

CHALLENGES COUPLES FACE IN MANAGING FAMILY ROUTINES AFTER THE TRANSITION TO PARENTHOOD
CHRISTINE DE GOEDE, ABRAHAM GREEFF

Family routines improve family stability. However, it is unclear what impedes the formation of stable routines after life transitions. In this paper we discuss normative challenges that 10, mostly low-income, couples face in managing routines after becoming parents. Qualitative analysis revealed three themes: temporal incongruence, schedule derailment, and factors that increase task and temporal complexity. The seven sub-themes of the latter theme were transport limitations, workplace schedules, extended family involvement, child-related difficulties, health complications, incongruence between family member needs, and a composite of these factors. Results underscore the need to address context-specific family challenges related to time restrictions and scheduling.

apg@sun.ac.za

Prof Abraham P. Greeff, Department of Psychology, Stellenbosch University

CHALLENGES COUPLES FACE IN MANAGING FAMILY ROUTINES AFTER THE TRANSITION TO PARENTHOOD

Christine de Goede, Abraham Greeff

INTRODUCTION

There exist some salient beliefs that parenthood is a stress-free time, with young couples incessantly elated by their new “bundle of joy”. However, fifty years of research show that these idealistic representations are too one-dimensional and that having children is not always easy and not always enjoyable. This phase of life has far-reaching consequences within the nuclear family, causing a moderate decline in functioning, and elevating the risk for distress and dysfunction in various family-life domains. The strain within some families may have negative, long-term developmental implications if parents cannot rebound and recover from this normative challenge (Cowan & Cowan, 2012:430).

Family routines can become strained during this life stage. Before couples have children family routines are flexibly organised and spousal roles more interchangeable and malleable (Goldenberg & Goldenberg, 2008:39). However, with an infant in the house routines become more prescriptive. Family leisure, chores and childcare duties have to be planned and these arrangements usually accommodate the child’s circadian rhythms (such as hunger and sleep-wake patterns) and developmental needs. Thus, the family’s entire set of routines becomes organised around the child (Goldenberg & Goldenberg, 2008:40). During this stage, parental roles usually shift, with task allocation tending to fall along traditional gender lines (Cowan & Cowan, 2012:435). The number of daily activities also increases and ordinary life becomes a balancing act. Questions of who, what, where and when become major discussion points (Goldenberg & Goldenberg, 2008:39).

Although there is considerable upheaval in the family system, parents must master the task of creating a sustainable daily schedule with appropriate routines that meet the needs of all family members (Weisner, Matheson, Coots & Bernheimer, 2005). As far back as 1996, McCubbin and McCubbin (1996) already postulated that during times of family stress and distress, a family routine can function as an essential resilience resource. The association between family resilience and routines has been confirmed by multiple studies (*for reviews see* Black & Lobo, 2008; Walsh, 2012). The reason why family routines improve resilience is likely due to the fact that routines give structure, stability and continuity to daily life and thus help to resist excessive systemic change and family disruption during a crisis (Fiese *et al.*, 2002:381; Howe, 2002:438). Even in the face of some disequilibrium caused by a crisis, certain aspects of the day will remain predictable and orderly, thus decreasing the family’s sense of chaos. The association between family well-being and routines are also seen in families that live in poverty because low-income families experience higher levels of instability (Evans, Gonnella, Marcynyszyn, Gentile & Salpekar, 2005:560), but children are less negatively affected by financial hardship when caregivers are able to maintain high levels of organisation through family routines (Budescu & Taylor, 2013:63).

On a functional level, routines also facilitate the execution of a range of important family tasks. When the daily routine is well established, tasks can be performed mechanically, leaving needed energy to attend to other critical matters, such as acquiring community resources or taking care of emotionally vulnerable family members. Family routines are emotional anchors (Walters, 2009:89). They provide settings in which ongoing social support, relational connection, emotional nurturance and regular communication is maintained. Examples are regularly eating together, visiting relatives, having “date nights” and reading bedtime stories to children. Having these emotional anchors are crucial elements if balance and harmony are to be maintained in the system. Besides *resisting* change, family routines can also *accelerate* needed change during transitions. This acceleration happens by discarding routines that are no longer appropriate and replacing them with new, functional ones (Howe, 2002:438).

If one looks specifically at the transition to parenthood, various studies have found correlations between family routines and more specific, positive family outcomes. Researchers started to recognise these benefits more than 30 years ago. For example, Boyce *et al.* (1977:609) found that routines were associated with shorter periods of respiratory infection in infants and Sprunger, Boyce and Gaines (1985:564) found that, for mothers, regular routines were associated with higher levels of satisfaction regarding their parenting role, as well as greater feelings of competence. More recently, Mindell, Telofski, Wiegand and Kurtz (2009:599) found a significant reduction in the problematic sleep behaviours of toddlers and infants, as well as an improvement in mothers’ mood state. In an extensive review, Spagnola and Fiese (2007:284) also show how young children’s language, academic, and social skill development is associated with different types of weekly routines. Fiese *et al.* (2002:385) and Spagnola and Fiese (2007:285) stress that causal links between routines and other positive parenting outcomes are not conclusive since most of the research in the field is correlational. It is also likely that there is a bidirectional impact between a number of variables. For example, predictable routines help regulate children; regulated children increase parents sense of mastery; and in turn, parents who feel more competent and who have orderly children, are better able to implement stable routines (Fiese *et al.*, 2002:385).

Howe (2002:438) suggests that studies looking into major life transitions should consider what factors impede and facilitate the formation of stable routines because these factors could have an impact on family satisfaction. Currently, only one study has examined how routines are managed by exploring how couples create a work-life balance through communicative practices (Medved, 2004). Only two qualitative studies have looked at routines during periods of crisis: one is of parents whose child has severe developmental delay (Maul & Singer, 2009); and the other focusses on the routines of families residing in a shelter for the homeless (Schultz-Krohn, 2004). To date, no research could be found examining the normative challenges parents face when trying to manage their routines after a life transition. This paucity of information impairs the ability of professionals to create well designed prevention programmes that can improve

the stability of family routines and thus increase a family's resilience during periods of change.

Research that aims to better our understanding of family routines, go hand in hand with South African government policy and goals. The Department of Social Development (DSD) initially mentioned the significance of routines in its *Green Paper on Families* and proposed that it is important to “strengthen the coping and resilience of children and adults in relation to identified risks or threats” and that protective family support should “recognise the value of [...] routine [...] in giving greater structure and stability to home life for a child in stressful family circumstances” (DSD, 2011:48). The *White Paper on Families* reiterates the importance of increasing family stability through various means (DSD, 2012). Consequently, the aim of this study was to identify normative challenges couples face when managing their family routines after the transition to parenthood. The findings of this study will increase social workers' understanding of what factors are taxing in the everyday lives of new South African parents; and what potential areas can be targeted when improving family stability through the use of family routines.

METHOD

This is a qualitative, grounded theory study in which data collection took place via semi-structured interviews with ten couples.

Sampling

By using convenience and snowball sampling, participants were recruited from two day-care centres located in Cape Town, South Africa. The day-care centres were informed of the research project, and permission to conduct the study was granted by the centres' governing bodies. The principal teachers were given an information sheet to recruit potential couples who fit the inclusion criteria. Interested parents gave their contact details to the teachers who provided the list of names to the principal investigator. Inclusion criteria for participants were: (1) Both the biological parents had to live with their child (but were not required to be married); (2) The couple's oldest child had to be between one and four years of age, since family stability is usually regained after four years (Olson & Gorall, 2003:524); (3) The participants' first language had to be either English or Afrikaans; and (4) The family had to identify themselves as being Coloured, based on their self-perception and self-classification (Statistics South Africa, 2005:v).

The reason for racial specificity is that routines are highly sensitive to family context (including culture, history, community conditions, and socio-economic status). Selecting participants from one racial group ensures sample homogeneity. In the Western Cape province where the study took place, 48.8% of people consider themselves to be Coloured (with 32.9% indicating they are Black, 1.0% indicating Indian or Asian, and 15.7% indicating White) (Statistics South Africa, 2014:17). Yet, even though this is the largest population group in the Western Cape Province, the literature review yielded very little information on issues that concern Coloured families, with no information on their daily life and routines.

Participants

In terms of reported home language, three families were Afrikaans, four were English, and three families used both languages. Husbands' ages ranged from 27 to 41 years ($mean = 33.1, SD = 5.2$) and wives' from 21 to 35 ($mean = 28.8, SD = 5.0$). Seven couples had one child, two couples had two children and one couple had three children. The ages of the firstborns ranged from 2 to 4.4 years ($mean = 3.6; SD = 0.5$). Parents had been in a relationship with each other for between 4 and 14 years ($mean = 7.8, SD = 3.2$). Six couples indicated that both partners had completed secondary school, while two of the couples indicated that both partners had obtained diplomas. For the remaining two couples, both males had completed secondary school, while one of the wives had obtained a degree and the other a diploma. Only one husband and two wives were unemployed at the time of the interview. At the time of the interviews, five of the ten couples lived with extended family (usually the parents of one of the partners); and, in these cases, none of these couples were the home owners. In terms of monthly family income, one couple earned more than R30,000, four earned between R10,000 and R20,000, four earned between R5,000 and R10,000, and one family earned less than R5,000. The Bureau of Market Research uses six income categories to distinguish between South Africans' total household income per annum (Masemola, Van Aardt & Coetzee, 2010). Nine out of the 10 families fell in the lowest three South African income categories (R0 to R240,000 per annum).

Interview

The *Ecocultural Family Interview* (Weisner, Bernheimer & Coots, 1997), which assesses various aspects of family routines, was used as a conceptual framework for the study's interview schedule but further adapted to fit the requirements of this study. During the interview, parents were asked to describe a "typical day" in a time-ordered sequence, including morning, mid-morning, afternoon, evening, and weekend routines. Further probes regarding these routines dealt with typical activities, typical people involved, the importance of the routine, what is taught to children, typical challenges, typical coping strategies and resources, as well as accommodations made to routines.

Procedure

Interested parents were contacted by telephone and given a brief outline of the study. During the scheduled face-to-face meeting, participants were given a standard written consent form and assured that: their right to privacy would be upheld; any identifiable information would be kept confidential; participation was voluntary and based on informed consent; and that they could withdraw from the study at any point without suffering consequences. After consent was given, parents completed a biographical questionnaire. All documents were available in both English and Afrikaans. Semi-structured interviews with couples took place in their home, in the language of their choice. Couples were asked if interviews could be audio-recorded and all participants agreed. As a token of appreciation, participants received a R50 gift voucher, a small story book for their child, and cookies. Ethical clearance for the study was granted by the Stellenbosch University Research Ethics Committee (Humanities).

Data analysis

Consistent with grounded theory procedures, data collection and analysis happened simultaneously. After transcribing interviews, line-by-line open coding was done. Grounded theory micro-analytic techniques were employed to develop codes (Charmaz, 2008; Corbin & Strauss, 2008). With the subsequent focused coding phase, the most significant and accurate codes from the open-coding phase were identified and then the data set was reanalysed with these themes in mind. Lastly, a cut-and-paste method was used and, through manual manipulation, interrelated focussed codes were grouped into themes and sub-themes, which were given definitions and were explored analytically in “narrative form” (Charmaz, 2008:98). For readability purposes, Afrikaans quotations were translated into English.

Trustworthiness

To establish trustworthiness, the building of rapport was important and achieved by treating participants with respect and engaging them in informal conversation prior to each interview (Shenton, 2004:73). Data analysis focused specifically on potential rival conclusions and direct attention was paid to instances that contradicted the theoretical analysis (Shenton, 2004:73). Three families were presented with a brief synopsis of the results and they all seemed satisfied. The data analyst was critically aware of cultural differences between herself and participants that could have influenced results. The data analyst is also not a parent. A lack of this first-hand experience could have prevented valuable insights. On the other hand, differences also supported the analysis, in that they highlighted what was unique to this sample (Shenton, 2004:73).

RESULTS AND DISCUSSION

Three major themes were produced concerning challenges that first-time parents face in managing their daily routines. The first major theme was *temporal incongruence*, secondly, *daily schedule derailment* and, thirdly, *factors that increase task and temporal complexity*. Factors that increase task and temporal complexity had the following seven sub-themes: *transport limitations, workplace schedules, extended family involvement, child-related difficulties, health complications, incongruence between family member’s needs, and a composite of these factors*. The themes (with specific sub-themes) are respectively defined, described and discussed further on.

Theme 1: Temporal incongruence

“*There’s no more time. There is no more time.*” These words echoed throughout all of the interviews. Even though the parents insisted that their sequences of routines worked for them, they all described situations that related to temporal incongruence. We define temporal incongruence as a discrepancy between the multiple routines parents want to engage in, and the time they have available to accomplish these activities successfully. Thus, temporal incongruence means there is a divide between the family’s current sequence of routines, and the family’s ideal sequence of routines due to a lack of time.

It was also evident that when family members do interact, these moments sometimes “*feel a bit rushed*”, as one father observed. Thus, time is not only an integral part of how

routines are designed by the family, but also plays a key role in the *experience* of routines: Family members are aware of time, time limits, and the passing of time, whilst family activities unfold throughout the day. It follows that a family activity, such as bath-time, is not always experienced as an isolated event or a suspended moment in time, but that there is an acute awareness that time advances and activities have temporal limits. There is pressure to complete a particular routine so that the next routine in the schedule can commence. Sometimes desired routines and interactions, were also deferred because of time restrictions:

“Yes. For me, uh, I would, would have appreciated it more if we could maybe spend more time in the morning, could have eaten breakfast together. But time does not allow us to do such things, and it’s those small things that you, you actually want in life, but you can unfortunately not get it. [...] Yes, in the morning, we say goodbye to each other when, when we leave. [...] But it goes so quickly.”

Temporal incongruence seems to echo aspects of the term *time starvation*, which is when individuals feel there is a deficit in the amount of time available to engage in meaningful life activities (such as building relationships with children), causing them to experience distress and emotional discomfort (Tubbs, Roy & Burton, 2005:79). When building and protecting family connections, time is an essential ingredient and has been described as a valuable family and health resource (Baldock & Hadlow, 2004; Strazdins *et al.*, 2011:545; Tubbs *et al.*, 2005:77). This resource has remained constant over the years yet value systems and economic conditions often change in competition-driven societies, affecting which life domains (work, family, social) receive priority when allocating time (Tubbs *et al.*, 2005:78). In this study, a number of specific factors increased the temporal incongruence families face, such as work-related challenges, transport difficulties, and child-related complications (discussed as part of Theme 3). Social workers attempting to improve family routines of first-time parents should assess the level of temporal incongruence experienced within the family. When parents feel they have too little time to engage in desired activities, social workers can help the family prioritise important routines, or find strategies to increase available time (e.g. multitasking, planning ahead, prepping the night before a busy morning, or improving the level of organisation in the home so that tasks run smoothly).

Theme 2: Daily schedule derailment

We define a family schedule as a strategy of procedure designed (consciously or intuitively) to achieve particular family-related objectives. This strategy of procedure entails devising (1) a sequence and (2) a timeframe for each needed family operation. Interviews revealed that daily routines are scheduled and this schedule includes these latter components, which is, set sequenced routines at specific times. Every individual routine must be started and completed by a certain time in order for the rest of the routines in the sequence to happen successfully. Families’ descriptions of their day always included such a format, as illustrated by the following excerpt:

“We wake up at half past five at the latest [...] and then I would collect the clothes, iron the clothes, [my husband] will get into the shower so long. When I’m done with the ironing, I will get into the shower, I will then get dressed, pack lunch, and then [my husband] will dress [our son] while [our son] is still sleeping. And we leave the house at ten past six.”

The excerpt shows that one task follows another in a set pattern, with a distinct start to the sequence (half past five when they wake up) and an end to it (when they leave the house at ten past six). Also note the recurring use of *then*, indicating successive movement from one activity to the next. This same pattern can be seen in the following example of a morning sequence:

“Quarter past six is my time to [get up]. Half past six is porridge time. Quarter to seven, they’re awake. By seven o’clock they’re dressed. Between seven and quarter past seven we obviously making ourselves pretty, brushing our teeth and that’s fine, ‘cause then we are all done. [...] So everything has a time and location for us in the morning.”

When a planned daily activity is disrupted or parents cannot finish a task on time due to unforeseen problems, it upsets the balance of the entire daily schedule, and thus, schedule derailment takes place. Parents often used the words “throw out” to indicate this derailment of their routines. The following excerpt illustrates the negative ripple effect on the family’s schedule when a mother suddenly has to work late:

“Sometimes nightly routines don’t always fall into place because if I work late, [...] [our children] don’t get bathed. [...] but then you also miss peaceful time ‘cause “you need to get into bed, mommy is feeling tired.” So the timing of everything, it, it does mess it up, then you can’t actually stick by it.”

The theme shows that it is not only important for researchers and practitioners to ascertain whether families have family routines, but to assess how often families have to deal with unexpected disruptions in their schedule, as these might contribute to a sense of chaos and instability in the home. This is of concern, as chaos in the home has been associated with a number of destructive correlates, such as an increase in children’s internalizing and externalizing behaviour problems, less effective parental discipline, children’s limited attentional focusing, children’s diminished capacity to understand and respond to social cues, and lessened accuracy and efficiency in a cooperative parent-child interactional task (Dumas *et al.*, 2005:101-102). Social workers supporting new parents can help them identify the context-specific factors that increase schedule derailment. With the assistance of a social worker, parents can thus try and decrease these derailing elements, or create a workable strategy to implement when unexpected setbacks are unavoidable (e.g. identify who can be called for support in an emergency or have pre-cooked frozen meals ready when suddenly working late).

Theme 3: Factors that increase task and temporal complexity

We define *Extra- and intra-familial factors that increase task and temporal complexity* as various aspects from within the family system and the surrounding supra-system that

impede the management of satisfying daily routines, because they either decrease the time families have available to engage in family routines, make it more challenging to plan and schedule routines, cause constant variations in time schedules, make it more difficult to accomplish tasks within time limits, or increase the number of tasks scheduled for a specific timeframe.

Three extra-familial factors (*transport limitations, workplace schedules and extended family involvement*) and three intra-familial factors (*child-related difficulties, health complications and incongruence between family members' needs*) were identified in the data. A seventh sub-theme, *A composite of factors*, indicates that most families had to deal with a combination of these issues. We speculate that a composite of these extra- and intra-familial factors could potentially increase temporal incongruence and daily schedule derailment. If these issues overload the family system, they could possibly contribute to family instability and chaos, making the daily schedule less functional and hindering the family's ability to reach all of their instrumental, developmental and bonding goals. Each of these seven sub-themes will be discussed respectively.

Sub-theme 1: Transport limitations

The participating families had one or no car, necessitating adjustments so that they could get from point A to point B before and after work. For example, couples had to travel together, organize lift-clubs or use public transport, such as busses, trains and taxis. These arrangements entailed additional stops and meandering routes, increasing travelling time. Furthermore, an inadequate public transport system can be a struggle to access and utilize, especially with an infant and the required baby paraphernalia (e.g. trying to fit a pram into an overcrowded mini-bus taxi). Finally, great distances between home and office, as well as rush-hour traffic, required early departure times from the home. All of these situations needed to be factored into parents' daily schedules. One of these many examples, is of a couple who had to get up at 05h00 to be at work on time because they had to drive long distances in heavy traffic:

“Okay I’ll leave the house at 06h00. It takes me roughly an hour to get to work you know, so 07h00. I shouldn’t aim for 07h30 I should aim for 07h00 to get [to work] 07h30 eventually. And you work back and say, right, I must get up at 05h00!”

Time is profoundly related to health, as more time means more opportunity for social, personal, medical, financial, familial, emotional and physical endeavours that increase overall well-being. In their review, Strazdins *et al.* (2011:546) point out how the location of a family's home, and the travelling obstacles the location incurs or avoids, affects a family's available time. More affluent families can access better (i.e. faster) means of transportation. Affluent families also have greater flexibility when it comes to buying homes closer to business areas such as city centres (Stazdens *et al.*, 2011:546), reducing their travel time to work. Thus, the geographic layout of family homes is said to reveal the socioeconomic status of social groups, as well as perpetuate their health advantages or disadvantages (Strazdins *et al.*, 2011:546). Considering the South African context, no national data could be found that compare different socio-economic groups'

travel time. However, the experiences of this sample of less affluent parents certainly show that the distance between home and work, and the inadequate transport system they often had to endure, can put strain on family routines. Furthermore, looking at this factor in light of South Africa's apartheid past, when, among other things, communities were relocated further away from central business areas, the location (and relocation) of disadvantaged social groups has played, and is still playing, a major role in the economic and social well-being of some families.

When attempting to address these commute disadvantages, it is perhaps unrealistic to change the location of a family's home or encourage them to use a different transport system, but it might be important for practitioners to point out the effect travel-time can have on well-being. For example, a parent who has a five-day working week and who enjoys two weeks of vacation per annum, will spend 500 hours on the road per year if travelling from home to work takes 60 minutes. One way to counteract this loss of time is to see it as parental "me-time" and encourage adults to participate in destressing exercises (such as reading on the train, listening to enjoyable music in the car, and engaging in personal reflection), or family bonding activities when family members are fortunate enough to travel together.

Sub-theme 2: Workplace schedules

Nine of the ten families named workplace variables as among the greatest causes of complications when managing a family schedule, as these greatly increased task and temporal complexity. The analysis showed that these work-related features negatively affect family routines in two ways. Firstly, when parents work long hours and do not have enough time with their families, it increases the likelihood of temporal incongruence. Secondly, when working hours are irregular or unpredictable, it becomes a complex task to plan time together and to find some form of consistency in the schedule. The following excerpt shows how long working hours can decrease a family's time together:

"Well, we do with what little time we have. When we get home, we go to make food and eat, watch television, go sleep, 'cause we have to get up early. You know? And, ja. We don't have much time. So four hours max. So in that four hours we need to cram everything in: bath, get food ready and whatever, then go to bed."

Note the words, "*cram everything in,*" indicating the congestion experienced during family routines. Thus, a work day seems to involve a very tight sequence of routines, containing many tasks that have to be completed in a short period of time.

How the presence of work affects the family's daily schedule can easily be seen when contrasting work days with leisure days. On weekends, parents have more loosely organized and undemanding sequences of activities than during the week. During the work week, if parents do not adhere to their sequence of routines, it has problematic consequences: "*So, if you do not stick to it, then you lose your lift, or you arrive late at work.*" By contrast, failing to adhere to weekend routines did not have severe consequences. One couple described their weekends by saying, "*the weekends are really*

up to change [...] it's not a train smash if we don't go out or if we didn't do a specific thing." Parents frequently described weekend activities using the words "if," "or," "maybe" and "sometimes," demonstrating the flexibility surrounding these weekend routines. Notice the underlined words in the next quote:

"So Saturday mornings we do cleaning [...] So when we're done maybe we hit the shops after that. Or maybe go to friends or family and Sunday morning we will be going to Church, if we're not too lazy. So I try to get a lot of time in with my family and friends over the weekend. I maybe invite them over, or he'll invite his friends over, we'll have a [barbeque], but that's not every weekend."

The family thus has a wide range of available options; and, even though there are still a few set tasks like cleaning, there is not the same sense of urgency as during the week.

Constant change in working hours also puts strain on families. All of the couples complained about days when they suddenly have to work late or work over the weekend. Erratic work schedules seemed to affect the likelihood of derailment. Particularly problematic was shift work. Two fathers commented on the inconsistency of their shift work schedules. During the interview, one of the wives struggled to describe their family's morning routines and frequently stated that it "*constantly changes*" and "*it's complicated*." Furthermore, both husbands found it hard to engage in family routines because they always worked when other family members were at home.

The influence that work has on family routines is not surprising. Research concerning the bidirectional impact of work- and family-life has gained considerable attention in recent years (Fraenkel & Capstick, 2012; Lewis, Gambles & Rapoport, 2007). Because of financial and social pressures in our modern-day society, work increasingly infiltrates family domains and parents find it difficult to make time for each other and their children, particularly also in low-income families (Sheely, 2010; Tubbs *et al.*, 2005). Baldock and Hadlow (2004:713) believe that much of the work-life balance literature focusses on how families can better rearrange and manage their time by improving family-friendly policies, childcare services or the flexibility of work schedules; however, they postulate that families are more concerned about how to increase family-time rather than how better to rearrange it. The findings of this study echo that of Baldock and Hadlow (2004), but add that families also desire more consistency and predictability in work schedules (not just flexibility) so that the family routines they do have planned, are not continuously derailed. Addressing these work concerns is a complex problem with no straightforward solution (Lewis *et al.*, 2007). Simply encouraging parents to work less and choose more family-time, or negotiate healthier and more consistent schedules with employers, debatably implies that parents have effectual control over these matters (Lewis *et al.*, 2007:365-366). A solution requires a national debate that stretches beyond the control of individuals to one that critically examines the nature of our competition-driven modern society (Lewis *et al.*, 2007:370).

Sub-theme 3: Extended family involvement

Not all couples followed the expected family life cycle pattern where an adult child is said to leave the family of origin home, then gets married and lives with their spouse,

and then has children (McGoldrick & Shibusawa, 2012:375). At the time of the transition to parenthood, seven of the ten participating couples had not gone through these three stages in the expected order, and especially deviated from this pattern in terms of living arrangements. These seven couples lived in the home of their family of origin during various phases of their transition to parenthood. Many of these living arrangements also included other adult siblings ($n = 5$). Though all the couples gave multiple accounts of how their families supported them, three couples spoke about problematic extended family involvement because these family members increased levels of inconsistency.

Because of their living arrangement, one couple's child would often go upstairs in the double story house where his grandparents lived, and sleep there for the night rather than in his own room. This made it difficult for the couple to implement their morning routine consistently:

“And because [my son's] routine gets thrown out completely if he sleeps on top by my parents than if he sleeps by us, because he doesn't wake up at the same time. Like, if he's sleeping by us he wakes up very early, which is convenient for me because I don't have to struggle to wake him up in the morning, but when he sleeps by my mommy, he wakes up when he wants to [...].”

Thus, when the child moves between the unsynchronized schedules of parents and grandparents it makes it more difficult to regulate routines. Another couple also complained about live-in extended family who “interfered”, undermined their authority, and contradicted the instructions they gave to their daughter.

Finally, one couple experienced problems with non-live-in family members due to a lack of clearly negotiated boundaries:

“[My husband's] father can't accept he has a family of his own and his father is forever wanting [my husband] there by him, but he forgets he has a wife and a son because he stayed by his parents for over 20 years [...] and it's as if they can't get used to it.”

During the transition to parenthood, grandparents move up a generation and need to take on a new, supportive role, rather than being the primary caregivers (Goldenberg & Goldenberg, 2008:39). Establishing appropriate boundaries between the new nuclear family system and the families of origin is a central task that the couple must master (McGoldrick & Shibusawa, 2012:387), but it may be a far greater task to manage if the young couple is still residing with their parents or other relatives. According to Statistics South Africa (2010:11) only 38% of South Africans live in traditional, nuclear families. On the other hand, more than 50% of South Africans and 60% of South African children live in extended households with additional relatives. To elucidate this picture even further, 36% of South African children live in households that contain three or more generations; which potentially complicates the hierarchical system in these households. This means that a considerable number of South African parents with young children may be dealing with the same challenges described by the parents in this study. It is important that practitioners are sensitive to how each family's unique life-cycle context and living arrangements contribute

to the sustainability of family routines. When the involvement of relatives negatively affect parents' ability to consistently implement their routines, social workers can improve the communication and negotiation skills of first-time parents so that they are able to effectively establish appropriate boundaries. An appropriate boundary should be selectively permeable: welcoming plenty of participation and contribution from relatives, but with clearly communicated expectations and restrictions.

Sub-theme 4: Child-related difficulties

Parents mentioned that their child compelled additional activities that they needed to fit into existing schedules:

“When children come into one’s life then it is a big adjustment. [...] So it’s packing bags, [...] the whole day’s clothes, food, everything and earlier to drive and you have a lot of things that you need to adapt to. Everything had to be completed earlier and like I said, half past seven I start working. Within a framework you must ensure that you get to work. Then usually, when there were no kids I could sleep late and we drive at the last minute.”

From this excerpt it is clear that the parents experienced an increase in activities that had to be performed during the morning routine and this affected their temporal flexibility.

Very young children also require a fair amount of attention from parents, which in turn hampers a parent's ability to accomplish other tasks. This constraint is a natural by-product of the child's age; but if parents are not able to divide their time successfully between childcare and other duties, it may increase this sense of “*rushing through the day*” to get everything done on time:

“The baby, she always wants to be picked up and to sit with her. [...] She seeks so much attention. Then the time goes by and then ‘Oh, I wanted to do this’, then the time has gone by, then you run again for the next thing.”

Besides requiring constant attention, newborn babies' unpredictable and irregular sleeping patterns can derail the usual schedule. For example, one mother explained how she struggled to adhere to her regular morning routine due to fatigue:

“Because my usual routine was I wake up early in the morning, but it was like, that throws it out because babies don’t have a real time for when they wake up. They wake up in the middle of the night, or late in the morning. So that threw me out completely.”

Goldenberg and Goldenberg (2008:39) mention that disruption in family routines due to children's complicated sleep-wake cycles or feeding patterns is normative, and to be expected during this life cycle phase.

However, besides the addition of new childcare tasks, four couples also spoke about behavioural difficulties. Parents made comments such as: “*Do you know [my son] can sometimes just be stubborn*” and, “*It would be much easier if I can set his mind straight.*” In order to deal with behavioural difficulties, three families dressed their child while he or she was still sleeping. One mother explained that, if her son was awake it

became a “*hassle*”. In these cases, the family struggled to leave the house on time and it derailed the family’s schedule.

Very few studies have analysed the impact that problematic child behaviour and temperament can have on family routines. These studies are usually related to severe cases where young children suffer from developmental delays (Maul & Singer, 2009), or major behavioural problems such as autism (Norton & Drew, 1994). However, it is likely that any child with a difficult temperament (not just children with behavioural or cognitive disorders) could create disruption in daily schedules. Thus, helping first-time parents with basic parenting skills that will improve child cooperation (such as positive behaviour support strategies) could enhance parents’ ability to manage a more satisfying family routine. Specific child-related obstacles could also be targeted. For example, a child’s problematic sleep-wake cycles, which derails parents’ usual schedule, can be improved by basic sleep hygiene principles (Mindell, Meltzer, Carskadon & Chervin, 2009). Social workers can teach parents the benefit of letting children (newborn to age 10) fall asleep independently, going to bed before 21:00, having established bed-time practices and behavioural scripts (i.e. a bed-time routine), reading to children before bed (even infants), prohibiting caffeine intake, and ensuring bedrooms are television-free spaces (Mindell, Meltzer, Carskadon & Chervin, 2009:771). These practices are associated with better sleep for children under 10 (shorter sleep onset latency, fewer night-time wakings, and longer total sleep time) and can thus greatly improve the stability of a family’s daily and nightly schedule (Mindell *et al.*, 2009:771).

Sub-theme 5: Incongruence between family members’ needs

The sub-theme *Incongruence between different family members’ needs* reflects the finding that, at times, various individuals within the family do not want to engage in the same shared activities, making the execution of family tasks more difficult. In this study, incongruence was discernible between parent and child, and between spouses.

Half of the couples mentioned that they did not have the freedom and flexibility to do what they wanted anymore. Their choices had become limited to activities that involved and entertained their offspring. Although this was not always experienced as problematic, it did affect some parents negatively. One father mentioned television watching as one routine in which he had to relinquish his own needs because of his son: “*Before seven, TV was ours. You could have watched what you want. But nowadays things are also changed. I am now forced. He has his shows, when he now watches TV.*” During the interview, this father emphasised his frustration and boredom with the situation. Even when fatigued after a long day of work, having children means sacrificing personal needs, like sleep, because the child’s needs come first. This requires parents’ to find other times in which they can satisfy their personal interests. Saturdays were often mentioned as a time to resolve this problem. However, when each parent had individual things that they needed, or wanted to do, managing these activities became a complex task:

“That’s like the only concern, because obviously we need to weigh up what [my husband] needs to do on a Saturday and what I need to do on a Saturday. [...] So,

it worries a bit, trying to find, over the weekend, who gets to do what and who gets to do it when. That's the hard part: trying to juggle. [...] Who needs to do what? What is more important? What must come first? What must come second?"

Satisfying and juggling divergent interests can be a challenge, very easily leading to one person relinquishing their needs for the sake of other family members, or causing tension and frustration when these divergent needs are not met successfully. This theme is consistent with Weisner *et al.*'s (2005:47) ecological-cultural theory, which emphasises that the management and implementation of a satisfying set of routines hinges upon the family's ability to negotiate a schedule that allows for the interests of each family member. However, when family members constantly disagree about what the ideal schedule should be, it could affect the sustainability of routines (Weisner *et al.*, 2005:47). Social workers can assist in this regard by teaching parents effective planning skills. Parents need to take a critical look at their family routines and assess whether all family members are having their physical, socio-emotional, developmental and practical needs met. Parents can be more conscious and proactive (as opposed to reactive) when designing their family routines (Weisner *et al.*, 2005:43). A balanced schedule will ensure that there is enough time allocated for every individual to have "me-time", every family subsystem (couple, parent-child, sibling) to have "their-time", and the family unit as a whole to have "our-time".

Sub-theme 6: Health complications

Three out of the ten participating mothers had experienced health complications (during and after pregnancy) that made it more difficult to maintain regular family routines. For example, one mother spoke about her difficulties with hypertension: "*I couldn't even walk the first month [after the pregnancy], I had so much water, swollen up and because of the high blood pressure I had to rest most of the day. [My husband] did everything for me.*"

The inability to accomplish tasks was also an issue when children experienced health problems. Three out of the ten couples had a child with health complications. For example, one mother had a child that had almost died because of a very high fever. When asked how her child's health had affected their family routines, she said: "*Sjoe! A lot. It actually made me paranoid because why, I always wanted to keep my eye on [my son]. I would leave behind whatever I wanted to do now and I would rather sit and watch him.*" In essence, parents commented that health complications had caused disruption to, and even the complete abandonment of, their routines.

When viewing illness and disability through the lens of a normative, systemic health paradigm, one has to recognize that illness and the family system has an impact on one another (Rolland, 2012:452). The impact is mediated by certain variables such as the illness onset, course, outcome and phase, the type and level of incapacitation, and its concurrence with various life cycle stages (Rolland, 2012). Irrespective of illness type or person afflicted, health complications cause an increase in temporal and task complexity because it slows down the completion of duties, decreases the availability of human resources to manage the schedule, increases the amount of family needs, and causes unpleasant disruptions in schedules and routines, owing to trips to the doctor, or unexpected care duties.

Sub-theme 7: A composite of factors

There were six sub-themes discussed under the major theme, *Factors that increase task and temporal complexity*. Although discussed separately, it was often evident that it was not merely one such factor, but a combination of factors, that made it difficult for couples to manage routines. For example, the presence of problematic work schedules, transport limitations, health complications and new child demands all increased the complexity of one couple's daily tasks and temporal variability. Another couple spoke of health complications, irregular work schedules, the new routines of an infant, and stressful child behaviours:

“I was hospitalized two months before [my son was born], and a month after [the birth]. You know so it was frustrating for me and now it's a whole new routine with a baby and he was colic and he was crying all the time and I didn't know why he was crying, it was distressing to me. And my husband's working night shift and it was a bit stressful.”

When these factors combine, the burden on parents is compounded, escalating the intricacy of daily tasks. The resultant potential for instability and chaos in the home may increase, resulting in (1) constant derailment of ideal schedules and (2) increasing temporal incongruence.

Walsh (2012:403) has emphasized that the ability of the family to adapt to stressful life events is contingent on various factors, one of which is the build-up of complications and the extent of the concurrent obstacles that the family has to manage. Similarly, McCubbin and McCubbin's (1996) *Resiliency Model of Family Stress, Adjustment, and Adaptation* recognizes that the impact of a stressful life event on a family system is mediated by the build-up of coexisting stressors. Just as this is true for the system as a whole, it seems to be true for specific systemic phenomena, such as family routines. Clinicians and researchers examining the family's set of routines need to take into consideration the potential for concurrent complications. The presence of one of these challenges mentioned in this paper may not seem extreme, but an overload of minor challenges may overthrow the system's equilibrium.

CONCLUSION AND RECOMMENDATIONS

In this study we identified normative challenges couples face in managing routines after the transition to parenthood. We believe the field of family routines is theoretically rather thin, and thus used grounded theory analytic techniques to generate new concepts that are grounded in the data, rather than in prior literature. The data revealed three major themes. Firstly, *Temporal incongruence*, related to the fact that parents in this study experienced considerable time-constraints with not enough time available to engage in desired family routines. Secondly, *Daily schedule derailment* was unexpected difficulties that disrupted the set order of routines and thus the daily schedule could not be executed as planned. From these first two major themes, it is evident that the challenges parents experience are not related to specific types of family routines, but rather how these routines are structured into a daily timetable and how consistently this timetable can be implemented. Professionals and researchers need to explore families'

scheduling challenges and not investigate family routines in mutual isolation from one another. Thirdly, *Extra- and intra-familial factors that increase task and temporal complexity* showed that there are a number of aspects from within the family system and the surrounding supra-system that negatively influence the family's ability to regulate schedules. These were inadequate transport, challenging work schedules, problematic involvement by the extended family, child-related difficulties, health complications, and incongruence between the needs of family members.

Some challenges are more formidable to address than others. For example, transport limitations and problematic work conditions may not have quick-fix solutions, whereas time management and scheduling skills or guidance on how to set appropriate boundaries with grandparents may be easier to achieve. Professionals interested in supporting first-time parents need to assess the extent of a family's unique challenges and determine how well the family employs various coping strategies to thwart and control these obstacles. By focusing on the themes that emerged in this study, they can explore and strengthen the capacity of couples to manage their family routines through individual and group interventions.

This study's conclusions were drawn from a homogenous sample in a very specific cultural and ecological environment. Future research should replicate this study with families from other settings to identify additional context-specific challenges. Follow-up research should also investigate associations among temporal incongruence, daily schedule derailment, factors that increase task and temporal complexity, and family functioning.

REFERENCES

- BALDOCK, J. & HADLOW, J. 2004. Managing the family: productivity, scheduling and the male veto. **Social Policy and Administration**, 38(6):706-720. doi:10.1111/j.1467-9515.2004.00414.
- BLACK, K. & LOBO, M. 2008. A conceptual review of family resilience factors. **Journal of Family Nursing**, 14(1):33-55. doi:10.1177/1074840707312237.
- BOYCE, W., JENSEN, E., CASSEL, J., COLLIER, A., SMITH, A. & RAMEY, C. 1977. Influences of life events and family routines on childhood respiratory tract illness. **Pediatrics**, 17(4):609-615. [Online] Available: <http://pediatrics.aappublications.org/content/60/4/609>.
- BUDESCU, M. & TAYLOR, R.D. 2013. Order in the home: family routines moderate the impact of financial hardship. **Journal of Applied Developmental Psychology**, 34:63-72.
- CHARMAZ, K. 2008. Grounded theory. In: SMITH, J.A. (ed), **Qualitative psychology: a practical guide to research methods** (2nd ed). London, England: Sage Publications, 81-110.
- CORBIN, J. & STRAUSS, A. (eds) 2008. **Basics of qualitative research: techniques and procedures for developing grounded theory**. Los Angeles, CA: Sage Publications.

COWAN, P.A. & COWAN, C.P. 2012. Normative family transitions, the couple relationship quality, and healthy child development. In: WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (4th ed). New York, NY: The Guilford Press, 428-451.

DEPARTMENT OF SOCIAL DEVELOPMENT [DSD]. 2011. **Green paper on families: romoting family life and strengthening families in South Africa**. (Report no. 34657). [Online] Available: http://www.gov.za/sites/www.gov.za/files/34692_gen756a_0.pdf.

DEPARTMENT OF SOCIAL DEVELOPMENT [DSD]. 2012. **White paper on families in South Africa**. [Online] Available: http://www.dsd.gov.za/index.php?option=com_docman&task=cat_view&gid=33&Itemid=39.

DUMAS, J.E., NISSLEY, J., NORDSTROM, A., SMITH, E.P., PRINZ, R.J. & LEVINE, D.W. 2005. Home chaos: Sociodemographic, parenting, interactional, and child correlates. **Journal of Clinical Child and Adolescent Psychology**, 34:93-104. doi:10.1207/s15374424jccp3401_9.

EVANS, G.W., GONNELLA, C., MARCYNYSZYN, L.A., GENTILE, L. & SALPEKAR, N. 2005. The role of chaos in poverty and children's socioemotional adjustment. **Psychological Science**, 16:560-565.

IESE, B.H., TOMCHO, T., DOUGLAS, M., JOSEPHS, K., POLTROCK, S. & BAKER, T. 2002. A review of 50 years of research on naturally occurring family routines and rituals: cause for celebration? **Journal of Family Psychology**, 16(4):381-390. doi:10.1037//0893-3200.16.4.381.

FRAENKEL, P. & CAPSTICK, C. 2012. Contemporary two-parent families: navigating work and family challenges. In: WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (4th ed). New York, NY: The Guilford Press, 78-101.

GOLDENBERG, H. & GOLDENBERG, I. 2008. **Family therapy: an overview** (7th ed). Belmont, CA: Thomson Brooks/Cole.

HOWE, G.W. 2002. Integrating family routines and rituals with other family research paradigms: comment on the special section [Special section]. **Journal of Family Psychology**, 16(4):437-440. doi:10.1037//0893-3200.16.4.437.

LEWIS, S., GAMBLES, R. & RAPOPORT, R. 2007. The constraints of a 'work-life balance' approach: an international perspective. **The International Journal of Human Resource Management**, 18(3):360-373. doi: 10.1080/09585190601165486.

MASEMOLA, M.E., VAN AARDT, C.J. & COETZEE, M. 2010. **Income and expenditure of households in South Africa: 2008-2009** (BMR Report 395). [Online] Available: <http://www.unisa.ac.za/default.asp?Cmd=ViewContent&ContentID=20251>.

MAUL, C.A. & SINGER, G.H. 2009. Just good different things: specific accommodations families make to positively adapt to their children with developmental disabilities. **Topics in Early Childhood Special Education**, 29(3):155-170. doi: 10.1177/0271121408328516.

- McCUBBIN, M.A. & McCUBBIN, H.I. 1996. Resiliency in families: a conceptual model of family adjustment and adaptation in response to stress and crises. **In:** McCUBBIN, H.I., THOMPSON, A.I. & McCUBBIN, M.A. (eds), **Family assessment: resiliency, coping and adaptation: inventories for research and practice**. Madison, WI: University of Wisconsin Publishers, 1-64.
- McGOLDRICK, M. & SHIBUSAWA, T. 2012. The family life cycle. **In:** WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (4th ed). New York, NY: The Guilford Press, 375-398.
- MEDVED, C.E. 2004. The everyday accomplishment of work and family: exploring practical actions in daily routines. **Communication Studies**, 55(1):128-145. doi:10.1080/10510970409388609.
- MINDELL, J.A., MELTZER, L.J., CARSKADON, M.A. & CHERVIN, R.D. 2009. Developmental aspects of sleep hygiene: findings from the 2004 National Sleep Foundation Sleep in America Poll. **Sleep Medicine**, 10(7):771-779. doi:10.1016/j.sleep.2008.07.016.
- MINDELL, J.A., TELOFSKI, L.S., WIEGAND, B. & KURTZ, E.S. 2009. A nightly bedtime routine: impact on sleep in young children and maternal mood. **Sleep**, 32(5):599-606. [Online] Available: <http://www.ncbi.nlm.nih.gov/pubmed/19480226>.
- NORTON, P. & DREW, C. 1994. Autism and potential family stressors. **The American Journal of Family Therapy**, 22(1):67-76. doi:10.1080/01926189408251298.
- OLSON, D.H. & GORALL, D. M. 2003. Circumplex model of marital and family systems. **In:** WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (3rd ed). New York, NY: The Guilford Press, 514-548.
- ROLLAND, J.S. 2012. Mastering family challenges in serious illness and disability. **In:** WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (4th ed). New York, NY: The Guilford Press, 452-482.
- SAUMURE, K. & GIVEN, L.M. 2008. Data saturation. **In:** GIVEN, L.M. (ed), **The Sage encyclopaedia of qualitative methods** (Vol 1). Thousand Oaks, CA: Sage Publications, 195-196.
- SCHULTZ-KROHN, W. 2004. The meaning of family routines in a homeless shelter. **The American Journal of Occupational Therapy**, 58(5):531-542. doi:10.5014/ajot.58.5.531.
- SHEELY, A. 2010. Work characteristics and family routines in low-wage families. **Journal of Sociology and Social Welfare**, 37(3):59-77.
- SHENTON, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. **Education for Information**, 22(2):63-75.
- SPAGNOLA, M.S. & FIESE, B.H. 2007. Family routines and rituals a context for development in the lives of young children. **Infants & Young Children**, 20(4):284-299. doi:10.1097/01.IYC.0000290352.32170.5a.

SPRUNGER, L.W., BOYCE, W.T. & GAINES, J.A. 1985. Family-infant congruence: routines and rhythmicity in family adaptations to a young infant. **Child Development**, 56(3):564-572. [Online] Available: <http://www.jstor.org/stable/1129746>.

STATISTICS SOUTH AFRICA. 2005. **Census 2001: Stages in the life cycle of South Africans** (Report no. 03-02-46). [Online] Available: <http://www.statssa.gov.za/census01/html/C2001Stages.pdf>.

STATISTICS SOUTH AFRICA. 2010. **Social profile of South Africa, 2002–2009**. (Report no. 03-19-00). [Online] Available: <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002009.pdf>.

STATISTICS SOUTH AFRICA. 2014. **Census 2011 provincial profile: Western Cape**. (Report no. 03-01-70). [Online] Available: <http://www.statssa.gov.za/publications/Report-03-01-70/Report-03-01-702011.pdf>.

STRAZDINS, L., GRIFFIN, A.M., BROOM, D.H., BANWELL, C., KORDA, R., DIXON, J. PAOLUCCI, F. & GLOVER, J. 2011. Time scarcity: another health inequality? **Environment and Planning A**, 43(3):545-559. doi:10.1068/a4360.

TUBBS, C.Y., ROY, K.M. & BURTON, L.M. 2005. Family ties: constructing family time in low-income families. **Family Process**, 44(1):77-91. doi:10.1111/j.1545-5300.2005.00043.

WALSH, F. 2012. Family resilience: strengths forged through adversity. In: WALSH, F. (ed), **Normal family processes: growing diversity and complexity** (4th ed). New York, NY: The Guilford Press, 399-427.

WALTERS, I. 2009. **Adaptations in families with young children: identifying key processes and factors of resilience**. Stellenbosch: University of Stellenbosch, South Africa. (Unpublished Master's Thesis)

WEISNER, T.S., BERNHEIMER, L. & COOTS, J. 1997. **The ecocultural family interview manual**. Los Angeles, CA: UCLA Centre for Culture and Health.

WEISNER, T.S., MATHESON, C., COOTS, J. & BERNHEIMER, L.P. 2005. Sustainability of daily routines as a family outcome. In: MAYNARD, A. & MARTINI, M. (eds), **The psychology of learning in cultural context**. New York, NY: Kluwer/Plenum, 41-73.

Ms Christine de Goede, Postgraduate student; Prof Abraham P. Greeff, Department of Psychology, Stellenbosch University, Stellenbosch, South Africa.