and early mothering experiences.

Interviewer: *And when, hmm you had her? Can you remember that delivery and how it was?*

Rachel: *Hmm-mm. Not at all [laughs]. No, I cannot remember at all. Hmm-mm.*

Interviewer: *And when you saw her for the first time? Can you remember how it was for you? The little baby – that time?*

Rachel: *No, I. No I don't think I can ( ) so long, hmm-mmm.*

It seemed from their narratives, that the participants' 'forgetting' was associated with high levels of ambivalence during their first pregnancies, withdrawal from early childcare and grandmothers assuming an active involvement in childcare from birth onwards.

'Forgetting' or reporting a lack of knowledge about their own childhoods, were also described by some – especially those who reported to have had a 'difficult' childhood or claimed that their mothers failed to relate detailed stories about their early years.

Carmen: *No, I cannot actually say anymore, because I can now not remember very well. At this age that he is now, how I now was.*

Rachel: *I don't know now. Because I cannot think back to my, to my child, childhood at all. [5s.]*

Rachel, quoted above, perhaps intended to convey that she could not remember much of her early childhood, but articulated it as, 'I *cannot think back* to my early childhood' – a choice of words suggesting that these memories were perhaps too painful to revisit.

Repression ('forgetting') seemed to protect the participants from painful and/or conflicted (ambivalent) material related to the first pregnancy and transition into motherhood (including repressed memories of own mothering received). This defence mechanism not only protected the participants psychologically, but also preserved the mother-daughter relationship in adulthood – a relationship characterised by strong ambivalence, dependence and reciprocity, often related to the participant's childhood experience of being left by her mother.

4.8.2.2 Fantasies and acts of leaving

Fantasies about escaping the difficulties of mothering (and childcare) in a poverty-stricken context emerged in the grounded theory analysis as a salient sub-category. Lecia, quoted below, considered relocating with her children in an effort to cope with her trying circumstances.

Lecia: *Often it is so difficult, then it feels I'll take my children, to another place or so, but then I think again (sobs), I don't want to run away every time.*

The lack of resources and limited future prospects left the participants with little hope that their mothering and childcare contexts would improve. Since they could not afford to physically leave in search of a better life, they were left with the alternative of leaving in fantasy. Rosy quoted below, derived comfort from fantasising about leaving her family of origin during times of interpersonal conflict and relationship strain.

Rosy: *Then it is hard for me. Because some evenings when my mother now comes home, then she now always wants to know, and I am the one who is wrong - I do nothing in the house. And then it sometimes now feels to me I can take my child and walk off.*

The participants' fantasies of leaving included removing themselves and their children from their families, leaving their children with family in search of employment and at its most extreme, contemplating suicide.

Lecia: *I mean I could already, the way the man carries on, I could have taken my life many times.*

These fantasies of leaving and escaping were also acted out symbolically. Lily and Carmen, for example, slept excessively while others (such as grandmothers) tended to their children. Lecia 'left' her (sleeping) children with her (sleeping) father to secretly go dancing and several participants 'left' by drinking excessively over weekends.

Lily: *Or I sleep, I like sleeping. Now my husband says, but you sleep your life away! Things happen around you. You sleep your life away. Every sleep that you sleep, you sleep your life away. You miss things in life. [Laughs.]*

Although the participants' return to work after giving birth was mostly borne out of necessity, for some it also offered an escape from the demands of childcare and the ambivalence they experienced towards their infants.

4.8.2.3 Developing empathy through identification

The participants who were heavily invested and involved in the mothering of their children, seemed to find it easier to cope with the demands of childcare if they could identify with the child's temperament, personality and behaviour. Lily, quoted below, found it exhausting to deal with her 'hyperactive' son. However, she showed empathic attunement and understanding based on a recollection of her own 'hyperactive' behaviour. Lily's identification with her toddler, seemed to facilitate increased understanding, empathy, tolerance and coping

Lily: *Hmm, he is almost like a child that cannot rest. He is very much up and down and goes to sleep very late in the evenings and sleeps from about eleven o'clock at night. And especially if he perhaps late, had foodstuff to eat, took lots of sugar, late and he struggles to sleep. He is very fidgety. So, so it is a bit difficult because, I stay, if I am at home, I never rest.*

Interviewer: *So do you think it is merely how he is?*

Lily: *Hmm. It is maar. I am, it is maar also how I was with my pregnancy, because I never rested. I was up and down and never slept in the afternoons. Other pregnant women rest and are peaceful. No, I was up and down and I still worked. So I can understand that he now perhaps is hyperactive, because I was like that when I was pregnant.*

Elize, described it as exhausting to listen to her daughter's endless talking, but claimed that her ability to relate to her daughter's outgoing personality and talkative nature, enhanced her

tolerance thereof. Elize also regarded her and her daughter's personalities as socially desirable and therefore found it easier to cope with.

Elize: She's very, talks very much. She's like me. We are very forward (laughs).

Elize: She's a very open, she's a very open person. She's a very open person. Many people, there are many people, many who are kind of terribly (fond) of her. Because she is like that.

Carmen, in contrast, was not strongly identified with her child. She was hoping to give birth to a girl and was disappointed when the ultrasound indicated otherwise. She also described vast differences between her and her child's personalities and temperament: as a child she was shy and timid, whereas her child was outgoing, spontaneous and confident. It is possible that Carmen's limited identification with her child, caused her to see him as less of an extension of herself and thus facilitated 'recognition' of him as a separate, unique human being. Carmen found the sharing of childcare with her mother uncomplicated and described an absence of rivalry, conflict and relationship strain.

Not only did the participants develop empathy towards their children through identification, but also towards their mothers.

Rosy: I take it like this, my mother. Because I am now actually in the same boat as my mother. She, she also raises her children alone. She must also struggle so, like I struggle.

During pregnancy and motherhood, the participants unconsciously identified with their mothers – specifically the difficult circumstances in which they all had to raise and mother their children. Rosy, quoted above, experienced intense frustration with her mother's inability to provide in her needs as a child and adolescent, but once her own child was born, developed empathy with her mother as she too was confronted with the difficulties of raising a child in severe poverty. Through identification and the development of empathy, the participants re-visited their relationships to their mothers and reported increased closeness after the birth of their first-born child.

4.8.2.4 Minimising caregivers' contribution

The grounded theory analysis indicated that the participants tended to minimise the emotional dimensions of the care their children received from others. In the excerpts quoted below, the participants delimited the childcare received to pure physical care.

Interviewer: *So, what are all the things she does when she looks after him? What does it involve to look after him?*

Carmen: *She maar just sees to it, that everything is right, she clothes him.*

Interviewer: *And what did she then do for the R90 a week?*

Rachel::   *It is now maar only to look after the child and take care of the child, and see to it that when I come from work that my child is neat as I now handed him over to you neatly.*

The participants valued the establishment of an exclusive relationship between mother and child, therefore the use of alternative providers of childcare to do 'intensive mothering' could potentially threaten the attainment of this ideal. The psychological threat of sharing childcare with others seemed less if the care provided was constructed as pure physical care while the emotional and relational dimensions of it were either minimised or denied. Pure physical care can be provided by anyone, whereas the development of a deeply attached and exclusive relationship could only develop between mother and child. Therefore, one of the ways in which the participants coped with the sharing of childcare with grandmothers and day mothers, was to minimise the psychological, emotional and relational dimensions of these arrangements.

4.8.2.5 Idealisation and devaluation

Two of the strongest subcategories to emerge from the grounded theory analysis were the idealisation of female childcare providers (especially grandmothers and day mothers) and the devaluation of paternal involvement in childcare. Not only were the care provided by grandmothers admired and valued, but the participants' idealisation of the care received persisted despite serious flaws and inadequacies in the quality of care provided.

Poppie: *My grandmother always only gave the right stuff for my child. Everything. I couldn't complain.*

Elize: *But this, everything that my grandmother and my mother did, was good. Because they didn't do it unnecessarily.*

Rachel: No, she watches. She more or less maar actually looks after them the same as I look after them, or she perhaps pays even more attention than I pay attention.

In contrast to the strong idealisation of grandmaternal and day mother care, the participants devalued the role of fathers (and men) in their children's lives. Fathers were described as absent, uninvolved, selfish, potentially dangerous, causing their children shame and disappointment, and were overall judged as unsuitable for the provision of quality childcare.

Rachel: Now see, I see it is wrong what he does. Because then I can also see, he now actually gets too horribly angry, and then he actually now gives her (child) a violent blow. This is not what I want.

Lecia: He's a father, but you can see nothing that he has to do and so on. He wants to look nice, lie around in the pub, and so.

The only valued contribution from fathers was their ability to provide financially.

Poppie: A father is there to give money. [Laughs.] He has to work for his children.

The findings therefore suggested that the participants viewed all childcare provided by grandmothers, day mothers and the school as good, whereas fathers were constructed as 'bad', inadequate and lacking. This splitting of childcare into two representations helped the participants to cope with the ambivalence they experienced with regard to the sharing of childcare with their mothers and the ambivalence experienced with their failure to establish the nuclear family as the ideal mothering context in which to mother their children.

4.8.3   Discussion

Context, social structure, culture and gender all seemed to impact on the individual participants' psychological experiences of motherhood/childcare and their coping with the emotional aspects of childcare use. The transition into motherhood has been described as a time of emotional turmoil, adjustment, heightened emotional vulnerability and ambivalence (Burmeister-Nel, 2005; Trad, 1990). Although very little has been published on mothers' emotional experiences of childcare use, indications are that poor women who provide and utilise childcare in resource poor environments are at risk for depression, anxiety and elevated levels of stress and distress – especially when unpredictable crises influence their

existing childcare arrangements (Mason, 2003). The women who participated in this study are no exception, as they described feelings of frustration, exhaustion, depletion, depression, stress, anxiety, incompetence, exclusion and loss in response to their provision and securing of childcare. They also described positive emotional experiences, such as feeling proud of their children's development and achievements and valuing the meaning and companionship their children brought to their lives. Perhaps the term 'ambivalence' best captured the participants' emotional experiences of mothering and childcare as they tried to negotiate childcare amidst the competing norms of ideal motherhood/childcare and the constraints imposed on agency by social structure and context.

According to Connidis and McMillin (2002) the concept of 'sociological ambivalence' is useful for linking social structure and individual agency. Such ambivalence arises when a person is faced with a specific situation that simultaneously values opposing courses of action, rooted within the social structure. The participants in this study, for instance, were simultaneously confronted with the conflicting ideals of intensive mothering and material provision. In efforts to deal with the resultant ambivalence, they exercised agency in order to exert some control over their lives, but were constrained to varying degrees by social structure. Connidis and McMillin (2002) for example, argued that more constraints are faced by women, people of colour and the poor – three factors that made the participants in this study particularly vulnerable in their efforts to cope with the ambivalence experienced. As women in a society where the gendered nature of childcare is so engrained, the participants were expected to assume all responsibility for childcare and were afforded few options to resist this pressure. Poverty further severely limited the options available to the participants as they found themselves in low-paying jobs (if at all employed), working long and irregular hours in a setting where formal childcare was expensive and limited. Poverty left them no choice but to work, while limited resources constrained their ability to cope with childcare demands while employed. In their efforts to both mother intensively and provide materially with so few resources to their disposal, the participants necessarily experienced heightened levels of ambivalence, anxiety and psychological distress.

Efforts to negotiate the ambivalence experienced, caused several participants to rely on female family members for support and assistance with childcare. As argued in section 4.5 these arrangements presented a compromise between the ideals of intensive mothering and material provision by finding carers (most notably the grandmother or day mother) who could substitute for the mother, while she pursued paid employment.

Poor families often rely on reciprocal relations of social support to cope with their daily struggles for survival. Existing research suggests that social support can be experienced in both positive and negative ways (Keating-Lefler et al., 2004; Nelson, 2000). Social support in the form of informal childcare provision by female relatives (grandmothers in particular) can similarly be experienced as helpful and supportive or disappointing and undermining (Reschke et al., 2006). Rescke et al. (2006), for instance identified blurred role boundaries between mother and grandmother, negative experiences with parenting in the mother's own childhood and the grandmother's poor health status as troublesome aspects of the relational nature of grandmother childcare while beneficial aspects included practical benefits, relational benefits and psychological benefits, such as high levels of trust and familiarity. The participants in this study similarly described a range of emotions and psychological experiences in relation to the childcare provided by grandmothers. While they valued the practical benefits grandmother care offered, the participants also described feeling anxious, worried, stressed, frustrated, angry, and ambivalent. Some experiences, such as feeling excluded from childcare, experiencing a sense of loss, feeling incompetent and struggling with rivalrous feelings, seemed intimately connected to the participants' relationships with their mothers and other family members.

According to Stern (1995), middle-class mothers develop a 'supportive matrix' as part of the motherhood constellation during the postpartum period in which they look for guidance from an experienced maternal figure. The participants in this study similarly sought and relied on grandmaternal support shortly after giving birth and seemed to value the practical assistance, advice and instruction obtained. In these instances, childcare was mostly a shared endeavour between mother and grandmother with the grandmother assuming control. This type of childcare support from grandmothers seemed to lessen the participants' anxiety during the early postpartum period. It also reflected the power hierarchy in most families where grandmothers are generally afforded more power and control than their daughters (Notko & Sevón, 2006). However, once the participants returned to work and grandmothers assumed more responsibility for childcare in the mother's absence, heightened ambivalence and increased psychological distress seemed to ensue.

Increased personal ambivalence in the mother-daughter relationship during pregnancy and early motherhood has been well documented in existing psychoanalytic literature and was explored to some extent in section 4.6. In addition to these unconscious sources of ambivalence, the notion of sociological ambivalence seems useful to explore the ways in which structural power hierarchies within families contribute to the ambivalence experienced with grandmaternal provided childcare and the participants' coping therewith. Several

authors commented on the ambivalence that characterise intergenerational relations – often as a result of the competing norms of solidarity between family members (mothers and daughters in particular) and achieving independence (most notably the achievement of emotional and financial independence of adult children) (Connidis & McMullin, 2002; Pillemer & Suitor, 2002).

The participants in the present study were subjected to structural constraints such as poverty that severely constrained their ability to achieve normative independence (also in the provision of childcare for their children) while they were also expected to be good, supportive daughters on whom their mothers could rely. Given the power differential that traditionally existed between mothers and their adult daughters, ambivalence may be heightened as adult daughters try to simultaneously follow 'traditional rules of kinship order' by entrusting their mothers with childcare provision, whilst pursuing their desire for independence and agency in their choices of childcare (Notko & Sevón, 2006). This power dynamic between mothers and grandmothers seemed evident in the data as the participants described their frustration and helplessness with childcare provided by grandmothers that did not meet their standards of care. They were largely unable to voice their concerns and dissatisfaction due to the asymmetrical power relationship between mother and daughter and their dependence on their mothers for affordable care. The participants' struggles for agency and coping were clear in their attempts to pursue self-sufficiency whilst attempting to preserve relationships by avoiding conflict.

The participants' relative lack of power in relation to their mothers coupled with their lack of resources and opportunities left the participants with reduced agency to negotiate the ambivalence they experienced with regard to childcare provision. As noted by Connidis and McMullin (2002), individuals who have less resources and structural power are more likely to cope with ambivalence through strategies such as humour, avoiding or ignoring ambivalent situations, acceptance and rationalisation. This observation corresponds to the findings of the present study as the participants described the use of coping mechanisms such as avoidance, acceptance, faith, focusing on the positives, preserving relationships and striving towards self-sufficiency in their efforts to cope with the psychological and emotional experiences of childcare. A coping mechanism that did not emerge from the data was talking to others about their mothering experiences and difficulties.

Spies (2001) investigated the coping mechanisms used by female farmworkers in an area near Paradijsbos and found a preference for the use of emotion-focused coping that often involved the avoidance of emotion. She suggested that this may result from the

disempowered position of women in a setting where their emotions are often not taken seriously. Psychoanalytic theory holds that unconscious processes serve to minimise anxiety and prevent psychic discomfort. The unconscious coping processes used by the participants in this study, such as repression and forgetting, fantasies and acts of leaving, defensive splitting, idealisation and devaluation all seemed to work towards the avoidance of emotion or the lessening of ambivalence experienced. Parker (1995) noted that given society's ambivalence about maternal ambivalence, mothers find it incredibly difficult to allow themselves to consciously experience both love and hateful feelings towards their infants (and their mothers, I would add). As the hateful feelings become split off, it often results in persecutory guilt, maternal depression and the acting out of aggression. Parker (1995) contended that if mothers could be allowed to express and explore their ambivalence they would be able to contain their ambivalent responses and use it creatively in their relationship to their children.

The findings of this study clearly showed that the participants had complex, multi-faceted emotional and psychological experiences related to mothering and childcare. Given the powerful mothering ideologies and the constraints imposed by social structure on meeting these norms, the findings point to the need for structural change that will afford the participants a greater sense of agency and control over their childcare decisions. It also highlights the need for competing mothering ideals that are more realistic, given the context in which the participants mothered their children. Lastly, it highlights the need for mental health interventions that will afford women the opportunity to voice and explore their ambivalent feelings towards their infants and their mothers in order to facilitate creative and meaningful relationships in their lives. The implications of the findings described in this chapter will be discussed in more detail in Chapter Five.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

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5.1   Introduction

This chapter concerns itself with a summary of the main findings of the study, a reflection on the theoretical frameworks used and the methodology followed and recommendations for future research and intervention. The study set out to explore the under-researched topic of mothers' subjective experiences of childcare and motherhood, given the complexity of motherhood and the interconnectedness of race, class and gender in South African society. It made use of constructivist grounded theory within a case study approach to analyse transcribed interviews conducted with eight mothers in the small town of Paradijsbos. In addition to the data generated specifically for this study, interview material of the Maternal Mental Health Research Project (MMHRP) was also used for the case study analysis. Theoretically, this study was informed by postmodernism, social constructionist theory, psychoanalytic theory and feminism.

The two broad research questions posed at the outset of the study were: (a) how do childcare arrangements (including multigenerational childcare) manifest in one particular low-income South African community and (b) how do low-income, South African mothers experience the use of childcare? Whereas the first research question called for a detailed description of actual childcare use, the latter's focus on women's psychological experiences of childcare use called for a 'thick description' that goes beyond mere fact and surface appearances. For the purposes of this dissertation, I focused on giving an overview of psychological issues pertinent to childcare in a low-income community. I did this by a detailed analysis of eight cases. Many of the findings were interesting enough to have justified being the focus of a dissertation or at least a paper. My focus on the breadth of findings meant that, for the purposes of this dissertation, I inevitably had to compromise on not exploring all issues as deeply as I would have liked to. Some of the findings that certainly need to be discussed further are:

- The absence of men (fathers in particular) in the provision of childcare
- Paternal grandmothers' active involvement in childcare
- The intergenerational transmission of mothering and childcare
- The loneliness and sense of isolation experienced by mothers
- The lack of choice and agency in childcare decision-making

- The intricate power relations among extended family members sharing childcare in the same household
- Separation and connection in mother-daughter relationships within the context of childcare provision

5.2   Descriptive summary of the findings

Mothering and childcare are issues of concern for the women of Paradijsbos. The centrality of mothering in their daily lives and the importance the participants attached to the provision of childcare, were clear in the content of the interviews as well as the participants' acquiescence with these topic areas as important and worthwhile to talk about.

In Paradijsbos a large range of childcare arrangements are utilised, ranging from informal arrangements with family and neighbours to the use of formal structures such as a crèche or a day mother. The participants not only assumed full responsibility for all childcare decisions and arrangements, but also involved themselves emotionally and psychologically with their children. Grandmothers (maternal grandmothers in particular) assumed a central role in the provision of childcare which ranged from support during the postpartum period, care during infancy, babysitting and the provision of contingency care for children of all ages. The findings further suggested that grandmothers were invariably favoured for the provision of childcare (in the absence of the mother) during infancy. The participants' 'choice' of grandmother-provided childcare stemmed from ideological, practical and unconscious motivations as was also reflected by the decision-making processes followed. A somewhat surprising finding was the frequent use of formal childcare structures such as the local crèche. In contrast to the active involvement of grandmothers in the provision of childcare, the absence of paternal involvement clearly pointed towards the gendered nature of childcare in Paradijsbos.

The 'choice' of childcare utilised, was influenced by the context within which the participants mothered their children, their own experiences of being mothered as children as well as dominant discourses on ideal motherhood and ideal childcare. Ideologically, the participants endorsed the view that the nuclear family (with a resident, providing father and a mother who mothered intensively) presented the ideal context for the provision of childcare. Their strong support for this dominant discourse continued, despite having been raised in extended family structures themselves and not having been able to provide their first-born with such a nuclear family setup. The participants drew a distinction between ideal childcare for infants and that of toddlers and older children: infants were seen as in need of intensive mothering, whereas toddlers needed educational input and instruction. In addition, the participants described

ideal childcare in terms of children's needs (including the need for safety, attunement, attention, attachment, education, discipline, socialisation) and the practical/personal needs of the mother (such as convenience, affordability, continuity and flexibility). These ideals were difficult to meet, given the structural, personal and relational constraints faced by the participants. Poverty, in particular, had a profound impact on mothers' ability to provide childcare in accordance with their constructions of ideal childcare. Not only did poverty limit their choice of childcare arrangement, but also exposed children to illness and injury and compromised medical care. Employment opportunities were limited in Paradijsbos, and the participants found themselves in low-paying, seasonal or shift-based work. The participants' employment demands, in turn, informed the need for childcare that was flexible, continuous and most of all convenient.

Apart from the pervasive influence of poverty on the participants' ability to meet their ideals of childcare, the intricate relational dynamics between men and women (and specifically their gendered expectations of childcare involvement), seemed highly relevant to the understanding of the context in which mothering took place. The data suggested that the interactions between men and women around childcare assumed a complex power dynamic. The participants, for example, complained about the absence and disinterest of men, whilst also endorsing a narrow definition of fatherhood as that of economic provider. There were indications that the women unconsciously secured and preserved exclusive maternal access to mothering and childcare, while consciously expressing the wish for fathers to be more involved. After the birth of the baby, according to Stern (1995), the mother's main psychological involvement (besides with the baby) is with maternal figures in her life. The husband (or father) is 'pushed into the background' and regarded as needed for protection and support while others who have 'maternal experience' (such as grandmothers) are drawn into the 'supporting matrix'. If fathers are required to fill this role as well, they may become maternalised during the postpartum period – a situation that could potentially create strain in the relationship. Orbach (2002) noted that as long as a man remained unseen as a man and is experienced only as a 'failing woman', he will be excluded or considered less than central to a woman's day-to-day mothering. The woman turns away from him as an inadequate mother rather than as an inadequate man. The intricate gender relations around childcare, mothering and fathering are worthwhile pursuing further, but for the purpose of the current discussion, it is important to say that according to the participants, the failure of fathers to commit to a nuclear family set up and provide sufficiently in their family's financial needs, caused mothers to pursue paid employment and hence deprived them of the opportunity to mother their children intensively as they ideally wanted. Poverty, intricate gender relations, personal and relational factors all contributed to mothers having to compromise on their

ideals of childcare. The use of grandmother-provided childcare constituted a compromise as it afforded mothers with an affordable, flexible, convenient and safe alternative which replicated the intensive mothering provided within the ideal of the nuclear family. The participants in this study established a supporting matrix during the postpartum period that consisted predominantly of women and specifically maternal grandmothers and/or great grandmothers. The relationships among the women in this matrix are similarly characterised by intricate power dynamics and the continuous shifting of power as mother and daughter both exert and resist the power of the other.

The grounded theory findings further indicated that childcare, whether provided by the mother or others, created a range of emotional and psychological experiences – some positively and some negatively experienced. The psychological distress experienced in relation to childcare seemed to stem from structural constraints such as poverty, the participants' unrealistic ideals of childcare and motherhood (given their contexts) and the compromises they had to make between ideal and practice. Poverty limited the participants' choice and agency with regard to childcare, and resulted in psychological and emotional experiences such as exhaustion, tiredness, anxiety, tension, frustration, anger, etc. Although the participants coped through various conscious and unconscious means (such as social support from their families, faith and religion, acceptance of their situation, planning and problem-solving, focusing on the positives, repression and forgetting, minimisation and idealisation, etc.), the compromised nature of their childcare arrangements always seemed to entail feelings of ambivalence. The data analysis indicated that unconscious processes such as repression and 'forgetting', fantasies and acts of leaving, identification, minimisation and the idealisation and devaluation of childcare providers were particularly drawn on to deal with the overwhelming anxiety that ambivalence about childcare brought in a society where ambivalent feelings towards children (and mothers) are not approved of. Parker (1997) noted that society's discomfort with and disapproval of female aggression leads to the defensive splitting and repression of feelings such as hate, anger and frustration. She wrote,

> *Women mother within cultures that maintain impossible, contradictory maternal ideals which render the range of feelings considered 'normal' or 'natural' in mothers narrow indeed. Hence maternal ambivalence is viewed askance and defended against by both idealization and denigration of mothers. Ambivalence of itself is not automatically a problem. But the shame that often surrounds it renders it deeply problematic (p.35).*

The experience of ambivalence for instance, among mothers and grandmothers during the mother's pregnancy and in the postpartum period, was shown to contribute to the mother's

defensive withdrawal from childcare whilst leaving the child in the care of the grandmother whose care was regarded as all good. Grandmothers in turn, were presented with an opportunity to mother again and responded to their own unconscious processes by assuming responsibility for childcare.

Multigenerational childcare affects and is affected by the mother-daughter relationship, dominant discourses on ideal motherhood, ideal childcare and the ideal mother-daughter relationship and the context within which mothering takes place. The findings indicated that this type of childcare arrangement can serve a supportive function but also exacerbate existing relationship difficulties and psychological distress. The development of a contextualised understanding of each individual participant's experiences of mothering and childcare proved to be essential in grasping the complexity of their psychological experiences thereof.

In conclusion, the findings of this study showed that mothering and childcare are psychologically complex processes and cannot be viewed simply as a two-generational process. Whether grandmothers are involved in the direct provision of childcare or not, their influence – real and fantasised – clearly impacted on mothers' childcare decision-making, their psychological experiences of childcare and the conscious and unconscious coping therewith. In the words of Jung (as cited in Bromberg, 1987), 'Every mother contains her daughter in herself and every daughter her mother…. Every woman extends backward into her mother and forward into her daughter'.

5.3   Theorising and researching childcare

At the outset of this study, it was anticipated that the theoretical frameworks of social constructionism, feminism and psychoanalysis may be useful in developing an understanding of the mothering and childcare practices and processes in this community. This has indeed been the case, as will be briefly discussed in this section.

This study provided clear evidence that both conscious and unconscious processes were involved in decision-making processes pertaining to childcare as well as mothers' experiences of childcare use and provision. Some of the unconscious processes and defences that came into view include:

- Ambivalence
- Gratitude and envy

- Separation (individuation) and connection (between mothers and grandmothers and mothers and their children) as well as the negotiation of boundaries in these relationships
- Themes around responsibility, choice and agency
- Fantasy
- Repression
- Idealisation
- Splitting

The use of a psychoanalytic lens proved to be a particularly useful tool in developing an understanding of the complexity of both the unconscious processes that underlie childcare choice and the unconscious defences utilised to cope with the emotional and psychological aspects of childcare use. It enabled me to move the data analysis beyond mere 're-description' of what the research participants told me towards a more interpretive framework. It 'thickened' the analysis by moving the focus from 'how' to 'why'. Since attention has been paid in this study to the discursive (particularly the social constructions of motherhood and childcare), psychoanalytic interpretations also threw light on the conscious and unconscious reasons for the participants' investment in certain discursive positions and provided an explanatory framework for ambiguities and contradictions noted in the data.

Unconscious processes also affected the knowledge produced. The psychoanalytic concepts of repression and splitting for instance, proved helpful in understanding the 'absences and presences' in the data. Participants, for example, did not talk about feelings of anger and hate experienced towards their children and their mothers, did not voice any criticism or discontent towards childcare supplied by formal structures such as the crèche or school and did not talk about the presence and influence of fathers and grandfathers on their lives. Perhaps the most glaring 'absence' in the data for me, was the frequent absence of direct reference to issues of race, experiences of discrimination, and/or the impact of apartheid on the participants' lives: the participants did not raise it and I sometimes failed to ask. In hindsight, I realised that some participants 'showed' me that which they could not talk about and I could not hear.

To illustrate this point, I include two excerpts from my research journal dated 11 March 2008. This was written after the second interview with Poppie in which I asked her about her childhood experiences and personal history. In the first excerpt I commented on what I

perceived as a lack of narrative during the interview. The second excerpt refers to the ways in which the participant 'showed' me that which has not been said in the interview.

Excerpt 1

The interview itself was very similar to the one I did with Poppie on Saturday. Although she was very friendly and engaging, it constantly felt as if I wanted her to say more than she did or could. I don't think that she deliberately withheld information from me, nor do I think she actually offered so little information (probably once I have transcribed the interview, it will look very different), but it felt like whatever she said, was not enough for me. I am not sure how to make sense of that. It was as if I was hoping to hear more about how she experienced things, how she felt about events and how she makes sense of what has happened to her.

Excerpt 2

When we entered Paradijsbos (I drove Poppie home after we finished the interview at our research office), she told me that she wanted to show me where she used to live as a child. In the interview she referred to it as "die hokke" (the 'hovels/dumps'). Upon entering Paradijsbos, she showed me a severely dilapidated building to the left. It looked like the typical 'township hostel': a long, narrow building with a row of entrances to rooms/flats. It didn't seem as if anyone was currently living there and the roof on the one side had totally collapsed. She commented on the fact that it looked very 'verwaarloos' (neglected), but to me it seemed as if it had been like this for a very long time. In the interview Poppie mentioned that she moved with her mother and three sisters to a very small building/room when her mother stopped working/living in Stellenbosch. I distinctly remembered that I noticed during the interview that Poppie didn't elaborate much on this event (even though she seemed moved by the memory thereof), except to comment that the new house was very small. Shortly after we drove past the 'hokke', she showed me another 'building' that was made from corrugated iron sheets and closely resembled a shack. She identified this structure as the house they moved into from 'die hokke' (when she was about 12 years old). It was very, very, small. I was shocked, but tried my best not to show it. I was very conscious of wanting to have a closer look, but not wanting to stare at it too much while she was in the car with me. Immediately thereafter we took the turn off towards her mother's house and we passed the new property development on the right hand side. I asked her what that was and she said that people were building new houses, and that it was very expensive. She then noted that it was mainly white people who came to live there, and then she said, 'Suzanne kan mos nou lekker hier kom bly' ('Suzanne can mos now lekker come and stay here.)' I replied, 'It looks lovely, but expensive …'.

The perceived lack of narrative (in the interview material) on the intensely emotional, traumatic and very personal experiences of deprivation, discrimination, shame, powerlessness, vulnerability, neglect, etc. that Poppie suffered from (both as child and adult) by virtue of her race, class and gender illustrates how language can serve a repressive function (Billig 2006). Perhaps the painfulness of these experiences necessitated the need for splitting and repression and the unconscious 'acting out' of repressed material through 'showing' rather than 'talking about'. My own discomfort with my sheltered and privileged life (and childhood) perhaps contributed to my unconscious 'exclusion' of what I couldn't 'bear to acknowledge about myself and what I couldn't bear to know about Poppie (Kruger, 2006b). The interactions between Poppie and me were intersubjectively shaped by our respective subjectivities as we both (unconsciously) pushed aside 'ideologically delicate topics' such as race, apartheid and class from our conversation. Although I was consciously intent on doing research that took social context seriously (including considerations of race, class, gender), in interaction with Poppie, I unconsciously excluded certain topics from conversation by not asking, not listening well and not seeing properly (Kruger, 2005b). Given the deeply entrenched psychological impact of the political system of apartheid on South African society – and on mothers in particular (Magwaza, 2003) – this particular absence in the data need more reflection, theorising and investigation than can be achieved in the scope of the present dissertation. It is clear, however, that psychoanalytic theory provided me with a useful tool to specifically address the 'many layers' (both conscious and unconscious) of what was spoken about and repressed (and not spoken about) in the research reported here.

Psychoanalytic theory – particularly the concept of the unconscious – did not only provide a useful tool to theorise specific examples of repression in the research project, but it also helped to understand how unconscious processes contributed to a more general failure of psychology as a discipline to engage with issues pertaining to mothering and childcare (Kruger, 2006b). Goldman (2005) pointed out how Freud (and psychoanalytic theorists) has failed to engage theoretically with the role of the nanny as surrogate and psychological parent. In the present study it became clear that ambivalence about childcare and mothering permeates all levels of society. My ambivalence about my mother as the provider of childcare for my daughter was as much present as the participants' ambivalence about multigenerational childcare. Unconscious feelings of ambivalence related to childcare, mothering and early mothering received, affects us all and perhaps helps to explain theoretically why mothering, childcare and multigenerational childcare among low-income women in South Africa have been 'excluded' from mainstream psychology research. Seeing and listening to stories of mothering and childcare in contexts such as these confronts the

researcher with difficult content that is often related to own experiences of abandonment, deprivation, powerlessness, dependence, fear, neglect, anger and vulnerability. These are difficult to tolerate emotionally and may unconsciously be defended against by the researcher.

The findings of this study further suggested that childcare arrangements were transmitted intergenerationally – most notably the gendered nature of childcare. Although Chodorow (1978) explored the 'reproduction of mothering' in depth from an object-relations point of view, she specifically stated that her observations were based on middleclass families. The participants in this study were often raised and cared for by their grandmothers (or other females), and they similarly made use of grandmothers (or other females) to provide care for their children (compare for instance table 3.2 with table 3.3). The exclusive provision of childcare by women in this community seemed influenced by the dominant discourses of ideal mothering and childcare as well as unconscious processes stemming from the participants' own early mothering experiences of exclusive mothering by women.

The content of the participants' interviews mirrored the absence and invisibility of fathers and grandfathers as childcare providers. The women produced lengthy narratives about their families, their upbringing and their current living circumstances without mentioning their fathers or grandfathers. Rosy, for example, failed to mention her grandfather (except that he was deceased) through more than two hours of in-depth interviewing. Only when pertinently asked at the end of the second interview about her grandfather's involvement in her life, did she describe the significant mothering role he fulfilled (see quote cited below). This was in stark contrast to the way Rosy introduced her mother and grandmother within the first minute of the first interview and continued to refer to them extensively throughout both interviews.

Interviewer: *And last thing, your grandfather? Was your grandfather very involved in your life or not really?*

Rosy: *My grandfather was always there for me. We, he would always be the one who prepared food for us, made tea and all that. We always wanted, he cleaned the dishes in the evening. He said, go and play outside. If you have homework, do your homework, and so.*

The gendered nature of childcare in this community is clearly a complex matter and seemed influenced by both unconscious processes and the discursive context. The attention paid in this study to the discourses on ideal mothering, ideal childcare and the ideal mother-daughter relationship greatly added to my understanding of the participants' decisions about childcare.

The gendered and classed nature of the dominant discourses on mothering and childcare for example, circumscribed to the participants how to mother, regardless of the structural constraints imposed by poverty. This inevitably created tension and psychological distress. Considerations of power assume a central position in social constructionism (Wetherell, 1994) and proved to be a very useful theoretical tool in considering the ways in which power operated between mothers and daughters involved in multigenerational childcare arrangements. By paying attention to the continuous shifting of power in relations where both mother and daughter affect and are affected by the other, the enormous complexity of the mother-daughter relationship (and relationships in general) with regard to childcare, became apparent. The intricate power relationships between the participants and their mothers (or mother figures) and other women in the household, featured prominently in the data analysis and seemed influential in the childcare decisions made, the emotional sequelae experienced and the participants' coping therewith. Power in the research relationship between the participants and me was affected by our different social locations and levels of privilege. During the interviews, power shifted, was constantly negotiated and affected what could be asserted and what was resisted. This was viewed as an inherent part of the research process and not something that needed to be 'removed', 'suffered from' or 'coped with'. To quote Baclay (as cited in Appelt, 2006), 'Individuals are neither passively enmeshed in power relations nor are they free agents, for subjectivity is always produced through power relations which in themselves involve resistances' (p.17).

In this study, the 'nondiscursive', material context in which the participants mothered and raised their children similarly needed to be documented and understood to contextualise their childcare decisions. Although the distinction between the discursive and the 'nondiscursive' can be regarded as 'problematic' (Sims-Schouten et al., 2007), in this study the impact of the material on the meaning created in interaction, seemed evident. The participants engaged in a constant process of negotiating and managing their material circumstances in order to meet their childcare ideals. These processes of negotiation and compromise had a profound impact on the participants' emotional and psychological experiences of childcare. By taking the material context seriously, this study hopefully paid attention to the lived experiences of the participants and provided contextualised interpretations and understandings of the data.

In conclusion, theorising, understanding and thinking about mothering and childcare require theoretical tools that can shed light on the intricate, complex, multiple layers of experience: the social, the material and the unconscious. To this end the theoretical frameworks of social constructionism, feminism and psychoanalytic were found to be particularly suitable.

5.4 Methodology

Methodologically, this study followed a sequential data analysis strategy in which a constructivist grounded theory analysis and case studies were done on the same set of data. Concerns have been raised about the use of 'mixed methods' in qualitative research, as these are purported to be based in different epistemological and ontological frameworks that reduce the relative value and appropriateness thereof. In this study, the constructivist grounded theory and the case studies were both situated within a social constructionist framework and were therefore compatible. The findings of this study clearly indicated that individual participants' constructions of childcare had to do with a complex interplay between individual influences (such as the participants' contexts, upbringing and childhood experiences of being mothered) and social influences (most notably the dominant discourse of intensive mothering). In order to study the complexity of these phenomena, a research method that could both provide a very systematic, detailed analysis of the data and identify patterns, while retaining a focus on the unique personal and social contexts of each participant, were sorely needed. Charmaz (2006) was of the opinion that the nature of the research problem under investigation should determine whether sequential approaches to data analysis are used or not. She urged researchers to 'create or adopt methods that hold a promise of advancing your emerging ideas' (p.16). The use of both constructivist grounded theory and a case study approach was indispensable in realising the research goals of this research – especially since very little research on low-income mothers' subjective experiences of childcare has been done in the past. The adoption of a sequential method of analysis in this study brought a deeper understanding of low-income mothers' experiences of childcare use (multigenerational childcare in particular) than would have been reached through one method alone. The case studies reinforced and strengthened the findings of the grounded theory analysis and as such enhanced validity, while the use of two methods gave a slightly different emphasis on overlapping findings (Simons et al., 2008). The methods used in this study enabled me to pay attention to the macro discourses that shape the underlying assumptions of individual accounts and as such responded to the call made by Madill et al. (2000), Willig (2001) and Henwood and Pidgeon (1994) to move constructivist grounded theory methods closer to discourse analytic practice.

Although Willig (2001) suggested that grounded theory methods can be used as a data analysis tool in case study research, examples of how it can be usefully applied to data in a case study approach have not been forthcoming in published research. Given the constructivist/interpretive paradigm within which this research was located, the case study approach deviated from standard practice by using the constructed grounded theory categories and codes to structure the case material and not a set of pre-determined

categories based on existing literature. The interview schedules were similarly based on childcare-related themes that spontaneously arose during interviews conducted with the women of Paradijsbos as part of the Maternal Mental Health Research Project. The open-ended nature of the interviews generated a vast amount of data. Since the interview material did not only pertain to current motherhood and childcare practices, but also incorporated personal history and experiences of being mothered and cared for, the grounded theory line-by-line coding created a vast number of codes that felt overwhelming and unmanageable at times. Although the line-by-line coding allowed for a very thorough and detailed analysis it might have been more effective to use incident-by-incident coding. One of the advantages of doing such a thorough grounded theory analysis on such an under-researched topic is that several ideas could be identified for further research and investigation.

Throughout the research process described in this dissertation, researcher reflexivity assumed a central position. Charmaz (2006) aptly stated, 'Just as the methods we choose influence what we see, what we bring to the study also influences what we *can* see' (p.15). In this dissertation I explicated the theoretical points of departure that influenced my thinking and situated myself by giving a brief overview of my professional and personal development as it pertains to the study at hand. During the research process, I wrote in my research journal, spoke in supervision and discussed in the research group what I brought to the scene, what I saw and heard, how I see and interpret things and sometimes, why. In this process of researcher reflexivity, I became acutely aware of the ways in which dominant discourses on motherhood and childcare also influenced my responses to the participants and ultimately their responses to me. Contrary to my initial determination to focus on mothers' subjective experiences of childcare, I too, found myself 'drawn into' instrumentalist discourses on motherhood.

While it was possible to convince myself that I could retain the focus on maternal subjectivity while I interviewed mothers on their own (at the clinic or at the research office), I struggled at times to maintain this focus when interviewing them at home. Being confronted with empty food cupboards, empty refrigerators, needy and hungry children, irritable or disengaged mothers spanking their children out of frustration or ignoring their children's efforts at engagement, felt emotionally overwhelming and sometimes caused me to sympathise with the children and inadvertently blame their mothers. Although I did not think of myself as someone who 'romanticised' the poor or engaged in 'mother blaming' my research diary clearly reflected my shock, amazement and distress when I witnessed the participants' interactions with their children that seemed cruel, unfair, hurtful, aggressive or withholding to me. It was of course much easier to engage with the participants if I could continue to

construct them as loving, caring and nurturing. The following excerpt of my second interview with Rosy, illustrates this point:

Interviewer: *And how, was she as a little baby?*

Rosy: *She was very naughty. Because one morning when I was working, I came home. And I walk into the house and I ask Grandmother, 'now where's the child now?' Then she said probably outside. Then she sat in the road outside. Grandmother then said, she just wants to sit outside the whole day, then I put her outside the door. And there she lay quietly all day.*

Interviewer: ***Wow (shocked).** So she sat outside the door. **On a blanket, or what did she do?***

Rosy: *On a blanket in the bath then.*

Interviewer: *And what do you think about that?*

Rosy: *I was very cross with her that day. 'How can Grandmother now put the child outside? Where's the dogs? And the children?*

Interviewer: *You were **actually rather upset** about that?*

Rosy: *Yes.*

Interviewer: *And then, what do they say?*

Rosy: *No, Grandmother says she doesn't want to (sit) still. Then I said, 'no, but Grandmother was mos supposed to have given bottle that time.'*

Interviewer: ***Wow. That is rather something.***

Rosy: ***Yes.***

Interviewer: ***Wow.** You actually felt that was a **bad thing** that she did, a **dangerous thing** to do. Did your grandmother understand why you were upset?*

Rosy: ***No.***

Interviewer: *And the next day – **were you then scared** to leave her there?*

Rosy: ***No.** I told her, please, do not put her outside again. If she cries, try to make her asleep. Just don't put her outside again.*

Interviewer: *And then, did **something like that happen** again?*

Rosy: ***No.** [Unclear]*

In this short extract my struggle to contain my shock and disapproval, clearly showed my desperate attempts at re-establishing her grandmother as a 'good mothering figure' ('*On a blanket, or what did she do?).* I projected my own feelings (feeling upset) onto Rosy by reflecting that she was 'upset', although this was not necessarily what she was feeling (she felt '*very angry*'). My anxiety and concern about her child's well-being, informed my next question, *can she trust her grandmother again*? At this point, I was trying to draw her into the

instrumentalist mothering discourse, which Rosy resisted by becoming less verbal (answering my questions mostly with a yes or a no) and defending her decision to use grandmother care by stating that she has acted with agency in asserting herself towards her grandmother). In this small excerpt from the interview process, it is clear how my own subjectivity, influenced by unconscious processes and the discursive context, interacted with Rosy's and influenced what could be said and what could be heard.

Given the constructivist underpinnings of the research project, researcher subjectivity was approached not as something to eliminate or control, but something that needed to be taken seriously throughout the process. Qualitative research on mothering and childcare cannot be done without seriously attending to researcher subjectivity. All researchers 'have been mothered' and consequently childhood experiences of mothering continue to have bearing on conscious and unconsciously held opinions, values and ideas about childcare and mothering. As illustrated, these are a given and important element of the research process and need to be engaged with, understood and interpreted to be of use. Researcher subjectivity (and that of the participant) clearly influenced what was asked and what could be said and therefore had a profound influence on the data constructed. The dominant discourses on motherhood and childhood impact on researchers and participants alike and it is only through serious engagement with researcher subjectivity that these can be used fruitfully.

Researching poor women's subjective experiences of motherhood and childcare from a social constructionist perspective is complex. The multiple factors impacting on the participants' experiences, the researcher's constructions and understandings and the intersubjective processes that unfold between researcher and participant calls for an appreciation of complexity and the multi-layered nature of childcare and mothering – an objective for which qualitative enquiry is ultimately more suitable than a quantitative approach. From an ethical point of view, the methodology followed allowed for a contextualised understanding of mothering and childcare experiences, attended to power differentials in the interview context, and 'gave voice' to an otherwise disempowered group of women. The participants in turn had a powerful impact on me as a researcher: their plights for assistance and help, left me with feelings of helplessness and guilt. Their ongoing struggles with poverty left me with sadness and despondency. I experienced a deep sense of appreciation (and gratitude) for their willingness to share with me not only what was difficult and hard, but also what brought joy and pleasure to their lives. In turn, their appreciation for being interviewed and being given the opportunity to talk about mothering and childcare, confirmed my initial impression that this was an important topic to pursue. The following

quotes from the interview with Lily, illustrate how the opportunity to talk about childcare experiences and motherhood was deeply valued by the women interviewed.

Interviewer: *So, how was it to talk today?*

Lily: *No, it feels good, because you feel, I always feel lekker if one spoke to someone, and I like chatting, but it now not always that I chat. And my husband also always asks, why am I so quiet? I never actually talk to him, Is only stuff that matters, important stuff.*

Lily: *Yes, you get few chances and many (people) think, you only want to talk about your child. And that is not so. You just feel maar, you want to talk about it. Often it is also stress, so you relieve your stress that you have more and that's nice.*

In contrast to Lily's strong assertion that motherhood and childcare were worthwhile (and necessary) topics to talk about, the following excerpt from my research diary, dated 9 April 2008, shows how this sentiment was not shared by everyone. In this excerpt, I related how Rachel's husband, Jan, continued to interrogate me about the 'real' reason for my visit to his wife. It seemed incomprehensible to him, that anyone would be interested to talk about and listen to subjective experiences of motherhood and childcare.

After we had finished the interview and the tape recorders were switched off, Rachel disappeared into the kitchen. While I was packing away the equipment Jan said to me, 'Oh, was this now all – is there nothing wrong with my son? I explained again to him that I was there to do research and that I do the interviews to learn more about being a mother in Paradijsbos. I wasn't there in my professional capacity – I wasn't worried about his son or had any reason to believe there was anything wrong with his son. He then asked why we were interviewing Rachel specifically. I explained to him that when she was pregnant six years ago, we asked women at the clinic to talk to us about their experiences of being pregnant. We were now doing a follow-up and phoned everyone we interviewed before and that's how I ended up seeing her again. He almost looked disappointed and then told me that he took a half day's leave today in order to attend the interview. It felt as if he was blaming me for losing half a day's wages – and this for nothing! I then asked him whether Rachel has asked him to be there and he said no, she hadn't. But when she did tell him about it he decided to attend in order to support her and that if there was something wrong with his son, he wanted to hear himself what it was. At that moment Rachel came back into the room and he said to her that when the child was born there were also white people

('blanke mense') who came to his house. Rachel replied that it was part of the same thing –
that we all work together*. I told him that I am sorry if he was under the wrong impression.*

The ultimate challenge, however, for research on motherhood and childcare among low-income women of colour in South Africa, has to do with the documentation and presentation of the lives of 'invisible subjects' and marginalised voices (Kruger, 2005). One of the goals of this study was to provide detailed documentation of the childcare arrangements used and the psychological processes involved. In this process, I 'listened to' the participants and presented findings that 'speak for' them. Following the work of Spivak, Swartz (2005) explored the complexity of learning to 'speak to' the muted subject, rather than 'listen to' and 'speak for' the Other. She urged psychologists to 'be self-conscious about, and to actively theorize, what can be said to whom and how' (p.518). Kruger (2005b) similarly urged psychologists to 'determine under what conditions poor people do speak and about what; what is said and to whom; to listen to how they speak in different contexts; and to hear the many layers and complexities of what is spoken'. 'Speaking and hearing' within a research context focused on mothering and childcare, is no simple matter, and requires careful theorising, a serious engagement with reflexivity, flexibility, and above all paying close attention to what you are told, what you are not told, how you listen and how you are not listening (Kruger, 2005b).

The study set out to make a small but significant contribution to the dearth of knowledge on mothers' psychological experiences of childcare and motherhood. The findings presented in this dissertation are in the final instance my constructions and understandings, but hopefully serves as a first step towards improved understanding of the intricacies and complexity of low-income women's experiences of mothering and childcare.

5.5   Recommendations
5.5.1 Research
Given the extremely limited range of published research on motherhood and childcare, especially in the South African context, I am almost tempted to state that any future research on motherhood and childcare will be welcomed. However, upon closer inspection, it seems that it is specifically research that attends to both the careful description of normative childcare practices and an in-depth analysis of conscious and unconscious processes involved, that is called for. It will for instance, be interesting to do more longitudinal childcare studies that interview low-income women during their first pregnancy and with regular intervals throughout their children's development. Very little research has been reported on mothers' experiences of mothering and caring for school-age children and multiple children.

The interview material gathered for the present study suggests that low-income mothers find it particularly challenging to mother and care for their pre-adolescent and adolescent daughters, yet most published studies on mother-adolescent daughter relationships are retrospective in nature and European and USA-based.

Research focusing on the intimate relations between women and men in this community – in particular the ways in which power operates between mothers and fathers and impacts on childcare – clearly transpired as an important area for future study. From the findings of the present study it was clear that gender constituted an important dimension of mothers' experiences and expectations of childcare, specifically in the way it was transmitted intergenerationally between mothers and daughters. The study by Bray and Brandt (2007), for instance, suggested that observation reports found fathers to be more involved in childcare provision than individual interviews accounted for. Ethnographic and observation studies have much to offer in developing a more nuanced understanding of the complexity of childcare provision.

Lastly, the relationships among low-income women, in particular between mothers and grandmothers and mothers and paternal grandmothers who share a household and childcare responsibilities is an area in need of further research. In this study the participants expressed their ambivalence about paternal grandmother involvement more readily than their conflicted feelings about maternal grandmother involvement. It will be interesting to investigate this further by considering the roles and functions fulfilled by maternal and paternal grandmothers respectively.

5.5.2 Intervention

In order for the knowledge gained through this research project to be of use, the findings must be able to inform policy and mental health intervention. This study clearly demonstrated how pervasive and chronic poverty affected generations of women and their ability to mother and care for their children. Apart from poverty alleviation programmes that aim to empower women economically, create more employment opportunities with benefits such as maternity leave, paid leave and sick leave, and assist them in providing for their minor children, specific attention needs to be paid to the development of affordable, quality, formal childcare that takes into account the seasonal nature of their work, the irregular hours that shift-work entails and the need for quality care for young infants when mothers first return to work. The lack of a real choice about the providers of childcare creates conflicted feelings about the care utilised and ultimately impacts on mothers' emotional and psychological well-being.

Within the discursive domain, the development and strengthening of discourses that can successfully compete with the discourse of the nuclear family as the only context within which children can successfully be raised are sorely needed. Alternative discourses within the discipline of psychology are similarly needed to reflect the realities of low-income mothers' lives, that truly values diversity in family structure, childrearing practices and childcare arrangements and acknowledge the psychological complexity of mothering and childcare. Within psychology, the tendency to either conflate women's and children's interests or to position their needs at opposing ends need to be resisted by exploring ways in which both can be taken seriously without reverting to the dichotomy of 'womenandchildren' versus 'women or children' (Burman, 2008).

A related matter is the need to affirm maternal ambivalence as a normal, realistic experience of pregnancy, motherhood and childcare and to resist interpretations thereof as necessarily pathological. Health care workers and mental health workers in particular need to be sensitised not only to the normative experience of ambivalence, but alerted to the potential that 'manageable ambivalence' has in facilitating a mother's concern and capacity to think creatively (Parker, 1997). As such health and mental health counselling for mothers should ideally provide mothers with opportunities to talk about motherhood and the complexity of their emotional and psychological experiences and as such open up the conversation to allow for ambivalence to be expressed. Most of all, attention needs to be paid to unconscious processes so that ambivalence can be expressed and less acting out result.

Psychological intervention during pregnancy and early motherhood has been suggested by a number of authors as a useful way to facilitate low-income mothers' adjustment to motherhood (Burmeister-Nel, 2005; Spedding, 2005) and to address psychological distress during this time of transition. The findings of the present study suggest that women contemplating returning to work or who are in the process of returning to work after the birth of their first child, may also find psychotherapy (either individually or in groups) useful. This will provide them with a space to explore some of their opposing and ambivalent feelings, especially feelings such as aggression, hate and envy that result from the tension between powerful mothering ideologies and the practicalities and materiality within which they mothered their children. Given that motherhood and childcare are part of a three-generational process, psychotherapeutic work with mother-grandmother dyads around these issues may also prove to be beneficial to all concerned.

5.6   Conclusion

Socrates (see Part VI of Plato's *Republic*) referred to the complexity and intricacies involved in deciding what the ideal childcare arrangement in society should be like as 'an enormous subject', a 'hornet's nest' and a subject he tried to avoid talking about 'because of all the trouble it would cause' (Corrigall Alfers, 2006). The present study indicated that it is exactly the failure to talk, to study, to engage with the subject of mothering and childcare in low-income communities that contributes to these women's psychological distress, oppression, disempowerment and marginalisation. The goals of this study were to provide a detailed description of the childcare utilised in the community of Paradijsbos and to investigate mothers' subjective experiences of motherhood and childcare. Given the limitations and complexity involved in 'representing the Other', the findings of this study and the dissemination thereof, hopefully facilitate continuous engagement with this topic in the field of psychology and ultimately lead to action and intervention.

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Addendum A

The Women's Mental Health Research Project (WMHRP)

i)   A description of research conducted within the WMHRP

The Women's Mental Health Research Project (WMHRP) was initiated, established and co-ordinated by Prof. Lou-Marié Kruger to conduct research on different aspects of women's mental health and experiences of motherhood in particular. The research is situated within a feminist social constructionist framework and the focus is mainly on qualitative methodologies. Data generation usually consists of in-depth interviews with low-income women about their own experiences as well as ethnographic observations. Data is analysed using social constructionist grounded theory, discourse analysis and narrative analysis. The project consists of three overlapping research stages: (a) a situation analysis during which all mental health care providers, welfare providers, self-help groups, support organizations in the Stellenbosch region were surveyed; (b) data collection; and (c) the implementation and evaluation of different interventions and support strategies. The following internationally and nationally funded projects were conducted in and around Stellenbosch under the auspices of the WMHRP:

1. A SANPAD-funded project on the distress and resilience of farmworkers (1999-2001);

2. A published survey of mental health services available to poor women in the region (2000);

3. Two government-funded intervention projects concerned with the impact of early interventions on the mother-infant relationship (2001 and 2003);

4. A government-funded intervention study with maternity nurses (2001);

5. An intervention study involving a play group with low-income children (2003);

6. An annual depression survey conducted in a semi-rural town (2002-2005);

7. A study on maternity nurses (2004-2005);

8. An infant observation study (2004-2007);

9. A study on intergenerational childcare (2006-2010);

10. A small ethnographic study on poverty and women (2005-2007);

11. A NRF-funded pilot project on preventative mental health care for poor mothers (2006-2007);

12. The main study, a four-year project on maternal mental health (funded by Stellenbosch University) involving 320 in-depth interviews with 80 women before and after giving birth (2002-2005).

The studies described above can be described as local, long-term and continuous, action-oriented, interdisciplinary and situated within a critical tradition. The main study on maternal mental health (No. 12) is of particular importance to the research reported in this dissertation, and will be discussed separately.

ii)   The Maternal Mental Health Research Project (MMHRPP)

The specific title of this study was: "The impact of mothering on the mental health of low-income women: Implications for mental health care". The study was designed to investigate the psychological distress and resilience of low-income women during pregnancy, birth and early motherhood. More specifically, the study aimed to:

1.   Discuss the levels and kinds of distress that women experience during pregnancy, birth and early motherhood;
2.   Discuss the ways in which low-income women cope with the stressors associated with the prepartum and postpartum period;
3.   Discuss the factors in the lives of these women that are related to their psychological distress and resilience;
4.   Consider the usefulness and appropriateness of different kinds of mental health care to low-income women.

All women visiting the Paradijsbos Clinic for prenatal and/or postnatal visits during March 2002 – March 2005 were invited to participate in the study. After informed consent was obtained, four in-depth interviews were conducted with each woman. Each participant was interviewed on four occasions (one pre-birth and three post-birth). The loosely-structured interview schedule covered a range of topics (current symptomology, personal and family history, coping mechanisms, violence, substance abuse, reproductive health issues, sexuality), but focused specifically on women's experiences of pregnancy, termination of pregnancy, birth and early motherhood. The interview questions were devised to explore how the women themselves interpreted and made sense of their experiences. Between 2002 and 2005, trained Psychology Honours students conducted 320 one-hour interviews with about 80 participants. These interviews were all transcribed by trained students and the data have been analysed and reported in various unpublished dissertations and research reports.

Section A

Identifying information

Name: ....

Code name:..

Physical adress: ....

Telephone: ....

Age: ....

Children (names, ages, ?foster children)

....

Household composition

....

Income (own and household)

....

Orientation and introduction

We have been doing interviews in Paradijsbos for some time now on how women experience pregnancy, giving birth and becoming a mother. I would like to learn now more about what it is like for women to be mothers. What it is like for YOU to be a mother, the ups and downs, the difficulties and the things you enjoy.

I am interested in your experience of motherhood – what it is like for you.

Becoming and being a mother

- Tell me about the first time you became a mother / When did you first started thinking of yourself as a mother?
- Tell me about your children and what it is like to be their mother.
- What is it like for you now?
- Easy/Difficult/Challenging?
- What does motherhood mean/entail?
- What is a good mother?

Daily routine

Tell me more about your daily routine. For example, yesterday: what was yesterday day like? (Focus on detail).

- What are your responsibilities in the household?

- What are the other members in the household responsible for?
- How do you do it?
- Routine and responsibilities with regard to childcare
- Grandmother involvement in household tasks and daily routine
- Financial matters (managing household expenditure)

Work
- Employment history
- Current employment
- Recent pregnancy and employment (maternity leave, returning to work)
- What is it like to work?
- How do you experience work combined with childcare?

Childcare
- Childcare arrangements? (History, current, feelings and ideas)
- Childcare arrangements when going out (outside working hours)
- Childcare options available and experiences thereof
- Childcare arrangements utilised by other women in Paradijsbos
- What do you think is the best form of childcare? Why?
- What, in your opinion, are important considerations in the choice of childcare?

Maternal grandmother involvement
- How is your own mother involved in childcare?
- Division of roles between participant and her mother with regard to childcare and household chores (decision-making/responsibilities/ feelings)
- Payment for childcare
- Experiences of grandmother involvement in childcare
- Does the grandmother care for child similar to how mother was cared for as a child?
- Do your children and your mother's involvement in their care remind you of your own childhood? How? What? Similar/different?
- Do you tell your mother how she should care for your children?

Conclusion
- Anything you want to elaborate on/clarify/etc.
- How did you experience the interview?
- Thank participant for time and willingness to be interviewed

Section B

Orientation and introduction

- How have things been since previous interview?
- Anything to add to previous interview / questions/ reflection on being interviewed
- Explain purpose of today's interview: To learn more about participants' experiences as a mother and to learn more about her own childhood and upbringing.

Growing up

Can you please tell me more about your own childhood? What can you remember? What did other people tell you about your childhood?

- Who raised you when you were little? What was it like for you?
- What can you remember about that time?
- Role played by own grandmothers/aunts/father/other family members (0-3y, 3-6y, 6-12y, 13y+)
- Who do your regard as a mothering figure in your life?
- What would you change/keep the same about your childhood?
- Do you raise your children similarly to how your were raised/different? How?

Relationship with mother or mother figure

Tell me more about your relationship with your mother from when you were born until now.

- Relationship with mother as a baby, toddler, child, teenager, currently
- Your mother's reaction to your first pregnancy
- Role your mother played before and after the birth of your first child (and subsequent children). Was it helpful?
- Role own mother played after giving birth (Giving advice? Practical assistance?) What was helpful/not helpful?
- Role of grandmother when participant returned to work? What was it like?
- Current relationship with own mother. How are your relationship different/similar?

Father of child and paternal grandparents

Please tell me more about your child's father and his family.

- What is a father's role in a child's life? What should it be? What is a good father?
- What role does your child's father play in your child's life? Does he sometimes provide childcare? Why/why not? What does he do?

- Describe your relationship with your child's father at present?

- Involvement of paternal grandparents? Do they provide childcare?

Conclusion

- Any additional thoughts/questions?

- Reflect on experience of being interviewed

- Thank participant for willingness to be interviewed.

*****

Beste Deelnemer

Hiermee wil ek u graag uitnooi om deel te neem aan 'n navorsingstudie wat ondersoek instel na hoe vroue moederskap beleef. Ek stel daarin belang om meer te verstaan oor moontlike positiewe en negatiewe aspekte van hierdie ervaring en watter faktore daartoe bydra. Ek is veral geïnteresseerd in moeders wie se eie moeders hulle help met die versorging van die baba en/of kinders. Ek hoop dat hierdie navorsing sal bydra tot meer effektiewe sielkundige ondersteuning van swanger vroue en moeders.

Indien u bereid is om aan hierdie studie deel te neem, sal ek graag twee onderhoude met u wil voer. Elke onderhoud sal ongeveer 60-90 minute duur. Die onderhoude sal op band opgeneem word en ekself sal die onderhoud voer. Die onderhoud sal gevoer word óf by u woonplek óf by die Departement Sielkunde by die Universiteit van Stellenbosch, óf enige ander plek wat vir u geskik is, op 'n tyd wat u pas.

Tydens die onderhoud sal vrae gestel word oor u ervarings van moederskap. Ek sal vrae vra oor watter impak hierdie ervarings op u en u verhoudings met ander – veral u eie ma, gehad het. Ek wil met ander woorde verstaan hoe dit vir u is om 'n moeder te wees en hoe dit vir u is om die versorging van u kind met u moeder te deel.

Ek vertrou dat die onderhoud interessant en nuttig sal wees vir elkeen wat aan hierdie studie deelneem. Sommige van die vrae wat gestel word, sal egter persoonlik wees, en kan onaangename herinneringe oproep. U moet asseblief onthou dat u die onderhoud te enige tyd kan beëindig, en dat u tydens die onderhoud kan weier om spesifieke vrae te beantwoord. Deelnemers het die vryheid om hulle deelname te enige tyd te beëindig. Indien u van die studie onttrek, kan u vra dat al die data wat oor u versamel is, dit sluit die bandopnames en die transkripsies van die bande in, vernietig word, en dit sal so gedoen word.

Om die vertroulikheid van die navorsingsmateriaal te verseker, sal geen name op die onderhoude of vorms geplaas word nie. Elke deelnemer sal gevra word om 'n kodenaam te kies, en daar sal 'n lys saamgestel word om aan te toon watter deelnemer met watter kodenaam ooreenstem. Die lys sal in 'n toegesluite kas in die kantoor by die Departement Sielkunde gebêre word. Slegs lede van die narvorsingspan sal toegang hê tot enige van die data, wat die bande en die transkripsies insluit. Dit sal ook in die reeds genoemde toegesluite kas bewaar word. Alle inligting sal dus vertroulik gehou word.

Verslae oor die studie, dit sluit enige gepubliseerde werk in, sal nie enige ware name noem nie. Beskrywings van alle persone sal verbloem word sodat hulle nie herkenbaar sal wees vir enige iemand anders wat die studie lees nie. Daarom sal geen stuk inligting wat deur die studie versamel is op enige manier met enige spesifieke persoon of familie verbind kan word nie. Aangesien sodanige inligting oor lewens van vroue so waardevol is, sal die bande bewaar word solank as wat die navorser navorsing op hierdie terrein voortsit. Sodra die navorser hierdie studie voltooi, sal die bande vernietig word, tesame met die lys wat die name en kodename bevat.

Indien u vind dat die vrae wat tydens die navorsingsonderhoud gestel word, pynlike of onaangename herinneringe oproep, en u met iemand oor u gevoelens sou wou praat, het ek

'n lys hulpdienste beskikbaar wat u kan kontak. Ek kan u ook help om hulp te kry indien ek tydens die onderhoud agterkom dat u sielkundige ondersteuning verlang.

Indien u daarin belangstel om aan hierdie studie deel te neem, lees asseblief die volgende verklaring en teken hieronder.

Ek begryp dat deelname aan hierdie studie vrywillig is, en is bewus van die moontlike risiko's, voordele, en ongerief verbonde aan my deelname. Ek aanvaar dat ek vrylik vrae kan vra, kan weier om vrae te beantwoord, en dat ek 'n sessie te eniger tyd kan beëindig. Ek begryp ook dat indien ek enige vrae of probleme het wat hierdie navorsing betref, ek die hoofondersoeker, Me Suzanne de Villiers by *****of haar promoter, Prof. Lou-Marié Kruger by ******, kan bel.

_____   _____
Handtekening van deelnemer   Datum

_____   _____
Handtekening van onderhoudsvoerder   Datum