A wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental competencies

by

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Declaration of Researcher

I, Izanette van Schalkwyk, hereby declare that this research study: A wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental competencies is a product of my own work and has not been submitted to any other institution for examination. Furthermore, I confirm that all sources have been fully referenced and acknowledged.

Izanette van Schalkwyk 06 August 2020

Abstract

This research aimed to design, implement and evaluate a wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental strengths via participatory action research. Parenting programmes have gained more general interest in the 21st century due to an increasing trend to look at parenting and childrearing practices as the solution for extant social problems. In planning to develop a parenting programme for mothers in a particular community, called Delft, a contextual understanding of structural conditions was evident. Recent statistics have shown that most South African children are living and growing up in single-parent households with mainly mothers/grandmothers/aunts as heads of households. Hence the mental health and functioning of mothers (female caregivers), in particular, are important objectives for parenting programmes in the South African context.

The need for the development and evaluation of a wellness programme for mothers in Delft was based on existing SA research. While parenting programmes are implemented widely in high income countries, there is scant evidence of the application of such programmes in developing countries in Africa. The World Health Organisation has recommended parenting interventions among the key strategies for violence reduction within the family in low-and-middle income countries. South African researchers proposed that contextual information should be used progressively to enhance structural, personal and programmatic facilitators and to mitigate possible barriers to the intervention programme.

Community Psychology endorses the praxis of methods/techniques associated with participatory action research. A case-study design was used and contextual data were collected via a multi-methods participatory approach, which involved: a photo-voice technique where mother participants provided information about the external assets/resources and the needs of the various areas of the high-risk community; a retrospective timeline

exercise; and, a wilderness experience to offer mothers the opportunity to reflect on their personal journey. Contextual information was also collected by means of a focus group discussion where social worker participants took part to provide local knowledge to compile the wellness programme.

The development and implementation of the Power Moms Wellness Programme (PMWP) took place in Delft, a high-risk community east of Cape Town International Airport. Evaluating the impact of the PMWP included both process evaluation and outcomes evaluation utilising quantitative measures and qualitative processes, based on the written feedback of the mother participants' experiences of the PMWP.

Findings showed the significance to combine local knowledge with academically derived data, in compiling the content of the PMWP to construct an emic, context-specific programme. Process evaluation expanded the success of participatory action research practices and offered keys for programme feasibility, implementation, and participant engagement. Quantitative outcomes indicated participant satisfaction in terms of high attendance and involvement which were supported by qualitative findings revealing those "active ingredients" contributing to positive programme outcomes. Recursive interaction processes with the participants revealed those best practices categorised as structural, personal and programmatic factors. A key finding is the necessity of including specific content about personal wellness for mothers in Delft showing that improved mothering in this context is built upon "mattering" and its mechanisms of personal dignity. Overall, the integration of the findings also demonstrated the continual contribution toward the transformation of a community; and, the value of each step for the participants.

Opsomming

Hierdie navorsing het ten doel gehad om ‘n welstandsprogram te ontwerp, implimenteer en te evalueer vir moeders wat in ‘n hoë-risiko gemeenskap in die Wes-Kaap woon om hul persoonlike en ouerlike sterkpunte te bevorder deur middel van deelnemende aksienavorsing. Belangstelling in ouerskapsprogramme het in die 21ste eeu toegeneem weens die groeiende neiging om ouerskap en ouerskapspraktyke as die oplossing vir bestaande sosiale probleme te beskou. Die beplanning van ‘n ouerskapsprogram vir moeders in ‘n spesifieke gemeenskap genaamd Delft, het ‘n kontekstuele verstaan van strukturele toestande vereis. Onlangse statistiek het getoon dat meeste Suid-Afrikaanse kinders leef met en grootword in enkel-ouer huishoudings met hoofsaaklik moeders/grootmoeders/tantes as hoof van die huishoudings. Gevolglik is die geestesgesondheid en funksionering van veral moeders (vroulike versorgers) belangrike doelwitte vir ouerskapsprogramme in die Suid-Afrikaase konteks.

Die behoefte vir die ontwikkeling en evaluering van ‘n welstandsprogram vir moeders in Delft is gebaseer op bestaande Suid-Afrikaanse navorsing. Terwyl ouerskapsprogramme algemeen gebruik word in hoë-inkomste lande is daar min navorsingstudies van die gebruik van sulke programme in ontwikkelende Afrika-lande. Die Wêreld Gesondheidsorganisasie het intervensies vir ouers in lae-en middel-inkomste lande aanbeveel as een van die belangrike strategieë om gesinsgeweld te verminder. Suid-Afrikaanse navorsers beveel aan dat kontekstuele inligting progressief gebruik moet word om strukturele-, persoonlike- en program-fasiliteerders uit te bou en om moontlike struikelblokke vir intervensie-programme te verminder.

Gemeenskapsielkunde akkommodeer die gebruik van metodes en tegnieke van Deelnemende Aksienavorsing. ‘n Gevalle-studie ontwerp is gebruik en kontekstuele data in ingesamel deur middel van ‘n multi-metode deelnemende benadering: ‘n foto-stem (“photo-voice”) tegniek waar moeder deelnemers inligting gegee het van eksterne hulpbronne en die

behoeftes van die verskeie areas van die hoë-risiko gemeenskap; ‘n retro-spektiewe tydslyn oefening; en, ‘n wildernis-ervaring om moeders die geleentheid te gee om te reflekteer oor hul persoonlike reis. Kontekstuele inligting is ook ingesamel deur ‘n fokusgroep-bespreking waaraan maatskaplike werkers deelgeneem het om plaaslike kennis te verkry vir die samestelling van die welstandsprogram.

Die ontwikkeling en implementering van die “Power Moms Wellness Programme” (PMWP) het plaasgevind in Delft - ‘n hoe-risiko gemeenskap oos van die Kaapstad Internasionale lughawe. Die evaluering van die impak van die program (PMWP) het beide proses- en uitkomste evaluering ingesluit, naamlik kwantitatiewe meet-instrumente en kwalitatiewe prosesse - gebaseer op die geskrewe terugvoering van moeder deelnemers se belewings van die program (PMWP).

Bevindings het die belangrikheid getoon om lokale kennis te kombineer met akademiese afgeleide gegewens in die samestelling van die inhoud van die PMWP om ‘n emiese, konteks-spesifieke program op te stel. Prosesevaluering het die sukses van deelnemende aksienavorsingspraktyke uitgebrei en sleutels gebied vir die uitvoerbaarheid van die program; implementering en deelname-betrokkenheid. Kwantitatiewe uitkomste het die deelnemers se tevredenheid ten opsigte van hoë bywoning en betrokkenheid aangedui en dit is ondersteun is deur kwalitatiewe bevindings wat die “aktiewe bestanddele” getoon het wat tot die positiewe programuitkomste bygedra het. Rekursiewe interaksieprosesse met die deelnemers het die beste praktyke onthul wat as strukturele, persoonlike en programmatiese faktore gekategoriseer is. ‘n Belangrike bevinding is die noodsaaklikheid om spesifieke inhoud oor persoonlike welstand vir moeders in Delft in te sluit, wat toon dat verbeterde moederskap in hierdie konteks gebou is op “saakmaak” en die meganismes van persoonlike waardigheid. Oor die algemeen het die integrasie van die bevindings ook die voortdurende proses tot transformasie van ‘n gemeenskap gedemonstreer; en, die waarde van elke stap vir die deelnemers.

Preface

This dissertation is submitted in fulfilment of the requirements for the degree of Doctor of Philosophy (Psychology). It is submitted in article format as described in the Manual of the Stellenbosch University's guidelines for higher degrees research in the Faculty of Arts and Social Sciences (p. 5) for PhD dissertations. The six manuscripts have been prepared in article format according to APA 6th Edition reference style (the requirements of the selected journals were used for submission). Using the APA 6th edition manual, I followed the guidelines that "space twice after punctuation marks at the end of a sentence"; and so I used periods at the end of sentences followed by two spaces.

Some exceptions are made for the thesis for examination purposes. The length of the manuscripts was shortened before submission to the intended journal. For the purposes of this document, the page numbering of the dissertation as a whole is consecutive. However, for journal submission purposes, the manuscripts were numbered starting from page one.

For examination purposes, the dissertation is presented as an integrated unit that is supplemented with an introduction, a problem statement, and a synoptic conclusion.

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List of Abbreviations

CP	Community Psychology
Crime Stats SA	Crime Statistics South Africa
DSD	Department of Social Development
FGD	Focus group discussion
ICFs	Informed Consent Forms
LMICs	Low- and middle-income countries
NPO	Non-profit Organisation
PAR	Participatory Action Research
PMWP	Power Moms Wellness Programme
REC	Research ethics committee
SA	South Africa
SACENDU	South African Community Epidemiology Network on Drug Use
SACR	State of South African Cities report
SAHRC	South African Human Rights Commission
SFP	Strengthening Families Programme
Stats SA	Statistics South Africa
SU	Stellenbosch University
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

Chapter 1

Introduction and Motivation

A small hymn to an exaltation of mothers (Frank McCourt)

The present study aimed to design and evaluate a wellness programme to provide psychoeducational support for mothers living in a Western Cape high-risk community to promote their personal resources and parenting strengths. This chapter provides an introduction and rationale for this study; highlights the study's objectives and its theoretical underpinnings; and defines the relevant concepts used. It concludes with a brief outline and description of the constituent chapters of the dissertation.

1.1 Background of the Study

Parenting programmes have gained more general interest since the beginning of the 21st century (Van Den Driessche, 2016). Although the centrality of parenting in raising children is well-documented worldwide (Mabuza, 2014; Sherr et al., 2017; Yates, Obradović, & Egeland, 2010), burgeoning social problems accompanying modernity have also identified the need for programmes to assist adults with their parenting responsibilities (Gardner, Hutchings, Bywater, & Whitaker, 2010; Geinger, Vandenbroeck, & Roets, 2014; Mucka et al., 2017; Sanders, 2003). However, the majority of the evidence-based parenting programmes have been developed for middle-class families living in high-income countries (HICs) (Lachman et al., 2016).

A parenting programme can be described as i) a structured process of education; and, ii) training intended to enhance parenting skills (Ward & Wessels, 2013). Seemingly, the predominant aim of parenting programmes is to enhance opportunities for children's positive development, by modifying the parenting practices of adults, namely the parents/legal guardians of children is also valid in the South African context (Wessels, 2012, 2017). In

general, this point of departure is directed by an ameliorative approach (medical model), that is, using intentional efforts aimed at the correcting of parents' damaging practices.

The increased awareness of parents' responsibility to attain the best outcomes for their children (Ramaekers & Suissa, 2012) is emphasised especially in adverse social contexts. De Winter (2011) argues that parenting cannot be seen as a solely private concern but instead as a matter that concerns the whole of society. In South Africa the White Paper on Families (Department of Social Development [DSD], 2013) accentuates this viewpoint by stating that families are the core of this society. Apparently, parenthood has become a focus of political attention (Van Den Driessche, 2016). For this reason, family intervention programmes are viewed as a powerful mode of action toward the best childrearing practices and the protection of children's well-being (Pedersen et al., 2019). Also, since the well-being of children is central to the 2030 Global Agenda, the 17 identified Sustainable Developmental Goals (SDGs) are meant to impact every aspect of a child's life in order to flourish (Jamieson & Richter, 2017). The role of effective parenting is indisputable in achieving these worthy efforts.

Parenting, namely those continuous actions to take care of a child (elaborated in Chapter 2) always happens in a particular environment, which can enable or hinder childrearing. Ward, Makusha and Bray (2015) state that poverty is one of the significant barriers obstructing many South African parents' efforts to fulfil the tasks of parenting. Poverty, by definition, also reduces the ability of parents, such as mothers, to provide adequate nutrition and access to good educational opportunities for their children - and, the accumulation of these factors can significantly undermine parenting (Pedersen et al., 2019). Hence, a conducive family environment for the child, and youth well-being, is paramount (The White paper on Families, 2013). The embeddedness of families in their cultures and communities has the potential of supporting or undermining family functioning (Prilleltensky, Marujo, &

Neto, 2014), either directly or indirectly, proximally or distally. Geinger et al. (2014) refer to the danger of the decontextualising of parenting and, thus, losing sight of those characteristics of the neighbourhood, such as poverty, public services, residential instability, limited social networks and danger, which tend to undermine positive parental behaviours and affect parenting practices more than the culture and mode of parenting. In this regard, the impact of contextual risk factors for families is evident when, for example, single-parent families (such as female-headed households) are exposed to the day-to-day dangers of living and functioning in a high-risk community, such as Delft, the target community in this study.

A high-risk community is an area that lacks adequate infrastructure, resources, employment opportunities, and economic activity (Felner & DeVries, 2013). In the apartheid dispensation, many black and coloured[1] people were relocated under the Group Areas Act to townships on the periphery of urban settings (Theron at al., 2011). Many of these settlements 'developed' haphazardly lacking the infrastructure, resources, services and economic activities and leverage. While the post-apartheid transformation has introduced changes in the townships, including government housing, services and improved conditions, the prevailing presence and impact of poverty persist. These communities were previously called townships (see Theron et al., 2011), but unfortunately these settlements did not disappear after 1994. Post-apartheid townships consist mainly of government housing and informal settlements, which have increased significantly (Mahajan, 2014). In townships and informal settlements the incidence of serious challenges include poverty, unemployment, crime, and

[1]Coloured is the name given by the previous South African dispensation to an ethnic group of people who are of mixed race ancestry.

high rates of communicable diseases such as HIV (Mathews & Benvenuti, 2014).

At another level, there have been increasing protests in townships regarding poor service delivery related to housing, electricity, water and sanitation reflecting the quality of life for the residents. The compounding effects of these conditions place many communities at risk, and exert a crucial challenge for parenting, the well-being of families and, more, the well-being of children. The need for parenting programmes to mitigate the impact of these conditions in the low resourced South African context becomes crucial.

1.2 Situation and South Africa

South Africa (SA) is currently identified as the country with the largest Gini coefficient signifying the highest levels of socio-economic inequality globally (Davids & Gouws, 2013; Engle, 2018; Statistics South Africa, 2018/2019). According to the Inequality Trends report (2019), the unequal incomes of our country remain stubbornly racialised, gendered and spatialised. Due to the significant population growth between 2001 and 2011, in Cape Town particualarly the proportion of people living in informal areas has increased considerably since 2000 (State of South African Cities Report [SACR], 2016). While the city has made progress in reducing poverty and improving livelihoods, inequality remains a challenge. Nicolas, Wheatley and Guillaume (2015) urge researchers to be mindful of longstanding histories of economic domination, poverty and "underlying sources of persistent trauma" (p. 39) that continue to characterise community life in many townships.

This study was located in the Delft community, in the Western Cape (W/C), which is one of twenty identified high-risk communities in South Africa (Stats, 2014). Delft represents a blueprint of a high-risk environment with endemic poor housing, high levels of crime, such as murder, rape, robberies, substance abuse and addiction, drug trafficking, violence (including gangster violence), domestic violence, school drop-outs, little provision of care facilities for children, teenage pregnancies, various effects of poverty, high levels of unemployment as

well as economic inactivity and reliance on social grants from the government (Delft-census, 2011; Engle, 2016; Felner, 2006; Western Cape Youth Development Strategy, 2013; www.saps.gov.za, 2011). Concentrated poverty in this community increases a person's vulnerability to risks, such as, domestic violence and substance abuse/addiction (Philip, Tsedu, & Zwane, 2014). Peterson, Grobler and Botha (2017) explain that when an increase in crime and violence turns a community into one of the worst crime areas in the Cape Peninsula, then families are not spared the spill-over effects of these traumatic events.

In the South African context most children grow up with mothers and/or grandmothers as their primary parents (State of Fathers' Report, 2018). Rampou, Havenga and Madumo (2015) indicate the various intrapersonal and interpersonal factors associated with mothers' mental health that influence their parenting skills and abilities. Parenting is inextricably dependent on the well-being of parents (Daly et al., 2015). It is apparent that well-being cannot be studied while omitting socio-demographic variables such as gender, socio-economic indicators and living conditions as part of the context, as these variables have been shown to significantly influence well-being and mental health (Diener & Ryan, 2009; Khumalo, Temane, & Wissing, 2012). It is argued that when mothers' personal and parenting resources/strengths are "under fire", then families are at increased risk. Hence, these capacities of mothers should be promoted intentionally. Central to this study is the proposal that a wellness programme should be developed to strengthen the personal and parenting competencies of mothers living in a high-risk, low resourced community called Delft, in the Western Cape.

1.3 Motivation for the study

There has been a recent call that a wellness programme for mothers living in a high-risk community should be developed and evaluated for the South African context (Patton, 2015; Van Schalkwyk, 2019). Parenting programmes are widely implemented and studied in

Western countries (Kumpfer & Magalhães, 2018; Orte, Ballester, Vives, & Amer, 2016), but there is scant evidence of parenting programmes in developing African countries having been applied (Van Es, 2015). The World Health Organisation [WHO] (2016) has recommended parenting interventions among the key strategies for violence reduction within the family in low- and middle-income countries (LMICs).

1.3.1. Need for parenting programmes in South Africa.

An extensive study by Wessels (2012) investigated the range of existing parenting programmes in South Africa as well as the quality of services they provide. Wessels reported sufficient literature on evidence-based parenting programmes in HICs, but their transferability from HICs to LMICs, such as South Africa, is unclear. The lack of resources and the impact of poverty in LMICs may affect the transferability of parenting programmes to different settings (Wessels, 2012, 2017). Apart from matters associated with cultural differences, these programmes are too expensive for implementation in LMICs. Wessels (2012) thus recommends the need to develop emic-parenting programmes in SA.

Another issue of importance is about the aim and content of parenting programmes. Existing parenting programmes were mostly designed to improve parenting competencies in order to reduce the possible risk or problem behaviour of children (in the home environment) (Mucka et al., 2017). For example, various programmes were found focusing on the mothers' mental illness and parenting (Rampou et al., 2015); or programmes for parents living with HIV/AIDS (Worley et al., 2009); or women parenting in the context of intimate partner violence (Austin, Shanahan, Barrios, & Macy, 2017); or parenting and high-risk children (Kumpfer & Magalhães, 2018). Thus, although various parenting programmes are developed worldwide, there is a scarcity of wellness programmes in South Africa focusing specifically on i) mothers' personal strengths/well-being, and, ii) maternal competence. Evidently, there

is a need for parenting programmes focused on the enhancing of mothers' personal and parenting skills in SA (Pedersen et al., 2019).

Another reason for the current research was to deal with the necessity for appropriate dissemination of evidence-based parenting programmes in the South African context, since there is limited dissemination of evidence-based approaches in the country (Lachman et al., 2016). A review of the current parenting programmes that have been implemented has shown that few are based on the theoretical frameworks that underpin effective programmes or use effective strategies (Wessels & Ward, 2015). Dissemination of programmes is also required the discussion of matters explaining cultural relevancy to potential beneficiaries and practitioners to assure the acceptability and effectiveness of parenting programmes (Castro et al., 2004; Patton, 2015; Pedersen et al., 2019). This is important since the influence of local contextual factors in HICs cannot be disregarded concerning the feasibility of parenting programmes. The effect of these factors when programmes are used in other contexts would specifically be important for programme implementation due to vatiations in culture (e.g., language, customs, beliefs, and family dynamics), accessibility (e.g., timing, location, and cost), and delivery (e.g., institutional support, facilitator training and supervision), and delivery mechanisms. Lachman et al. (2016) infer that these factors may affect the cultural acceptability, participant involvement/engagement, and implementation fidelity of programmes when transported from one context to another. Furthermore, the majority of the evidence-based programmes have also been developed for and tested with middle-class, Caucasian families living in HICs (Lachman et al., 2016). However, non-Caucasian and low-income families in both HICs and LMICs often live in very different social and cultural circumstances than those who have participated in these studies (Kumpfer et al., 2002). As a result, key components of parenting interventions developed for more privileged families

may be perceived as culturally irrelevant or inappropriate by parents in LMICs or other ethnic and low-income populations (Martin-Storey et al., 2009).

Finally, closely linked to the need for parenting programmes in the SA context, and more specifically, in a high-risk context, community psychology (CP) is associated with those pathways and processes through which community settings influence their members, the surrounding/wider community and ultimately the larger society (Maton, 2008). Though the need was shown to look at domains of adult well-being (mothers) and positive youth development (children well-being) for social change contributing to community betterment as a postcolonial society, we need to promote indigenous research. According to Ebersöhn et al. (2018), Southern African knowledge systems are largely missing from psychosocial science. To address this gap, Ebersöhn and colleagues (2018) suggest that we need to express our "ways of knowing" in creative ways, for example, through our typical collective rather than individual behavioural responses within the southern African context. Since we need culture-sensitive research in our global village (Ebersöhn et al., 2018; Louw & Van Schalkwyk, 2019), I aim to contribute to these scientific efforts to indigenise our research.

Hence, there is a need for an evidence-based parenting programme within a particular SA context, aimed at the intentional support and strengthening of the specific target group for the planned research, i.e., mothers living in a high-risk, low resourced community.

1.4 Study Aim and Objectives

1.4.1. Aim.

The primary aim of the research was to design and evaluate a wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental strengths via participatory research action. The specific research objectives were as follows:

1.4.2. Objectives.

- Conduct a **literature study** to identify possible wellness programmes (strengthening families in a high-risk context) for the South African context to enhance the coping skills of mothers and their personal and parental functioning in a high-risk community (Phase 1);
- Engage with **mothers** living in a high-risk community to ascertain their needs and concerns with regard to their roles within their family and community contexts (Phase 2);
- Solicit and describe the perspectives of **service providers, namely social workers,** about those essential components of a wellness programme to promote the personal and parental strengths of mothers living in a high-risk community (Phase 3);
- Design/adapt and implement **the wellness programme** (Phase 4), and
- Evaluate and finalise the wellness programme (Phase 5).

1.5 Theoretical Framework

This study is located in the post-modern paradigm emphasising the social-constructing of knowledge within context, and the convergence of multiple viewpoints about gender, socio-economic status and culture. As such, the social realities within which the participants perform their gendered roles as mothers, and the meaning that they construct in this space, were central to the study.

This study also drew seminally from the discipline of *Community Psychology* both in terms of theoretical perspectives but also in terms of the praxis regarding the methodology of the study (Bond, Serrano-Garcia, & Keys, 2017). The core values of community psychology guided the proposed research, namely an ecological perspective (to view people within their contextual environments), prevention and health promotion, a psychological sense of community, empowerment, social justice and advocacy (Lazarus, Seedat, & Naidoo, 2017; Nelson & Prilleltensky, 2010). Practices associated with these values are compatible with an

ecological perspective and were also accommodated to provide a holistic understanding of human behaviour at individual, family, community and broader societal levels (Bronfenbrenner, 1979; Nelson & Prilleltensky, 2010; Visser, 2007). The ecological systems theory proposes that individuals are embedded within the context of a system of relationships that constitute his/her environment, with each having a recursive effect on the other (Rosa & Tudge, 2013).

The intervention, that is, a wellness programme for mothers in this study, is psychoeducational in nature: a literature study of suitable interventions/wellness programmes was done to select a best fit for the South African context and the following theoretical elements were taken into account: i) Prilleltensky's (2012) levels of wellness (personal, interpersonal and collective well-being); ii) Keyes's model of mental health (2005) which includes psychological, emotional and social well-being; and, iii), Peterson and Seligman's (2004) model of virtues and character strengths. The contextual setting and the many past and present challenges faced by the participants was engaged with in a multi-methods participatory approach to wellness (see Table 1.1).

Table 1.1

Psychoeducational programme

Multi level approach of wellness			
Personal Well-being	Psychological factors (strengths and competencies)	Psychological: perceived self-efficacy, mastery, sense of control, spirituality, growth	Keyes (2005, 2007), and implementing strengths (Peterson and Seligman, 2004)
Interpersonal Wellbeing	Health relationships that promote healthy nutrition and physical activity	Health; stress free and supportive relationships that offer emotional nurturance	Keyes (2005, 2007) (psychological wellbeing) and implementing strengths e.g. kindness
Collective Wellbeing -	Health orientation Availability of	Satisfaction with competency level	Taking action

Organisational	resources and opportunities re health Opportunities to express opinions, to exercise control, and to build and display strengths	Equality and respect Policies, procedures and practices that respect all on individuals' equally. Systems in place to promote fairness equality and respect.	Opportunities to serve the community; e.g., schools, NPO's; faith communities
Communal	Function Proper functioning of government services, e.g. policing and education. Timely delivery of services.	Feeling and being safe	Serving the community Being part of community safety programmes, e.g., "walking bus" in Delft

This standpoint—that well-being is not either personal, interpersonal, organisational, or collective, but the integration of all these domains—links well with the asset-based approach where communities are viewed as more than locations of strife, struggle and adversity (Lazarus et al., 2017).

We argued that strengths or external assets, such as the mapping of local physical, cultural, and organisational assets/resources can highlight opportunities to identify and navigate ways toward those external resources/assets (strengths of the individual's environment) when adversity is present. For the current study it was important to identify those resources/assets functioning at the individual, family or community level as protective and supportive factors to buffer against adverse events. Salient to the intervention was the emphasis on adopting a *strengths' perspective*, as a theory that honours and respects the potential of all humans and human beings' abilities, support systems and motivation to overcome challenges (Barker, 2003; Ungar, 2018). It is argued that mothers living in Delft do have strengths, resources/assets, such as experiential wisdom to cope with their unique challenges and to find those solutions to strengthen their functioning (Boddy, Agllias, & Gray, 2012; Jones-Smith, 2014).

Hence the focus of this participatory action research project was to firstly, look at possible existing evidenced-based wellness programmes for mothers living in high-risk contexts; secondly, to obtain knowledge through a participatory dialogic group process garnered from mothers and service providers; and thirdly, to design, implement and evaluate a wellness programme that provides psychoeducational support to promote mothers' personal and parental strengths.

1.6 Summary of the Research Methodology

In this multi-phase study we used a participatory action research (PAR) design. This design allowed data collection and analysis through qualitative methods within a participatory process evaluation framework. A participatory framework was important, since the focus on empowerment and community participation was integral to this study (Springett & Wallerstein, 2008). Also, the participatory process evaluation approach implies respect for programme beneficiaries by valuing their voices, preferences, perspectives and decisions as marginalised and least powerful stakeholders (Patton, 2015).

The study took place in Delft, a low resourced community in the Cape metro called "Kaapse Vlakte". The specific strategy used for selecting participants in this study was non-probability sampling, in particular purposive sampling. Data sources included literature reviews, community asset mapping opportunities, evaluation questionnaires and researcher journal notes, focus group discussion (social workers), and photo-documentaries. The data sets were used for the process evaluation of the initial engagement and asset-mapping phase (Phase 1), for the development/design of the wellness programme phase (Phase 2), and for the implementation and evaluation phase (Phase 3).

1.7 Dissertation Structure

The dissertation is presented in the "dissertation-by-publication" format. This dissertation, therefore, consists of five traditional dissertation chapters (Introduction,

Literature review, Methodology, Integration of findings and Conclusion) as well as six scholarly articles that are presented as chapters four, five, six, seven, eight and nine respectively (this is permissible within the Stellenbosch University regulations).

1.7.1. Chapter 1: Introduction.

This first chapter, the introduction, provides a background to the study, followed by a discussion of the motivation for the study, and a presentation of the study's aims and objectives. This chapter concludes with an outline of the dissertation.

1.7.2. Chapter 2: Literature Review.

This chapter offers a comprehensive literature review of scholarly works on families, parenting and parenting programmes. The review particularly looked at literature about parenting programmes aimed at the strengthening of families/mothers in contexts of multiple adversity and chronically harsh, distressing circumstances. In this chapter I discuss the theoretical perspectives of this study (community psychology, ecological and strength frameworks).

1.7.3. Chapter 3: Methodology.

Chapter Three is about the methodology which includes the research design and phases of this research project. The section offers an outline of the target population and the Delf community where I conducted the research, provides information about the selection of participants, data collection methods, data analysis and, matters related to the trustworthiness of the research project. I conclude this chapter with the outlining of ethical considerations.

1.7.4. Chapter 4: Scholarly article 1.

The first scholarly article is a conceptual article entitled: Vulnerable mothers in the context of a South African high-risk community (submitted to the *Journal of Family Studies*). This conceptual paper situates mothering in the South African context with the rationale for indigenous research.

1.7.5. Chapter 5: Scholarly article 2.

The second scholarly article is an empirical qualitative manuscript entitled: Participatory action research: The key role of community resources toward transformation in a high-risk community (submitted to the *Journal of Culture and Psychology*). This manuscript describes the process of obtaining the required contextual information to inform the development of a wellness programme to encourage mothers' personal and parenting strengthens.

1.7.6. Chapter 6: Scholarly article 3.

Chapter Six is titled: A review of literature: A wellness programme for mothers living in the context of a South African high-risk community (submitted to *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*). This chapter focuses on selected evidence-based parenting programmes to consider its applicability in the South African context. The academic information obtained from these programmes offered the formative foundation for the wellness programme for mothers living in the context of a South African high-risk environment.

1.7.7. Chapter 7: Scholarly article 4.

Chapter Seven is titled: Content of a Wellness Programme for Mothers living in the Context of a South African High-risk Community (submitted to the *Journal of Evidenced-Based Social Work*). This manuscript presents the content of the wellness programme comprising of research-generated information and contextual information located within the theoretical framework of Community Psychology.

1.7.8. Chapter 8: Scholarly article 5.

Chapter Eight is titled: The implementation of a Wellness Programme for Mothers living in the Context of a South African High-Risk Community (submitted to the *Journal of Gender and Behaviour*). Manuscript 5 describes the step-by-step process of a practical intervention programme for mothers living in a high-risk community.

1.7.9. Chapter 9: Scholarly article 6.

Chapter Nine is titled: Evaluating the impact of a wellness programme for mothers living in a South African high-risk community (submitted to the *Journal of Happiness Studies*. In this manuscript, we describe the effect of the programme for mothers living in a South African high-risk community.

1.7.10. Chapter 10: Integration of Findings.

This chapter describes the integration of the findings pertaining to the stated research objectives outlined. In this chapter, the findings are discussed with the needed critical insight.

1.7.11. Chapter 11: Conclusion.

This final chapter draws together the conclusion of the key research findings, provides recommendations, outlines the limitations of the study, and provides suggestions for further research and final concluding reflections.

1.8 Modus operandi

1.8.1. Article format.

Each of the scholarly articles included as chapters (Chapters 4-9) in the dissertation will comply with the guidelines of the selected journals; and therefore each chapter is presented as a complete unit, as well as being a coherent part of the entire thesis. The reference lists of each of theses articles have been omitted because of page limitations for the dissertation and are included in the reference list for the dissertation.

1.8.2. Complete list of references.

The references of all eleven chapters are captured in the complete reference list at the end of the dissertation.

Chapter 2

Comprehensive Literature Review

"*Being a Mother is learning about strengths you didn't know you had…*

and, dealing with fears you didn't know existed." - Linda Wooten

This research aimed to design, implement and evaluate a wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental strengths via participatory action research. This chapter presents the theoretical frameworks within which this study is situated, namely, Community Psychology (CP) and its values representing the dominant comprehensive theoretical framework for the study, supported and augmented by the ecological and strength approaches. This point of departure allows for Prilleltensky's model of personal, relational and collective well-being (Nelson & Prilleltensky, 2010; Prilleltensky, 2012) as the primary sites of well-being. This model is complemented by the complete model of mental health of Keyes with its psychological, emotional and social dimensions of wellness (Keyes, 2005), which are instrumental for the wellness programme.

This literature review also includes a discussion about conceptualising mothering in the South African context. While the South African context of parenting is of paramount importance for this study, existing parenting programmes developed and implemented worldwide were considered as a ground text for a South African programme for mothers living in a high-risk community. The review particularly focuses on available literature that pays attention to parenting programmes aimed at the strengthening of families/mothers in contexts of multiple adversity and chronically harsh, distressing circumstances.

Firstly, the ideological framework of Community Psychology (CP) and relevant theories are presented as foundational for this research.

2.1 Theoretical points of departure

This study is located in the post-modern paradigm positing that knowledge must be understood as being socially constructed in the context of the contemporary world, with intersecting multiple viewpoints about gender, socio-economic status and culture (Patton, 2015). As such, the social realities within which the participants perform their gendered roles as mothers and the meaning that they construct in this space will be central to this study.

Next, the following principles and theories that guided the study are discussed offering an understanding of pertinent constructs, processes and notions to inform the methodology of the study and the design and implementation of the parenting programme (Patton, 2015).

2.1.1. Community Psychology.

This study draws seminally from the discipline of *Community Psychology* (CP) both in terms of theoretical perspectives but also in terms of praxis regarding the methodology of the study (Bond, Serrano-Garcia, & Keys, 2017). The core values of CP guided the research, adopting an ecological perspective (to view people within their contextual environments), focusing on prevention and health promotion (including the principles of caring and compassion), and promoting a psychological sense of community, empowerment (toward community betterment), social justice and advocacy (Lazarus et al., 2017; Maton, 2008; Nelson & Prilleltensky, 2010). Central to the foundational lens of CP is the additional focus on the strengths of groups and communities (Reich et al., 2017); and the notion of "sense of community" (SOC), that is, the feeling of belonging, mattering, and influencing a community (Reich et al., 2017). This focus is linked to empowerment theory which became mainstream in the 1980's in CP, with special reference to the work of Rappaport (1987). Hence, Prilleltensky's epistemological perspective within CP, with the notion of psycho-political validity (PPV), was important to indicate that research and intervention should look at those issues which could threaten well-being at the personal, relational and collective levels.

It is relevant for South African researchers to refer to the impact of colonisation (Ebersöhn et al., 2018) on the local context and its impact on the development of CP around the world (Reich et al., 2017). For example, "intellectual colonisation" occurred in North America largely from ideas of community psychologists migrating to Canada. Also of significance for this study is the fact that CP has evolved with concern for indigenous issues, such as the ecological perspective of Rappaport (1977). Pepper (1942) articulated the concept of contextualism which is consistent with the ecological approach claiming that human action derives meaning from and is embedded in context (Reich et al., 2017). Context and the impact of colonisation are greatly relevant for South African research. Ebersöhn et al. (2018) recommend that psychology should accommodate local (non-Western) contexts by emphasising "the cultural context in which psychological phenomena occur" (p.4) to promote people's well-being. This may be achieved by accessing "alternative ways of knowing" (Ebersöhn et al., 2018, p. 4). Therefore, paying attention to indigenous knowledge systems (IKS) was crucial to this approach.

Since the emergence of CP in South Africa (SA) during the 1980s, it succeeded in making psychology relevant for more people (Yen, 2007). The response to social and political oppression marked the development of CP the South African context in the apartheid era (Seedat & Lazarus, 2014). In the post-1994 period, CP echoed critical psychology's emphasis on the participation of blacks and women in the processes of knowledge production (Seedat & Lazarus, 2014). The need for a relevant social science in South Africa is expressed by Kagee (2014) who states that, although various disciplines - including psychology - managed to contribute significantly to scientific literature since 1994, South Africa's problems - specifically on social and community levels - still persist. Actually, in some accounts these difficulties have deteriorated (Ramphele, 2013, cited in Kagee, 2014). One of these examples, namely community problems that got worse, is

gangsterism in the Western Cape, and particularly in the selected high-risk community, called Delft (Dziewanski, 2020; Jones, 2019). The effects of gangsterism can be viewed as a reflection of the broader socio-historical injustices of a larger social system; and, these manifested injustices threaten the well-being of many (Richards, 2019). Clearly, the community is the mileu where personal experiences (micro-level) and socio-cultural (macro-level) influences meet.

Briefly put, CP is an ideological framework which informs the psychologist's perspective to engage in a given community in context-specific ways (Creswell, 2014; Yen, 2007). An orientation to values such as reflexivity, critical consciousness, social justice, and inclusive partnership (Bond, Serrano-Garcia, & Keys, 2017; Visser, 2012) is integral to CP, together with the critical awareness of the different contextual layers of individual and communal problems (DuBois, 2017). Furthermore, the understanding of participants in their context is a key value of CP in the development of interventions. Therefore, partnering with community members in research, including the formulation and implementation of interventions, is a key value driver in CP (Lazarus, Bulbulia, Taliep, & Naidoo, 2015; Van Wyk & Naidoo, 2006 . In these processes, it is acknowledged that community members are regarded as experts of their own lives (Naidoo & Van Wyk, 2003), versus the perspective of some outside specialists characterising community members as "bundles of pathologies" (Lazarus et al., 2014, p. 150). This viewpoint was crucial for the current research, namely that CP projects generate a space for shared learning where the experiential knowledge of community members were utilised in combination with the theoretical academic knowledge of the practitioner (Lazarus, Taliep, & Naidoo, 2017).

2.1.1.1. CP value - empowerment. Also, in CP the focus on social action and a strengths-based approach (Lazarus et al., 2014) enables community psychologists to work with and through communities, in order to address social injustices (Swart & Bowman, 2007). In these

processes, the awareness of power-imbalances in relationships is essential in order to secure those collaborative research relationships with community members. According to Lazarus et al. (2015), this stance represents the core of CP in its quest to continuously question the approaches, assumptions, values, and methods of both the mainstream and its own research. The guiding value of empowerment is central toward these morally justifiable outcomes (Prilleltensky, 2019).

Perspectives about empowerment are important for research conducted in the SA context or Global South. One should discern between *participation* as taking part in "existing power structures" (Totikidis & Arts, 2013, p. 101), whereas "*empowerment* might mean transforming power relationships through transforming one's self, changing relationships in society, and changing cultural patterns" (Teršelić cited in Totikidis & Arts, 2013, p. 2). In other words, attention to empowerment issues is necessary, since participation does not automatically ential empowerment. Worldwide empowerment is defined as "an intentional ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources" (Perkins & Zimmerman, 1995, p. 569). Empowerment-oriented interventions are associated with the enhancement of wellness while also aiming to ameliorate problems. Such interventions are valuable both for participants to attain knowledge and to develop skills; and, for professionals to engage as collaborators (Perkins & Zimmerman, 1995). It is interesting that Brodsky and Cattaneo (2013) indicate that both empowerment and resilience are aligned with a strengths-based perspective, "respecting, and promoting local capacity and positive outcomes" (p. 336). These researchers describe empowerment as "a meaningful shift in the experience of power attained through interaction in the social world", with power defined as "one's influence in

social relations at any level of human interaction, from dyadic interactions to the interactions between a person and a system" (p. 336).

Literature on the topic of empowerment and its role in community based interventions cannot exclude the contribution of Freire and Rappaport - *Freire's writings* indicated inequalities in power (Paulo Freire, 1993); and, *Julian Rappaport (1981)* is a major promotor of empowerment in the field of CP. Central to empowerment for Rappaport is the aim "to enhance the possibilities for people to control their own lives" (1981, p. 15). Therefore, Rappaport argued that empowerment cannot accommodate a blame-ideology, and embraces "our interests in racial and economic justice, legal rights and human needs, health care and educational justice, competence and a sense of community" (Rappaport, 1987, p.121). Rappaport's theory of empowerment is essential for the current research, namely that the mothers of the high-risk community (persons of concern) are to be treated as collaborators; and, the researcher has the opportunity to act as participant with the people she is studying (Rappaport, 1987). In this sense, empowerment includes participatory behaviour and feelings of efficacy at the individual level (Totikidis & Arts, 2013). Clearly, psychological empowerment can never be viewed as merely "a personality variable" (Totikidis & Arts, 2013, p.173), as it includes both the individual level of analysis as well as ecological and cultural influences. Furthermore, it was important for the current research to emphasise that psychological empowerment, as the perceived control at the individual level as explored in research on learned helplessness (Maier & Seligman, 1976), focusing on the consequences of a lack of control over life events, moves beyond a focus on perceptions of control (the intrapsychic component) to include behavioural and contextual components (cf. Kruger, 2020; Schulz, Israel, Zimmerman, & Checkoway, 1993).

While criticism against this viewpoint is valid in a LMIC such as SA, (cf. Riger, 1993; Rissel in Todikidis, 2013), namely that at the macro level much is controlled by the politics

and practices and a sense of empowerment may be deceptive, individual level or personal feelings of empowerment should not be considered less important than politics or macro level change. Therefore, Schulz et al. (1993) together with Riger, Rissel, Rappaport and Zimmerman, remind us that empowerment is a multi-level construct.

Models of empowerment such as Wallerstein's (1992) highly detailed model of powerlessness and empowerment is an excellent example of the multilevel nature of empowerment. Wallerstein (1992) defined empowerment as "a social-action process that promotes participation of people, organisations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice" (in Totikidis, 2013, p. 122). The concepts of empowerment and resilience are widely employed in community psychology and other social sciences; and, are aligned with community psychology's strengths-based values (Brodsky & Cattaneo, 2013). These concepts have the potential to facilitate each other, and understanding their interaction can better inform community psychologists' work with marginalised populations, such as the current research's focus, namely mothers living in Delft. Brodsky and Cattaneo (2013) present a combined trans-conceptual model illuminating the divergence, convergence, and interactions between resilience and empowerment. They showed that both resilience and empowerment are "fuelled by unsatisfying states, but are distinguished by, internally (resilience) versus externally (empowerment) focused change goals (goal determinants include context, power differentials, and other risks and resources) (Brodsky & Cattaneo, 2013, p. 334). Of fundamental importance for the current research is the operationalisation of resilience as more than the absence of pathology, as typified by not only surviving, but thriving, and as a dynamic process rather than a stable trait (Masten, 2015; Masten & Garmezy 1985; Rutter 1979, 2007; Werner & Smith, 1982). The important link for the current research of Brodsky and Catanneo's model (2013) was how both resilience and

empowerment are repetative processes where resilience consists of persons' internal goals aimed at intrapersonal actions and outcomes; and, empowerment involves those social actions aimed at external change to relationships, situations, power dynamics, or contexts (Cattaneo & Chapman 2010). Also, Brodsky and Cattaneo (2013) posit that questions about resources and contexts are important for successes in empowerment and resilience. In risky settings, resilience in this framework is viewed as the foundation upon which empowerment is built. For example, resilient mothers living in high-risk settings could use their intra-personal skills and abilities to locate and utilise resources. Empowerment then offers those bridging powers that connects individual power to social resources. These external influences are vital to *changing the world around the individual and local community*. The psychological impact of these external changes build personal/internal resources to reserve resilience, in the case of future adversity.

Briefly put, the discussion of empowerment as a value of CP covers various definitions and debate. The trans-conceptual model proposed by Brodsky and Cattaneo (2013) enables a broadening of the traditional definitions of empowerment and the necessity to discern the boundaries between empowerment and resilience. Both empowerment and resilience are associated with processes of individual strengthening and transformative change. Yet, social justice is part and parcel of such strengthening and change.

2.1.1.2. CP value - social justice. Social justice is regarded as a core value of contemporary CP in our country (Seedat & Lazarus, 2011); and, it resonates with the broad values of equity, human rights, and freedom (Martino & Prilleltensky, 2020). However, SA's high rate of inequality (The World Bank, 2018), high levels of poverty and unemployment (Albien & Naidoo, 2018), and many female-headed households regarded as the poorest of the poor (The White Paper on Families, 2013; Davids & Gouws, 2013) are indicators of the reality of social injustice in the South African context (Statistics South Africa, 2013, p. 22).

According to Morrell, Sorensen and Howarth (2015), social justice and quality of life cannot be separated. In this sense, South Africa's Bill of Rights encoding a "better life for all" (Constitution of South Africa, 1996), is only possible if matters related to social justice are addressed and in place. Hence, how we understand the primary space for human well-being, namely the family and quality of parenting/mothering is inextricably linked with perspectives on social justice.

Within the framework of CP, social justice refers to "people's right to self - determination; to a fair allocation of resources; to live in peace, with freedom from constraints, and to be treated fairly and equitably" (Martino & Prilleltensky, p. 2). These principles are also protected in the Constitution of SA. Social justice (principles stated in the Constitution) is linked to social cohesion (united and functional environment) and social capital (social networks). Also, social justice together with social cohesion and social capital are three key terms employed to provide a basis to evaluate the strength of South Africa's social fabric (Human Sciences Research Council, 2004). Chipkin and Meny-Gibert (2013) offer a definition of social justice that is practicable and takes into consideration South Africa's current situation by emphasising the idea of a *fair distribution* of rights, of entitlements, of benefits, of burdens, of responsibilities. Martino and Prilleltensky (2020) opine that this vision to promote primary prevention, including the most vulnerable segments our society, is deeply rooted in CP practice.

More recently, a United Nations (UN) Women report (2018) emphasises that the need to address poverty and injustice is reflected in *Transforming Our World: The 2030 Agenda for Sustainable Development*, a global plan of action agreed to at the United Nations. This plan sets out 17 Sustainable Development Goals (SDGs) to improve living conditions. The SDGs that are particularly relevant for the current research include:

- SDG 1 to "End poverty in all its forms everywhere",

- SDG 5 to "Achieve gender equality and empower all women and girls".

An important deduction to be made from this UN Women report (2018) is that if women have an income of their own, gender equality as well as economic inequality in the form of (relative) poverty is addressed. Nieuwenhuis, Munzi, Neugschwender, Omar and Palmisano (2018) show the considerable differences among countries with respect to how likely women were to have their own income, with increasing rates of their own income as well as women's incomes constituting larger shares in the total household income in the period 2000 to 2010/2014. Gender inequality with economic independence has consequences that are both immediate and that accumulate over the course of life. Mabilo (2018) has shown that although South Africa's legal and policy provisions show a commitment to the protection of the rights of women, the articulation of the labour law does not sufficiently subscribe these commitments in concrete ways.

According to Mabilo (2018), high levels of unemployment, widespread poverty and growing inequality in South Africa have led to an emphasis on *employment* as a solution to these problems, but "*the feminisation of labour*, which has placed emphasis on women's movement into the labour market in South Africa, has concealed important continuities in the contemporary labour market, pulling women with low skills into the informal economy out of financial and social need, *further deepening divisions marked by race and class*" (p. 51). Mabilo's research (2018) contextualises women's rapid entry into poorly paid and precarious work, or self-employment, illustrating the failure of labour legislation mechanisms to promote gender equality post-1994. Evidently, social justice and quality of life in the South African context with particular reference to women's employment/income cannot be overlooked. Moreover, poverty, unemployment, and social injustice represent those key challenges to be met in building a healthy nation (Van Der Westhuizen & Swart, 2015).

It is significant that worldwide social justice and matters related to women are currently expressed in terms of "female fury". Since 2018, it seems as if the articulation of women's anger has exploded worldwide. For example, the #MeToo movement is not just making "waves", or rocking the boat, but is, according to Prof Amanda Gouws (Stellenbosch University, Political Science, Sarie, January 2019), a "tsunami" (p.66). Stephanie Zacharek also wrote about women's rage (Time Magazine, 24 September 2018) by referring to various matters feeding female fury, such as sexual abuse or harassment. These opinions can be translated in the South African context as women's anger and terror, because although South Africa is lauded for having some of the most progressive laws and policies intended to advance women's rights and gender equality (Oxfam, 2018), in this country women are categorised amongst the vulnerable as the poor, the unemployed, and the hungry. Alarmingly high rates of gender-based violence make being a woman in South Africa more dangerous than being in some of the world's war-torn areas (see UNICEF, 2014; Dlamini, 2020). Statistics say it all: In South Africa three women are murdered each day by a husband, lover, or ex-husband. This adds up to a total of 90 murders per month (Stats SA, 2018). Worldwide 119 women are murdered per day by a life partner or a family member (United Nations Office on Drugs and Crime [UNODC], 2018). A pivotal campaign in 2019 to address violence against women and children was widely supported during the 16 Days of Activism against gender-based violence (GBV) (a global campaign 25 November - 10 December each year). Once more, while South Africa's world-class legislative environment, particularly for safeguarding the rights of women, children and other vulnerable groups including, among others, the Domestic Violence Act, the Sexual Offences Act, the Children's Act, the Maintenance Act and the Promotion of Equity and Prevention of Unfair Discrimination Act, are in place, many matters related to women and social justice remain persistent with women bearing the huge adverse impact (Ozoemena, 2018).

But, the sum total of social justice and poverty as well as the dignity linked with employment (or lack thereof), adds up to more than injustice and struggles. Traister (2018, in Sarie 2018) agrees that while female fury can be an effective tool for change, including social change, despite this, women are not supposed to get angry. Power et al. (cited in Kruger et al., 2016) state that if women's anger is discouraged, or not acknowledged and validated, they are denied an important pathway to *political mobilisation*. Laurie Penny (2014, cited in Kapp, 2018, p. 398) puts it tellingly:

> "Women, like any oppressed class, learn to fear our own rage. Our anger is legitimately terrifying. We know that if it ever gets out, we might get hurt, or worse, abandoned. One sure test of social privilege is how much anger you get to express without the threat of expulsion, arrest, or social exclusion, and so we force down our rage like rotten food until it festers and sickens us."

Briefly put, in light of the above-mentioned, the CP value of social justice pertains to the equitable distribution of benefits and burdens in society (Martino & Prilleltensky, 2020; Prilleltensky, 2019). Evidently, this value leads toward women "feeling valued, respected, and recognised, because it enables us to exert control over our lives, help others, build community, and create a liveable world" (p. 10). Another stance of women's "valid" anger in the African context is linked to the impact of enduring poverty and hunger (Kruger & Lourens, 2016). Hunger is an important predictor of variation in behavioural and psychological outcomes. Nettle (2017) has shown that part of the reason why people of lower socioeconomic position (SEP) behave and feel as they do is that they are relatively often hungry. The hunger hypothesis applies in particular to impulsivity-hyperactivity, irritability-aggression, anxiety, and persistent narcotic use, all of which have been found to show socioeconomic gradients (Nettle, 2017). In other words, food insecurity is a key dimension in the link between poverty and mental health when women and mothers are

concerned. This is of great importance for the current research, as the mother participants of the research are living in the high-need and high-risk context of Delft.

In their thought-provoking research Kruger and Lourens (2016) show that women are angry for legitimate reasons associated with their children's constant hunger and they are angry that they as individuals are held responsible for this hunger. Kruger (2020) views this anger as the possible behavioural effect of shame; Fortes and Ferriera (2014) state that these behaviours entail aggressive tendencies, externalisation of guilt and low self-esteem; alienation of relationships; and, the difficulty of solving the problem situation, since the individual feels that she herself is the problem. In this way, shame expressed as anger can be dysfunctional, for example, by undermining the mother's power to build healthy interpersonal relationships (Fortes & Ferreria, 2014). On top of these many reasons for women's anger, it must be stated that when women are facing poverty and unemployment as well as maltreatment, then it is highly probable that their children suffer as well. For example, every year 5.5 million children die; on average, 15,000 children die every day (Li et al., 2019). To bring these statistics closer to home, 62 percent of deaths (under-five mortality rate) are unreported, mostly in Africa. This is a rather straightforward indication of social justice or rather injustice, since mortality is not just the most direct and important indicator of health at the population level, but also globally (Li et al., 2019).

Therefore, when fears of female fierceness meet the institution of motherhood, then another window opens which cannot be isolated from social justice. Rich (1995) cautions mothers to consider critically about the power withheld from them, in the name of the institution of motherhood. Surely the well-known quote "the hand that rocks the cradle rules the world" emphasising the importance of motherhood cannot be outdated and should be upheld by laws and policies (William Ross Wallace, 1819-1881). Clearly, the importance of mothers cannot be emphasised enough.

In summary, social justice offers a critical stance enabling the researcher to engage with issues such as gender equality, violence and masculinity, power and oppression, historical and contextual issues. Also, South African studies clarify and stress the complexities of poverty, for example, those cycles maintaining the feminisation of poverty and the consequences of these matters for mothers and their children. The significance, of social justice and empowerment as core values of CP directing this research, is clear. Practices associated with CP's values, such as empowerment, are compatible with an *ecological perspective* to provide a holistic understanding of human behaviour at individual, family, community and broader societal levels (Bronfenbrenner, 1979; Nelson & Prilleltensky, 2010; Rosa & Tudge, 2013; Visser, 2007).

2.1.2. Ecological perspectives.

The ecological systems theory proposes that an individual is embedded within the context of a system of relationships that constitutes her/his environment, with each individual having a recursive effect on the other (Rosa & Tudge, 2013). Fundamental to this point of departure is the evidence that many factors interlink in the explanation of human well-being. For this reason particular individuals or groups are at a greater risk of personal/ interpersonal ill-being (Prilleltensky, 2008).

Before these ecological theories are discussed, it would be sensible to add some information on studies about wellness or the promoting of well-being in the Global North. "While the North lives/acts, the South survives/reacts" (Rosa, 2014, p. 857) is an insightful quote to illustrate the contrast of the Global North and the Global South. The countries of Africa, Central and Latin America, the Pacific and Caribbean islands, and most of Asia are known as the Global South Common to these countries are a multitude of social, political, and economic challenges, for example, "poverty, environmental degradation, human and civil rights abuses, ethnic and regional conflicts, mass displacements of refugees, hunger, and

disease" (Hollington, Salverda, Schwarz, & Tappe, 2015). Also, the Global South has become known as countries with many uncertainties regarding development andeconomies, including the severe prevalence of corruption, poverty, and strife. Although these issues are not limited to these countries, southern nations have struggled to meet the objectives of the Millennium Development Goals (MDGs). Although these issues are not limited to these countries, southern nations have struggled to meet the objectives of the Millennium Development Goals (MDGs). And, concerns about the inequality of the south is repeated in the newly adopted Sustainable Development Goals (SDGs). For instance, sub-Saharan Africa remains the epicentre of crisis, with continuing food insecurity, increasing poverty, high child and maternal mortality, and large numbers of displaced people living in informal settlements. Yet, the stressing of these challenges does not restrain the resources inherent to this socio-cultural context (Mahali et al., 2018).

Though the terms of Global South and Global North in our global village is reasonable, some have resisted this distinction, since "Global South" has been described as critical, post-colonial, and indeed an almost anti-imperialist term (Hollington et al., 2015). For Rosa (2014) the South does not just signify a specific geographical space, but rather a unique knowledge system that could be defined by" its negative and repairing relationship with colonialism and transnational capitalism, associated with the Global North" (Mahali et al., 2018, p. 4). But, the embeddedness of our ways of knowing cannot be contested.

2.1.2.1. Bronfenbrenner's Bio-ecological Theory. I chose to use Urie Bronfenbrenner's theory of ecological systems to make sense of the contextual factors, as well as the outcomes and effects of the wellness programme in the different spheres of the mothers' and their children's lives. Although Bronfenbrenner's developmental model is not primarily a model of context, (Rosa & Tudge, 2013), the theory's ecological/bio-ecological conceptualisation of human growth offers a valuable framework allowing for the multi- and inter-level influence

of interactions between the individual and contextual conditions (Bronfenbrenner, 1994). The theory posits a model that covers different aspects of interaction processes, the person, the context, and the timeframe in-depth (Rosa & Tudge, 2013). It also takes into account how these interactions influence and are influenced by the person. Bronfenbrenner's model is employed as a theoretical foundation to consider the individual and combined effects of different aspects of the programme intervention on the individual and multiple systems they are embedded in, over time (mothers as well as children—see their retrospective timeline exercise [in Chapter 5]). Therefore, the viewpoint about the interconnectedness of the different levels or settings of human beings' development is central, given that mothers as adults are again part of the micro level (immediate contact) of their children. In other words, individuals' psycho-social well-being and functioning are embedded in various levels of interacting.

Bronfenbrenner's bio-ecological model classifies risk and protective factors at four levels (micro to macro): and, these different levels or settings show how the occurrence and co-occurrence of, for example, poverty and domestic violence/abusive relationships across different settings—from individual to societal—influence individuals' experience of risk. For example, Mathews, Jamieson, Lake and Smith (2014) refer to the transmission of poverty in South Africa and the impact of crime and violence in terms of long-term outcomes.

Bronfenbrenner's ecological systems theory avers that people encounter different environments throughout their lives. He identified the following five levels (see Table 2.1):

1. Micro-system: The direct environment in a person's life, for example, family, friends, neighbours and community members.

2. Meso-system: The meso-system involves the relationships between the micro-systems in one's life. The way the developing child's experience or circumstances at home are, and

how these might affect the way the child interacts and relates with others outside his home, such as in the context of school.

3. Exo-system: The exo-system involves the other people and places that an individual may not interact with but that still have a large effect on them. Such as the parents, workplaces, extended family members and school.

4. Macro-system: The macro-system entails factors, such as the cultural practices, and the government's policies regarding social development, such as social grants.

5. Chrono-system: The chronosystem is the historical events that occur during the lifetime of the child, referring to significant sociohistorical circumstances.

Bronfenbrenner's model entails the identification of the following five levels as ecological systems (see Table 2.1):

Table 2.1

The five layers of the ecological system according to Bronfenbrenner (1979)

System	Description
Ontogenic-system	The ecology of the individual, for example, those factors in the person which influence development, such as psychological, cognitive and emotional factors (Masten, 2015; Ungar, 2015). For example, a person's decision-making and coping with daily challenges.
Micro-system	A child's most immediate environment where daily interactions and contact take place, such as the home environment or school For example, the role of the mother to create a safe space at home for a child.
Meso-system	Interactions between different micro systems that the individual is part of, for example the extended family and school community For example, a mother supporting her child to do his/her school assignments.
Exo-system	This layer influences a child indirectly. It refers to, among others, a parent's work place. For example, the mother's efforts for employment; or, making the best use of SASSA grant.

Macro-system	This system refers to the "most distal ecology" according to Weems and Overstreet (2009, p. 28). It includes the cultural context of the child and also organisational structures such as policies, legislation, the political sphere, and national and international trends. For example, the governmental policies about mental health; housing and schooling for the poor.
Chrono-system	Transitions over time For example, the mother's experiences of alcohol abuse influencing her child/ren when the family is forced to move many times during the child's developmental years.

Over time, various expected changes happen at micro level, for example, children growing up (developmental stages) in a context of vulnerability. Van Schalkwyk (2019) indicates the vital role of safety for children when mothers who deal with substance-problems are intoxicated. Changes on the meso-level, such as moving to another place of residence and attending a new school in a high-risk community can be greatly fear-provoking for children living in a high-risk community due to the high incidence of crime and gangsterism (Van Schalkwyk, 2019). Such unforeseen and at times disruptive (micro-level) changes, associated with lack and/or alcohol, abuse the relationship between individuals and their environment (Rosa & Tudge, 2013). Children in middle childhood who are placed in the care of family-members, such as grandmothers, with the death of the mother, can be exposed to instability and traumatic events (Ungar, 2015). The bio-ecological approach allows the consideration of the impact of these troubles (Masten, 2015) by emphasising the nature and influence of interactions between the various systems. For example: At micro-level, Bronfenbrenner stressed the importance ofthe function of the family unit (Rosa & Tudge, 2013, p. 243) contributing to the child's development. But, if the child is exposed to a dysfunctional family unit, then it affects the interactions of all the other systems, such as the extended family and the learning environment. Evidently, the role of their primary care-

givers, e.g., mothers (single-parents) is major when we consider the behaviour of, for example, children in middle childhood (Bronfenbrenner, 1979). However, Ungar (2015) stresses the importance of social change in contexts with numerous and continouing social, economic and political challenges for individual change.

Finally, Bronfenbrenner's macro-level includes matters, such as a country's culture and customs. According to the well-known Archbishop Desmond Tutu, diversity is a word that should have a place of honour in the South African lexicon, and he puts it particularly tellingly that this country represents the "rainbow people of God" as South Africa harbours a wealth of ethnical, cultural, and linguistical diversity. Besides its various Khoisan- and Bantu-speaking African groups, it is home to the most populous communities of Asians and Europeans in Africa" (taken from Afolayan, 2004, p. xii).

While Bronfenbrenner's model is valuable to understand the impact of context and the wider community about persons' "being and acting", Prilleltensky's model of well-being (2005) provides an important nexus for situating well-being. He states that personal, relational, and collective well-being represent the three primary sites of well-being and the interdependence and workings of these sites is vital to find promising approaches to its maximisation.

2.1.3. Prilleltensky's model of personal, relational and collective well-being.

Prilleltensky (2005) describes the sites of well-being as the location of well-being. For example, he explains that communities embody sites of well-being which include housing, clean air, available transportation, quality healthcare and education facilities. All these factors linked to the objective indicators of well-being happen in *the physical space of communities*. Relationships are sites where exchanges of material (money, physical help) and psychological (affection, caring, nurturance) resources and goods occur. Relationships represent those sites where there is caring, compassion, and formal and informal support.

Persons, finally, are those sites of well-being where feelings, cognitions, and phenomenological experiences reside.

According to Prilleltensky (2005), we need to be able to respect the uniqueness of the sites and their interdependence at the same time. For example, if a community is able to offer excellent jobs, schools, parks, and hospitals, but many people feel miserable because relationships in the community are hostile, the overall well-being will suffer. Another example: when a selected group of people, such as single-parent families—living in a Western Cape urban high-risk community—experience positive/healthy relations, the personal and parenting well-being of these people might be diminished due to the impact of poverty, unemployment, discrimination, and lack of affordable health care. However, an exclusive focus on the need to heal, repair and transform community conditions, cannot exclude personal and relational well-being. In this regard it is needful to mention that Jamieson and Richter (2017) refer to the need for supportive contexts and enabling environments for the realisation of the sustainable development goals for 2030. An ecological approach asks for interventions covering those aspects linked to the following levels: individual (for example, personal history factors); interpersonal (for example, family, friends and religious networks); communal (for example, relationships in community settings, such as schools; or neighbourhoods): organisational (e.g., youth-friendly health services designs to meet adolescents health needs responsively, and encourage young people to return for continuous care); and, societal (for example, cultural practices and economic conditions) (Bronfenbrenner & Morris, 2006). Prof. Thuli Madonsela (2018: *Social Justice: What are we doing wrong?* Social Impact Symposium at Stellenbosch University) supports a systemic stance and paying attention to the seven focus areas of the SDG's for 2030. Jamieson, Berry and Lake (2017, p. 91) quote The Reconstruction and Development Programme, 1994: "*No political democracy can survive and flourish if the mass of our people remain in poverty,*

without land, without tangible prospects for a better life. Attacking poverty and deprivation must therefore be the first priority of a democratic government". They propose that in this country we need to be willing to do things differently, since we are not facing new challenges. Clearly, these dimensions of deficit, disease and disorder intersect with cumulative impact on family functioning and children's development across the life course.

Obviously, well-being cannot be thought of only in terms of community, since then we would miss the experiential component of personal well-being and the influential role of relationships in advancing personal satisfaction. The contextual setting and the many past and present challenges faced by the participants hold that well-being is not just personal, organisational, or collective well-being, but the integration of them all. This point of departure links well with Keyes' model of personal well-being (model of complete mental health).

2.1.4. Keyes' model of complete mental health and of flourishing.

Mental health or personal well-being is characterised by the absence of mental disorder and the presence of flourishing (indicating high levels of well-being) (Keyes, 2007). Keyes (2002) developed a distinct classification of well-being on a continuum from languishing to flourishing. Flourishing individuals have positive mental health characterised by emotional, psychological, and social well-being (Keyes, 2002, 2005; Keyes & Annas, 2009). For Keyes, complete mental health encompasses emotional well-being (overall life satisfaction and positive affect); psychological well-being (six dimensions: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others); and, social well-being (five dimensions:social acceptance, social contribution, social actualisation, social coherence, and social integration (Keyes & Annas, 2009). Flourishing individuals experience positive human functioning and are actively and productively involved in life (Keyes, 2005). In contrast, languishing individuals experience low levels of emotional,

psychological, and social well-being (although without diagnosable mental disorders). According to Keyes (2002), such individuals report emptiness, stagnation, and despair.

Keyes and Haidt (2003) have shown that languishing might be present even among individuals who could be perceived as successful in work and life. According to Strümpfer, Hardy, De Villiers and Rigby (cited in Moller & Rothman, 2019), mental illness, languishing, and flourishing are neither stable nor permanent conditions. Individuals can move from languishing to flourishing, or vice versa, due to both subjective and external conditions (Hitge & Van Schalkwyk, 2017; Moller et al., 2019). For this reason I have chosen to use the construct of "well-being" as the umbrella term to refer to all these faculties and facets of positive human health. In this sense well-being and wellness can be used as synonyms (in this research) since both constructs refer to those active processes of becoming aware of and making choices toward a healthy and fulfilling life (Lent, 2004). These processes include much more that being free from disease and disorder, it is a dynamic process of change and growth (based on the description of the World Health Organisation, 2006): "*Well-being as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity"* (p.1).

A core assumption of the psychological perspectives of wellness is human beings' experience and ability to function and contribute to their social environment (Keyes & Haidt, 2003; Ryff, 1989). Social and relational well-being—which is currently gaining increased research attention—can be viewed as additions to these two domains. This is important for the current research, since the relational perspective of well-being encompasses all the dimensions of an individual's ecology (Ryff, 2014). It also includes increased access to social support, the building of networks, and the importance of nurturing relationships (Mahali et al., 2018). In the African context it is required to mention that relational well-being encompasses all the dimensions of an individual's bio-systems including family,

ancestors, physical environment, society, and culture, with these aspects regarded as interdependent and relational (see Geldenhuys & Van Schalkwyk, 2019). Though the centrality of relational health to well-being is evident, White (2015) avers that people's experiences and feelings about their lives in social and economic terms, combine the objective and subjective dimensions of wellness (cf. Camfield cited in Mahali et al., 2018). Evidently, individuals do not experience well-being in isolation from others (Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011; McCubbin et al., 2013).

Briefly put: CP as a sub-discipline of psychology and its core values such as reflexivity, critical consciousness, social justice, and, inclusive partnership guides the psychologist to engage in a given community in context-specific ways. Practices associated with CP's values, such as empowerment, are compatible (complements) with an *ecological perspective* to provide a holistic understanding of human behaviour at individual, family, community and broader societal levels. This lens necessitates a critical awareness of the different contextual layers of individual and communal problems. Yet, while the embeddedness of our ways of knowing cannot be contested we need to differentiate (discern) between the processes of individual strengthening and transformative change. Therefore, the interdependence and workings of Prilleltensky's three primary sites of well-being, namely, personal, relational, and collective well-being are vital. The balancing of wellness/well-being with justice/fairness is integral to these processes of being and functioning well. And, this point of departure links well with Keyes' model of personal well-being (model of complete mental health), since it is evident that positive human health should be directed by high well-being versus the mere absence of ill-being and clinical conditions.

Because of its comprehensiveness and successful application previously, also in the South African context (Van Schalkwyk & Wissing, 2013), Keyes' model is used as a corner-stone theoretical approach in the current study. Also, Keyes argues that "if health matters…"

we need a lens of the presence of positive health directed by high well-being. Such a lens includes a strength perspective of humans and their ecosphere (Wagner, Kawulich, & Garner, 2012).

2.1.5. Strengths Perspective.

A Strength-based perspective provides a framework and tools that enable us to take up the challenge of learning in partnership with others (Hammond & Zimmerman, 2012). This approach does not attempt to ignore the problems and difficulties by using the theoretical standpoint that health promoting work entails much more than pathologising systems or individuals (Keyes, 2005; Ryff & Singer, 1996; Saleebey, 2011). From a strengths' perspective, all individuals, systems and communities should be seen as holding certain capacities, talents, competencies, possibilities, visions, values and hopes despite the hardship, oppression and trauma that they come from (Lazarus et al., 2017; Levine & Perkins, 1997). In other words, when we view individuals from the strengths' perspective then we talk about a lexicon of strengths (Saleebey, 2009, 2013), such as empowerment, resilience, membership, healing and wholeness, dialogue and collaboration, suspension of disbelief (Saleebey, 1996, 2009). For example, within *membership* people must often band together to make their voices heard, get their needs met, to redress inequalities and to reach their dreams (Saleeby, 2009); *healing and wholeness* necessitate an altruistic relationship between the individual and the larger social and physical environment (Saleebey, 2011); and, *dialogue and collaboration* include that through these relationships we discover, develop knowledge, and build internal strengths (Saleebey, 2009).

Also, the following Strengths' perspective principles were viewed as integral to the current research: Firstly, all individuals, groups, families and communities have strengths, for example, mothers living in high-risk contexts have ample knowledge, have considerable resources, and probably a good view of what is wrong and how to correct it (Hammond &

Zimmerman, 2012). People have learned lessons from previous experiences, have hopes and interests and have mastered certain things (Saleebey, 2009). Secondly, trauma and abuse, illness and struggles may be sources of challenge and opportunity that are not only injurious - as, through these trials and tribulations people learn skills and develop personal resources that may contribute to future survival as an adult (Saleebey, 2009). Thirdly, for the assumption of ignorance about the upper parameters of the capacity to develop and transform and take individual, group and community aspirations seriously, Saleebey (2009) recommends each person has her own wisdom, ideas, cognitions, emotions, protective factors and resources, but these could in some instances be subdued by adversity. Fourthly, collaboration is the best way to partner with community members (Saleebey, 2009) and, from a strengths' perspective the researcher may be best defined as a collaborator and not the expert (Saleebey, 2009). (A collaborator can be defined as an individual who, because of education and experience, has certain knowledge and expertise, but is definitely not the only one in the situation to have relevant knowledge and understanding [Saleebey, 2009]). Finally, every environment is full of resources (Saleebey, 2009); and it must also be viewed in terms of the resources and possibilities that they offer no matter how harsh or toxic; and lastly, all humans depend on care to promote human well-being (Saleebey, 2009).

Therefore, it is well-advised to consider the statement of Levine and Perkins (1997), that the strength-based approach also allows the prospective that "it may not be necessary to undo psychopathology first" (p. 14). This stance aligns with the pioneering work of Keyes (2005) that mental health should not be addressed principally as the absence of mental illness, but also as the presence of positive human health. According to Ryff and Singer (1998), this old refrain calls for the expanded formulations of human health and the primary components or wellsprings of well-being (Linley, Joseph, Harrington, & Wood, 2006; Marujo & Neto, 2014; Wissing & Temane, 2014). But, keeping in mind that Psychology should paysufficient

attention to justice (Prilleltensky, 2012), I need to clarify that a Strength-based approach includes socially-just practices.

2.1.5.1. Strength-Based: A Socially-Just Practice. In its emphasis on strengths and capacities a strength-based approach also integrates the principles of social justice: inclusion, collaboration, self-determination, transparency, respect, the sharing of resources, and regard for human rights. Just practice embraces the following (see Table 2.2):

Table 2.2

Strength-based: Socially-just practice

Strength-based: A Socially-Just Practice	
1. The right of individuals to genuine ownership and participation in the process of change they are engaged in.	For example, to use participation action research methods to obtain contextual data with mothers of the high-risk community as co-researchers.
2. Enabling people to identify and define their strengths, capacities, aspirations and goals.	For example, to use this point of departure engaging with mothers in the implementation of the wellness programme.
3. To embrace the sharing of power and resources and to ensure that power imbalances between workers, agencies and those with whom they work, are acknowledged and addressed fairly. All practice needs to be open, transparent consultative, inclusive and collaborative.	For example, to demonstrate in authentic ways the sharing of power and resources in mothers' application of their personal resources ("Feeling valued") to influence other mothers and families of the community ("Adding value").
4. Recognizing and taking steps to address structural and cultural dimensions of a person's life that limits their ability to control their own lives. Recognizing and concerned with ways that dominate culture and beliefs	For example, including opportunities for mothers to discuss (and, examine) structural and cultural dimensions limiting their effective managing of stressors as part of an intervention programme.

Based on "Strength-based: A Socially-just Practice" (Hammand & Zimmernman, 2012, p. 10).

A true strengths-based approach is one that governs the way we think about families, youth, communities, schools and social networks and the way we go about our work on a

daily basis for all actions and interactions. It draws one away from a primary emphasis on procedures, techniques and knowledge as the keys to change and highlights the fact that each individual, family, group and community holds the keys to their own transformation. Embracing the strengths-based approach aids us in walking alongside community-members, such as mothers and accepting that the empowering (strengthening) processes will not be the same for every family since the strengths of each mother and her circumstances are different in building her strengths and resources (Hammond & Zimmerman, 2012). While acknowledging the oppressive realities for many women and mothers living in high-risk and low resource contexts, the Strengths' perspective recognises that all people have strengths and capacities which they harness to address adversity (Boddy, Agllias, & Gray, 2012).

The current study utilised the concept of strengths as a main building block, covering: i) specific character strengths which form part of virtues (Peterson & Seligman, 2004); ii) as any psychological aspect of healthy functioning (Wissing & Van Eeden, 2002); and, iii) as a process definition, namely the ability to apply skills and resources in a creative and flexible way for the solution of problems or the realisation of goals, according to the demands of the context (Smith, 2006). Thus, the concept of strength was used in this study as an umbrella term that covers all these meanings of the term. Van Schalkwyk (2019) found that mothers living in Delft viewed the experience of motherhood as integral to strengths.

2.2 Mothering/Motherhood

While motherhood is celebrated as the ultimate experience of womanhood also on the African continent (Olayiwola & Olowonmi, 2013), this matter is rather under-researched in South Africa (Frizelle & Kell, 2010). Also, much of the limited existing South African research about motherhood tends to focus mainly on mothers who are considered to be "problematic" (Frizelle & Kell, 2010; Nganase & Basson, 2019). Therefore, it is important to mention that the focus of the current research was foremost with women in their practice of

mothering in order to provide for the physical, emotional and socialisation needs of their children (White paper on Families, 2013). So, to clarify, mothers participating in this study were described as "vulnerable mothers" due to their exposure to environmental stressors and contextual vulnerabilities associated with long-term poverty, violence, abuse and exploitation (cf. Hall, Richer, Mokomane, & Lake, 2018). Thus, the use of the term "vulnerable mothers" for the current research does not refer to being categorised as "problematic" mothers or mothers suffering from disorders (diagnosed with clinical conditions), rather they are regarded as "vulnerable persons" in an ethical sense (Department of Health, South Africa, 2015; Wood & Olivier, 2011).

2.2.1. Defining mothering.

Walker (1995) refers in "Conceptualising Motherhood in Twentieth Century South Africa" to the absence of a clear conceptualisation of motherhood. She questions influential assumptions that motherhood as a familiar institution and experience does not need "rigorous definition" (cf. Walker, 1995, p. 424). Walker's (1995) definition of the term "motherhood" as a multi-layered one is used frequently in our country (Frizelle & Kell, 2010; Roman, Makwakwa, & Lacante, 2016; Wright, Noble, Ntshongwana, Neves, & Barnes, 2014; Wood & Olivier, 2011). Her multi-faceted description of motherhood embraces at least three different terrains - which may be inter-related, namely:

i) the first dimension of motherhood refers to mothering work, i.e., *the practice of motherhood* (Kaplan, cited in Walker, 1995);

ii) the second dimension of motherhood indicates the *discourse of motherhood,* embracing the norms, values and ideas about "the Good Mother" that operate in any one society or sub-group (Kaplan, cited in Walker, 1995); and,

iii) the third dimension, i.e., motherhood as a social identity, with *"social identity"* being understood in Tajfel's sense as "consisting of those aspects of ... [the individual's] self-

image, positively or negatively valued, which derive from [her] (my adaptation) membership of various social groups to which [she] belongs" (Taifel cited in Walker, 1995, p. 427).

Before looking at mothering in the South African context, I offer some background information. There have been some interesting "historical-political" studies that have engaged with the "ideologisation and institutionalisation of motherhood" (see Kruger, 2006, p. 194). For example, Kaufman (2000) wrote about the link between black women's childrearing practices (the decision of whether to become a mother or not) and the social and political context of racial domination. Walker's review of literature (1995) historicises the "politics of motherhood" in South Africa. Kruger (2006, p. 194) indicates the gap in the body of South African literature on motherhood to explore "contemporary regular mothering experiences and practices" and its multi-layered and complex nature. She proposes a feminist agenda to researching motherhood, which involves exploring, firstly, the different experiences of mothers' mothering/parenting in different contexts and, secondly, the various social processes that produce these experiences. In alignment with the feminist agenda Jeannes and Shefer (2004) argue that mothers' experiences cannot be separated from various social and political structures, and, how mothers continue to perpetuate these structures via our daily dialogue. Walker (1995) avows that the discourse of motherhood includes ideas about what makes a good mother, which are in turn embedded in ideas about womanhood, gender identity, and childhood, which together "informs and orders the practice" of mothers' work (p. 425).

According to Walker (1995), the "practice" of motherhood is intertwined with motherhood as "social identity". While the practice of mothering refers explicitly to mothers' work to provide for the physical, emotional and socialisation needs of children; the social identity of motherhood "involves women's own construction of an identity as mothers - informed by the discourse of motherhood, mediated by the practice of mothering, but not a

simple derivative of either" (Walker, 1995, p. 426). A focus on social identity is important as it acknowledges the way in which mothers individually and actively construct the identity of mother within particular contexts (Walker, 1995). It is crucial for this research that mothering is viewed as "the interplay between individual and collective processes" in the South African context (Walker, 1995, p. 426).

2.2.2. Mothering in the South African context.

More recently, Moore (2013) used Walker's three terrains of motherhood to examine the changes in the practices of mothering, discourse and social identity of African mothers through the experiences of women who belong to three different socio-historical periods. She used the history of Cape Town to conceptualise motherhood in the structural and cultural changes of the city's different historical eras. Moore (2013) explains that in South Africa, the negotiation of motherhood has been shaped by specific social conditions such as housing and labour policies under apartheid. In particular, motherhood has been specifically shaped by high physical mobility (between urban centres and rural villages) and relationships to the father of the child. Moore (2013) found that the relationship between marriage and motherhood has changed over time. Three generations ago, the role of the extended family was of fundamental importance for black mothers in their efforts for survival. Especially during the 1960's and 1970's, the cruelty of apartheid made it difficult for mothers to provide for themselves and their children. Legislation during the early apartheid years, including the Population Registration Act of 1950, the Natives (Abolition of Passes and Co-ordination of Documents) Act of 1952 and the 1952 Native (urban Areas) Amendment Act, restricted African women's movement and mother-child contact. For many mothers the cost of survival and work compelled the sacrifice of their marriages and children. Two generations ago, being single mothers and providers was a common experience. Also, this

generation of mothers was eager to ensure that their children have better options than they had, therefore they adopted a role as strict supervisor of their children's education

Caring for their children meant caring about their future and facilitating their growth and development. Moore (2013) found that currently black mothers view maternal identity as being shaped by their relationship with their partner, as well as employment. Consequently many changes regarding arrrangements of marriage and motherhood took place. Nowadays, the achieving of personal goals, such as a successful career is more important for most African women than marriage (Moore, 2013). Nonetheless, although the achievement of personal goals does not necessarily include the support of a man/partner, this perspective does not exclude motherhood. This is aligned with Walker's (1995) argument that, having children, although not as many as before, is a crucial part of African women's identity, over and above being married. Practices of motherhood changed also, as mothers had to become the sole providers for their children (cf. South Africa's history of migrant workers); and, views about mothering well include many decisions, such as (teenage) mothers of the 21st century expressing sadness and regret when their children are mostly with the grandmother (Moore, 2013).

Due to the changes in the timing of marriage and motherhood (Robinson, 2014), a redefinition of marriage points toward a stronger focus on personal and financial achievement and a lesser emphasis on motherhood. Mothering between 1935-2005 meant devotion to the care of others, including self-sacrifice. This arrangement enabled the younger generation of mothers to become financially more secure. Consequently, for many mothers "mothering" nowadays does imply being responsible for her child, but not at the expense of her sense of self. Though mothering represented one part of her identity, her redefinition thereof is compatible with her wider life ambitions.

However, the intergenerational relationships between mothers and daughters in the African context are not without tension (Nganase & Basson, 2019; Oimegwu, Amoo, & De Wet, 2018). Seemingly, for this younger generation the quest of being an educated, employed, self-respecting and responsible adult person holds much more than the social identity of "mother"—even when it comes into conflict with the ideological practice of mothering. Moore's research (2013) resonates with these recent research findings which suggest that nowadays for many African women the ideological practice of mothering does not dominate their pursuit of personal fulfilment.

Even though the "meaning" of motherhood is changing to encompass greater role diversity, the practice of mothering still depends on practical support from female kin (Moore, 2013). Younger mothers' reliance on support from their own mothers or maternal grandmothers in the absence of fathers still constrains rapid change in practices of motherhood (Oimegwu et al., 2018). In other words, traditional cultural constraints on motherhood could infer that young women's behaviours may not be drastically different from their parents. But, younger mothers are embedded in culture and history and the nurturing role of women as part of social practices curb social practices confining caring relationships to the extended family. This is confirmed by SA research referring to mothering in black communities where these daily maternal practices are viewed as part of the collective responsibility of the women in the neighbourhood (Robinson, 2014). Frizelle and Kell (2010) also found that the caring role of mothers in the South African context remains typically the work of women.

Although some SA research shows that mothers were seriously frustrated by the lack of support of the fathers of their children (Frizelle & Kell, 2010; Johnson, Jacobs, & Van Schalkwyk, 2017; Oimegwu et al., 2018), few mothers question the assumption that it is ultimately the responsibility of women to ensure the well-being and healthy development of

their children (Berry & Malek, 2017; Frizelle & Kell, 2010). Seemingly, many mothers submit against a wider discourse of "good mothering" to endure being voiceless and invisible (Berckmans, Velasco, & Loots, 2016). For example, most of the women in the South African study conducted by Frizelle and Kell (2010) experienced "a disappearing sense of self" (p. 43). The study of Frizelle and Kell (2110) is important for the current research, as it shows that motherhood, or demonstrating "what it is to be a mother" is endorsed and transformed in particular social contexts (Berry & Malek, 2017).

Families are not just about biological relationships and parenting is not simply about reproduction: The family serves a social function as "one of the great, enduring institutions of organised human life" (Hall et al., 2018, p. 22). But, family and household arrangements are dynamic and these family units respond over time to social, economic and political factors. Worldwide family forms are changing; and, also in South Africa diversity of family structures and households forms, decreasing marriage rates and increasing female headed households are prevalent (The White Paper on Families, 2013).

Since the classification of single-parent families is of particular interest for the current study, it is thus also required to clarify the term "lone mother". In the SA academic literature researchers make regular use of "female-headed households" as a category of analysis (Wright et al., 2014 - see Chapter Four). For example, Rogan (in Wright et al., 2014) breaks apart the category into three non-overlapping classifications (see Table 2.3).

Table 2.3

Rogan's (2012) classification of female-headed households

Household Classification	Description
1. De Jure - Female-headed household • The fastest growing type of female-headed household	Never married, widowed or divorced/separated
2. De facto	Married - but not living with husband or partner

female-headed households	
• The group at most risk of poverty	
3. Co-resident female-headed households	Living with partner or spouse

Note: Taken from Wright et al. (2014)

Ntshongwana (cited in Wright et al., 2014, p. 39) describes "lone mothers" as women who have a child with a partner or spouse but subsequently become separated or divorced or, less formally as a result of having abandoned or been abandoned by the partner or spouse, are apt for the current study. According to Hall et al. (2018), children in lone-parent and extended households tend to be the worst off financially. This is clearly relevant in our South African context, for example, Kruger and Lourens (2016) refer to the emotional distress of lone mothers who are living in resource poor environments, and who are mostly unemployed. Therefore, I deemed it necessary for the current research to ascertain some indicators of a contextual "account" of mothering, such as: income; age; unemployment (work activity); marital status; caregiver status; household status; education; housing; household amenities (e.g., no piped water in dwelling); poverty (mothers' children are receiving a social grant); food poverty; income poverty; material deprivation (e.g., no refrigerator) (Wright et al., 2014) (see socio-demographic information - Chapter 5 of this thesis, p. 131). According to Hall et al. (2018), 12 million South African children benefit from the child support grant (CSG) - the children of all mother participants in the current research received this social assistance.

In the light of the above-mentioned indicators, it was evident that mothering can be particularly demanding; and, mothers' numerous tasks (whether single-parent or not) entail ipso facto fundamental components of parenting. South African novelist, Damon Galgut (1988) remarked that a woman's capacity to bear children and her competency toward

mothering as an indication of parenting—that ongoing process—is unequal (Galgut, 1988, in Small Circle of Beings). Given that "being a parent" cannot be equated with effective parenting, further differentiation about parenting is necessary.

2.2.3. Parenting.

While Masten (2015) indicates the mitigating influence of competent parenting about contextual stressors, substantial evidence notes that impoverished neighbourhoods and limited access to resources could undermine parenting (Ward, Makuska, & Bray, 2015). In a South African study, Petty (2018) opines that the socio-structural factors compromising parenting continue to be sidelined; and, the onus remains on parents to be "good enough" parents to provide their children with a head start in life, no matter what their circumstances. Winnicott's concept of "good enough parenting" refers to the recognition that "the vast majority of parents […] are in all practical respects 'good enough' to meet their children's needs" (Hoghughi & Speight, 1998, p. 293), but, the above-mentioned accounts give rise to the question of what experts and policymakers consider as "good" parenting. According to Ward and Wessels (2013), good parenting is associated with responsive behaviour referring to parents being consistent in what they are doing. The notion of "good" parenting has evolved over the last decades, but frequently the National Society for the Prevention of Cruelty to Children (NSPCC) (2014) was developed to assess *parent capacity* to parent in a "good enough" manner in the long-term (see NSPCC, 2014). According to a survey of practitioners' perceptions, "good enough" parenting entails four elements:

- meeting children's health and developmental needs
- putting children's needs first
- providing routine and consistent care
- acknowledging problems and engaging with support services.

Although these four elements about "good enough parenting" are valuable as a real approach, a perspective of parenting "no matter what circumstances" could be rather insensitive (Petty, 2018). In general, context cannot be omitted when discussing parenting and particularly maternal parenting practices, since extant literature concludes *that parenting is shaped by a variety of ecological factors* that include socio-economic conditions, social and community support, child care arrangement, children's peer relationships, parents' marital relations, as well as community and neighbourhood influences (Bronfenbrenner, 1979; Chandan & Richter, 2008; Geens & Van Den Broeck, 2013; Knerr, Gardner, & Cluver, 2013; Newland, Lawler, Giger, Roh, & Carr, 2015; Zhou et al., 2017).

Research is clear about the impact of poverty regarding poor outcomes for children (Burger et al., 2014), but of particular importance for the current research was the influence of *everyday stressors for families*. It is well-documented that ordinary daily routines and rituals can nurture the resilience of individuals (Masten, 2001; Rutter, 2007; Ungar, 2008) and families (De Goede, 2018; Isaacs & Roman, 2018; Schalkwyk, 2019; Walsh, 2016). But, contrary to experiences of "ordinary magic" (Masten, 2001, p. 227) is the accumulation of daily stressors in combination with serious environmental risks for low-income families. For example, when mothers are dealing with maternal depression, Kruger and Lourens (2016) found that mother participants in their accounts of violence, made it clear that they were mostly violent in their households, with partners and children; and, many times this abusive behaviour is associated with mothers' anger about children's hunger and their experience of "defeatedness" (Kruger, 2020). Evidently, poor mental health is related to harsh and inconsistent parenting (Moore, 2013), punitive parenting, and reduced parental monitoring and supervision (Chandan & Richter, 2008). Consequently, these negative spirals associated with being exposed to the long-term influence of poverty can compromise mothers' mental health and caregiving capacity (Hall & Mokomane, 2018; Lesch & Kruger, 2005).

Furthermore, given the inequality and discrimination associated with South Africa's past, and the resultant persistent socio-economic conditions, disadvantage can persist through certain mechanisms, such as parental styles and abusive parenting (Knerr et al., 2013). Apparently, poverty and socio-economic deprivation are associated with differences in parental discipline (Papageorgiou & Callaghan, 2018) and parental style **(**Dakers, 2018; Moore, 2013). Briefly put, inconsistent and abusive parenting is linked to maladaptive behaviours in children as well as negative adolescent and adult outcomes (Lachman et al., 2016). This is particularly concerning in LMICs where children experience high levels of violent discipline and psychological aggression (UNICEF, 2014).

2.2.3.1. The South African context of parenting. Parenting-child behaviour outcomes in South Africa are inconsistent with international research in terms of parenting styles, gender and ethnicity (Moore, 2013). This could be explained by the World Review for 2017 (Social Trends Institute and the Institute for Family Studies, 2017) which reported that in terms of parental cohabitation arrangements, South Africa is an outlier—even by African standards. The unusual shape of families in South Africa and neighbouring countries is partly historical and cultural: for example, it was common for children to spend time at the home of their grandparents as a way of fortifying family attachments; promoting intergenerational learning; and "drawing on the capacity of non-working family members to provide care and support" (Hall et al., 2018, p. 25). As Lazarus et al. (2017) posit, "…environments are powerful moderators of individual and family processes" (p. 45).

In the SA context poverty traps and experiences of parenting trauma cannot be ignored, since many families, especially single-parent families, such as female-headed households are under-resourced and impoverished (Van Schalkwyk, 2019). Millions of South African citizens live below the poverty line and their daily struggle is about survival (Adams et al., 2014; Van der Westhuizen et al., 2015). But, although "parenting trauma" is not limited to

developing countries (McFarlane, 2018), the neglect in the formal provision of mental health services, because of structural disparity in marginalised communities, such as in South Africa, is often challenged by high risk and high need (Ebersöhn et al., 2018). Also, these numerous risks and disadvantages overlap and reinforce one another (UNICEF, 2016). Burger et al. (2014) refer to the accumulation of "inherited poverty" as poverty traps. These poverty traps are real issues in the South African context, since it is projected that in 2030, nine out of 10 children in extreme poverty will live in sub-Saharan Africa (UNICEF, 2016, p. 74).

Clearly, the context of parenting, particularly with reference to a South African high-risk context, really holds powerful moderators with regards to the most common dynamics of human practices related to the ongoing processes of "mothering work" (cf. Walker, 1995). Since mothering in terms of maternal practices does not ipso facto imply competent parenting, Wessels, Lester and Ward (2013) state that one way of strengthening parenting is through parenting programmes. A parenting programme is described as "… a structured process of education and training intended to enhance the parenting skills of participants" (Van Es, 2015, p. 3). Literature continuously suggests that the most effective parenting programmes tend to have a clear and consistent focus on parenting skills and child development (Wessels, 2012). This chapter concludes with a brief discussion about parenting programmes.

2.3 Parenting Programmes (see Chapter 6 of this thesis)

Parenting programmes as types of interventions are comprehensive and the overall objective of these parenting intervention programmes or services is to give parents/ caregivers/guardians targeted education, training or support to improve child outcomes (Butler, 2015). Also, in SA family interventions are viewed as a powerful mode of treatment (Pedersen et al., 2019) to develop parenting skills to promote children's safety and well-

being. Corresponding to this reasoning, parenting programmes are seen as fundamental in creating a non-violent society (UNICEF Report, 2014). Altafim and Linhares (2016) found that parenting educational programmes appear to be an important strategy for the universal prevention of violence and maltreatment against children.

Based on a substantial body of research, it can be stated that parenting programmes are considered to be the most influential and cost-effective interventions to support parents in improving their parenting skills (Lee, Bristow, Faircloth, & Macvarish, 2014; Pedersen et al., 2019; Sanders, 2012; Van De Driessche, 2016; Wessels, 2012). Numerous studies reveal positive outcomes for parents in parenting interventions (Pedersen et al., 2019), but, it is crucial that parenting programmes are culturally-sensitive (Evans, Matola, & Nyeko, 2008; Van Den Driesshe, 2016). For example, Ghanaian researchers refer to the rich cultural values and practices in most African communities, particularly within the rural setting, that regulate and shape the social lives of the people (Gyekye, 2013; Idang, 2015).

2.3.1. Parenting programmes and the Global South.

Various programmes/interventions developed in SA or even sub-Saharan Africa give credit to acquired new knowledge and skills gained via their exposure to an intervention programme (Van Den Driessche, 2016; Van Es, 2015). A contributing factor to the success of parenting training in our context is the opportunity for parents to form groups and build friendships (Borden, Schultz, Herman, & Brooks, 2010). Van Den Driessche (2016) found that these supportive relationships were cited by many parent participants as the most rewarding benefit they have gained from the training. According to Knerr et al. (2013), parenting interventions are increasingly being implemented in LMICs. For example, Pedersen and colleagues (2019) reviewed 36 papers representing 32 unique studies of family or parenting interventions in LMICs and found that the majority of interventions showed positive outcomes for child and youth mental health and well-being.

Wessels (2012, 2017) states that the implementation of high quality programmes which are easily accessible to parents is an imperative in SA. Apart from too few available parenting evidence-based programmes in South Africa, only a small percentage of parents have access to them (Wessels, 2012). She emphasises that programmes with a solid theoretical base based on empirical research and aligned with the best practices are necessary to construct an evidence base from which programme developers (and policy makers) can draw insights into what works and what does not work well. The long-term benefits of such parenting programmes through enabling safe, stable and nurturing relationships between parents and children could be associated with positive outcomes, such as reductions in mental health issues in adulthood and reduced rates of delinquency and violence (Ward & Wessels, 2013). Therefore, high quality parenting programmes are considered to be instrumental to nation-building in the SA context (Wessels, 2017).

2.4 Chapter summary

This chapter highlighted relevant theoretical frameworks that inform the current research. Firstly, CP and specifically the values of empowerment and social justice were described as the comprehensive framework, supported by ecological and strength approaches. This point of departure allowed for premising the social and ecological context of participants in understanding their lived experiences in their communities, amidst the extant risk and protective factors. Prilleltensky's model of personal, relational and collective well-being as the primary sites of well-being provided for a broader understanding of the enabling and undermining factors impacting wellness in general, but particularly with participants who have to cope with daily living in high risk and high need communities. This model is complemented by the Keyes's model of mental health with its psychological, emotional and social dimensions of wellness, which are instrumental for a wellness programme for mothers to enhance their personal and parental competencies.

The literature review also highlighted that parenting cannot be studied without taking into account the environmental circumstances in which parents/mothers need to raise their children. Accordingly, mothering is broadly determined by contextual factors. Finally, I briefly discussed the need for evidence-based programmes in the South African context.

Chapter 3

Research methodology

3.1 Introduction

The value of any research is found in its ability to answer the research question in useful ways (Twining, Heller, & Nussbaum, 2017). A research design provides the general strategy for solving the research problem (McCaig, 2010). In social sciences the choice of research design providing the overall framework for selecting participants, research sites, and data collection procedures are integral to answer the research question (Leedy & Ormrod, 2013). In this sense the methodological framework enables the researcher to address the research problem logically and as explicitly as possible (Creswell & Creswell, 2018).

In this chapter I firstly discuss the methodology, which includes an overview of the community setting where the study was conducted, a description of the selection of articipants, the data collection strategies and trustworthiness of the data analysis procedure. The chapter ends with the ethical considerations informing the implementation of the study.

The research methodology provides the rationale and procedure for how the research objectives were addressed and aims achieved in this study. The primary aim of this doctoral study was to design and evaluate a wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental strengths. The specific research objectives were as follows:

1. To conduct a **literature study** to find possible wellness programmes (strengthening families in a high-risk context) for the South African context to enhance the coping skills of mothers and their personal and parental functioning in a high-risk community (Phase 1).

2. To engage with **mothers** living in a high-risk community to ascertain their needs and concerns with regard to their roles within their family and community contexts (Phase 2 - Photo-voice; Retrospective timeline exercise).

3. To solicit and describe the perspectives of **service providers, namely social workers,** about those essential components of a wellness programme to promote the personal and parental strengths of mothers living in a high-risk community (Phase 2 - Focus group discussion).

4. To design and implement **the wellness programme** (Phase 3).

5. To evaluate and finalise the wellness programme (Phase 4).

3.2 Research Approach

Principles and values of a Participatory Action Research (PAR) approach guided this research. Essentially, PAR involves the production of knowledge in an active partnership with those affected by that knowledge (Bhana, 2006; Ferreira, Ebersöhn, & Botha, 2013). Of particular importance for the current research was the concern of PAR to seek to address issues of significance concerning the flourishing of human persons, their communities, and the wider ecology in which they participate and contribute (Reason & Bradbury, 2008). As with all progressive forms of action research: "research and action in PAR are inseparable, leading to praxis where, through action-reflection, knowledge creation supports action" (Kagan, 2012, p. 1). I chose this particular definition of PAR as an alternative research methodology that engages with and facilitates change in local communities regarding issues of concern to them so that action can be taken (Collins et al., 2018; Selenger, 1997; Stringer & Genat, 2004). Core components of PAR for the current research were the fostering of capacity, community development, empowerment, access, social justice, and participation. The seven components identified by Selenger (1997) for the PAR process were valuable to the research process.

Table 3.1

Seven components of the PAR process (Selenger, 1997)

Component	Description

Component 1	The problem should originate in the community itself and is defined, analysed and solved by the community.

Van Schalkwyk conducted research in this community in 2017-2018; and, the current research was based on one of the recommendations of the mother participants of the exploratory study (Van Schalkwyk, 2019).

Component 2	The ultimate goal of PAR research is the radical transformation of social reality and improvement in the lives of the individuals involved; thus, community members are the primary beneficiaries of the research.

This is of particular interst for the current research since the occurance of serious social ills, such as gender-based violence against women and children are extremely high in South Africa (UNICEF, 2014, 2016).

Component 3	PAR involves the full and active participation of the community at all levels of the entire research process.

For example, the active participation of mother participants as co-researchers was vital for this research (see Chapter Five).

Component 4	This component encompasses a range of powerless groups of individuals: the exploited, the poor, the oppressed, and the marginalised.

The population consisted of mothers of a selected high-risk community called Delft who were poorest of the poor, for example, most mother participants were recipients of SASSA grants (see demographic information obtained, Chapter 5).

Component 5	The fifth component of PAR can be described as the ability to create a greater awareness in individuals' own resources that can mobilise them for self-reliant development (Selenger, 1997 in McFarlane, 2012).

The strengthening of mothers' personal and parental capacities was the main emphasis of the programme for mothers living in Delft.

Component 6	PAR is more than a scientific method, in that community participation in the research process facilitates a more accurate and authentic analysis of social reality.

The selected PAR techniques facilitated the authentic analysis of the mothers' reality of mothering in this high-need and high-risk context.

Component 7	PAR allows the researcher to be a committed participant, facilitator, and learner in the research process in contrast to a detached scientist.

The primary researcher is indeed a committed participant, since I am part of this community in a voluntary capacity since 2009.

Briefly put, to achieve the objectives of the study according to a PAR approach, interactional processes were set up to engage with mothers as co-researchers with the primary researcher to co-construct the programme to be developed (Ferreira et al., 2013).

3.3 Research Design

The research design, defined as a strategic framework of methods and techniques, provided a reasonably logical manner for the research problem to be handled efficiently to execute the research (Creswell, 2014; Durrheim, 2006). Given the explorative and participatory goals of the study and underlining the adopted epistemology, a critical qualitative philosophy was used to engage with the stated objectives of this study. This philosophical stance involved specific methods and procedures influencing the practice of this research (Creswell, 2014).

Qualitative research offers the gathering of rich, rigorous, detailed and in-depth data sources to understand and describe a phenomenon from the participants' frame of reference (Braun & Clark, 2013; Creswell, 2014). In this study the contextual information of the research group, namely mothers and service providers (social workers) was triangulated and used in combination with academic information of existing parenting programmes to present a wellness programme fit for the South African context. The case-study design was used within a participatory process evaluation framework.

3.3.1. Case study Design.

Case study research focuses on the in-depth investigation of a phenomenon which is studied through the examination of one or more cases within a bounded system (Creswell, 2007). For the current research "bounded system" refers to the context or particular setting or the "object" of study (Creswell, 2007). Creswell's definition (2007, p. 73) highlights six important components of the case study method: i) The method is primarily qualitative in nature; ii) it examines one or more cases; iii) it is longitudinal in nature given that it is

conducted over time; iv) it makes use of several in-depth data collection strategies; v) it provides an in-depth description of the bounded system/s; and, vi) it describes the themes that emerge from the case or cases. Yin's definition (1984) of a case-study emphasises the real-life context of the empirical inquiry of the contemporary phenomenon; and, Niewenhuis (2016) indicates the multi-perspective analysis of a case-study which opens up the possibility of giving voice to the powerless and voiceless. This was important for the current research, firstly, to gain a deeper understanding of the dynamics of functioning and mothering in a SA high-risk context; and secondly, to obtain information to protect and promote personal and parental competencies in ways that are meaningful to mothers. Overall, I selected a case-study design, because it is anchored in real-life situations and it results in a rich and holistic account of a phenomenon (Njie & Asimiran, 2014). However, the extent of data for analysis of the case study method could be viewed as a limitation (Stake, 2005).

The boundaries of this doctoral study cover the phase of engaging with mothers living in a selected high-risk community, namely Delft, to ascertain their resources/assets and concerns regarding their roles within their family and community contexts (phase 2); soliciting and describing the perspectives of service providers, namely social workers, about those essential components of a wellness programme to promote the personal and parental strengths of mothers living in a particular high-risk community (Phase 2); phase three (design and implementing of the wellness programme); and, phase four (evaluating and finalising the wellness programme). The "case" for this study is a within-site case focusing on the case itself (intrinsic case study), i.e., the development and initial evaluation of a wellness programme for mothers living in Delft, i.e., a place (situated within a single community). This study was conducted over a period of three years (from 2018-2020) which allowed the collection of data over a long period of time, generating rich qualitative data. It is designed to facilitate observations over an extended period, providing information describing processes

over time, for example from the inception of a project until its culmination (see Babbie & Mouton, 2006). Figure 3.1 below depicts the current study's overall research design and timeline.

Figure 3.1

Research Activities and Phases of Research: Action Plan (2018-2020)

PHASE and Time-frame	**Key Research Activities**	
PHASE 1 **Preparation** **Oct 2018 – January 2019**	Initial community consultation and involvement with Delft community 1.1 Meeting with gatekeeper 1.2 Meeting fieldworkers/mediators 1.3 Training mediators 1.4 Mediators approach potential participants (mothers) 1.5 Literature reviews and theoretical studies	**Process evaluation (all phases and activities, 2018 – 2020)** **Literature review, focus group discussion, photo-voice, retrospective time-line, observation, researcher diary & document analyses.**
PHASE 2 **Data collection** **February – March 2019**	2.1 Mother participants and Photo-voice - community resources (2019.02.06) 2.2 Discussion of photographs (supervisor @ Delft) (2019.02.13) 2.3 Mother participants and retrospective time-line exercise (2019.02.20) 2.4 Mother participants and wilderness experience (2019.03.28) 2.5 Focus group Discussion (Social Workers – DSD) (2019.03.13) 2.6 Literature review and theoretical studies	
PHASE 3 **Develop, implement, and evaluate programme** **April – November 2019**	3.1 Develop wellness programme for mothers in Delft; and meeting with research team 3.2 Implementation of wellness programme (20 weeks) 3.3 Process evaluation; and, completing evaluation survey (2019.11.13) 3.4 Literature and theoretical studies	

3.4 Study setting

Delft is a high-risk community which is situated 34 kilometres east of Cape Town, close to the Cape Town International airport in the Western Cape Province. This area, formerly called a township or disadvantaged environment, was established in 1989 as an integrated service land project for "coloureds" and "blacks". It is divided into 7 areas or divisions, namely Delft South (also known as Suburban), Voorbrug, Leiden (Delft Central), Eindhoven, Roosendal, The Hague and the new Symphony section. Delft South is predominantly populated by isiXhosa-speaking people, Leiden (Delft Central) is a mixed community of both isiXhosa-speaking and Afrikaans-speaking people. Voorbrug, The Hague, Roosendal and Eindhoven are predominantly populated by Afrikaans-speaking coloured people (https://en.wikipedia.org/wiki/Delft,_Cape_Town). Delft attracted attention because of the controversial N2 Gateway housing project when shack-dwellers of the Joe Slovo Informal Settlement in Cape Town publicly refused to be forcibly removed to Delft. Also, in December 2008, backyard dwellers occupied over 1,000 N2 Gateway houses in the new Symphony section of Delft ("Police illegally destroy homes on Symphony Way", 4 October, 2008; http://abahlali.org/node/4228/). Eventually, the families who occupied the houses were violently evicted and these residents have been living in makeshift shacks on Symphony Way since 2007 (*"City gets eviction order for pavement dwellers". The Citizen,* 7 October 2009). Blikkiesdorp contains approximately 1,600 one-room structures, with walls and roofs made of thin tin and zinc sheets; they are approximately 18 square meters in size; and ablution, sanitation, and water facilities are shared between four structures. Four of the mother participants of this study live in Blikkiesdorp, Delft.

Delft is described as a high-risk community—an area that lacks adequate infrastructure, resources, employment opportunities, and economic activity (Felner & DeVries, 2013). Specific risks in the Delft area are high levels of crime, gangsterism and gangster-related

violence, dysfunctional families (Van Schalkwyk, 2019), domestic violence, abusive drinking (May et al., 2013), murder, rape, school dropouts (Naidoo & Van Schalkwyk, submitted), and poverty (Crime Statistics South Africa [Crime Stats SA], 2018). Delft is one of the 20 high-risk South African communities (Statistics South Africa [Stats SA], 2011b). Moreover, Delft is also known as one of the 10 most dangerous areas in South Africa (Crime Stats SA, 2018) with a rapid increase in crime and social challenges such as murder, substance abuse, sexual assault, theft, and neglect of children in recent years (Crime Stats SA, 2019).

Typical elements of a high-risk community are found in this environment and because of the increased poverty, unemployment and scarcity of opportunities, families are increasingly exposed to domestic violence, crime, gang violence, disease and limited access to healthy social and economic networks (Coley & Lombardi, 2014; Delft-census, 2011; Philip, Tsedu, & Zwane, 2014). The population of Delft has rapidly increased over the last 13 years to more than 1 million inhabitants, considering the backyard dwellers, and with up to three families occupying one house (http://www.smartcape.org.za/community/community-articles/delft-health-centre.html, 2009). Within this community the challenge of single parents, poverty and substance abuse is a dilemma (Van Schalkwyk, 2019). Evidently, family and the immediate settings of individual members of families cannot be considered without taking into account their natural environment as well as their social and cultural contexts (Bronfenbrenner, 1979; Nelson & Prillentensky, 2010; Visser, 2007).

Figure 3.2

Map of Cape Town showing Delft

Source: https://en.wikipedia.org/wiki/Delft,_Cape_Town

3.5 Study Population and Participants

The participants of this study were drawn from two population groups: The first population was mothers who are living in Delft; the second population was service providers, namely social workers working in the selected high-risk community. The main target population for this study was mothers (with children in middle childhood), located within Delft in the Western Cape Province.

3.5.1. Participant Selection Strategies/Sampling.

The primary consideration in qualitative research is to purposefully select "information-rich participants" (Creswell, 2014, p. 289), namely people from whom the researcher can learn a great deal about the central issues which the research addresses. As with almost all qualitative research studies (Njie & Asimiran, 2014), I used purposive sampling, that is, the deliberate selection of units of analysis in such a way that the sample obtained can be viewed as being representative of the study population (Welman, Kruger, & Mitchell, 2005). In other

words, participants were basically "handpicked" based on specific characteristics, with a particular purpose in order to answer or explore specific questions.

3.5.2. Participants.

3.5.2.1. Participant group 1 (mothers living in Delft). I have used non-probability, criterion-based purposive sampling to intentionally recruit 15-21 participants. These participants were deliberately selected because they matched a set of demographic inclusion criteria.

Sample inclusion criteria for a participant in group 1 (mothers):

- Females who are (biological) mothers/grandmothers of children in middle childhood
- Mothers living in Delft for at least 5 years
- Who are willing to participate in the research
- Who are willing to be audio-recorded

I consider it necessary to specify that participants were also included to be recruited who were biological grandmothers of children, acting as legal guardians for their grandchildren. This is a rather common occurrence in the Delft community and it was confirmed by the social workers of the Department of Social Development (social worker participants) working in Delft. I also want to offer two reasons why I chose mothers with children in middle childhood as one of my criteria: i) This life phase is about the mastering of various abilities, such as healthy social competencies (cf. Erikson, 1968); and this was a particular aim of the wellness programme central to competent mothering, that is, the socialisation of children within a safe space of emotional warmth (see Chapter Two) and, ii) for practical reasons for the implementation of the wellness programme, I planned to involve the children optimally during the mother-and-child sessions—including the use of positive emotions, for example, to enjoy the fun of "boere-sport" activities without children being hurt—and, having the opportunity to talk about these shared experiences of play.

3.5.2.2. Participant group 2 (social workers). Purposive sampling (Creswell, 2014) was used to recruit 8-10 social workers (participant group 2). The selection of participants was based on experience in working in the Delft community, willingness to participate in the study, and to the point of data saturation (Strydom & Delport, 2011). I followed the suggestion of Welman et al. (2005) that a focus group discussion (FGD) should consist of at least six but no more than twelve participants.

Tansey (2007) highlights that even though the researcher has greater control over the selection process in non-probability sampling, it must be kept in mind that these participant selection techniques severely restrict the ability to generalise the findings to the wider population. However, while generalisations from study participants to the broader population may be looked for, it was not a primary concern of this study. But, since non-probability strategies could entail some shortcomings, such as the inability for researchers to evaluate the degree to which such samples are actually representative of the population of interest (Welman et al., 2005); I approached a trusted person living in Delft to act as "gatekeeper" of the selected high-risk community to assist me in the recruitment of participants. The gatekeeper was the project manager for the Sakha Isizwe Development Organization (a registered Non-profit organisation [NPO]) (see Appendix A), who was approached. Since one of the aims of the Sakha Isizwe Development Organization is community healing (www.healing-memories.org), and Sakha Isizwe signed a memorandum of Understanding with the Foundation for Community Work to manage their Family in Focus Programme in Delft, they were considered a good fit to take part in the research project. One person, namely a mediator, was appointed by the gatekeeper to contact some of the NPO's volunteers called house-callers to assist in the recruitment of potential participants (mothers).

Another process was used to approach the second participant group, namely the social workers. Apart from obtaining ethical clearance from the REC of Humanities at Stellenbosch

University (see Appendix B), permission was also required from the REC of the Department of Social Development (DSD) (situated in Cape Town). Once this permission was gained (see Appendix C), I contacted the specific DSD office in Goodwood, as indicated by DSD official situated in Cape Town.

3.5.2.3. Number of participants. The number of participants to include in research is central to the important issue of depth and breadth. Glesne (2006) suggests that for in-depth understanding, the researcher should spend longer periods with a few participants and at observation sites. I followed the general guideline for the number of participants to gather in-depth, extensive detail about individuals at a specific site, namely Delft (Cresswell, 2007). Table 3.2 provides a breakdown of the participants for the different data collection strategies employed in this study.

Table 3.2

Participants - data collection

Participant groups	Number of participants	Method	When?
Participant group 1 (Mothers living in Delft)	21 mothers	• PAR strategy: Photo-voice • Retrospective Time-line exercise	Phase 1: February 2019
Participant group 2 (Social workers)	9 social workers	• Focus group discussion	Phase 1: March 2019
Participant Group: Programme Implementation (2nd Phase)			
Participant group 1 (Mothers in Delft)	18 mothers	• Programme Implementation • (20 sessions and 4 sessions mothers and children)	Phase 2: April - November 2019

3.6 Data Collection

PAR allows various data collection techniques that encourage participation from people from all levels of literacy (Ebersöhn, Eloff, & Ferreira, 2016; Kemmis & McTaggart, 2007;

Williamson & Brown, 2014). This was important for the current research as most mother participants did not complete their school education. Hence, the researcher utilised multiple data collection tools (Creswell, 2014; Williamson & Brown, 2014), which also contributed towards quality control. Since PAR refers to action research that is participatory ("for transforming reality") (Prozesky, 1998) participants (the community being studied) were viewed as co-researchers, i.e., mothers living in Delft.

3.6.1. Data Collection Strategies.

Table 3.2 provides a list of PAR phases with methods utilised during each phase (Braun & Clarke, 2013; Creswell, 2009; Ebersöhn et al., 2016). Integral to collecting data for this PAR study I opted to use an on-going process of development since this modus operando allowed me to gain deeper insight into the problem being investigated (Herr & Anderson, 2015). The cyclical nature of the PAR process was an important consideration for this research of continuous relationship and trust building with the participants, to maintain a collaborative partnership and cooperation.

Contextual data were collected by means of using a photo-voice technique, a retrospective timeline exercise (mother participants); and, a FGD (social worker participants). Prior to these data collection opportunities, mother participants were asked to complete a questionnaire to obtain socio-demographic information (see Appendix D). The structured questionnaire was used to gain information about the social and household environment in order to obtain a profile of mother participants (group 1).

3.6.2. Procedure.

Ethical approval was granted by the REC Humanities of Stellenbosch University in September 2018 (PSY-2018-7941). In order to gain access, initial contact was made with the targeted community via a gatekeeper, who was an "insider" familiar with the locals and the prevailing dynamics within the selected high-risk community. Since I have had the privilege

to be involved in this community since 2009 in a voluntary capacity, I established a relationship based on trust with the local community so that we (two academic researchers) were familiar to them when the actual project commenced. As described earlier, the manager for the Sakha Isizwe Development Organization helped provide a gatekeeper and helped recruit six mediators, called "home visitors". The mediators as trusted persons working in this community, who were personally invited to attend an introductory meeting in December 2018; and, training took place in January 2019 to inform them about the various aspects of the research and recruitment of possible mother participants. These mediators are trusted persons in the various areas of Delft, and were also asked to assist the researcher about various practical aspects of the data-collection, for example, to mother participants about the appointments, the data collection opportunities and eventually attending the Wellness Programme for Mothers. This assistance was vital for the conducting of research in Delft, since most mother participants either do not have cell phones, or due to poverty do not always have electricity to re-charge their cell phones. Therefore, personal contact was needed to remind mother participants of the weekly sessions, for example, for the implementation of the wellness programme; or, for the mother participants to inform the research team if they were not able to attend the session due to the illness of a child.

3.6.2.1. Contextual Data (Phase one). The first phase of the research included the gathering of contextual data as well as academic information. Firstly, data were collected with mother participants (group 1) and social worker participants (group 2) to offer the contextually relevant information regarding the content of a wellness programme to strengthen mothers' personal and parental competencies who are living in a high-risk community.

The gatekeeper appointed trusted persons in the various areas of Delft to recruit 15-21 participants for the qualitative study. The selected participants were the ones who met the inclusion criteria of the study. The mediators introduced the research to the potential participants and explained to them the needed information, for example, matters concerning consent. The rather high number of participants was considered best, as I was cognisant of the possibility of a high "drop-out" rate from programmes in low-resource communities (cf. Myers, 2018). I was also mindful of information that reasons for drop-out could be related to environmental stressors, such as the sudden death of a family member due to crime and/or gangster violence (Dziewanski, 2020; Jones, 2019).

Potential participants were invited to attend a meeting to meet the researcher in January 2019, and they had the opportunity to ask me any questions about the research, for example, planned data collection opportunities. All information was provided about the research facility, timeslots, timeframes, confidentiality and risks prior to data collection. Willingness to participate was stressed and matters regarding confidentiality. The consent forms were given to the potential participants, and they had a week to decide whether they wanted to take part in the planned research. After a week the appointed mediators visited the potential participants, and the completed consent forms of the mothers who were willing to participate were collected and the needed appointments for the data collection opportunities were made. The first part of the first phase of data-collection took place during February - March 2019.

Photo-voice method (conducted 2019.02.13): Data were collected via a photo-voice activity which is a PAR strategy (Nelson & Prilleltensky, 2010) where the mother participants were invited to take photographs of their community. Photo-voice has been used as an effective PAR method developed in 1992 by Caroline Wang of the University of Michigan, and Mary Ann Burris, Programme Officer for Women's Health at the Ford Foundation headquartered in Beijing, China to promote critical dialogue and knowledge to

address homelessness issues (Wang & Burris, 1994, 1997; Yung, 2018). The idea was built on the foundation that images and words together can effectively express communities and individuals' needs, problems, and desires (Nykiforuk, Vallianatos, & Nieuwendyk, 2011). Photo-voice is a participatory method when participants use photography and stories about their photographs to identify and represent issues of importance to them, which enable researchers to have a greater understanding of the issue under study (Palibroda, Krieg, Murdock, & Havelock, 2009). Hence, I opt to use this technique of photo-voice.

The photo-voice session was planned for one single data collection opportunity in February 2019 (see Chapter 5, p. 126). Mother participants were divided into 6 groups, according to six different areas in Delft; and, for safety reasons I organised various drivers to take the participants to the places as indicated by the mother participants residing in a particular area. The photography mission was a loosely structured photo-topic that suggested participants take photos of places or things that they felt helped or hindered them to mother in this high-risk community, namely places in Delft that are important to them as mothers associated with i) resources or assets; and, ii) needs/risks. I met with the mother participants and invited drivers of the cars (no mother participants had cars or a driving licence); and, a professional photographer gave us some suggestions and guide-lines at the beginning of the photo-voice session (Wang & Redwood-Jones, 2001). Mother participants left the research venue in groups of five per car to conduct their photography assignment; as soon as they returned, the photographs were downloaded by the professional photographer onto my computer at the research venue in Delft.

We made a summary of the photographs, namely, the primary researcher, co-researchers (mothers) and research team selected the top three to five photographs taken by participant groups per geographical area of Delft. These photographs were selected to ensure best quality pictures and to avoid possible overlap. The following week (2019.02.20) these selected

photographs were presented by means of a PowerPoint presentation; and, co-researchers discussed these photographs with the guidance of the research supervisor. Mother participants (co-researchers) were encouraged to interpret the photography mission in order to give their input about the resources (external assets) and risks/needs of Delft. A brief summary was written based on the interview transcripts to accompany each photograph (see Figure 3.3).

Figure 3.3

Mother Participants and Photo-voice Activity

This process offered participants the opportunity to identify if they did not want a particular photograph displayed and to ensure that the written summary accurately reflected what they had intended it to reflect. Examples of participants' photo stories are provided in Chapter 5/manuscript 2 as an analysis of the photo stories beyond the preparation of summaries.

A Retrospective Timeline exercise **(conducted 2019.02.20)**: A retrospective timeline exercise was undertaken with all mother participants to gain insight into their experiences across various life phases living in a high-risk context (Adrianson, 2012). The timeline exercise was conducted in one session with the assistance of research assistants to ensure the successful managing of the practical procedure which was prearranged carefully. This workshop was planned with many visual aids to assist mother participants to describe their

experiences in three or more short sentences. During previous research data collection opportunities in Delft I had learned that participants were not comfortable with writing about their experiences due to a limited (emotional) lexicon (Cronjé-Malan & Van Schalkwyk, 2015; Geldenhuys & Van Schalkwyk, 2019; Grimova & Van Schalkwyk, 2016). Since the mothers enjoyed group activities, we decided to conduct the retrospective timeline exercise in an adapted format of the "world café" (see Brown, Isaacs & The World Café Community, 2005). The World Café is a method that can be viewed as a process that brings people closer together and gives them the opportunity to be creative and caring while discussing important issues. Also, I found that the World Café method works well in any culture, among different age groups, in any circumstances and in different communities (Brown et al., 2005; Cronjé, Van Schalkwyk & de Jager, submitted).

World Café - Set the context. Attention was paid to three key elements, namely the purpose of the meeting, the participants who should be part of the conversation, and the parameters. The purpose of the meeting determined the participants who attended (cf. Brown et al., 2005; Carson, 2011). Attention was also given to the procedures and matters implemented to maintain confidentiality; and certain "group rules" were in place, for example, participants pledged to not repeat or discuss any aspects of discussions—timeline data collection to fellow-participants or non-participants.

While applying the guidelines of the World Café method as a data collection tool, the venue used for data collection was set up like a café, with tables covered with paper tablecloths and colourful pens and refreshments were provided. No persons were assigned as table hosts, because I explained to the mother participants that their tasks were to be completed at each "station" or table entailed writing information on notelets. Data collection took place at Hindle High School in Delft. The school has a media room/school library with adequate space. Data collection took place on a Wednesday (convenient day and time) for

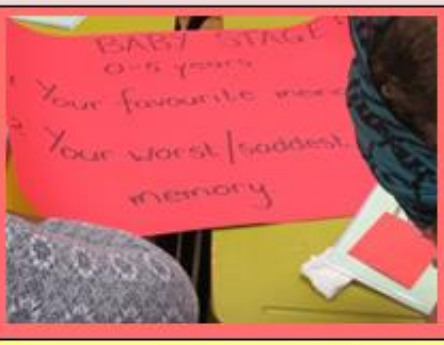
participants with children in middle childhood (children at school). Participants were remunerated for transport (R20 for taxi fare) and snacks were served.

Create a hospitable space: A safe and friendly atmosphere was created where participants felt welcome and where they had the courage to emerge in conversation (Brown et al., 2005). The venue at Hindle High School (that is centrally situated in Delft) was spacious and had four tables with each table having a poster and smaller cards in a specific colour (green, orange, yellow, and red) and pens. Participants were briefed on the practicalities, such as the various rounds; and, that they will rotate between tables. Five to six people were seated per table to complete specific questions linked to the retrospective timeline. Fifteen minutes were given per "station"/table for mother participants to complete the questions on the notelets.

Explore questions that matter: The nature of the knowledge I aimed to gather from the mother participants determined the questions asked. Since this method of data collection involved rather personal information for the current research, questions were considered carefully. For the current study I used uniform questions to enable participants to partake in a manner that would facilitate their participation; and limit the possibility of emotional distress. The following questions were used with regards to the different life phases (see Figure 3.4).

Figure 3.4

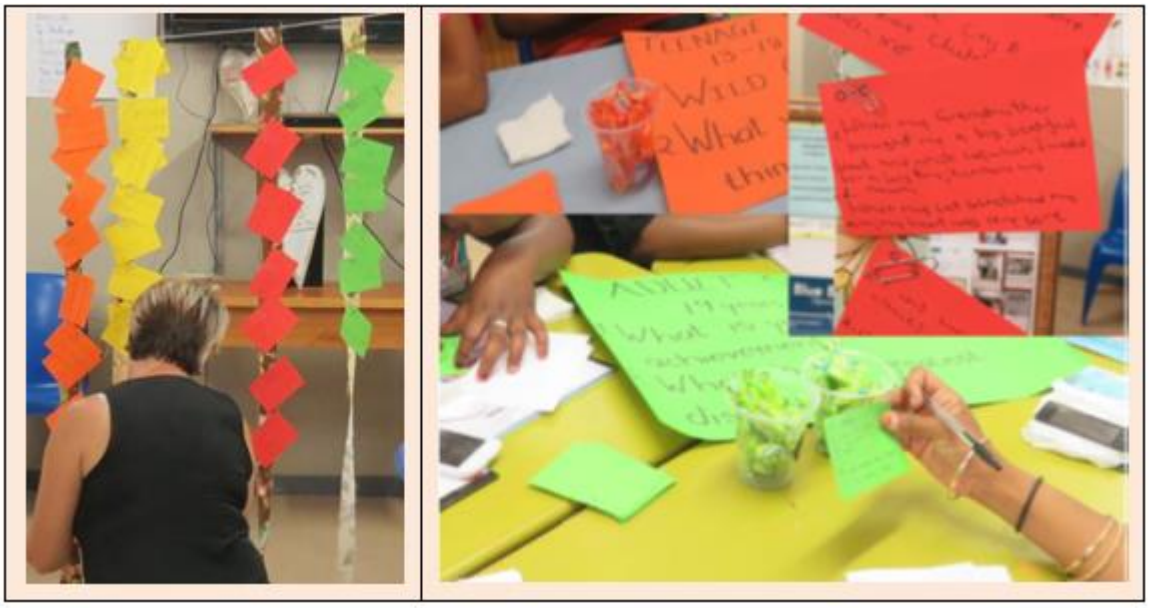
Retrospective timeline questions

1. Life phase (0 – 5 years old)	
1.1 Your favourite memory 1.2 Your saddest memory	
2. Middle Childhood (06 – 12 years old)	
2.1 What was your dream, and why? 2.2 What prevented you to make this dream happen?	
3. Adolescence (13 – 18 years old)	
3.1 Tell us about a "wild thing" you did as a teenager ("out of the ordinary act for you"?) 3.2 Tell us about a "stupid thing" you did as a teenager	
4. Adulthood (18+ years old)	
4.1 What is your greatest achievement as an adult? 4.2 What is your greatest disappointment as an adult?	

Encourage everyone's contribution: Everyone had the opportunity to write down their answers on a card with pens provided. Each participant had the opportunity to write information about her own unique experience. Every 15 minutes the mother participants changed stations/tables to respond to different questions (about another life phase). As soon as the participants completed the questions on a small card (of the same colour as the poster on the particular table indicating the different life phases); the cards were collected by the two research assistants, before the participants moved to a new table. These cards were added to four different "timelines" (see Figure 3.5) to indicate the different life phases. (Sweets on the tables to be enjoyed by participants were also the same colour as the "question"/life phase).

Figure 3.5

Four timelines representing four different life phases



At the end of the data collection opportunity, the written responses of all life phases were visible to everyone in the larger group (Brown et al., 2005). Once this was done, the mother participants moved to the next table clockwise until they had visited all four tables/stations and information was gathered and added to the different timeline colours/periods/life phases by the research assistants.

Participants sharing stories: Mother participants were eager to interact once all of the mothers had visited all four stations representing the four different life phases, and, all cards had been attached to the timelines. Mothers were invited to share some positive aspects of their stories per life phase to encourage the experience of a sense of belonging via this group-based activity. Valuable data were obtained via written cards (visual) and recorded audio.

I (researcher) facilitated the timeline; and the telling of individual stories (per life phase) at the end of the session was audio recorded with the participants' permission. All recordings were transcribed verbatim to access textual data. Photographs were taken of the process (with the participants' prior consent) and are also included. An independent transcriber was responsible for the transcribing of the audio-taped data and she signed a confidentiality contract beforehand.

Mother participants enjoyed looking at their lives through the retrospective timeline exercise. In addition, the purpose of the interactions was to build trust, and to make use of experiences, indigenous knowledge and wisdom regarding mothers growing-up and living in high-risk contexts. The participants were open and enthusiastic to take part in this method, as there were mutual concerns for their well-being as individuals as well as mothers/families in the community. Since the purpose of the timeline exercise for this study was to gain insight about mother participants' accounts of their developmental years from childhood until adulthood, this method also allowed visual interaction and created a platform for encouraging them to open up about their personal stories. Research articles, for example, Adriansen (2012), show the use of the term "timeline" in using this research tool in life history. In this sense the timeline exercise enabled the mother participants to use their analytic ability to describe their life experiences briefly as "*autobiographical reasoning*" (Habermas & Bluck, 2000).

Phase two: Focus Group Discussion.

The second phase of the data collection happened in March 2019, namely a FGD with social workers (stake holders) of the Department of Social Development (DSD) working in Delft. Permission from the Research Ethical Committee (REC) of this department was also required for full ethical approval by the REC, Humanities, of Stellenbosch University in September 2018. I made an appointment with Mrs Carla Engel from DSD's Metro North Region who has oversight over the social workers in Delft; and, this meeting, with several interested social workers, took place at the beginning of March 2019 (2019.03.03) at the DSD offices in Goodwood, Western Cape. The FGD took place on Friday, 13 March 2019 in Delft; nine social workers took part and an interview schedule was used. According to Welman (2005), this number of participants was sufficient to ensure valued group dynamics and the collection of rich data. Since the FGD was conducted with a group of participants who share similar experiences (Kelly, 2006), it was meaningful (see Babbie & Mouton, 2006) to explore thoughts and experiences of the social workers to obtain a better understanding of complexities associated with behaviour and mothering in Delft. The following interview schedule was used for the FGD with social worker participants, guided by a framework of Ungar (2015, p. 62) (see Table 3.3).

Table 3.3

Interview schedule for Social Workers in Delft

	FGD Interview schedule for Social Workers (Participant group 2)
Question 1	What are the main challenges that mothers face living in the Delft community? (Vision)
Question 2	What are the risks for mothers living in the Delft community? 2.1 Risks for themselves; 2.2 Risks for their children
Question 3	What gets in the way for the hopes for the future of children of mothers living in Delft? (What are they worried about?) (Challenge)
Question 4	Who and what supports mothers living in the Delft community? (What is working well?) (Support)

Question 5	Who and what supports the children of mothers living in Delft to enable them to achieve their potential in Delft? (What is working well?) (Support)
Question 6	What needs to happen to draw on resources to address obstacles (risks) to ensure safety and well-being for mothers and their children in Delft? (Plan)
Question 7	What do you, as service providers, i.e., social workers, recommend to be essential components for the wellness programme to promote mothers' personal and parenting strengths?

3.6.2.2. Academic data: Literature Review of Existing Interventions. This study undertook an evaluation of existing interventions about parenting for mothers living in high-risk settings as described in Chapter 6. This was done by means of an integrative literature review (De Souza, Da Silva, & Carvalho, 2010) and we used explicit inclusion criteria (Onwuegbuzie & Frels, 2016); followed a strict and transparent search strategy to collect relevant studies (Onwuegbuzie & Frels, 2016); and critically assessed and synthesised these studies (De Souza et al., 2010; Onwuegbuzie & Frels, 2016).

Electronic database literature searches were employed as the principal method for locating articles. The search strategy for the review of existing interventions explored several search engines, including Springerlink, SAePublications, Google Scholar, Ebscohost, and PsychInfo. Specific journals included in this review were the *Journal of Family Relations*, *Prevention Science*, *Research on Social Work Practice*, *Journal of Psychology in Africa*; *Journal of Child and Family Studies*, *Psychosocial Intervention*, *Journal of Community Psychology*; and, books, for example, *Relational being: Beyond self and community* (Gergen, 2009), *Well-being research in South Africa* (Wissing, 2013), *Of Motherhood and Melancholia: Notebook of a Psycho-ethnographer* (Kruger, 2020), *Handbook of Community Psychology* (Vol. 2) (Lazarus et al., 2017), *Working with children and youth with complex needs: 20 skills to build resilience* (Ungar, 2015), and *Ordinary Magic* (Masten, 2015); and, other grey literature included theses, dissertations and reports. Various combinations of the

following relevant primary and secondary search terms were included as outlined in Chapter 2. Titles and abstracts were then looked over for relevance, and full articles were obtained when they seemed relevant. Articles were then assessed for meeting the study's selection criteria, for example, theory-based; empirical evidence; and, whether or not they were developed in the Global North or Global South.

Table 3.4

Criteria used for selection of programmes

Criteria	Examples from Existing Research
1. Theory-based	Wessels (2012, 2017)
2. Empirical evidence	Chandan and Richter (2008)
3. Fit for SA context (high-risk)	Isaacs et al. (2018); Van Schalkwyk (2019)
4. Constructs used (well-being approach)	Lazarus et al. (2017); Hammond and Zimmerman (2012); Saleebey (2012)
5. Sufficient use of activities and nature thereof	Myers (2018); Myers, Carney, Browne and Wechsberg (2019)
6. Number of weeks/sessions	Pedersen et al., 2019
7. Parents/Mothers and children	Ward (2012); Shenderovich et al. (2019)
8. Developed in Global North/South	Ebersöhn et al. (2018)

The scope of the review embraced interventions or programmes with a particular focus on the context of parenting; mothers' personal well-being within the wider framework of mothers and positive functioning; as well as mothering and domestic violence, but excluded child abuse. This review particularly looked at studies that made use of qualitative and quantitative methodologies to assess the effectiveness of the interventions, studies that were published in journal articles, studies published in English, theses and dissertations or reports, and/or interventions/programmes that incorporated strengths perspective and/or a community development component. Through this sifting, as described by De Souza et al. (2010), ten parenting programmes were identified complying with the selection criteria (see Chapter 7).

3.6.3. Participatory Programme Evaluation.

This study is undertaken within the broad overview of programme evaluation. Evaluation research as the process of assessing, amongst others, the design, the applicability, implementation, outcomes and efficacy of social research intervention programmes (Fouché & de Vos, 2005), was done by means of quantative and qualitative methods. It was important for me that programme evaluation should contribute to the progress of social conditions by providing scientifically credible data or information that would add to the generation of knowledge (Babbie & Mouton, 2006). The current research study used a participatory programme evaluation strategy (Springett & Wallerstein, 2008) described by Patton (2015) as "the systematic collection of information about activities, characteristics and results of programmes to make judgements about the programme improve or further develop programme effectiveness, inform decisions about future programming and/or increase understanding" (p. 178). My personal reflective notes were central to this process of evaluation (Ebersöhn, 2015). A participatory approach to evaluation proved to be a good fit for the current research, since it allowed all involved to have a stake in its outcomes, whether as participants (who acted as co-researchers), or the research team (Springett & Wallerstein, 2008).

The use of various techniques was employed in this process of evaluation (Berkel et al., 2018); and, in this way we were successful by encouraging the involvement of mothers living in Delft as a marginalised group and fostering the capacity for critical reflection, which was vital to this process of participatory evaluation (Springett & Wallerstein, 2008). Patton (2015) specifies that participants' stories can be an excellent source for qualitative evaluation outcomes for programmes engaged in healing and transformation. It is meaningful that Patton refers to the richness of information obtained in this way that "numbers alone cannot capture" (p. 179).

The interactive and participatory qualitative application was of great importance for this study (Patton, 2015), because it required that I (as researcher) needed to be especially sensitive to the perspectives of others and to interact closely with them in the development (adapting) and implementation of the programme. For the current research the stories of the group provided ways of showing how we learnt, by defining the mothers: "Without shared stories there is no group" (Patton, p. 219). Hence, participatory research and evaluation values facilitating collaboration, and as such professionals and non-professionals become co-researchers (Patton, 2015). These processes have exerted an impact on participants and collaborators beyond whatever findings or report they may produce by working together. Participants acquire skills about evidentiary reasoning and problem identification; and, in this process they take ownership of the findings as *their process and their findings.* In this sense participatory evaluation is truly a bottom-up process. The strength of participatory evaluation allows democratic evaluation, indigenous research and evaluation, capacity building and cultural competence (Patton, 2015).

Lastly, participatory evaluation allies with action research in the production of practical knowledge that is beneficial to people in their daily lives (Taliep, 2015). In the current research, the involvement of community members (mother participants) in the evaluation process contributed significantly to the feasibility of the programme, and allowed mid-course changes to better the wellness programme (Patton, 2015). This was congruent with the action research learning cycle proposed by Kolb and Kolb (2010) in which knowledge is gained through the process of the action/reflection learning cycle. The current situation was reflected upon, followed by planning and deciding and taking action, which was followed by reflection where new ideas emerged and were incorporated. In this way the participatory evaluation of programme processes was effective in finding out the achievement of programme improvements.

3.6.4. The Trustworthiness of the Research.

Researchers as "interpretivists" are never objective as they form part of the research (Farrelly, 2013). In this study I based my judgement of quality on consistency and integrity as I conducted the research systematically and rigorously to be accountable for its quality. In the present study I applied several guidelines to ensure trustworthiness in this qualitative study (Tracy, 2010). The aim of the present study's research reports was to present a clear and coherent description of the research process, subject to an audit trail that exhibited its theoretical rigour (Finlay, 2012). To this end, I thoroughly documented the research process and included the procedures followed in an audit trail. The audit trail included my continuous notes about the research procedure, the analysis used and other field notes recorded during the data collection process.

I paid special attention to conceptual coherence as the interconnection of literature and theories used in this research (Tracy, 2010). In the present study, care was taken to align literature and theories linked to mothering in context, the research question and methods used and how the data were analysed and interpreted (see Wicks, 2017). In general, I chose to address the issue of trustworthiness by paying attention to addressing the need for credibility, dependability, confirmability and transferability in the research process (Lincoln & Guba, 1985).

1. Credibility. As primary researcher I strived to obtain high credibility by reflecting on and finding the truth of the phenomenon studied. In this study as I developed the wellness programme for mothers living in Delft I revealed all data accurately and within context. Prolonged engagement with participants from the participant group 1 (mothers) enhanced credibility as I had the privilege to get to know them well during these contacts.

2. Transferability. It was not a primary aim of this research to generalise the findings to similar situations. Still, the research report in the form of six manuscripts (submitted to be

published) was compiled with sufficient "thick "description of the phenomenon under study for the readers or audience to comprehend and compare the phenomenon with the situation (Creswell, 2014).

3. Dependability. A clearly described research strategy adds to the enhancing of dependability. The PAR research framework directed the research process. All the different steps in the methodology are described clearly, such as sampling and data collection so that readers can trust that the research process was scientific and dependable. Data collection and analysis were completed concurrently to ensure that the data collection strategies were effective.

4. Confirmability. It is imperative that the findings of the study can be confirmed by other researchers, to validate or replicate the study. The researcher provided sufficient evidence of the research process by describing procedures clearly and providing examples of transcripts and data analysis strategies so that the process is transparent. The context of the research was described clearly so that the evaluation of wellness programme in the real context is valid. Sufficient quotes were used to support findings as this contributes to present the world of the participants realistically to the readers and fellow-researchers. Findings were also checked with the co-researchers, transcriber, and my supervisor to confirm my interpretations.

5. Reflexivity/researcher reflections on the research process. Reflexivity during the research process was vital for transparency and to promote the rigour of qualitative studies (Berger, 2015; Tracy, 2013). I kept a research journal to record my observations. I also reflectively wrote in my journal daily to be aware of my thoughts, feelings and assumptions about the research. I viewed reflexivity as an essential strategy in the process of generating knowledge by means of qualitative research (Berger, 2015). Reflexivity was central to my research in terms of the process of my continual internal dialogue and critical self-evaluation

of my positionality as well as "active acknowledgement and explicit recognition" that this position may affect the research process and outcomes (Berger, 2015, p. 220). The process entailed the turning of the lens back onto myself to recognise and take responsibility for my personal situatedness within the research and the effect that it may have on the setting and people being studied, questions being asked, data being collected and their interpretation.

As such, reflexivity eased my concern, since I was aware of viewpoints challenging the standpoint that the production of knowledge is independent-of-the-researcher producing it; and, of knowledge as objective (Palaganas, Sanchez, Molintas, & Caricativo, 2017). According to my experience, it was impossible to remain "outside of" my study topic while conducting research. Berger (2015) indicates that these positions of the researcher may, for example, impact the the nature of researcher-researched relationship, which, in turn, affects the information that participants are willing to share; thus, a mother may feel more comfortable discussing sexual experiences with another mother than with a man (Kacen & Chaitin, 2006). Since reflexivity embraces these conscious and deliberate efforts, to be attuned to one's own reactions to respondents and to the way in which the research account is constructed, it helped me to identify and explicate the potential or actual effect of personal, contextual, and circumstantial aspects on the process and findings of the study (Berger, 2015). Being mindful of the different types of researcher positions (Berger, 2015, p. 222), I consider my role as somewhere on the continuum between an "insider" and "outsider" seeing that I have the privilege of being involved in the selected high-risk community since 2009; I am a mother myself; and, I have a good understanding of the South African context. Since many changes have taken place in South Africa since 1976 that were part and parcel of my mothering years (my first child was born in 1976), I reflected especially on my past and where I was situated within the notions of social justice and "apartheid". I experienced my

personal years of "struggle" and after 1994 it became easier to "walk the talk" and to take part in many multi-racial activities.

Finally, I was mindful that reflexivity, as the "active acknowledgement by the researcher that her own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation" (Horsburgh, 2003, p. 307); and, that it is a prime measure used in qualitative research to secure credibility, trustworthiness, and non-exploitative research (Darling, 2016). In this process, adhering to sound ethical guidelines reminded me that my position as researcher was fluid rather than static, and this awareness unavoidably affected the emic-etic balance in my research project. According to Darling (2016), the emic theory explains the insider's view of a phenomenon; while the etic theory describes making sense of an event through the eyes of an external observer. In other words, capturing the viewpoint of the (mother) participants who actually lived the experience (*emic*) and understanding from the perspective of an "objective" outsider (*etic*) (Darling, 2016; Padgett, 2008) contributes to the trustworthiness of the study.

3.7 Qualitative Data Analysis

According to Patton (2015), the basis of qualitative data analysis is thick description and case-studies. For analysis of qualitative data I prepared and organised the data for analysis, then reduced the data to themes through a process of coding and condensing codes (Braun & Clarke, 2006; Clarke & Braun, 2013), and finally represented the data in figures, tables, and a discussion (Creswell, 2007, p. 148).

3.7.1. Thematic Analysis.

I used thematic analysis to analyse all qualitative data of this study (Braun & Clarke, 2013). My study included both inductive analyses to identify themes (Creswell, 2014) as well as deductive thematic analyses where codes have been pre-defined, for example, Prilleltensky's (2012) categories of objective and subjective indicators of well-being (Gale et

al., 2013). Inductive thematic analysis was used and key themes were identified for the FGD; and, to provide a sufficient understanding of the mothers' experiences of the various life phases (retrospective timeline-exercise) and the key constructs associated with this. Deductive analysis was used for photo-voice categories (Gale et al., 2013). Thematic analysis was used for the identification of themes via deductive reasoning and categories via inductive reasoning.

3.7.2. Examining the Intervention/Wellness Programme Development.

Implementation research can be a complex and intimidating task when designing and planning it (Hull et al., 2019), hence, the use of criteria during the intervention development process was essential. The development of the programme for mothers living in Delft had to address, the design and objectives of the programme, the description of of the target population, the expected outcomes, and the modus operandi how programme aimed to attain those outcomes (Rossi et al., 2004). The above mentioned pertinent issues served as a guide to devise the framework for assessing and reporting on the processes involved in the conceptualisation and initial evaluation of the intervention programme called Power Moms Wellness Programme (PMWP).

The second analytical framework pertaining to the criteria for the evaluation of the intervention development process is depicted in Analysis Framework 2 (Table 3.5) below.

Table 3.5

Analysis Framework: Intervention Development Process Criteria Analysis Framework (Hull et al., 2019)

Intervention Development Process	
Criteria	Questions
Conceptual basis of programme: state theories	• Was the conceptual basis of the programme explained?

Relevance of programme aim and objectives	• What was the adequacy with which the programme aims are stated? • Do the objectives of the programme flow from the aim?
Intervention congruence	• To what extent were the project aims consistent with the local priorities of the target population when designed? • Do the activities address the stated aims and objectives? • To what extent was there agreement between the theory about delivering an intervention, the issue address by the intervention content (parenting) and the research paradigm (par principles)?
Evidence-based	• Does the community-engaged programme draw on "best practices" in other programmes, including the characteristics of successful research community partnerships? • Are the programme activities the best ones for the intended recipients (mothers) and the purposes of improved personal and parental strengths? (Refer to chapters 2; 6 and 7)
Target population and context: "For whom " and "under what conditions"	• Were the programme participants/population fully described? • Were contextual factors described?
Logistics: Organisation and management	• Have detailed action plans for the implementation of the intervention programme been drawn up (including preparation, tasks, person responsible etc.)? What do they entail?
Sustainability of the Programme intervention: Stating the factors expected to assure sustainability	• Were expected sustainability factors of the programme intervention clearly stipulated? • Refer to PAR analysis framework – Chapter 2 [A clear statement of the factors that are expected to assure the sustainability of the programme once it is implemented is to be provided]

Note: See Hull et al. (2019, p. 6) domains of implementation

3.8 Ethical Considerations

In conducting research about and with human beings, researchers are guided by ethical codes to protect the rights and well-being of individuals (WHO, 2009). These universal ethical principles (Welman et al., 2005) were applied throughout the entire research process, and full ethical approval for this study was obtained from Stellenbosch University's Humanities Research Ethics Committee (REC) in September 2018, and, October 2019 (see

Appendix B). The present study adhered to the ethical guidelines of the REC of Stellenbosch University by paying attention to the following issues discussed briefly in this section.

Goodwill permission/consent.

Apart from approval of the Humanities REC of Stellenbosch University, goodwill permission was sought from the local school principal to use the school venue (permission letter - see Appendix E). The Department of Social Development was also approached to obtain their permission for the participation of social workers working in Delft. Informed consent was also obtained from each participant.

Informed consent and voluntary participation.

Participation was voluntary, and voluntary informed consent was obtained from all participants. Participants were thoroughly informed about the focus, aims and purposes of the study as well as the data collection procedures. Participants were also assured that there were no foreseeable risks involved. Informed consent was sought from all of the participants prior to data collection. Special care was taken to ensure that Informed Consent Forms (ICFs) were fully understood by the participants (especially the mother participants). Participants were informed of their right to withdraw from the study at any stage without consequences. The ICFs were signed in the presence of the mediators per participant group (see Appendices F and G). Signed informed consent was obtained from participants in alignment with the process described earlier in this chapter.

Participant recruitment.

Potential participants were recruited based on inclusion criteria and their willingness to participate in the study. Firstly, I approached the manager of a NPO called Sakwe Isizwe working with mothers living in Delft. Secondly, I made contact with the supervisor of DSD's social workers working in the Delft community once the required permission was given by the Department of Social Development. Mediators, namely trusted persons were appointed

by these gate keepers to approach potential participants, were given the needed information about the planned research, such as the purpose of the research and matters related to privacy and confidentiality (as explained in the letters of informed consent for the two designated participant groups. Participants were given enough time to both consider their participation in the study, and to ask questions prior to attendance (one to two weeks).

Remuneration of participants.

Participants of the first participant group were given a stipend for their transport expenses for their taxi fares (R20 per data collection opportunity per person). Refreshments were also provided at all data collection opportunities and workshops/meetings. Participants of the second participant group (social workers) used DSD transport to meet in Delft and refreshments were also provided during the data collection opportunity.

Privacy and confidentiality.

The ethical principles pertaining to the protection of privacy, confidentiality and the right to self-determination were maintained in this study. Participants' rights were respected and ensured by acknowledging and informing them of the right to be informed about the research, the right to freely choose to participate in a study, and the right to withdraw at any time without penalty. The identity of participant identities was anonymised with pseudonyms (mother participants) and numbers for social worker participants used for this purpose. Given the potential consequences of revealing participants' identities, overseeing the anonymity of their identities was important and this ethical guideline was also important with regards to the protection of their identities for pending publications. Participants were informed about how results of the study will be disseminated. Another guideline to ensure participants' privacy is that any records of sound and visual information will be stored for two years once the research studyis completed. This will be done if future data analysis should be needed; and, after a specific time it will be removed by the researcher. Also, in order to maintain the

principle to respect participants' privacy, I asked the person who transcribed the data to sign a confidentiality contract.

Risks and benefits.

One participant group of this study is regarded as a particularly vulnerable group (mothers living in a high-risk community) and therefore the current research was viewed as a high risk study as far as this group of participants is concerned. Extreme caution was exercised by, for example, paying careful attention to the provision of information about the research and giving the details of the purpose of the planned study were ways in which confidentiality was protected. This also provided information about the data collection methods to be expected as well as information about the time and venue of where the data collection took place. It was important to stress that participants were reassured that they had the right to freely extract themselves without negative consequences.

As researcher, I included an incident report describing a clear process that should be followed when faced with an incident. Arrangements were made, that should any adverse incident occur or participant experience adverse negative emotions with any of the activities, the participant would be directed to the social worker of the community, and be offered counselling.

The second participant group in this study (social workers) was not regarded as vulnerable and this group was viewed as a low risk group. Nonetheless, due ethical processes similar to the mothers were also followed with these participants.

It was clarified that taking part in the research project did not imply direct benefits for participants of this study, although participation could entail indirect benefits, such as participants having an opportunity to become knowledge partners in formal scientific endeavours, namely research about a wellness programme for mothers living in a high-risk community as well as future interventions. In other words, I informed participants that it is

highly likely that they would benefit personally by taking part in the study, such as obtaining certain skills about parenting.

Non-maleficence and beneficence.

Participants were assured that there were no foreseeable risks or harms attached to this study seeing that the focus of the research was mothers' well-being and the strengthening of their parental competencies. Non- maleficence implies that no harm should be done to patients or participants, as their well-being is of paramount importance (Pera & Van Tonder, 2005). The researcher ensured participants that they would not be exposed to emotional or physical harm. If participants expressed a preference not to take part in a discussion, their decisions were respected. Interestingly, I found that participants were keen to talk about their experiences and intense (negative) emotions, indicating their appreciation for an enabling and safe space to voice their experiences of mostly "old pain". Also, the questions for the study were carefully designed and approved by the ethics committee.

Debriefing.

During reflective sessions the researcher checked with the co-researchers to monitor that that there were no adverse reactions during the programme activities. Participants were also encouraged to inform to the researcher if they experienced anything uncomfortable due to the programme activities. For example, during the implementation of the workbook, the mother participants were encouraged to engage with the homework session with their children with encouragement and lots of praise. These activities were debriefed at the subsequent session to ensure that the mothers were not sitting with unresolved issues. Participants also had the researcher's cell phone number in case of an emergency.

Facilities.

The data collection opportunities and the intervention sessions were conducted at a particular school venue with ample space in Delft, and with adequate security. Prior to each

scheduled data collection opportunity I ascertained whether it would be safe for participants to come to the school building on that given day. This was done by having a standard arrangement that the secretary of the selected school would send me a message via WhatsApp regarding the school's programme for the day; and, if any additional safety measures were needed due to local circumstances, for example, a possible taxi strike or protest action in the community. Although many strikes did occur during 2019 (the year of implementation of the programme), these were not deemed necessary to cancel any of our Wednesday sessions.

Monitoring storage of data.

An important process step included the choice of venue in Delft and the data storage, as researchers need to decide how the data would be stored to ensure easy access and security (see Creswell, 2007). I transferred all raw data into electronic format; digital audio-recordings of the various data sets were downloaded onto a computer and saved in a password protected folder. Transcribing was done by a professional transcriber. After completion, the encrypted transcribed data were also on my computer, while the collected data were deleted from all memory devices. The collected data in electronic format were only accessible to me for later analysis.

Dissemination of results.

Feedback of the findings, namely the evaluation of the wellness programme developed to enhance mothers' personal and parenting strengths, will be given to all of the participants once the research is completed. Participants will be contacted and a session scheduled to offer the feedback about the findings of the research. The dissemination of findings to the mother participants will be presented by the research team at an appropriate venue in the community as a community forum; and, dissemination of findings will be presented to the DSD social workers at their office in Goodwood via a once-off opportunity, and they will aslo have electronic versions sent to them. At least six research articles will be submitted for

publication to local and international scientific journals; and it is planned that a mother of the community will partake in presentations at local or international conferences.

3.9 Conclusion

This chapter provided the outline of the current study's methodology and the procedures that were followed to achieve the study's aims and objectives. This structured outline covers an overview of the research perspective, research design and the phases of this study, which spanned over a period of three years. This outline covered the target population and the particular context selected for this research, data collection methods, the analysis of gathered information sets as well as the procedures used to safegaurd trustworthiness and validity. The chapter concluded with the ethical considerations guiding the research process and adhered to in this study. The subsequent chapter is about a core construct for this study, namely "mothering".

Chapter 4

Manuscript 1

Title: Vulnerable mothers in the context of a South African high-risk community

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Abstract

In this manuscript, we argue that the construct of mothering must be conceptualised from a contextual perspective in order to understand the practice of motherhood; the discourse of motherhood; and the value of motherhood as a social identity. Drawing from a Community Psychology (CP) understanding, allows an ecological stance of motherhood and embracing the complexity of factors associated with motherhood from micro to macro levels. Therefore, we first highlight particular risks associated with mothering in the South African context, including the lived experiences of mothers living in a high-risk community; their relational experiences, and the conditions that could seriously aid or undermine mothers' personal or psychological well-being/mental health. We argue that the subjective dimensions of motherhood call for indigenous research to deconstruct how motherhood is experienced with a view to conceptualising and developing a wellness programme for vulnerable mothers in a South African high-risk community.

Key words: family, mothers, mothering, high-risk community, relational deficits, South Africa, vulnerability

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4.1 Introduction

This manuscript aimed to conceptualise mothering in the South African context with a focus on vulnerable mothers living in a particular high-risk community (Jaakkola, 2020). While much of existing psychologically framed South African research tends to focus mainly on mothers who are considered to be "problematic" (Frizelle & Kell, 2010), the focus of this manuscript is foremost on women, that is, biological mothers, engaged in the practice of mothering to provide for the physical, emotional and socialisation needs of their children (Walker, 1995). We use the description of "vulnerable mothers" to denote mothers' who endure daily exposure to environmental stressors associated with long-term poverty, privation, violence, high crime, abuse and exploitation in a particular South African high-risk community context (Hall, Richter, Mokomane, & Lake, 2018).

Within the theoretical framework of Community Psychology (CP) we accentuate that mothering is embedded in the ecology of personal, relational and collective well-being (cf. Bronfenbrenner, 1979; Prilleltensky, 2012). The setting of a selected South African high-risk community offers the opportunity to uncover the peculiar risks for mothers' personal well-being as well as their maternal parenting practices in this context. Foremost, the concept of motherhood needs explication.

4.1.1. The Complexity of Motherhood.

Motherhood is often described in poetic terms, "as the ultimate experience of womanhood" (Frizelle & Kell, 2010, p. 26). Some idealise the early mother-baby bond as the "most perfect, the most free from ambivalence of all human relationships" (Freud, 1933, p. 133, cited by Kruger, Van Straaten, Taylor, Lourens, & Dukas, 2014). Shriver (2018) puts motherhood in a more realistic way by describing it in terms of the responsibility of rearing good, kind, ethical, responsible human beings. Non-western authors, Olayiwola and Olowonmi (2013) state that in the traditional African view womanhood is defined by

motherhood. While many women associate motherhood as a fulfilling/meaningful experience, the presence of various challenges associated with adversity and difficult circumstances could, however, darken this experience for women (Kruger, 2020). For example, mothers' emotional experience of motherhood is profoundly impacted by the social reality of poverty (James, 2015). Kruger et al. (2014) describe this experience succinctly by referring to poor South African mothers' angry frustration and incapacity to be "…the ideal of the all-providing, ever-giving, self-sacrificing mother" (p. 469), given their context. Van Schalkwyk (2019) found that mothers, who are already distressed about their inability to be good mothers, were further distraught by their ineffective negative reactions to the situation, such as aggressive behaviour and the abuse of substances. Seemingly, the tension between low-income women's perceptions of ideal motherhood and their inability to meet these ideals due to poverty-related constraints bring about feelings of disappointment, inadequacy, psychological distress, and desperation (Kruger, 2020).

Current understandings of child-rearing in Western societies are strongly influenced by what can be termed as the "ideology of intensive mothering" (Romagnoli & Wall, 2012, p. 247). Intensive mothering gained promominence as the ideal form of parenting through mass media and state-driven educational campaigns which were expanded in the 1990s with the rise of new brain science and the resulting additional cognitive development responsibilities for mothers (Fox 2009; Nadesan 2002; Romagnoli & Wall, 2012; Wall 2004, 2010). While the notion of "intensive mothering" further adds to an expansion of parenting expectations, it also points to an increasing focus on parents as risk factors in their children's lives (Furedi 2008; Romagnoli & Wall, 2012). These risk factors entail much more than, for example, matters associated with mothers' mental health or parenting styles (Dakers, 2018).

Motherhood ideologies are rooted in cultural and historical contexts, and encapsulate attitudes towards the roles and expectations of mothers (Robinson, 2014). Vigil (2012)

questioned the components that shape the institution of motherhood, such as the idea that there are notions of both "bad and good" mothers in our societies. In South Africa, with its many languages and deep racial and socio-economic divisions (Lazarus, Naidoo, May, Williams, Demas, & Filander, 2014), it is likely that these attitudes are informed by a number of motherhood ideologies (Robinson, 2014). There is a need to look beyond these viewpoints to the conceptualisation of mothering or motherhood, given Gergen's (2009) question, namely, "Who was first? The answer is clear: First the mother and then her child" (p. 117). In this sense, it can be argued that the "condition" or psychological health of the mother could be crucial not just for her personal well-being, but also for her functioning as a mother or, stated differently, on "the quality of her mothering" (Gergen, 2009, p. 418).

4.2 Mothering

Walker (1995, p. 1) posits in "Conceptualising Motherhood in Twentieth Century South Africa" that mothers are life-givers in the most fundamental sense: "…this capacity and the values of nurturing associated with the motherhood ideal are surely worth protecting and extending an active relationship of responsibility and care for the next generation". According to Kaplan cited in Walker (1995), motherhood comprises three dimensions, namely, i) motherhood and mothering, work, i.e., the practice of motherhood; ii) the second dimension of motherhood indicates the discourse of motherhood, embracing the norms, values and ideas about "the Good Mother" that operate in any one society or sub-group; and, iii) the third dimension, i.e., motherhood as a social identity, with "social identity" being understood in Tajfel's sense as "consisting of those aspects of ... [the individual's] self-image, positively or negatively valued, which derive from her membership of various social groups to which she belongs" (Taifel cited in Walker, 1995, p. 427).

4.2.1. Conceptualisation of Mothering.

More recently, Moore (2013), a South African researcher, explored changes in the conceptualisation of motherhood, drawing upon the life history interviews with six families over three generations in Cape Town. She examined the practice of mothering, how women of each generation talked about motherhood and how maternal identity is transmitted over time and across generations. Her findings showed that structural and cultural changes have influenced the model of "good mothering" over time and that notions of motherhood have altered from solely cultivating a "good provider and caring role" toward a growing emphasis on achieving personal goals and working on the project of the self (the absence of men as participatory caregivers remained a continuous theme across generations).

While Moore's (2013) and Walker's (1995) conceptualisation of mothering indicated particular dimensions of motherhood, much research uses "mothering" or maternal parenting behaviour alternatively (cf. Rafferty, Griffin, & Modise, 2011). The current research uses mothering as an umbrella term embracing Walker's description of mothering (1995), indicating more than a general description of childcare as well as those core facets related to positive parenting.

According to Bronfenbrenner (1979), the family is the primary context for the complexity of parent-and-child relational interacting and activities. Therefore, the conceptualisation of motherhood takes the viewpoint that maternal parenting behaviours are embedded in layers of family life within a specific cultural context. In the African context, family life is characterised by closely-knit relationships that place high value on kinship ties (Goodman, 2018). These relationships offer a context and space for support which are vital for the subjective well-being of its members (Fadiji cited in Mahali et al., 2018). According to Goodman et al. (2018), family life in sub-Saharan Africa is viewed as an essential source of social belonging to enable the promotion of health. There are various conceptualisations

of family. For example, the White Paper (a South African legal policy document) on family, published by the Department of Social Development (2013), regards family as a "*societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation and go beyond a particular physical residenc*e" (DSD, 2013, p. 3). The White Paper also refers to the family's instrumental roles concerned with the provision of physical resources such as food, clothing and shelter while affective roles promote emotional support and encouragement of family members (Peterson, 2009, cited in the White paper, 2013). Martin (2000) opines that "parenting" or child rearing is the *process* of promoting and supporting the physical, emotional, social, financial, and intellectual development of a child from infancy to adulthood. The present research employed the above-mentioned conceptualisation to understand families in a South African context and the fundamental contribution of family members to our lives, address our needs with a view to the *functions* of members. The connection of family members includes various possibilites, such as blood relations in terms of biology (kinship and lineage), living arrangements (such as sharing living spaces), legal ties (adoption, contracts and marriage) or relational proximity (emotional closeness or connections between members) (Hall et al., 2018). In the South African context, family members do not necessarily share a residence or resources but may group themselves in terms of a family structure to include people who make other contributions to it (Steyn, 2019). Therefore, it is necessary to consider that many children in this country are often raised by multiple caregivers over the course of their childhood (Lachman, Cluver, Ward, Hutchings, & Gardner, 2018). Also, in many low-income communities in South Africa, children are predominantly raised by female caregivers, namely, mothers, aunts, grandmothers, or older sisters—with the minimal presence of fathers in the household (Bray, Gooskens, Kahn, Moses, & Seekings, 2010; Lachman et al., 2018).

Community Psychology (CP) offers a meaningful theoretical framework for understanding human functioning, specifically mothering and its ecological embeddedness (Creswell, 2014; Lazarus et al., 2014).

4.3 Theoretical framework: Community Psychology

4.3.1. CP values and embeddedness of family.

Theory provides the researcher with the framework to understand a phenomenon, such as mothering which is related to the material and ideological conditions within which it is constructed (Patton, 2015). CP allows perspectives of mothering and the influences of various layers associated with the ecological model (for example, the intra-personal level of functioning up to the influence of governmental policies about child support) (Creswell, 2014). The broad set of values, practices, principles and theories of CP include a community development perspective (Lazarus, Seedat, & Naidoo, 2017), such as the ecological analogy, collaboration and wellness, (Cowen, 1991), empowerment (Rappaport, 1981), emancipation, praxis, a critical perspective and community strengths (Prilleltensky & Austin, 2009). Central to this framework are values such as critical consciousness and advocacy (Bond et al., 2017; Visser, 2012). Social justice and the idea of fairness are closely linked (Chipkin & Meny-Gibert, 2013), namely the idea of a fair distribution of rights, of entitlements, of benefits, of burdens, of responsibilities. The integration of fairness and well-being is also described by Prilleltensky (2012) who links it to the fundamental need of human dignity as "mattering". He describes mattering as feeling valued and adding value to others and the wider community (Prilleltensky, 2019). Obviously, matters related to livelihood and employment are closely linked to social justice. For example, substantial evidence points to how impoverished neighbourhoods and limited access to resources undermine parenting (Petty, 2018). Therefore, it is argued that parenting—and, particularly mothering—without taking into account the circumstances, could be a rather insensitive and unreal approach.

How caregivers parent their children is shaped by a variety of ecological factors that include socio-economic conditions (Mabilo, 2018), social and community support, child care arrangements, children's peer relationships, parents' marital relations, as well as community and neighbourhood influences (Shenderovich et al., 2019). Hence, the values of CP, such as empowerment, resilience and social justice are seminally woven into these social ecologies and the livelihood of mothers and their children.

In the African context the role of family is central to personal, relational and collective well-being (Geldenhuys & Van Schalkwyk, 2019). Moreover, in collectivist societies the relational nature of well-being is emphasised (Mahali et al., 2018; McCubbin, McCubbin, Zhang, Kehl, & Strom, 2013). In this sense "mothering" holds the key to all the dimensions of an individual's well-being ecology including family, physical environment, society, and culture. It is important to note that single- and female-headed households and "lone mothers" (a mother without spouse/partner in the household, living with her own children and no other members) have become dominant in the South African context (Hall & Makomane, 2018; The White paper on Families, 2013). Many children grow up with their mothers or grandmothers as the primary parent (Bray et al., 2010; Lachman et al., 2018). In other words, it is crucial to differentiate between mothering and parenting (Stadlen, 2015).

4.3.2. Psychology and Parenting.

Although parenting is an area in which generation upon generation of humans have succeeded, the term "parent" was only made popular in the 1980s (Sanders, 2003); and, the historical use of the term parenting can be traced back to specific fields, such as psychology (Lee, Bristow, Faircloth, & Macvarish, 2014). According to Darling (1999), studies about parenting styles became influential in exploring how parenting might influence the development of children's social and cognitive competences. Apparently, the focus of

parenting styles is mainly directed by modifying parenting behaviour toward children's positive development and relational health (Dakers, 2018).

The widely recognised work of psychologist Diana Baumrind (1967, 1975, 1991) in the field of parenting styles refers to the need for secure attachments between children and parents as well as stable, nurturing relationships to encourage the growth of positive traits (Dakers, 2018). For the current study, the *contextualisation of parenting (styles)* is important, since most research about parenting styles has been conducted with a focus on American, European white middle class populations (Van De Driessche, 2016; Wessels, Lester, & Ward, 2016). Ramaekers and Suissa (2012) have raised cogent criticism towards the de-contextualisation of parenting and the classification of parenting styles.

In the first part of this manuscript we averred that while motherhood is indeed a universal phenomenon, it is not a simple task to conceptualise it. The most obvious reason is that motherhood embraces a complexity of many facets of mothering as a parent. The conceptualisation of mothering in the South African context shows that due to historical factors, mothering has undergone several structural and cultural changes. The concept of mothering is offered as an umbrella term for the current research, indicating that integral to maternal behaviour and practices is the mother-and-child relationship which embodies an ongoing series of activities.

In the next section we turn attention to the salience of the role of context on mothering practices. Contextual stressors or contextual strain and parenting quality were previously associated with developmental psychopathology (Yates, Obradović, & Egeland, 2010). Increasingly, however, studies suggest the short-termism to focus on a single informant/variable, such as parenting/mothering (Yates et al., 2010). The absence of longitudinal studies with independent measures of context, parenting, and child functioning over time has obstructed efforts to clarify pathways of influence across contextual, parenting,

and child factors over time (Cole & Maxwell, 2003). The context of the parent is also the context of the child, and the complexities of the parent/mother, the child, and the broader context(s) of strain and support in which they reside (Yates et al., 2010) cannot be omitted when discussing parenting and particularly those daily maternal parenting practices.

4.4 Parenting and Context

Parenting always happens in specific contexts, with particular norms and values, described as parenting in context. Petty (2018) emphasises the notion that parenting cannot be separated from its socio-economic context; and, she cautions that the socio-structural factors compromising parenting in our country continue to be sidelined. Sherr et al. (2017) also argue that the onus remains on parents to be "good enough" parents to provide their children with a head start in life, no matter what their circumstances. Gillies (2005) illuminates the very different worlds inhabited by families from contrasting class backgrounds, since the context of parenting (the circumstances that influence the possibilities parents have, for example, to realise their educational projects) can differ widely. She concludes that although contemporary explanations of poverty and disadvantage have been re-constructed and psychologised, parenting remains an embedded, situated process, amenable to change only through social and material circumstances. Unmistakably, the general context contributes to parenting and partly constructs the parent-child relationship.

4.4.1. The South African context of parenting.

According to Wessels et al. (2016), many parents in South Africa typically face a great number of challenges associated especially with poverty, with serious threats for parenting. Living in poor neighbourhoods or high-violence areas may affect parenting in a variety of ways - including seriously obstructing the parent-child relationship (SAHRC & UNICEF, 2014). Parents living in such neighbourhoods are usually under great stress, and are desperate to keep their children safe (Van Schalkwyk, 2019; Wessels et al., 2016). Positive

parenting which includes parenting styles associated with warm, responsive and consistent behaviour can increase children's chances of becoming productive, well-adjusted adults (Dakers, 2018; Sanders, 2012). Thus, competent parenting can contribute to an economically competitive and safer South Africa (Wessels et al., 2016). But, South African research shows the force of factors shaping parenting itself, especially factors such as community risks/needs and resources/assets, neighbourhood quality, poverty, and cultural or ethnic background (Dakers, 2018). Moreover, the historical contexts of mothering and interlocking structures of race, class and gender are part of the overall picture.

4.4.2. Contextual vulnerabilities and mothering: Environmental stressors.

Risk factors comprise those variables which could influence or cause negative outcomes, such as environmental stressors undermining maternal parenting practices and those abilities to cope with the difficulties inherent to upbringing (Lee et al., 2014). Contextual vulnerabilities referring to environmental risk factors covered in this manuscript especially include those environmental stressors which could threaten the collective, relational and personal well-being of mothers living in a South African high-risk context. These environmental stressors are specified as i) circumstances of poverty and inequality; ii) single parent-families; iii) urban and rural areas in South Africa, and, iv) unemployment (women in the workplace). In this section of the manuscript we consider the different terrains of motherhood within the framework of CP with a particular focus on vulnerable mothers living in a high-risk community.

4.4.2.1. Contextual Vulnerability factor 1: Poverty and inequality. The effects of economic deprivation and the erosion of family functioning in adversity are well-documented (Berry & Malek, 2017; Masten, 2015). Yet, when these families fail it is problematic to isolate "the complexity of cumulative risk and the nature of unique risks and processes involved" (Masten, 2015, p. 200). For example, Ora Prilleltensky (2004) stressed

that while the presence of internal and external resources and supports related to parental disability in and of itself need not present a significant risk, the high rate of poverty, single parenthood and attitudinal barriers that characterise the lives of many women with disabilities, may indeed, if unmitigated, present a risk to family well-being and parenting. Therefore, the complexity of cumulative risk should always be approached within a particular context.

South Africa has a notably high rate of contact crime, which includes murder, sexual offences and assault (Crime Statistics SA [Crime STATS SA], 2018). In the selected high-risk community called Delft in the Western Cape, 247 murder cases were reported from 2018 to 2019, rendering this urban area as a most dangerous place with the second highest incidence of murder cases in South Africa (Crime Stats SA, 2019). Apart from the high incidences of crime, the many social ills due to alcohol and substance abuse, a lack of exposure to positive role models and xenophobia are common in this community (Delft census, 2011). The Delft community was the focus of the study, as it is one of 20 identified high-risk communities in South Africa (Crime Stats SA, 2017). The population of Delft has rapidly expanded over the last 13 years to more than one-million inhabitants—including many backyard dwellers, with up to three families occupying one house in some instances (Van Schalkwyk, 2019). The manifestation of extreme poverty linked to challenges such as dysfunctional families, malnutrition, unemployment and gangster activity is widespread in Delft (Naidoo & Van Schalkwyk, submitted).

Notwithstanding, in the South African context the experience of a sense of community and the worldview of "Ubuntu", that is, a sense of interdependence and collective well-being is important for the majority of its citizens. In this sense, the role of the family is crucial for personal, relational and collective well-being. Also, in South Africa child-rearing and caregiving are perceived as not only the responsibility of the immediate family, but also

involve the extended family, the broader community and the state—and, this collective obligation act as a safety net. "*It takes a village to raise a child"* is a well-known African proverb and principle to which many South African communities subscribe (Berry & Malek, 2017). Taking into consideration this collective effort and its viewpoint that "your child is my child" (Wright, Noble, Ntshongwana, Neves, & Barnes, 2014, p. 37), the effect of numerous environmental stressors associated with long-term poverty in Delft is worse for single-parent families (Van Schalkwyk, 2019).

4.4.2.2. Contextual vulnerability factor 2: Single parents - mostly mothers. Single-parent families are the most common type of families in South Africa (The White Paper on Families, 2013) signifying females as the head of the household (Human Sciences Research Council - Sonke Gender Justice, 2018). Only 35% of children in this country grow up with their biological father being present in the same house (Jamieson & Richter, 2017); many children do not know the whereabouts of their fathers or if they are alive, and over two-thirds of births registered with Home Affairs do not contain details of the father (Hall & Skelton, 2016). A recent Human Sciences Research Council report (2018) on the state of South Africa's fathers revealed:

- 7 524 000 children living with their mothers
- 4 613 000 children not living with their mothers or fathers
- 6 316 000 children living with both parents
- 406 000 children living with fathers

The Human Sciences Research Council estimates that 60% of SA children have an absent father, and 40% of mothers are single parents (FinWeek September 2018, Johan Fourie, Stellenbosch University). Single mothers often deal with a unique combination of social and economic stressors, putting them and their children at greater risk of a range of negative outcomes. These negative outcomes for single-parent families can mainly be

explained as poverty traps, namely, any self-reinforcing mechanism that causes poverty to persist (Burger et al., 2014). A SAHRC report (2015) identified five key factors that are necessary to provide children with an enabling environment to develop the social and cognitive skills to escape the cycle of inherited poverty: 1) Health; 2) Education; 3) Social and family influences; 4) Geographic influences, and 5) Wealth and assets (SAHRC Presentation to the Portfolio Committee on Social Development, 2015). For example, when a mother as a single-parent is facing poverty and does not succeed in providing adequate quantity and quality of nutritional intake for her child(ren), and her child(ren) are exposed to violence or other psychologically scarring behaviours**,** these risks could add to the maintaining of negative outcomes entrapping the family in a cycle of poverty.

Khumalo, Temane and Wissing (2012) report that socio-demographic variables such as age, gender, socio-economic indicators and living conditions exert a direct influence on well-being and mental health in a South African context (participants were rural and urban Setswana-speaking adults). According to Khumalo et al. (2012), urban or rural residence is also a robust determinant of holistic psychological well-being.

4.4.2.3. Contextual vulnerability factor 3: Urban and rural areas in South Africa.

Urbanisation refers to the rural-urban migration that is taking place within a country (Khumalo et al., 2012), and especially in the South African context. Rural areas are those designated as deep rural villages (some still under tribal heads) and farming communities. Urban areas include informal and formal townships, and upper urban areas. Rapid urbanisation is taking place in developing countries, particularly in South Africa (Szabo cited by Khumalo, Temane, & Wissing, 2013), and especially in the case of the black South African population. In South Africa, approximately 54 % of the population was urbanised in 1996, with Gauteng (97 %) and the Western Cape (89 %) as the most urbanised provinces.

While many African people are migrating to cities in search of a better life, urbanisation is not necessarily accompanied by a better livelihood and better economic circumstances. Khumalo et al. (2013) have shown that urban poverty is widespread, and these environmental stressors (for example, high levels of crime, low employment opportunity) have serious implications for mental health.

4.4.2.4. Contextual vulnerability factor 4: Unemployment. Wright et al. (2014) refer to de jure female-headed households, where mothers were never married, or were widowed or divorced/separated as the fastest growing type of female-headed household in SA; and, de facto female-headed households with mothers who are married but not living with a husband or partner, as the group at most risk of poverty.

In South Africa the high prevalence of adolescent mothers has far-reaching implications for employment and functioning (Hall & Makomane, 2018). Many teenage mothers do not complete their school education due to being overwhelmed by the dual role as mother and learner. This means she drops out of school and she places her and her child's future in jeopardy as it is highly probable that she will not have a well-paying job. Eventually, financial hardship can aggravate the teenage mother's social adjustment problems, increasing the likelihood of her resorting to prostitution to augment her income (James, 2015). For example, S'lungile, Thwala, Ntinda and Mabuza (2015) found that children with single parenthood from any cause are likely to experience material and relationship resource depletion. Also, unemployment can add significantly to the build-up of poverty traps (Burger et al., 2014); when mothers and their children who are exposed to many risks related to contextual vulnerabilities do not succeed to escape "inherited poverty" (p. 158). The South African Human Rights Commission report identifies poor parenting as one of the central concerns to address towards a more prosperous future for our children/families (Burger et al., 2014).

In summary, in the above-mentioned section the interdependence of several factors linked to poverty (such as enduring poverty; single parenting; living in urban or rural areas in South Africa; and, the high incidence of unemployment) have been shown to compound the contextual vulnerability of mothers and their children.

The wellness model of Prilleltensky (2012) within the theoretical framework of CP positions these risks as objective indicators with regards to the wellness ecology. In conjunction with these environmental stressors, contextual vulnerability also implies risks for interpersonal resources in a high need and high-risk community.

4.4.3. Vulnerabilities: Interpersonal Well-being.

It is significant that many women, for example, mothers living in Delft who are exposed to numerous needs, indicate interpersonal problems as their main concern (Van Schalkwyk, 2019). In a South African study (Kruger & Lourens, 2016) mothers explained their experience of ill-health, such as "depression" mainly in terms of the *contexts of their relational interactions* and not primarily in terms of poverty/low levels of socio-economic status. These contexts of interpersonal risk include stressful events associated with abusive relationships; lack of social support; and single-parent families.

4.4.3.1. Interpersonal well-being risk: Absent fathers. It was shown that most children living only with their mothers/grandmothers as the primary parent are black or persons of colour. While it must be acknowledged that various historical trajectories of fatherhood have shaped current fathering practices in South Africa, such as migration to the cities and mines during the apartheid era from the homelands (Rabe, 2018), South Africa has one of the lowest rates of father-child co-residence in the world. According to Clark, Cotton, and Marteleto (2015), over 60% of children younger than age 14 are living apart from their fathers (Sonke Gender Justice & HRSC Report, 2018). However, the pattern of connection between children

and their fathers has changed dramatically since the mid-1980s (Madhavan, Townsend, & Garey, 2008). Notwithstanding, Van Schalkwyk (2019) highlighted the traumatic influence for mothers and their children living in Delft where mothers struggling with substance-problems experience little or increasingly lesser support from their wider family. Berry and Malek (2017) emphasised that support systems for caregivers are essential to provide practical assistance and emotional support, particularly during stressful periods.

Clearly, the absence of social and financial support is a risk factor for parenting and interpersonal health (Berry & Malek. 2017; Kruger, 2020; Kruger et al., 2014); and, relational difficulties are often linked to this context (Swartz, 2013).

4.4.3.2. Interpersonal well-being risk: Stressful Events and Abusive Relationships.

Sexual violence against women and girls is part of a global pandemic of human rights violations, and, in South Africa, crimes of sexual violence are at a globally unprecedented level (Dlamini, 2020; Fleming & Kruger, 2013). For example, the rate of women killed by intimate partners in South Africa is six times the worldwide average (Goodrum et al., 2019). Black South African women and girls face high rates of violence victimisation, including physical, sexual, and emotional abuse in childhood, and intimate partner violence (IPV) in adulthood (Goodrum et al., 2019). This South African study reports that when mothers have a history of emotional abuse, then the quality of the parent-child relationship is inferior*;* and, cumulative trauma is associated with the parent-child relationship quality. Cluver and Meinck (2014) also highlight the risks at the family level of poor parenting, poor parental mental health**,** large families, exposure to domestic violence, and parental drug and alcohol use serve as precursors for the sexual abuse of children in Africa. Risks due to stressful events that are chronic and uncontrollable have serious destructive implications for the mother-child relationship (Berry & Malek, 2017).

Although the vast majority of mothers who have experienced previous victimisation do not abuse their own children (Hughes & Cossar, 2015), regrettably, the multitude of contextual, historical, and social factors may increase the risk of parenting difficulties and maintain South African mothers' vulnerability to victimisation through violence (Chiesa et al., 2018; Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015; Goodrem et al., 2019).

To summarise: The quality of mothers' interpersonal health has immense implications for their overall well-being and functioning. Risks such as being part of a single-parent family in the context of poverty with experiences of painful emotions linked to abusive relationships and/or relational deficits serve to clarify the vulnerability of mothers.

4.4.4. Vulnerabilities and Mothers' Personal Well-being (intrapersonal risks).

The chronic exposure to environmental and interpersonal risks holds serious threats for the personal well-being of mothers living in a high-risk context (Van Schalkwyk, 2019). De Goede (2018) refers to the erosive influence of poverty to single mothers' mental well-being with regards to intrapsychic factors, e.g., cognitive and affective difficulties such as stress and anxiety, feelings of worthlessness or psychological unpreparedness for motherhood. Prilleltensky (2012, 2019) argues that ultimately, poverty does not only affect well-being negatively, but it adds to the experience of inequality and social injustice.

4.4.4.1. Risks to Mental Health. Individuals living in SA's low resource contexts may be at elevated risk for depression due to HIV and AIDS, violence, and poverty (Kuo et al., 2019). This country is also burdened with the high incidence of postnatal depression associated with women's exposure to these mentioned problems (e.g., intimate partner violence) (Rabe, 2018). According to the World Health Organisation (2013-2020), about 10% to 13% of women experience antenatal and postnatal depression globally, while in most developing countries the condition affects 20% of mothers. In stark contrast, more than 40% of South African women suffer from the condition.

Although Mugjenker (2018) confirms that several studies highlight the gap that still exists in the detection of depression in pregnant women and new mothers in this country, this information cannot merely be dismissed. Psychological literature concerned with poor black mothers in developing countries suggests that these women are extremely vulnerable to developing depression, with gender, race, class, and motherhood contributing to the increase in the risk of depression (Kruger et al., 2014). It is significant that Kruger and Lourens (2016) found that the hunger of their children is closely linked to poor mothers' emotional distress. Seemingly, a growing number of studies suggest that a positive association exists between food insecurity and poor mental health, especially in developing countries (Kruger & Lourens, 2016).

Apart from the restrictions of enduring poverty for mothers' mental health (Khumalo et al., 2012), is the factor of the age of the mother. This internal factor can be a risk for a mother's mental health and the positive development of her children.

4.4.4.2. Risks to Personal well-being/Mental Health: Mothers and age. The high rate of unplanned teenage pregnancies and teenage motherhood remains a concern in South Africa and worldwide (Hall et al., 2017). Most of the teenage pregnancies in South Africa are reported to occur among the black African and coloured communities of South Africa (James, 2015; Lesch & Kruger, 2005). South African studies show that many teenage mothers drop out of school; they are unemployed; and these financial problems contribute to challenges to raise the child (James, 2015; Johnson, Jacobs, & Van Schalkwyk, 2017). Some of these teenage mothers become depressed and suicidal as they struggle to cope with the consequences of teenage motherhood (James, 2015). Furthermore, the prevalence of problems like HIV/AIDS and unplanned/unwanted pregnancies among South African female adolescents adds to the problem, since statistics indicate that HIV/AIDS and teenage

pregnancies are prevalent among young South African women (Lesch & Kruger, 2005; Shisana & Simbayi, 2002).

Risk factors linked to the complexity of mothers' age and mental health also include emotional distress linked to shame and guilt when they are faced with social isolation (Johnson et al., 2017). Also, Wright et al. (2014) describe participants' feelings of guilt and shame referring to how poverty caused damage to their self-esteem. In addition, mothers' feelings of *despondency and defeatedness* about their unbearable circumstances (Kruger, 2020) can be linked to eventual disengagement (Wright et al., 2014). This "social paralysis" as the tension between low-income women's constructions of ideal motherhood and their inability to meet these ideals due to poverty-related constraints can contribute to mothers' poor personal well-being (Kruger & Lourens, 2016).

We have described specific indicators to help unpack the construct of "vulnerable mothers" in a particular high-risk context. We acknowledge that the distinction between these indicators are merely for theoretical purposes, as care should be exercised to view women's personal well-being and psychological vulnerabilities in isolation from their actual lived experience of enduring psychological distress amidst the adverse "socio-political contexts within which they as mothers seek to raise their children" (Kruger et al., 2014, p. 462).

4.5 Conclusion

The aim of this manuscript was to conceptualise mothering by arguing that this phenomenon cannot be viewed as a neutral construct but should be contextualised. CP permits an ecological understanding of motherhood as being heavily nested in micro to macro-systems all exerting a recursive impact. High-risk communities are rife settings for the prevalence of "vulnerable mothers" who are at high risk to several context and environmental stressors (contextual vulnerability); threats to their interpersonal

health/relational well-being; and, stressors that could seriously threaten their psychological well-being/mental health. The prevalence of these mentioned categories of vulnerabilities will manifest in the three dimensions of motherhood as defined by Walker (1995), i.e., in the practice of motherhood; in the discourse of motherhood; and, in the enactment of motherhood as a social identity. Consequently, we argue that these subjective dimensions of motherhood and how women who are mothers themselves (who live in high-risk communities) feel and think about this role and relationship, call for an emic approach to indigenous research to give expression to these marginalised settings and seek to understand the challenges of mothering aligned to "knowledge(s) of peoples of the periphery" (Dussel, in Siseko & Praeg, 2019, p. 2).

In alignment with CP, it is recommended that participatory methods are engaged to obtain information and derive contextual input to enhance the personal and parenting competencies of mothers living in high risk communities, such as Delft. This bottom-up approach in the debate to indigenise our research (Ebersöhn et al., 2018) will offer a primary stance to develop more contextually appropriate programmes to meet the needs of vulnerable mothers. We also suggest to take up the challenge of utilising alternative "ways of knowing" associated with indigenous knowledge systems as well as Western epistemologies (this is not uncommon in South Africa) (cf. Louw & Van Schalkwyk, 2019; Ebersöhn et al., 2018; Mahali et al., 201).

To conclude, the conceptualisation of vulnerable mothers living in a high-risk community is central to inform emic interventions to engage with their needs and aspirations to improve their sense of self and their desired mothering skills. Participatory action research design and processes will be crucial to align vulnerable mothers' needs and aspirations with theoretical and contextual knowledge to address this pressing social justice imperative in high risk community settings.

Chapter 5

Manuscript 2

Title: Participatory action research: Harnessing community resources toward transformation in a high-risk community

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Abstract

This conceptual manuscript describes using a participatory action research design and methodology to ground the development and implementation of an emic wellness programme for mothers living in a South African high-risk community. Community Psychology endorses the praxis of methods/techniques associated with participatory action research. In developing a context-appropriate empowerment programme for and with mothers from a high risk low resources community in South Africa, we sought to integrate theoretical knowledge with the indigenous knowledge and collective wisdom within a particular community setting. Contextual data were collected via a multi-methods participatory approach: a photo-voice technique where mothers provided information about the external assets/resources and the needs of the various areas of the high-risk community; a retrospective timeline exercise; and, a wilderness experience to offer mothers the opportunity to reflect on their personal journey. Thematic analysis of the collected data pointed to certain skills and competencies that should be included in the wellness programme to enhance mothers' personal well-being as well as what was considered appropriate parenting in this high-risk context. Recommendations emphasise that contextual information should be used progressively to enhance structural, personal and programmatic facilitators and to engage actively to mitigate possible barriers to the intervention programme.

Keywords: Community Psychology, high-risk community, local action, mothers, photo-voice, Participatory Action Research, retrospective timeline, South Africa

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5.1 Introduction

Recent research conducted in southern Africa cautions that indigenous ways of knowing have been colonised and defined negatively as non-Western and inferior (Ebersöhn et al., 2018; Mahali et al., 2018). Accepting the call to indigenise our research findings (Abrahams, 2000; Ebersöhn et al., 2018) we need to engage with the contexts of marginalised and oppressed communities (Naidoo, 1996). Seemingly efforts to decolonise research in the Global South and particularly in South Africa have an increasing duty to write from a position that is aligned with recognising the knowledge(s) of our peoples (Dussel, in Siseko & Praeg, 2019). In this way we can contribute to research transforming local communities; and, "to realize epistemic justice for peoples of the Global South" (p. 2). An acute awareness of these issues infers challenges in the 21st century and a post-colonial South African context (Keane, Khupe & Seehawer, 2017). But, for those of us who are committed to working with indigenous people and communities, this challenge must be taken up (Naidoo, 1996; Taliep, 2015).

As social scientists we should understand how current relations of power and domination created and/or worsened by neoliberal policies often result in sustained experiences of injustice and major inequalities in wealth (Clarke-Deces & Smith, 2017). Of crucial importance here is to have the necessary instruments for analysis and practice (Lazarus, Taliep, Bulbulia, Phillips, & Seedat, 2012). In this process, notions of reflexivity and praxis which are fundamental to a critical approach (Seedat & Suffla, 2012), are vital for the candid analysis of one's own standpoint and positionality in a community engagement process (Lazarus et al., 2012). While Participatory Action Research (PAR) is regarded as a Western method, we argue that it offers a path to promote local involvement and action in contrast to the assumption that research has to be objective, with an unseen researcher and hidden "subjects" and an undisclosed predetermined agenda (Keane et al., 2017).

The focus of this manuscript is using the participatory and empowerment framework of PAR to serve as an impetus for a designated marginalised group of people to become aware of their own agency; the wealth of their relational and collective well-being; and, the assets within their environment and themselves, which they can mobilise toward mutual and individual well-being (Minkler, Garcia, Rubin, & Wallerstein, 2012). More specifically, we aver that PAR is a good fit enabling researchers to explore and harness the use of community resources and assets toward transformation in communities. We report on using PAR research processes and techniques, namely photo-voice and a retrospective timeline exercise to co-construct a wellness programme for and with mothers in a community called Delft, designated as one of 20 high-risk South African communities (Statistics South Africa [Stats SA], 2011).

5.1.1. Background and problem statement.

A participatory action research approach is underpinned by the belief that changes for the better must be driven by those whose lives are to be improved and not by outsiders (Lazarus, Taliep, & Naidoo, 2017). Also, since mental health and mothering or maternal parenting practices cannot be viewed in isolation or "out-of-context" (Kruger & Lourens, 2016), PAR is an appropriate methodology for research in fostering positive human health (Prilleltensky, 2012) and positive communities (Marujo & Neto, 2014; Prilleltensky, 2019). PAR also rearranges the power dynamic between researcher and the researched: it allows the researcher to be a committed participant, facilitator, and learner in the research process in contrast to being a detached scientist (Keane et al., 2017). The generation of practical knowledge for the purpose of bringing about change was foremost in our study (MacDonald, 2012; McNiff & Whitehead, 2006), since we (outsiders/researchers) and mothers of a particular high-risk community (insiders/co-researchers) were seeking to engage actively

with extant identified needs in the community to strengthen families in seriously challenged social conditions.

A recent call highlighted the need for a wellness programme for mothers living in a high-risk community for the South African context (Van Schalkwyk, 2019). Utilising a PAR approach in the local context (Genat, 2009) was of particular interest and value for the current research as we sought to obtain mothers' perceptions about the resources and assets in their specific community context (Kagan, 2012). Moreover, the gathering of information about the particular context was a crucial part of our comprehensive approach toward effective design, implementation, evaluation and sustainability of the wellness programme for mothers in this community (Wandersman, Alia, Cook, Hsu, & Ramaswamy, 2016). In order to construct and customise the programme for the selected high-risk community, we sought to collect information (with mothers) about the resources and needs of the community for mothering in this context.

5.1.2. Theoretical framework.

PAR is particularly well-suited for Community Psychology (CP), given the shared seminal values of self-determination, collaboration, democratic participation and social justice (Lazarus et al., 2017). The production of knowledge in an active partnership with those affected by that knowledge (Bhana, 2002) was essential for the methodology chosen for this research. For example, Wang and Burris (1997) used photo-voice techniques successfully to enable Chinese women to record and reflect about the strengths and concerns of their community; and, to promote critical dialogue and knowledge through group discussions (also to reach policy makers) (Vaughn, 2011). Similarly, we opt for participatory action research processes with an emphasis on "local knowledge". Core components of PAR for the current research were the fostering of capacity (uncovering community resources to encourage mothering in a particular context), community development (families in the

context of a high-risk community), empowerment as transforming power relationships through transforming one's self, access (gaining access to families from all areas of the community), social justice (mothers, women and children matters), and participation (co-researchers and collaboration within a particular context) (Totikidis, 2013). We also chose PAR as a strength-based strategy building on existing strengths, resources and relationships already manifest within the community; and, to mobilise these resources to address local challenges (Israel, Schulz, Parker, & Becker, 1998; Saleeby, 2012). This point of departure is important for promoting family functioning and ultimately as small steps toward transformation of the community, since families are viewed as the core of the South African society (The White Paper on Families, 2013). Within this research paradigm it was important to pay attention to Patton's (2015) guidelines that process matters; how things are done matters; outcomes are important, but how outcomes are achieved also matters much, especially to those who experience the process.

5.2 Research question

The research question of our study was how participatory action research can be harnessed to facilitate the process with mothers from a high-risk community in South Africa (SA) to obtain contextual knowledge and to harness community resources (and needs) for transformation.

5.3 Research aim

The research aim was to establish, via participatory action research, the key role of community knowledge and resources toward developing and implementing a wellness programme in a study involving mothers from the Delft community.

5.4 Method

5.4.1. Research Approach.

We adopted a constructivist qualitative approach to interpret and document the action research process to gain contextual information from participants to inform the design, content and implementation of a programme for mothers in the target community (MacDonald, 2012).

5.4.2. Research Design.

We used a case-study design, since it focuses on the in-depth investigation of a phenomenon anchored in real life and experience and allows for the use of multiple data collection methods (Njie & Asimiran, 2014; Yin, 1984, 2014). The case study design offered a multi-perspective analysis which opened up the possibility of giving voice to the powerless and voiceless (Niewenhuis, 2016). The "case" for this study was a within-site case focusing on the development and initial evaluation of a wellness programme for mothers living in Delft, a selected high-risk community in SA.

5.4.3. Study Setting.

Delft was initially a transient community situated 34 km east of Cape Town, close to the Cape Town International airport in the Western Cape Province. This, formerly called township or disadvantaged environment, was established in 1989. It is divided into 7 areas where some areas are predominantly populated by Xhosa-speaking people; some are mixed of both Xhosa-speaking and Afrikaans-speaking people; and, some areas are predominantly populated mainly by Afrikaans-speaking persons of colour.[1] The majority of families in Delft live in either government subsidised housing, fabricated homes in the backyards of formal homes, or corrugated tin shacks in informal settlements with limited access to running water, sanitation, or electricity. Specific risks in this high-risk community (Felner & DeVries, 2013) include high levels of crime (murder, rape), gangsterism and gangster-related violence, dysfunctional families (Van Schalkwyk, 2019), domestic violence, abusive drinking (May et

[1.] Race is used in this research to indicate social groups and not as a political construct.

al., 2013), school dropouts, and poverty (Crime Statistics South Africa [Crime Stats SA], 2018). Delft is considered to be one of the 20 most high-risk communities in South Africa (Statistics South Africa [Stats SA] in Naidoo, 2019) and one of the 10 most dangerous areas in South Africa (Crime Stats SA, 2018).

The population of Delft has rapidly increased over the last 13 years to more than one million inhabitants, with many being backyard dwellers; up to three families may occupy one house (http://www.smartcape.org.za/community/community-articles/delft-health-centre.html, 2009). Within this community the challenge of single parents, poverty and substance abuse is a dilemma. Community psychologists (Naidoo et al., 2007; Nelson & Prilleltensky, 2010; Visser, 2007) stress that family and the immediate settings of individual members of families cannot be considered without taking into account their natural environment as well as their social and cultural contexts (Bronfenbrenner, 1979; Nelson & Prillentensky, 2010; Visser, 2007). This ecological perspective is essential to understand the interaction between the persons' capacity to grow towards fully functioning individuals, as well as the accessibility of ecological resources for their well-being (Bronfenbrenner, 1979; Rosa & Tudge, 2013; Ungar, 2011). In Delft, difficulties such as unemployment, hunger, substance abuse, gangsterism and the continuing problems associated with extreme poverty are endemic and impact significantly on family functioning.

5.4.4. Study population and participants.

The target population for this study was mothers (with children in middle childhood) located within Delft.

5.4.4.1. Participant selection strategies/sampling.

In order to purposefully select "information-rich participants" (Creswell, 2014, p. 289), purposive sampling was used to select participants in such a way that the sample obtained can be viewed as being representative of the study population (Welman et al., 2005).

Participants

We used non-probability, criterion-based purposive sampling to intentionally recruit 17-21 mother participants. We solicited a non-profit organisation, the Sakha Isizwe Development Organization (a registered NPO) to assist with the recruiting of potential participants. These participants were deliberately selected because they matched the following demographic criteria: Females who are mothers/legal guardians of children in middle childhood; mothers living in Delft for at least 5 years; willing to participate in the research; willing to be audio-recorded.

5.4.5. Data collection.

PAR allows various data collection techniques that encourage participation from people from all levels of literacy (Ferreira, Ebersöhn, & Botha, 2013; Kemmis & McTaggart, 2007; Williamson & Brown, 2014). This was important for the current research as most participants had not completed their school education. For this research, data were collected by participants assisted by the research team.

5.4.5.1. Data collection strategies. We utilised two techniques namely photo-voice as a visual method and a retrospective timeline activity in the format of a world café technique (group discussion) to engage with Delft mothers (Kagan, 2006). Prior to these data collection opportunities, mother participants were asked to complete a structured questionnaire from which to obtain socio-demographic information (see Appendix D).

5.4.5.2. Procedure. Once ethical approval was granted by the Humanities research ethical committee (REC) of Stellenbosch University (PSY-2018-7941), contact was made with the targeted community via a gatekeeper, who was an "insider" familiar with the locals and the prevailing dynamics within Delft. The gatekeeper was the project manager for the Sakha Isizwe Development Organization (a registered NPO) operating in Delft and she was willing to assist with the process of recruitment. She appointed six mediators who as trusted

persons working in this community recruited 21 possible mother participants from the six areas of Delft.

The mediators introduced the primary researcher to the potential participants who then explained the nature of the study, provided the needed information, the time commitment for the study, and matters concerning consent. After a week the appointed mediators visited the potential participants to collect the completed consent forms of participants who were willing to take part; and, the needed appointments for the data collection sessions were made.

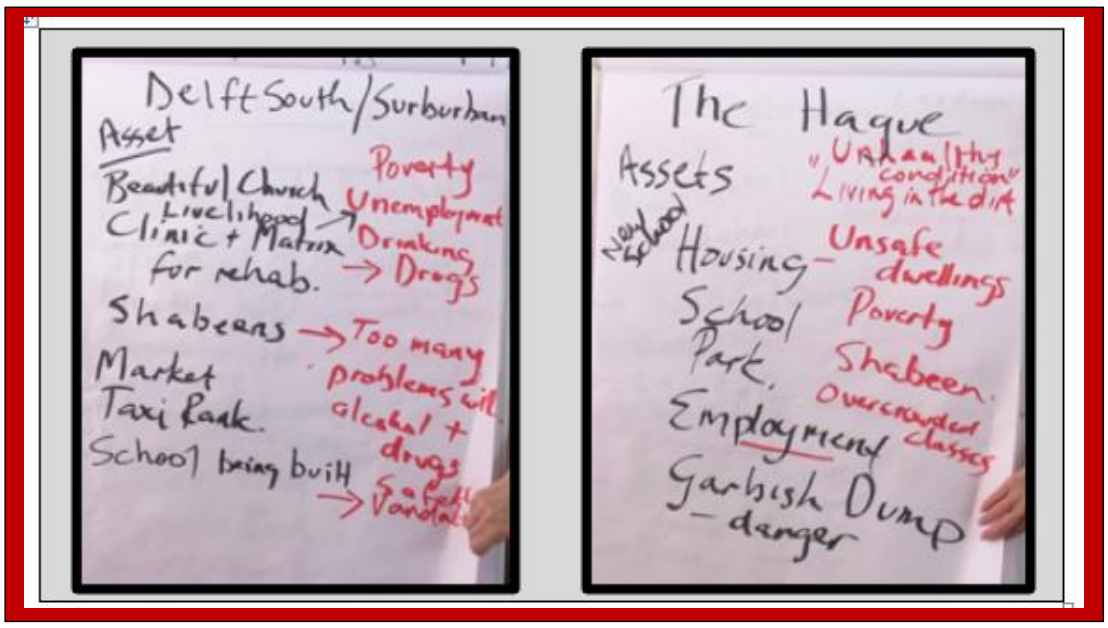
Photo-voice method: We used photo-voice as a participatory method where mother participants used photography, and stories about their photographs to identify and represent issues of importance to them, namely to identify resources and needs in Delft for mothers (Nykiforuk, Vallianatos, & Nieuwendyk, 2011; Palibroda, Krieg, Murdock, & Havelock, 2009). The photo-voice session was planned for one single data collection opportunity. The photography mission was a loosely structured photo-topic and we asked participants to take photographs of places or things that they felt helped or hindered them in their role as mothers in Delft. The mother participants were given some guidelines by a professional photographer and suggestions about the photo-voice session before heading out on their activity (Wang & Redwood-Jones, 2001). We divided the group into six smaller groups to visit the six areas of Delft; and, female drivers with cars were invited to assist with transport, since none of the mother participants owned cars or had a driving license. Mother participants left the research venue in groups of four to five persons per car to conduct their photography assignment. On their return, photographs were downloaded from the participants' cell phones by a professional photographer and stored on the first author's computer at the research venue in Delft.

A summary of the photographs was made and the best three—five photographs per geographical area of Delft—were selected. This process allowed for optimal participation

and helped to identify by consensus the photographs to be shared per area. The following week we discussed the selection of photographs in-depth; and, participants were encouraged to explain the photographs in whatever way made the most sense for them. The discussion included a brief written summary (done by the authors) to accompany each photograph. At the end of the process, we offered the participants the opportunity to indicate that the written summary accurately reflected what they had intended it to reflect (see Figure 5.1 for examples of written summaries per the six areas of Delft).

Figure 5.1

Examples of written summaries - discussion of resources and risks



***A Retrospective timeline exercise*:** A retrospective timeline exercise was used with all mother participants to gain insight into their experiences across various life phases living in a high-risk context (Staiker, 2012). We decided to conduct the retrospective timeline exercise in an adapted format of the "world café" (see Brown, Isaacs, & The World Café Community, 2005), as this method works well in any culture, among different age groups, and in different communities (Brown et al., 2005).

The venue used for data collection was set up to create a hospitable space, like a café, with tables covered with multi-coloured paper tablecloths and colourful pens, and refreshments were provided (Brown et al., 2005; Carson, 2011). Questions were compiled to gather data about the experience of mother participants' various life phases. Everyone's contribution was encouraged and each participant had the opportunity to write information about her own unique experiences of four various life phases (infancy - adulthood) (see questions - Chapter 3 of this thesis, p. 75). Different colour cards were used to indicate the various life phases and the completed cards were added to four different "timelines" (see Figure 5.2).

Figure 5.2

Display of written cards of retrospective timeline exercise

Mother participants were eager to interact and share their stories once the written responses to the questions about life phases were completed. In this way "*communicative spaces*" were created (Habermas, 1996) to tap into mother participants' local knowledge and their perspectives about growing-up and living in Delft. Since the purpose of the timeline exercise for this study was to gain insight about mother participants' accounts of their

developmental years from childhood until adulthood, this method also allowed conversations that created a platform for mothers to open up about their personal stories (Adriansen, 2012; Patton, 2015).

A wilderness experience - mother participants: Mother participants took part in a wilderness experience to offer them the opportunity to reflect on their personal journey. Naidoo, Zygmont and Philips (2017) refer to a liberation psychology to illumine the link between individuals' psychological suffering and their well-being within the wider ecological contexts in which they live. The entire research team—including the mother participants and the research team—used a one day excursion to a camp site on a Stellenbosch farm for this activity. At the site, persons who are trained in the wilderness programme, encouraged us to engage in challenge-based experiential activities that helped to raise awareness of the environment; and, these activities contributed to develop cohesive relationships amongst the participants and facilitators.

A solo activity of approximately two hours formed the central activity of the day's programme. Mothers (participants) walked to an isolated "wilderness setting" on the farm free of distractions to spend time in nature in solitude (Brophy, 2014) (see Figure 5.3).

Figure 5.3

Mother participant and solo activity

Afterwards in the group setting, the personal sharing with fellow-mothers also served as an enabling (psychological) space for mothers; and, these shared experiences of a recovered sense of common purpose added to the group cohesion (Watkins & Shulman in Naidoo et al., 2017).

In analysing data gathered via the qualitative methods, namely photo-voice and the retrospective timeline group discussion, attention was given to address matters associated with trustworthiness, namely the need for credibility, dependability, confirmability and transferability in the research process (Berger, 2015; Lincoln & Guba, 1985). Moreover, the participants began to experience how their own stories were contributing to the knowledge generating process, as well as to the group cohesion.

5.5 Qualitative Data Analysis

According to Patton (2015), thick description and case-studies are the bedrock of qualitative data analysis. Central to this process is the preparing and organising of the collected information/data, in order to establish codes and themes is central to the process of analysis (Creswell, 2007, 2014).

5.5.1. Thematic analysis.

The qualitative data were derived from visual and narrative materials (photo-voice) as well as from the textual data collected via the retrospective timeline/group discussion. The data of the two phases were analysed separately; and the themes that emerged were presented as the contextual data for the design of the wellness programme for mothers living in Delft. Thematic analysis was used to analyse and report patterns (themes) (Braun & Clarke, 2006, 2013) and, to identify main themes associated with key constructs (Gale, Heath, Cameron, Rashid, & Redwood, 2013). In alignment with PAR, mother participants became part of the process of analysis helping to group the resources and risks of Delft.

Analysis was conducted manually and the emerging themes and the analysis were approached both deductively and inductively: deductive reasoning allowed using existing theory in relation to the key concepts of this research; and, the inductive approach involved the process of observation and pattern identification in order to answer the research question (Creswell, 2014).

5.6 Ethical concerns

Ethical approval for the study was granted by Stellenbosch University's REC Humanities (SU) (PSY-2018-7941). Written informed consent was obtained prior to data collection; participants were informed that the data would be treated confidentially and be anonymised, and that only relevant people would have access to the data. Ethical guidelines were followed to adhere to this process by paying particular attention to the following: Goodwill permission/consent; informed consent and voluntary participation; participant recruitment; incentives/remuneration of participants; privacy and confidentiality; risks and benefits (medium risk), and non-maleficence and beneficence. Participants were given a basic stipend for each session to cover their taxi fare expenses to get to the venue and back.

5.7 Findings

The findings of this qualitative study are presented as themes that emerged during the data analysis of both the photo-voice technique; and, a retrospective timeline exercise (mother participants). The four identified main themes are firstly, essential physical and social resources (objective indicators of well-being) as enablers for mothering (Bronfenbrenner, 1990; Thomson, Hanson, & Mc Lanahan, 1994); secondly, mothers' subjective reality about these resources in Delft; thirdly, mothers' (personal) positive experiences of different life phases in a high-risk community; and, fourthly, mothers' (personal) negative—and many traumatic—experiences from infancy to adulthood.

Additional quantitative information was also obtained from a socio-demographic questionnaire completed by mother particpants.

5.7.1. Socio-demographic information.

A summary of this information, with regards to age, marital status, mothers' education, and number of children was obtained.

Socio-demographic information is summarised in Table 5.1.

Table 5.1

Socio-demographic information - mother participants

#	Age	Marital Status	Qualifications	# Children	Children ages	Type of Housing	Income/Livelihood
1	25-40 Years	Divorced	Grade 10	1	0-2; 12-18 Years	Flat	Mosque assistance
2	25-40 Years	With life partner	Grade 10	3	0-2; 6-12; 12-18 Years	Informal Housing	Partner support
3	25-40 Years	Married	Grade 10	2	6-12 Years; 12-18 Years	Informal Housing	Sassa grant
4	25-40 Years	Married	Grade 10	3	0-2; 6-12; 12-18 Years	Informal Housing	Sassa grant
5	25-40 Years	Married	Grade 10	4	0-2; 4-5; 6-12 Years	Informal Housing	Sassa grant
6	25-40 Years	Married	Grade 10	3	2-3; 6-12; 12-18 Years	Informal Housing	Sassa grant
7	25-40 Years	Married	Grade 10	2	6-12; 12-18 Years	Informal Housing	Sassa grant
8	25-40 Years	Married	Grade 10	3	6-12 Years	Informal Housing	Sassa grant
9	40-50 Years	Married	Grade 11	1	6-12 Years	Informal Housing	Sassa grant
10	40-50 Years	Separated	Grade 11	3	6-12 Years	Informal Housing	Sassa grant
11	40-50 Years	Separated	Grade 12	6	6-12 Years	Informal Housing	Sassa grant
12	40-50 Years	Single	Grade 6	5	6-12; 12-18 Years	Informal Housing	Sassa grant
13	40-50 Years	Single	Grade 7	4	6-12; 12-18 Years	Informal Housing	Sassa grant
14	40-50 Years	Single	Grade 7	2	6-12; 12-18 Years	Informal Housing	Sassa grant
15	40-50 Years	Single	Grade 9	3	6-12; 12-18 Years	Informal Housing	Sassa grant
16	40-50 Years	Widowed	Grade 9	2	6-12; 12-18 Years	RDP House	Sassa grant
17	50+ Years	Widowed	Grade 9	3	6-12 Years	RDP House	Sassa grant
18	50+ Years	Widowed	Grade 9	5	4-5; 6-12; 18-24 Years	Wendy House	Sassa grant
19	25-40 Years	Married	Grade 11	2	6-12 Years	RDP House	Sassa grant
20	25-40	Single	Grade 11	2	2-3; 6-12 Years	Wendy House	SASSA grant
21	40-50	Single	Grade 12	1	6-12 Years	RDP House	Sassa grant

A summary of this information, with regards to age, marital status, mothers' education, and number of children, is given in Table 5.2.

Table 5.2

Socio-demographic information: Summary of categories

Category	Description	Number: n=21
Age	25 – 40 years	10
	40-50 years old	8
	50+ years old	3
Marital status	Single mothers	14

	Married (or, separated)	7
Education	Grade 6 & grade 7	2
	Grade 9 & grade 10	13
	Grade 11 & grade 12	6
Housing type	Informal living arrangement	13
	RDP house (state erected dwelling)	5
	Flat / Wendy house	3
Number of children	0 – 2 years old; 06 – 12 years old; 12 – 18 years old	1 – 9 children Average of 4
Livelihood	SASSA grant	19
	Support of husband	1
	Other:	1

Socio-demographical data showed that most mothers with children in middle childhood were between 25-50 years old; most mothers were single-parents who received SASSA grants and lived in informal housing settlements; and, most mothers had not completed their school education.

5.7.2. Findings: Photo-voice.

Data obtained via photo-voice yielded themes that emerged from the mother participants' discussion of the images (photographs) (Vaughn, 2011) and mothers' shared stories (Patton, 2015). These images about the assets/resources of the high-risk community were identified as the resources enabling mothers—in their functioning as mothers—in Delft. These resources were identified as (in no specific order): i) educational facilities (schools and feeding schemes for their children); ii) recreational facilities; iii) commercial facilities (shops - formal and informal sectors); v) religious facilities (faith communities/churches); and, v) health and civic institutions (medical, policing, housing). For example, mothers viewed schools as resources; most schools in Delft are "no-fee" schools (learners do not pay schools

fees because of household poverty); and, learners also obtain one meal per day during school semesters (see Figure 5.4).

Figure 5.4

Resources - Schools in Delft

It was noticeable that although mother participants were clear about the function and helpfulness of the resources in Delft, at the same time they also indicated the limitations or even worse, the dangers linked with these resources. For example, although mothers spoke with gratefulness about the school communities in Delft, they also spoke openly about the many restrictions of and dangers at the Delft schools (see Figure 5.5).

Figure 5.5

Dangers associated with educational facilities/schools

To emphasise these very real dangers/risks associated with violence and criminal activities at school buildings, mother participants mentioned that there is a law enforcement presence at all Delft schools during school hours (see Figure 5.5).

Resources emerging from the photo-voice discussion are summarised in Table 5.3.

Table 5.3

Photo-voice findings as indicators of well-being (Prilleltensky, 2012)

	Objective indicators of well-being
Personal level of well-being	i) Personal indicators: Access to education; services, e.g., medical services ii) Interpersonal indicators: Number of friends; fun activities (visit a park with children) iii) Community indicators: Safety, e.g., police force; clean air; sense of community.
Interpersonal level of well-being	i) Health; stress-free and supportive relationships ii) Function and meaning, e.g., being part of faith communities
Communal level of well-being	Access to healthcare; commercial facilities; civic institutions; transport (e.g., taxis)
	Subjective indicators of well-being
Personal level	Fears - educational facilities; gangster violence; negative emotions of hopelessness and perils for personal safety.
Interpersonal level	The continuous experience of negative emotions linked to past and present "hurt" within families and neighbourhoods.
Communal level	Frustration about poor housing, poor service delivery and dangers associated with physical environment.

The identified resources indicate the objective indicators of well-being (Prilleltensky, 2012); and, these specified resources are linked to mothers' *personal level of well-being,*

referring to the personal, interpersonal and communal indicators of well-being. Specified resources linked to *interpersonal level of well-being* are factors associated with health and supportive relationships; as well as meaningful opportunities to practice and develop strengths. Resources indicated as linked to an *organisational level of well-being* were absent, such as economic resources (this can be explained since most mother participants were unemployed). Resources linked to a *communal level of well-being* were voiced as their access to a) health care (day hospital/clinic); b) commercial facilities (shops - formal and informal sectors); c) civic institutions, e.g., functioning of government services, such as policing, safety for children/learners at schools, i.e., law enforcement at schools; housing, and, d) public taxis as the main mode of transport.

The subjective indicators of well-being with regards to these resources on personal, interpersonal, organisational; and communal levels were expressed in mostly negative language. Mother participants spoke about the lack of resources in terms of needs of the high-risk community as risk factors. Identified subjective factors linked to mothers' personal level of well-being demonstrated their fears about the serious restrictions of their context, for example, there are many specific limitations and dangers linked to the educational facilities (schools), since schools in Delft are not excluded from the high incidences of crime and gangster violence in this high-risk community. Mother participants referred to the dangers of their children being robbed as they walk to their schools; chronic gangster violence; perils for personal safety; overcrowded classrooms; and, the occurrence of rape (on school premises as well). The prevalence of these mentioned factors indicated serious vandalism and a need for law enforcement at all Delft schools during the entire school day. The subjective reality of mothers' personal well-being was described overwhelmingly in terms of feelings of hopelessness and this was aggravated by the high occurrence of suicide and abusive relations; feeling financially insecure; and, the negative impact of high levels of unemployment.

Specified factors linked to the status of interpersonal well-being identified poor housing and, dangers of the physical environment (for example, the corpse of a baby or a dead dog found in a residential area); and, social conditions in the community, such as substance abuse and high levels of domestic violence. Specified indicators affecting communal well-being included the health and civic institutions (medical and policing - many times reduced services and long queues/waiting hours); housing and sanitation (informal settings have serious unhygienic conditions with, for example, one toilet shared by 5-7 persons in Blikkiesdorp).

The role of psychosocial processes is vital to make the link between fairness/justice and wellness, since these processes mediate different conditions of justice and wellness outcomes (Prilleltensky, 2012). In all cases, the conditions surrounding the person exert considerable influence on her/his opportunities to thrive (Ungar, 2015). The findings of the photo-voice exercise clearly illustrate that social change positions the active involvement of mother participants in any initiative toward transformation in this high-risk community.

5.7.3. Findings: Retrospective timeline data: "I was born in two arm chairs".

Mother participants were eager to interact and share their personal stories. Data obtained via the retrospective timeline activity with the mother participants illustrated a mixture of enjoyable and extremely distressing experiences. On the one hand the occurrence of salient enjoyable experiences and positive emotions in the various life phases were reported. For example, in early childhood (0-5 years old) mothers spoke about their pleasant memories in this life phase, such as the care of mothers/grandmothers; and, enjoying a pet. In middle childhood (06-12 years old) mothers' dreams included aspirations of becoming a nurse; medical practitioner; social worker; teacher; a dancer; singer; a secretary; and, being successful at education. Mothers articulated their adolescent (13-18 years old) memories as being involved in clubbing and dancing; running away to a party; going out with friends; becoming sexual active; teenage pregnancy; and, some even referred to demonstrating

aggressive behaviour, such as fighting. Mother participants view their greatest achievement as an adult as becoming and being a mother; intentional efforts to be a good mother ("Becoming an independent, strong and positive person for my children"); having the privilege of a good upbringing; overcoming HIV/Aids; and, being an active member of a faith community. Only one participant mentioned her cherished memories of adulthood and getting married.

Data obtained via the timeline technique also showed the occurrence of mothers' numerous adverse and even traumatic experiences across their life-span. Adverse experiences during early childhood included being exposed to violence; being "fatherless"; being sexually molested; scary experiences as a foster child with foster parents; and, the longing to be with a mother who was mostly absent due to long working hours. Circumstances or events that prevented mothers from realising the dreams they had during middle childhood were described in terms of poverty; not completing school education due to teenage pregnancy; the death of a mother/father; lack of family support; drug-abuse (of the mother participant); lack of motivation and wrong choices; and, being abused as a child ("I was in and out of the welfare"). Mother participants referred to "stupid things" they did as a teenager, such as being involved in risky sexual behaviour; dropping out of school; alcohol use and smoking, teenage pregnancy. Lastly, mothers talked about their greatest disappointment as an adult indicating for example, being sexually active and becoming a mother at a very young age ("*To leave the school at so a early age, i.e., grade 5 and get so soon pregnant"*); staying in an abusive relationship for 8 years; being abandoned by the father of her child during pregnancy; and, unfulfilled dreams.

5.8 Discussion

Contextual data collected via PAR methods were analysed by means of inductive as well as deductive approaches. Photo-voice findings aligned with an inductive approach showed

the particular valourised resources (external assets) of Delft strengthening mothers in their parenting. Apart from mother participants' appreciation of these resources, in the context of this high-risk environment, serious shortcomings and even dangers were often associated with these same external assets. Contextual information provided a vivid picture of the role of the Delft-setting for mothering. Diverse conditions associated with different conditions, namely, optimal/suboptimal or vulnerable conditions can lead to diverse wellness outcomes through a series of psychosocial processes (Prilleltensky, 2012).

The findings aligned with a deductive approach show the influential resources of the mothers' social and physical context in these rather vulnerable conditions. Also, the interrelatedness of ecological systems was illustrated clearly across the photographs selected by the mothers depicting their houses (family environment), schools (learning environment), clinics and policing (collective), and faith-based centres.

The exploratory perspective provided by the PAR method aided the research team in accessing the deeper story about the mothers' environment as it related to their experiences of living in a high-risk context. Another significant benefit of this method entailed that it facilitated a strong foundation—and relationship—from which to continue the collaborative work in the study since this was a first data collection opportunity and most mother participants did not know one another. Further, since the point of departure of this phase was not in obtaining data saturation, but rather diversity (Nykiforuk et al., 2011) it was helpful to gain a macro community lens.

Furthermore, the findings of this phase of the research illustrated how PAR activities can accommodate the values of CP, for example, involving participants directly in the research process as co-researchers and contributing their unique skills and knowledge actively to activate a transformation process (Kagan, 2012; Torre, Cahill, & Fox, 2015). The findings also confirm the importance of contextualising the research process. Mothers' participation

happened in a specific local context (Genat, 2006); sourced local knowledge (Genat, 2006; Wanderman et al., 2016); and utilised active engagement with participants as the praxis needed for social change (Vaughn, 2011).

The emotional engagement of the mother participants was clear as they were eager to take part in reflection and dialogue (Lykes, 2017) in the comfort of a safe and enabling (psychological) space. Also, although some of the mothers were somewhat inhibited initially, the PAR procedure adopted helped to create a sense of dialoging as these co-researchers began to gain confidence in sharing their thoughts and experiences. This ongoing process was also vital to establish a sense belonging and active engagement by emphasing the committed involvement of the mothers and researcher(s) in each step of the way (cf. Patton, 2015). Consequently, findings demonstrate that the complex set of contextual knowledge as a co-learning experience (Israel et al., 2001) was important for conceptualising the design of the wellness programme for mothers living in Delft (Van Schalkwyk & Naidoo, in press-c)—including action plans (Minkler et al., 2012); and, ultimately the active ingredients for mothers' capacity-building (Pedersen et al., 2019). Ultimately, this partnership of mutual knowledge sharing and understanding between different actors in the research process was crucial to indigenising our research.

5.9 Conclusion

Community Psychology endorses the praxis of various methods and processes associated with PAR. In conceptualising a needed programme for mother participants as co-researchers in Delft, we sought situated knowledge to inform the content and modus operandi for the context-appropriate programme. Although this participatory approach enabled a contextual understanding of Delft's main structural conditions, a limitation of this study is that the knowledge and data obtained and the findings drawn will be pertinent only to this community and cannot be generalised to other settings. Notwithstanding this inherent limitation, the

findings yield significant knowledge for broadly understanding mothers' perceptions of their local community's resources (physical and social resources) as objective and subjective indicators of their well-being. Clearly, the results of this study are specific as contextualised by the mother participants of this research, but it provided seminal insights to assist in customising the wellness programme for this high-risk community. Moreover, the photo-voice activity and the retrospective timeline discussion were found to be facilitative in setting up the PAR praxis and sense of community necessary for the later stages of the study.

Chapter 6
Manuscript 3

Title: A wellness programme for mothers living in the context of a South African high-risk community: A review of literature

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Abstract

Parenting programmes have gained more general interest in the 21st century due to an increasing trend towards linking social problems to childrearing practices. There is, however, scant research evident of evidence-based parenting programmes for impoverished communities in developing African countries. In planning to develop a parenting programme for mothers in a particular South African high-risk community, called Delft, a contextual understanding of structural conditions in this community was a sine qua non. Recent statistics have shown that most South African children are living and growing up in single-parent households with mainly mothers/grandmothers/aunts as heads of households. Hence the mental health and functioning of mothers, in particular, are significant foci and objectives for parenting programmes. This suggests that parenting programmes need to extend their focus beyond improving skills and competencies parenting, to also focus on enhancing the well-being and mental health functioning of parents, particularly mothers heading single-parent families.

Key words: Context, mothers, parenting programmes, South Africa, wellness

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6.1 Introduction

Parenting programmes have gained more general interest in the 21st century due to an increasing trend towards linking social problems to childrearing practices (Furedi, 2008; Knerr, Gardner, & Cluver, 2013; Kumpfer, Whiteside, & Allen, 2010; Van Den Driessche, 2016). Although evidence is drawn largely from high-income countries, decades of research have now demonstrated the efficacy of programmes targeting parenting practices to prevent negative developmental outcomes for children, including substance use, mental health problems, sexual risk behaviour, delinquency, and school failure (Berkel et al., 2018). As a result, the effectiveness of parenting programmes to improve parenting skills and reduce child behavioural difficulties is now well established (Lindsay & Totsika, 2017; Pedersen et al., 2019).

In low- and middle-income countries (LMICs) the effect of parenting interventions has also been shown to reduce the risk and incidence of child physical maltreatment in impoverished environments by enhancing positive parenting skills and providing effective but non-physical forms of discipline (Knerr et al., 2013). Emerging evidence in LMICs shows, for example, how parenting programmes targeting men and addressing gender norms—such as REAL fathers (in Uganda) and One Man Can (South Africa)—can concurrently reduce violence against women and children (Hall & Mokomane, 2018). Thus, apart from the positive effect of parenting interventions, there is evidence that low-cost mechanisms for delivery of psychosocial interventions can be effectively implemented in adverse LMIC contexts (Jordans et al., 2016; Knerr et al., 2013; Singla et al., 2017).

Though parenting programmes are widely implemented and studied in Western countries (Berkel et al., 2018; Cluver et al., 2017; Kumpfer & Magalhães, 2018; Orte, Ballester, Vives, & Amer, 2016), there is scant literature on evidence-based parenting programmes for communities in developing African countries, particularly impoverished communities (cf.

Pedersen et al., 2019; Van Den Drieschen, 2016; Van Es, 2015). Hence, scholars argue for a contextual understanding of structural conditions impacting communities (Anonymous, 1986; Naidoo & Van Wyk, 2003) and for the need for a social justice approach to programme development (Petty, 2018; Prilleltensky, 2012; Visser & Moleka, 2012). Increasingly researchers and programme developers are emphasising "context sensitivity" (Ebersöhn et al., 2018; Patton, 2015); and awareness related to "…indigenous sociocultural factors and unique characteristics of the country such as high rates of violence and trauma, the challenges of socio-political transformation, unmet political expectations, disillusionment and other socio-economic stressors, high rates of unemployment and poverty, and inadequate access to health care" (Bantjes & Kagee, 2013, p. 248). As a result, culturally sensitive parenting programmes are gaining significance (e.g., Dash, 2012; Gorman & Balter, 1997; Lau, Fung, Ho, Liu, & Gudiño, 2011). In alignment with these strategies, Ward and Wessels (2013) suggest that efforts toward evidence-based parenting programmes can be viewed as key to nation building in South Africa.

A parenting programme can be described as a structured process of education; and, as training intended to enhance parenting skills (Ward & Wessels, 2013). This definition allows the need for strengthening parenting skills and practice in the Global South and its many high-need and high-risk contexts, since concerns, culture, and context cannot be ignored (Mahali et al., 2018). In addition, the premise of the current research was based on fostering an understanding of the positive contributions of family life in sub-Saharan Africa to overall wellness and mental health, and to the promotion of health and not merely the amelioration of social, mental or physical hardship (Goodman, Gibson, Keiser, Gitari, & Raimer-Goodman, 2018). This stance is grounded in the theoretical framework of Community Psychology (CP) with its special emphasis on setting and culture (Maton, 2008; Seedat & Lazarus, 2014). Further, with respect to interventions in the family context, within South Africa specifically -

we view families as a primary source of essential social belonging that may impact human behaviour towards personal, relational and collective well-being (Fadiji in Wissing et al., 2020).

This chapter/manuscript offers a generic review of existing parenting programmes and appropriate constructs for the logistics of the South Africa (SA) context, and is suitable for a particular high-risk environment. Parenting in the context of the Global South, and particularly the SA context, will serve as a background for the discussion of selected programmes.

6.2 Parenting and context

Since parenting practices differ by culture and society (Gillies, 2005), parenting programmes should be adapted to the socioeconomic context of LMICs and to the cultural values, knowledge and practices of local communities (Van Es, 2015). In SA, the White Paper on Families (2013) summarises this stance by stating that the geographical area wherein parenting takes place affects how parents/mothers manage their children. Kotchick and Forehand (2002) distinguish three contextual factors that can affect parenting: i) ethnicity or culture; ii) the socio-economic status of families; and, iii) neighbourhood or community. In addition, the following factors should also be considered, such as, the links between children's development and poverty regarding the negative impact of poverty on parental well-being, marital conflicts and stress (Geinger, Vandenbroeck, & Roets, 2014); the influence of negative living conditions (for example, job insecurity) on parenting coping skills and behaviour (Brotman, et al., 2013; McCubbin, McCubbin, Thompson, & Thompson, 1998); the influence of parents' low responsiveness to the social behaviour of children (Geinger et al., 2014); the detrimental impact of parental stress and the home learning environment on children's learning competencies (De Mey & Vandenbroeck in Van Den Driesshen, 2016). In contrast, healthy contexts highlight the role of i) positive parent-child

interaction for positive early childhood development (Lachman et al., 2016); ii) the healthy impact of positive reinforcement and involvement, warmth and affection, and consistent nonviolent discipline for children to achieve their developmental potential, learn pro-social skills, and contribute meaningfully to society (Kotchick & Forehand, 2002). In particular, it is vital to emphasise that children growing up in enabling environments are more likely to transfer these competencies to their own children, thus strengthening the intergenerational transfer of positive parent-child relationships and child development (Lachman et al., 2016). Regrettably, the opposite is also true. Kruger (2020) mentions that children are shaped by all their caretakers and caring institutions that include, for example, the larger family, the community, the schools, the hospitals, the social worker, the police, and the government. Evidently, the intergenerational transfer of parent-child relationships and child development is indeed embedded in the outer world and its working mechanisms.

In South Africa, there are several reports using child-report data in low-income contexts showing the high prevalence of physical and emotional abuse with caregivers as the primary source of abuse (Meinck et al., 2016). Other surveys from LMICs support these findings reporting that 75 % of children between the ages of two and 14 years old experience harsh parenting in the home (UNICEF, 2010, 2014). While delivering programmes that prevent violence against children are increasingly becoming a global public health issue (Mikton et al., 2014), it is particularly a South African issue (Cronjé-Malan & Van Schalkwyk 2015; Geldenhuys & Schalkwyk, 2020; Lachman et al., 2016). Dlamini (2020) asserts that we are "a violent society" (p. 2) with a femicide rate that is five times higher than the global average. Dlamini asks the question: "Why do we kill our women and children, the most vulnerable among us? Is it because of self-hate, have we dealt with our violent past?" (p. 2).

Kruger (2020) refers to this as the "slow violence of poverty" (p. 7) which cannot be viewed in isolation from South Africa's legacy of family disruption (Hall, Richter,

Mokomane, & Lake, 2018). For many years, through a combination of apartheid laws, regulations and the deliberate undersupply of housing and services many families were broken up, and although the legal and regulatory controls were revoked in the mid-1980s, many of the structural obstacles still remain. Regrettably, most of these hindrances for healthy functioning families have persisted beyond 27 April 1994 (Hall et al., 2018). Clearly, matters linked to context-sensitivity are essential for programme intervention aimed at the strengthening of parenting strategies and parenting behaviour (Dakers, 2018). Moreover, in post-apartheid South Africa, the fierceness of impoverished mothers' daily struggles linked to the 'slow violence of poverty' (cf. Davids & Gouws, 2013) cannot be disregarded when designing a parenting programme.

One of these "most dangerous" aspects of living in Delft is the extremely high incidence of child abuse/child maltreatment (Meinck, Cluver, Boyes, & Mhlongo, 2015). Meinck et al. (2016) conducted multi-community research in the South African context confirming the alarming level of physical, emotional and sexual abuse of children in low-income South African communities with severe negative outcomes for survivors. Parents and guardians were found to be the main perpetrators of physical abuse and emotional abuse. Meinck et al. (2016) recommend that these high rates of physical, emotional and sexual abuse demonstrate the need for targeted and effective interventions to prevent the incidence and re-victimisation.

6.3 Parenting training programmes

Notwithstanding their socio-economic circumstances, parents have been identified as being pivotal to their children's development and support (Bloomfield & Kendall, 2012; Glover, Van Schalkwyk, & Van der Merwe, in press; Hall & Mokomane, 2018), and to the family's well-being (Goodman et al., 2018). Strategies for supporting parents are viewed as the most effective way to improve the health, well-being and development of children. Moreover, adverse parenting is considered a risk factor for the development of a range of

health problems both in childhood and adulthood (Berkel et al., 2018; World Health Organisation [WHO], 2002). Thus, initially, the need for parenting programmes was indicated mainly from the notion that better parenting practices are beneficial toward children's positive development and well-being (Bloomfield & Kendall, 2012; Halpenny, Nixon, & Watson, 2010). This point of departure is important, since families form an integral part of society and in fostering individual well-being (Botha & Booysen, 2013). Therefore, De Winter (2011) argues that parenting is not simply a private matter.

6.3.1. The need for parenting programmes in South Africa.

Parenting programmes are important in the South African (SA) context (Ward & Wessels, 2013), because children depend on their parents for the provision of daily/basic needs, such as, to be fed, to be cleaned and clothed, to be nurtured, to be stimulated, and to be kept safe (The White Paper on Families, 2013). The satisfying of these needs is usually associated with children's success at school, with pro-social behaviour, and, in the long run, contributing as productive adult members of society. But if child abuse and neglect—the most serious forms of poor parenting—prevail, the overall functioning and well-being of children are severely impacted (Lund, Brooke-Sumner, Baingana, Baron, & Brever, 2018; Meinck et al., 2016; Patel et al., 2016). Hence, programmes that support parents to be effective in their families provide significant cost-saving in the long term—costs to the health system in treating illnesses, costs to the criminal justice system in dealing with crime, and a loss in tax revenue (as adults who were abused as children may not achieve their full working capacity) (Ward & Wessels, 2013). This approach, however, has been critiqued for being ameliorative focusing mainly on the deficits of parents to improve the "basics" of parenting and provision (Rodrigo, 2016; Wessels, 2017).

Most recent statistics show that most South African children are living and growing up in single-parent households (Statistics South Africa [Stats], 2017). According to the White

Paper on Families (2013), more than 40 percent of all households in South Africa are headed by a single parent, mainly the mother or maternal grandmother, in other words the mother/female guardian is responsible for the physical, mental, and social well-being of the family (Ellis & Adams cited in Van Schalkwyk, 2019). Many of these female-headed households (FHHs) are dealing with immense challenges (Stats, 2011a). Clearly, if these contextual and socio-demographic considerations are taken into account regarding mothering/parenting (Shenderovich et al., 2019), it would be short-sighted to disregard, for example, mothers' exposure to highly-challenging circumstances by focusing mainly on parenting tools. This may be tantamount to what Kluegel and Smith (1986) refer to as victim-blaming. Therefore, a more appropriate upstream intervention that includes a strengths' approach that fosters participant agency and engagement with contributing structural conditions (Lazarus, Seedat, & Naidoo, 2017) may be more effective and ethically accountable (Tronto, 2010).

6.4 Method

We aimed to provide evidence by means of an integrative literature review about parenting programmes aimed at mothers living in low-income communities. In conducting the integrative literature review (De Souza, Da Silva, & De Carvalho, 2010) we used explicit inclusion criteria (Onwuegbuzie & Frels, 2016); followed a strict and transparent search strategy to collect relevant studies (Onwuegbuzie & Frels, 2016; De Souza et al., 2010); and critically assessed and synthesised these studies (Onwuegbuzie & Frels, 2016; De Souza et al., 2010).

6.4.1. Existing parenting programmes

In order to identify core intervention components associated with evidence-based parenting programmes (Lachman et al., 2016), the extant body of literature was first examined to identify the effective components of parenting programmes. This included

systematic reviews, meta-analyses, and specific parenting programmes to identify those programmes with strong evidence for improving parenting behaviour; improved outcomes for parent-child relations; and, enhanced outcomes for mothers (especially mothers' well-being). This review includes interventions that are both preventative and promotive in orientation. The search strategy involved the use of explicit criteria for the selection of programmes, namely empirical evidence; theory-based; programmes developed in the Global North/Global South; programmes fit for local context, i.e., high-need and high-risk community (women dealing with poverty; working class; role of empowerment and social justice); constructs representing a good fit for Community Psychology (CP) and a strength perspective; a good fit for Participatory Action Research (PAR) as opposed to directive intervention; sufficient use of activities (see Myers, 2018); number of sessions of weeks allowed (Goliath, 2018; Pedersen et al., 2019); better outcomes for mother-and-child, and improved outcomes for mothers (see Table 6.1).

Table 6.1

Criteria used for the selection of programmes

Criteria - Academic component to be integrated in the Wellness Programme
1. Theory-based (Wessels, 2012; 2017)
2. Empirical evidence (Chandan & Richter, 2008)
3. Fit for SA context (high-risk) (Isaacs et al., 2018; Van Schalkwyk, 2019)
4. Constructs used (well-being approach) (Lazarus et al., 2017; Saleebey, 2012)
5. Sufficient use of activities and nature thereof (Goliath; Myers, 2018)
6. Number of weeks/sessions (Pedersen et al., 2019)
7. Outcomes for parents/mothers and children (Lachman et al., 2016; Ward et al., 2016)
8. Developed in Global North/South (Ebersöhn et al., 2018; Mahali et al., 2018)

A selection of ten parenting programmes aimed at positive outcomes for mothers as well as their children was identified as meeting the set of criteria for the academic component for the envisaged wellness programme for mothers living in Delft. In the next section the

analysis of the process to evaluate the appropriateness of selected programmes in terms of the criteria is given.

6.4.2. Selected parenting programmes.

The following ten programmes were considered for the South African context in the light of the above-mentioned criteria.

Table 6.2

Selected programmes for the SA context

Name of programme	Authors of programme
1. The Strengthening Families Programme 10–14 (SFP 10–14)	Kumpfer, Molgaard and Spoth (1996); Kumpfer and Magalhães (2018)
2. Incredible Years Parent Training Programme	Borden, Schultz, Herman and Brooks (2010)
3. Mom's Empowerment programme	Graham-Bermann and Miller (2013)
4. The Mindful Parenting programme	Bögels and Restifo (2014)
5. Triple P - Positive Parenting Programme	Sanders (2012)
6. Family Resilience-Strengthening Programme	Isaacs, Roman and Savahl (2018)
7. New Beginnings Programme	Baradon, Fonagy, Bland, Lenard and Sleed, (2008); Sleed, Baradon and Fonagy (2013)
8. A Parenting Skills Programme (see SCORE)	Van Den Driessche (2016)
9. Systematic Training for Effective parenting (STEP)	Dinkmeyer Sr., McKay and Dinkmeyer Jr. (1997)
10. The Sinovuyo Caring Families Programme	Lachman, Sherr, Cluver, Hutchings and Gardner (2016)

A breakdown of these selected programmes is given in a structured format in accordance with the search criteria with a brief description.

The Strengthening Families Programme (SFP) originated in the United States during the 1980s (Kumpfer, Molgaard, & Spoth, 1996; Kumpfer & Magalhães, 2018). SFP was designed to enhance resilience and reduce risk factors for alcohol and substance misuse,

depression, violence and aggression, delinquency and school failure in high-risk children and their substance-abusing parents (Coombes, Allen, Marsh, & Foxcroft, 2009).

Table 6.3

Strengthening Families Programme 10-14 (SFP10-14)

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Risk behaviours, e.g., substance-abuse
4. Constructs used (well-being approach)	✓ Family functioning; relationships; parenting behaviour; strengthening relationships
5. Sufficient use of activities and nature thereof	A seven-session DVD-based family skills training programme (Activities of the programme content are unknown)
6. Number of weeks/sessions	No information
7. Outcomes for parents/mothers and children	* Better parenting skills * Improved family relationships * Enhancing life skills of young people
8. Developed in Global North/South	Global North - Also implemented in 17 other countries

Criterion-validation

Although the SFP meets several of the criteria, it is not likely to be a good fit for the wellness programme in Delft, since the use of technology and DVD media for delivering content material could present a barrier not only in terms of language—most of the participants are not English speaking—and, they are used to lively group interactions. Moreover, the content of the SFP does not allow a specific focus on the well-being of mothers, but mainly on improved family functioning and improved outcomes via better parenting practices for families (parents and children) where parents are dealing with substance-problems.

The Incredible Years Parent Training Programme (IY) is a preventive group intervention for strengthening families' abilities to adapt to challenging life circumstances (Borden, Schultz, Herman, & Brooks, 2010).

Table 6.4

Incredible Years Parent Training Program (IY)

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Families in conditions of risk
4. Constructs used (well-being approach)	✓ Parent-child interactions ✓ Groups ✓ Family resilience
5. Sufficient use of activities and nature thereof	No information
6. Number of weeks/sessions	✓ 18 weeks
7. Outcomes for parents/mothers and children	* Strengthen parent-and-child competencies * Reduce child risks for developing conduct problems
8. Developed in Global North/South	Global North - Also implemented in 17 other countries

Criterion-validation

This evidence-based preventative group-based parenting programme met most criteria. Valuable information is given about family resilience. Although the IY was developed in the Global North, it is validated as being culture-sensitive. However, the programme outcomes are directed mainly for children and the family—and not specifically for mothers and the promotion of their overall well-being.

The Mom's Empowerment Programme (MEP) (Graham-Bermann & Miller, 2013) provides support and services for mothers who have experienced intimate partner violence (IPV). The goal of MEP is to enhance the mothers' arsenal of parenting and disciplinary

skills, increase their social and emotional adjustment, and thereby reduce their children's behavioural and adjustment difficulties.

Table 6.5

The Mom's Empowerment Program

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Intimate partner violence
4. Constructs used (well-being approach)	✓ Empowerment ✓ Mothers and self-efficacy ✓ Mothers and control
5. Sufficient use of activities and nature thereof (Myers, 2018)	Trained staff use training manual
6. Number of weeks/sessions	✓ 10 weeks
7. Outcomes for parents/mothers and children	*Enhance mothers' parenting and disciplinary skills * Reduce their children's behavioural and adjustment difficulties
8. Developed in Global North/South	Global North - also other countries

Criterion-validation

While the Mom's Empowerment Programme (MEP) as a community-based intervention is directed at women, i.e., mothers who are exposed to IPV, and the programme entails specific psychological changes aligned to empowerment theory (compare CP); it is essentially a therapeutic intervention. Noticeably absent was the use of the strength perspective and the intentional use of capacity aimed at improved personal, relational and collective well-being. Also, the programme is facilitated by trained professional health service providers for a clinical population whereas the envisaged wellness programme is aimed at a non-clinical population with facilitators being trained community members.

The Mindful Parenting Programme (Bögels & Restifo, 2014) focuses on mindful parenting and builds on other mindfulness-based clinical approaches such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT).

Table 6.6

Mindful Parenting Programme

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Parent and children dealing with suffering
4. Constructs used (well-being approach)	✓ Compassion ✓ Managing of stressors
5. Sufficient use of activities and nature thereof	✓ Activities – meditation practices
6. Number of weeks/sessions	✓ 8 weeks
7. Outcomes for parents/mothers and children	* Reduction of parents' stress * Improving parent-child relationship
8. Developed in Global North/South	Global North (widely used)

Criterion-validation

Mindful Parenting is validated and frequently used in community mental health child care in the context of the Global North. Studies show that Mindful Parenting has clinically significant and substantial effects on a wide range of measures concerning parenting, mindfulness, and child as well as parental psychopathology. Valuable exercises in the programme include parents' awareness of their personal growing-up challenges. However, in spite of the substantial interest in applying mindfulness models to family and parenting research, there had been no applications to evidence-based, family-focused preventive interventions (Duncan, Coatsworth, & Greenberg, 2009).

The Triple P-Positive Parenting Programme (Sanders, 2012) is a multilevel, multidisciplinary system of parenting and family support strategies designed to prevent behavioural, emotional and developmental problems in children.

Table 6.7

Triple P - A Positive Parenting Programme

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Poor parenting ✓ Context of child abuse
4. Constructs used (well-being approach)	✓ Empowering families ✓ Parenting strengths
5. Sufficient use of activities and nature thereof	✓ Activities not specified
6. Number of weeks/sessions	✓ 4 weeks (e.g., level 4); 5 weeks (e.g., level 5)
7. Outcomes for parents/mothers and children	* Better quality parent-child relationships through positive parenting, and non-violent strategies
8. Developed in Global North/South	Global North – also used in 18 other countries

Criterion-validation

Although this programme intervention met most criteria, it was not developed in the context of the Global South. Also, it has been critiqued as a positive parenting programme (Sanders, 2012), such as the Triple P Programme, and may not find traction in a high-risk context. For example, Helen Reece (2013), an expert in family law at the London School of Economics, argues that being "nice" to children all of the time is rather difficult if not impossible, with negative outcomes for the naturalness of the parent-child relationship. She posits that the positive parenting approach consists of three separate but inter-related components: a) the absence of punishment; bi) the expansion of positive reinforcement; and, c) leading by example. She admonishes that punishment or even criticism while constantly

accentuating the positive can do more harm than good and simply and these "set parents up to fail". Seemingly, because of the high expectation for how a good parent should behave, this could set parents up for being judged against an impossible standard by friends and family members and in extreme cases even unfairly evaluated by social workers with major consequences for the rest of their lives.

The Family Resilience-strengthening Programme (FRSP) (Isaacs, Roman, & Savahl, 2018) was developed in the South African context. This contextually based family resilience programme provides guidance for family processes and healthy interacting.

Table 6.8

A family resilience-strengthening programme (FRSP)

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	Not yet
3. Fit for SA context (high-risk)	✓ Family stressors
4. Constructs used (well-being approach)	✓ Poor family communication ✓ Empowering families ✓ Strengthening social resources ✓ South African culture and context
5. Sufficient use of activities and nature thereof (Myers, 2018)	✓ Various planned activities
6. Number of weeks/sessions	Not known (4 modules)
7. Outcomes for parents/mothers and children	* More effective family functioning with reference specifically to family connectedness; communication; social and economic resources
8. Developed in Global North/South	Global South - South Africa (SA)

Criterion-validation

This programme was developed in the South African context and does comply with most of the criteria except that it is not an evidence-based programme; secondly, it does not offer content for the intentional promotion of mothers' well-being. However, it is important to take into account that programmes which are evidence-based, might not be effective in

settings that do not match with the values, and traditions of the population on which the evidence of effectiveness was based (Van Es, 2015, p. 5). Therefore, the use of programme material developed in and for the local context and language is likely to offer positive results about both engagement and outcomes.

New Beginnings is a manualised attachment-based intervention developed specifically for mothers and babies in prison (Baradon, Fonagy, Bland, Lenard, & Sleed, 2008; Sleed, Baradon, & Fonagy, 2013). This early intervention programme is aimed at improving attachment between mother and infant.

Table 6.9

The New Beginnings Programme

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Risks for mothers and babies/children; ✓ Mental health problems
4. Constructs used (well-being approach)	✓ Context of risk ✓ Relational well-being (attachment)
5. Sufficient use of activities and nature thereof (Myers, 2018)	✓ Planned activities - mothers and mentalisation/reflective thinking
6. Number of weeks/sessions	Not known
7. Outcomes for parents/mothers and children	* Better parenting behaviour * Mothers' improved capacity for reflective functioning
8. Developed in Global North/South	Global North - also in SA (pilot study)

Criterion-validation

The New Beginnings Programme offers valuable input for the planned Wellness programme with regards to mother participants' personal well-being and addressing personal risks. The intentional use of mentalisation or reflective functioning is commendable. Also, the good fit of this programme, about mothering in adverse contexts, for example, the prison or shelter, is important. However, although these aspects will be valuable to include in the

wellness programme, in itself, the programme covers only early stage attachment-based intervention whereas the wellness programme was intended for mothers with children in middle childhood).

The Parenting Skills Training Programme was used in the overall objective of *Sustainable COmprehensive REsponses* (SCORE, 2013) to decrease the vulnerability of children and their households in an African country (Van Den Driessche, 2016). The main goal of the SCORE project was to decrease the vulnerability of critically vulnerable children (VC) and their households by focusing on four essential objectives (the socio-economic status of VC households; food security; availability of Protection and legal Services for VC and their household members; and access and provision of critical services).

Table 6.10

A Parenting Skills Training Programme/SCORE

Criteria	Programme
1. Theory-based	✓ Yes
2. Empirical evidence	✓ Yes
3. Fit for SA context (high-risk)	✓ Vulnerable children ✓ Parents and poverty
4. Constructs used (well-being approach)	✓ Empowering households ✓ Role of context - poverty
5. Sufficient use of activities and nature thereof (Myers, 2018)	✓ Planned activities
6. Number of weeks/sessions	✓ 8 weeks
7. Outcomes for parents/mothers and children	* Improved parenting practices Better care for children
8. Developed in Global North/South	Global North (also in a country in Africa)

Criterion-validation

This evidence-based programme was also conducted in the African context in a resource-poor setting. The role of groups was highlighted positively, and the giving of information about effective parenting and provision, specifically, addressing adversity of vulnerable

households and giving of information in an African context. The need to strengthen mothers' personal well-being and functioning, however, is not built-in in this programme.

The Systematic Training for Effective Parenting (STEP) (Dinkmeyer Sr., McKay, & Dinkmeyer Jr., 1997) STEP is used in the South African context as a positive parenting skills programme which predominantly serves parents from poor communities who have children aged 0-18 years. The programme also serves parents who have been mandated by the courts to attend the programme (Ward & Wessels, 2013). The programme components included i) teaching parents problem solving; ii) teaching parents to promote children's cognitive, academic, or social skills; iii) and providing other, additional services. Ward and Wessels (2013) indicate that these results could be used for the strengthening of existing parent training programmes.

Table 6.11

Systematic Training for Effective Parenting programme (STEP)

Criteria	Programme
1. Theory-based	Positive parenting skills
2. Empirical evidence	Not yet
3. Fit for SA context (high-risk)	✓ Parents' lack of positive discipline techniques
4. Constructs used (well-being approach)	✓ Context of risk ✓ Poverty
5. Sufficient use of activities and nature thereof (Myers, 2018)	✓ Planned activities and training
6. Number of weeks/sessions	7 weeks
7. Outcomes for parents/mothers and children	* Consistent parenting * Better emotional communication skills
8. Developed in Global North/South	Global South - used in SA

Criterion-validation

Although STEP is used in the South African context, it has not (as yet) been evaluated. The aim of the programme is mainly to educate and train parents from poor communities.

The programme predominantly includes content on understanding children's behaviour and feelings in order to guide them in pro-social behaviour problem-solving and appreciating the importance of positive discipline. However, the programme does not offer guidance about the intentional strengthening of resilient family-functioning and the promoting of mothers' personal healthy well-being.

The Sinovuyo Caring Families project (Lachman et al., 2016) is a locally developed, evidence-informed parenting programme that aims to reduce the risk of child maltreatment and improve child developmental outcomes for high-risk, low-income families in Cape Town (evaluated in Khayelitsha and Nyanga communities). This 12-session group-based intervention focusses on the caregivers of 2-9 year old children with difficult behaviour.

Table 6.12

The Sinovuyo Caring Families Programme

Criteria	Programme
1. Theory-based	Positive parenting skills
2. Empirical evidence	✓
3. Fit for SA context (high-risk)	✓
4. Constructs used (well-being approach)	Context of risk
5. Sufficient use of activities and nature thereof (Myers, 2018)	✓ Poverty ✓ Planned activities and training
6. Number of weeks/sessions	12 weeks
7. Outcomes for parents/mothers and children	* Consistent parenting * Better skills for parents and children 03 - 8 years old)
8. Developed in Global North/South	Global South - used in SA

Criterion-validation

The Sinovuyo Caring Families project complies with nearly all of the criteria, since it has evidence of effective components within a local, culturally relevant context, it is aimed at

parents with small children (not middle childhood); and is mainly focussed on the improvement of parental practices and not the promoting of mothers' personal healthy well-being.

In summary, several parenting programmes were assessed against criteria deemed to be beneficial in the South African context. This assessment permitted the evaluation of needed academic data to determine relevant content for a wellness programme to intentionally strengthen mothers' personal and parenting competencies within a high-risk setting. The information and outcomes of these selected programmes are summarised and juxtaposed in Table 6.13.

Table 6.13

Comprehensive overview of outcomes of selected programmes

	Programme	Overview	Criteria							
#			Theory based	Empirical evidence	SA context fit	Construct - Well-being	Activities	Sessions	Outcomes	Context
1	The Strengthening Families Programme (SFP10–14	* Family-skills training programme * Designed to enhance resilience and reduce risk factors in high risk children and their substance-abusing parents	Yes	Yes	* Risk behaviours, e.g. substance abuse	* Family functioning * Relationships * Parenting behaviour * Strengthening relationships	7-session DVD-based family skills training (Content of DVDs not available)	No info	* Better parenting skills * Improved family relationships * Enhancing the life skills of young people	Global North (17 countries)
2	Incredible Years Parent Training Program (IY)	* Preventive group intervention for strengthening families' abilities to adapt to challenging life circumstances	Yes	Yes	* Families in conditions of risk	* Parent-child interactions * Groups * Family resilience	No info	18 weeks	* Strengthen parent-and child competencies * Reduces child risks for developing conduct problems	Global North (17 countries)
3	Mom's Empowerment Program (MEP)	* Support and services for mothers who have experienced intimate partner violence (IPV)	Yes	Yes	*Intimate partner violence	* Empowerment * Mothers and self-efficacy * Mothers and control	Trained staff use training manual	10 weeks	* Enhance mothers' parenting and disciplinary skills * Reduce children's behavioural and adjustment difficulties	Global North (widely used)
4	Mindful Parenting Programme	* A mindful parenting programme * Based on other mindfulness-based clinical approaches	Yes	Yes	* Parents and children facing suffering	* Compassion * Managing of stressors	Meditation practices	8 weeks	* Reduction of parents' stress * Improving parent-child relationship	Global North (widely used)
5	Triple P - A Positive Parenting Programme	* Multilevel, multidisciplinary system of parenting and family support strategies * Designed to prevent behavioural, emotional and developmental problems in children.	Yes	Yes	* Poor parenting * Context of child abuse	* Empowering families * Parenting strengths	Activities not specified	5 weeks (level 5)	* Better quality parent-child relationships through positive parenting, and non-violent strategies	Global North (used in 18 countries)
6	Family resilience-strengthening programme (FRSP)	* A contextually based family resilience programme * Provide guidance for family processes and healthy interacting	Yes	Not yet (2019)	* Family stressors * Poor family communication	Empowering families; strengthening social resources; South African culture and context	Various planned activities	Not known (4 modules)	* More effective family functioning (family connectedness; social & economic resources)	Global South (SA)
7	New Beginnings Programme	* An attachment-based intervention * Specifically for mothers and babies in prison * Early intervention programme	Yes	Yes	* Risks for mothers & babies * Mental health problems	Context of risk; relational well-being	Planned activities - mothers and mentalisation / reflective thinking	Not known	* Better parenting behaviour * Mother's improved reflective functioning capacity	Global North (also in SA)
8	Parenting Skills Training Programme/SCORE	* SCORE objectives: * To improve the socio-economic status of vulnerable children (VC) and their households (food security; provide critical services)	Yes	Yes	* Vulnerable children * Parents and poverty	Empowering households; role of context - poverty	Planned activities	8 weeks	* Improved parenting practices * Better care for children	Global North (also in Africa)
9	Systematic Training for Effective Parenting programme (STEP)	* A positive parenting skills programme * For parents from poor communities * For parents who have been mandated by the courts to attend parenting programme	Yes	Not yet (2019)	Parents' lack of positive discipline techniques	* Context of risk * Poverty	Planned activities	7 weeks	* Consistent parenting * Better emotional communication skills	Global South (SA)
10	The Sinovuyo Caring Families Programme	* A positive parenting skills programme * For parents from local poor communities * For parents with children 3 - 8 years old	Yes	Yes	Parents in poverty	* Parenting behaviour * Improve child outcomes	Trained staff use training manual	12 Sessions	* Better parenting skills * Reduces child risks for developing conduct problems	Global South (SA)

6.5 Discussion

Ten specific programmes were validated against criteria to assess the programme content and intended outcomes with the view to gauging their suitability to be used for a wellness programme for mothers living in the selected high-risk community of Delft. The particular strengths and limitations for each of the selected programmes were identified. A summary analysis of these selected programmes (see Table 6.13) shows that some programmes were developed for parents who were dealing with clinical situations/diagnoses (Mom Empowerment Programme and intimate partner violence; Strengthening Families Programme and substance abuse); some focused on improving skills, but not covering well-being (Mindful Parenting programme; Family Resilience Strengthening Programme; Systematic Training for Effective Parenting Programme); some focused on family functioning and not parenting per se, for example, the Triple P emphasises the use of resilience factors and a group process model to strengthen parent-and-child competencies; encourage resilient outcomes at both the individual and family level (Strengthening Families Programme 10-14 (SFP10-14); Incredible Years Parent Training Program (IY); and, that the majority of programmes were relevant for the Global north with little research done for testing their applicability and adaption for LMICs contexts.

Programmes developed in the SA context (Family Resilience Strengthening Programme; Systematic Training for Effective Parenting Programme [STEP]; and, The Sinovuyo Caring Families project) showed potential points of fit. However, shortcomings identified include not being theory-based(STEPS); not being evidence-based at the time of this study; or, aiming on positive parenting to prevent child maltreatment. Overall, an appraisal of the programmes indicates that some programmes have been successfully adapted for other contexts, but their applicability for a high-risk SA context have not been validated.

While no one programme can be considered as complying with all criteria, several programmes had individual components that appeared to be applicable to enhancing parenting skills and wellness. Drawing from the individual programmes and combining the particular strengths of the selected parenting programmes offers a meaningful base and guideline to be incorporated as potential best practices toward developing a wellness programme for mothers living in Delft.

6.6 Conclusion

Parenting programmes have been found to exert a positive impact on child well-being and family functioning. One of the benefits of evidence-based programmes is related to the production of content and processes that have been found to be effective. In reviewing parenting programmes found in the literature, it was evident that most programmes have been designed and developed with specific contexts in mind, both the clinical context for the intended population and the broader social environment that the participants come from. Since various contextual influences could undermine parenting, and specifically mothering in high-risk South African contexts, it was clear that one size does not fit all. Although the positive outcomes of better parenting were emphasised in most programmes, and some researchers do stress the importance of mothers' mental health as vital toward better parenting and child adjustment, no specific guidelines were found to enhance the personal well-being of mothers in South African high-risk contexts.

This points to a significant gap since most parenting programmes tend to focus mainly on child well-being or positive outcomes for children—and do not give attention to the well-being of mothers and their positive functioning as programme outcomes. This inadequacy of most existing parenting programmes likely rests on the possible assumption that mothers are expected to know instinctively how to raise children, and that inadequate mothering is the source of children's problems and suffering.

As posited by Naidoo, Shabalala and Bawa (2003), in working with at-risk or high-risk communities it is imperative to move beyond individual psychological difficulties, as changes at meso and macro levels are important to overcome structural inequalities (Geinger, Vandenbroeck, & Roets, 2014; Orford, 1992). Differently stated, the importance to overcome these inefficient victim blaming models is fundamental to efforts toward societal transformation (such as conceptualisation of the institution of motherhood) (Geinger et al., 2014). Reviews of the efficacy of intervention initiatives suggest that such programmes as the envisaged parenting programme are effective when these facilitate well-being and prevention/risk reduction (Felner, Felner, & Silverman, 2000). Hence programmes should be conceptualised to provide effective skills (National Drug Master Plan, 2012-2016), and a sense of empowerment (Christens, 2012) to engage with the complex social challenges (Naidoo & Van Wyk, 2003) to mothering amidst extant structural socio-political conditions and legacies (Kruger, 2020).

Some evidence-based parenting programmes have been reviewed to consider their applicability in the South African context. Although the academic information obtained from these programmes offered essential information for mothers living in the context of a South African high-risk environment, called Delft, it is recommended that the integration of scientific and contextual information should inform the primary content of a context-sensitive programme addressing the well-being of mothers as a legitimate parenting programme outcome.

Chapter 7

Manuscript 4

Title: A Wellness Programme for Mothers living in the Context of a South African High-risk Community

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Abstract

Mothering in the context of a South African high-risk community has undue complexities. Apart from the compounding risks for families and the reality of many "poverty traps", when mothers' personal and parenting competencies within this context are compromised, then the entire family suffers. There is a need for the development and evaluation of a wellness programme for mothers living in high-risk communities in the South African context. Moreover, scholars argue for a contextual understanding of structural conditions and particularly for the inclusion of a participatory and social justice approach to such programme development. The aim of the programme described in this manuscript is to strengthen the personal and parenting abilities of mothers living in a South African high-risk low-income community. We describe our modus operandi in combining research-generated academic information with contextual data obtained via participatory processes to inform the content and focus of the programmme. Additionally, thematic analysis of data obtained via a focus group discussion with social worker participants was used to identify prerequisite skills and competencies for this programme to enhance mothers' well-being as well as appropriate parenting skills. We describe the content of the wellness programme comprising concept mapping of four modules called "Mattering"; "Mothering" "Managing"; and, "Mentoring" located within the theoretical framework of Community Psychology. Guidelines from various parenting programmes are incorporated as best practices toward effective implementation.

Key words: Community Psychology; high-risk community; mothers; parenting; parenting programme, South Africa

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7.1 Introduction

> "*Human beings are relational beings and the origin of these relational 'seeds' is the interconnectedness of the mother-and-child*." (Gergen, 2009, p. 60)

This manuscript presents the content of a practical intervention programme designed to strengthen the personal and parental competencies of mothers who are living in a South African high-risk community. The development of such a programme with the lens of the strengths' perspective directed by Community Psychology (CP) theories signifies the shift from the hypothetical to practicality at the level of the family. This means that the programme's undertaking is to extend research-generated information, that is, information obtained via existing programmes to include contextual information. In this first section of the manuscript we present the academic and (additional) contextual content of the wellness programme for mothers in a South African (SA) high-risk community called Delft.

7.2 Garnering academic knowledge and contextual information

We first reviewed the literature to identify parenting programmes that met the following criteria: i) Theory-based (Wessels, 2012); ii) Empirical evidence (Chandan & Richter, 2008); iii) Fit for the SA context (high-risk) (Van Schalkwyk, 2019); iv) Constructs used (well-being approach) (Lazarus et al., 2017); v) Sufficient use of activities and nature thereof (Goliath, 2018; Myers, 2018, Myers, Carney, Browne, & Wechsberg, 2019); vi) Number of weeks/sessions (Pedersen et al., 2019); vii) Outcomes for parents/mothers and children (Ward, 2012); viii) Developed in Global North/South (Ebersöhn et al., 2018; Mahali et al., 2018) and, that would be applicable for a wellnesss programme for mothers in the Delft community. It was deemed important not only to focus on enhancing parenting skills but to also build a focus on the well-being of the mothers (Van Schalkwyk Wyk & Naidoo, in press-c). We then proceeded to collect contextual information by means of Participatory Action

Research (PAR) methods in the high-risk setting with the view to let the contextual knowledge inform and shape the academically derived content of the programme.

7.2.1. Academic information.

From the review of the ten programmes), we extracted three main themes: firstly, parenting programmes entail positive outcomes for children and parents; secondly, the importance of healthy relational interactions; and, thirdly, addressing risk behaviour in families.

Table 7.1

Programmes selected for the Power Moms Wellness Programme (PMWP)

Programme	Effects of programme
1. The Strengthening Families Programme 10–14 (SFP10–14) (Kumpher et al., 1996; Kumpher & Magalhães, 2018).	Beneficial to improve resilient family functioning where parents are dealing with substances.
2. Incredible Years Parent Training Program (IY) (Borden, Schultz, Herman, & Brooks, 2010)	Beneficial to encourage family resilience at both the individual and family level (practical ideas, e.g., family routines).
3. Mom's Empowerment Programme (Graham-Bermann & Miller, 2013)	Beneficial to support mothers dealing with intimate partner violence (IPV) and the difficulties of parenting in such circumstances.
4. The Mindful Parenting programme (Bögels & Restifo, 2014)	Beneficial to improve mothers' mindfulness skills toward improved reflective functioning.
5. Triple P Parenting Programme (Sanders, 2012)	This programme offers guidelines for positive parenting to actively address issues associated with child abuse and violence.
6. The Family Resilience-strengthening Programme (Isaacs Roman & Savahl, 2018)	Beneficial as a contextually based family resilience programme to increase family functioning.
7. The New Beginnings Programme (Baradon, Fonagy, Bland, Lenard, & Sleed, 2008; Sleed, Baradon, & Fonagy, 2013)	Programme implemented in SA as an early intervention model to improve the mother-infant attachment to reduce the potential risk of mental health problems later in life for the infants, the mothers and future generations.
8. A Parenting Skills Training Programme (see SCORE, Van Den Driessche, 2016)	Beneficial to support vulnerable children by means of the supporting families to provide better care for children – including equipping parents toward improved parenting skills.

9. Systematic Training for Effective parenting (STEP) (Dinkmeyer et al., 1997)	Beneficial as a parenting programme in the SA context to teach parents about positive parenting and the use of healthy (non-violent) disciplinary practices.
10. The Sinovuyo Caring Families project (Lachman et al., 2016; Wessels, 2017; Schendorovich et al., 2019)	Beneficial as a locally developed, evidence-informed parenting programme that aims to reduce the risk of child maltreatment and improve child developmental outcomes for high-risk, low-income families.

7.2.1.1. Theme 1: Positive outcomes for children and parents. Improved parenting behaviour has positive outcomes for children: Evaluation of existing parenting programmes indicated that strengthening parent-and-child competencies helped to reduce child risks for developing conduct problems and other negative life outcomes (The Strengthening Families Programme 10-14; Triple P - Positive Parenting Programme (Sanders, 2012). For example, the Triple P programme was effective in reducing parents' dysfunctional parenting practices, reducing children's behaviour problems, and increasing parenting efficacy and satisfaction (Sanders, Kirby, Tellegen, & Day, 2014). In other words possible risk behaviours of child(ren) are prevented by improving parenting practices.

Best parenting practices: Best practices include encouraging resilient families by means of authoritative parenting style practices that accommodate firmness and consistency yet still remain warm and not too restrictive (Systematic Training for Effective Parenting programme [STEP]; cf. Renk et al., 2016). This requires parents to practice new skills with their children during parent training sessions, such as disciplinary practices, for example, teaching parents to use time out as a technique to direct/correct the child's behaviour.

The intentional use of support networks: Resilient families use social support for companionship, information, services, and respite; support networks can provide a valuable source of cohesion while concurrently offering opportunities for sharing and problem-solving when families are dealing with crises due to e.g., domestic violence and/or interpersonal

violence (Incredible Years Parent Training Programme [IY]; Mom's Empowerment Programme).

The intentional use of family routines (IY; Triple P; see Austin, Shanahan, Barrios, & Macy, 2019; De Goede, 2018; Isaacs et al., 2018; Van Den Driessche, 2016) was beneficial when families were dealing with adversities or times of difficulty. These family routines often contribute to a sense of stability within the family, such as sharing family meals, chores, or shared recreation. These family routines and rituals can also provide a source of continuity within the family environment (De Goede, 2018; Renk et al., 2016; Taylor & Conger, 2017).

7.2.1.2. Theme 2: Healthy relational interactions. The mastering of effective communication skills was central to quality interconnectedness (The Strengthening Families Programme [STP]; Triple P). The role of emotional competencies was important for improved parent-child connecting, such as promoting feelings of comfort and predictability, the maintenance of routines assists families with continued adaptive functioning despite exposure to stress and adversity (The Sinovuyo Caring Families Programme). Also, the constructive management of conflict entailed the demonstration of clear, open, and direct family communication, aided with collaborative problem-solving techniques (Parenting interventions for parents who are substance-involved (SFP; STEP).

The learning of new skills—particularly for mothers—included, for example, mindfulness (The Mindful Parenting programme; Triple P); fostering mothers' capacity for mentalisation, for example, the mother's capacity to hold her infant in mind and recognise and respond to the inner states of the infant (The New Beginnings Programme)—aiming at better attachment for the child later in life.

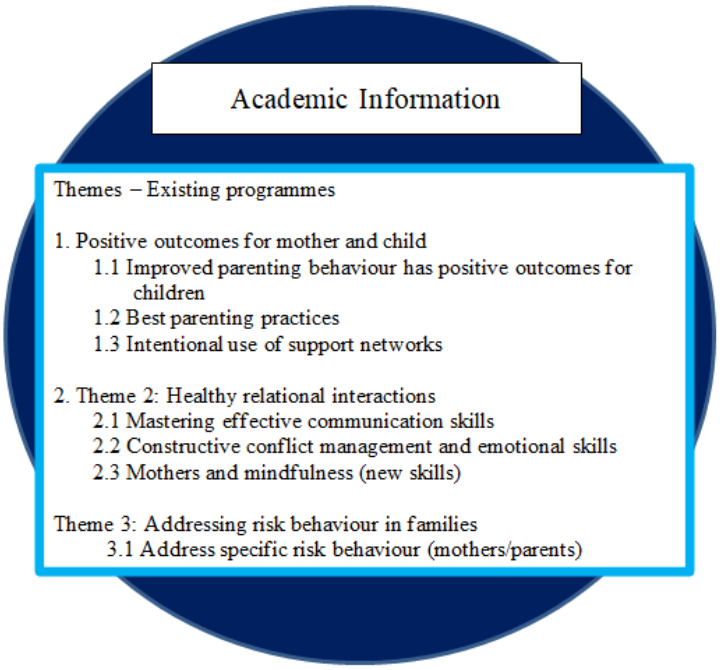
7.2.1.3. Theme 3: Addressing risk behaviour in families. The need to address risk behaviour, such as substance abuse and intimate partner violence in terms of a generic programme (SFP; Mom's Empowerment Programme; A Systematic Review of Interventions

for Women Parenting in the Context of Intimate Partner Violence) is crucial for positive parenting. Existing parenting programmes promote the intentional introduction of family resilience qualities, such as family cohesion; parent-child interactions; shared beliefs and values; partner stability; social support; family of origin influence; flexibility/connectedness; communication; open emotional expression; support networks; rituals/traditions; spirituality/transcendence; and, collaborative problem solving.

The purposeful addressing of risk behaviour in families includes the active use of risk modifiers, such as meaningful social support and positive parenting practices (see Figure 7.1). The reviewed programmes represented important scientific findings which were of relevance for the wellness programme for mothers living in Delft. This information was integrated with contextual information (described in the next section) to inform the primary content of this context-sensitive programme for mothers in Delft.

Figure 7.1

Academic Information: Wellness Programme for Mothers in Delft



Contextual data were collected via specific participatory action research activities, namely, using a photo-voice technique and a retrospective timeline exercise with mother participants invited to be part of a reference group for the study, and using a focus group discussion (FGD) with social workers who work in the Delft community. In the photo-voice activity, mother participants were asked to take photographs of the external assets/resources and the needs of the various areas of the high-risk community. In the retrospective timeline exercise mothers' narratives provided information of their lived experiences from childhood to adulthood. A summary of the main themes emerging from the exercise is presented in Table 7.2. (See Van Schalkwyk, 2020 for a full exposition of the activity and findings).

Table 7.2

Contextual information: Photo-voice themes

Themes	
Mothers' perspective of resources in Delft	Mothers' (negative) perspective of resources in Delft
Objective indicators of wellbeing	Subjective indicators of wellbeing
• Educational facilities (schools in Delft) • Recreational facilities (play area for children) • Commercial facilities (formal and informal) • Religious facilities (faith communities) • Health and civic institutions (medical services at day hospitals/clinics, policing, safety/law enforcement; housing) • Social capital and relational health	• Educational facilities - influence of poverty and high crime • Recreational facilities - dangers for children's safety • Commercial facilities – low quality (informal sector) • Religious (not negative) • Health and civic institutions – inadequate services; poor quality due to heavy workload • Social/relational health – numerous perils (unemployment and social ills)

Note: Objective/Subjective indicators of well-being (see Prilleltensky, 2012)

7.2.2.1. Data obtained via Focus Group Discussion (social worker participants).

Valuable information was obtained via a focus group discussion (FGD) with nine social workers to explore their insights and experiences linked to their work in Delft (Kelly, 2006). The contribution of the social workers as stake-holders of this high-risk community helped to provide an informed understanding of the complexities associated with mothering practices in Delft (Taliep, 2015). Analysis of the focus group data revealed the following four themes (see Table 7.3.)

Table 7.3

Contextual information: Focus Group Discussion - Social worker participants

Themes	Verbatim
1. The long-term challenges for mothers living in Delft.	"The role of their past: They are set-up for failure." [FGD, participant 9]
2. The many dangers for mothers' psychological well-being linked to living in this high-risk community.	"Wrong behaviours, e.g., using substances are the norm for them." [FGD, participant 3]
3. Service providers' suggestions for additional support for mothers in Delft.	"They must have the opportunities to open their minds…" [FGD, participant 7]
4. Recommendations for the essential components for the wellness programme to promote mothers' personal and parenting strengths.	"The must have opportunities where they can be guided to toward better self-care and self-compassion." [FGD, participant 5]

Social worker participants spoke firstly about the continuous challenges and long-term difficulties of mothers living in Delft by indicating the following: indicators linked to poverty, for example, mothers' limited school education ("*not being educated - they dropped out of school*") (FGD, participant 4); structural and functional problems of families; mothers' ineffectual coping mechanisms, such as the abuse of substances when dealing with stressors "*They cope in wrong ways*" (FGD, participant 8); mothers' poor self-esteem; not being exposed to competent families; problems linked to negative socialisation of mothers during childhood; learned helplessness (mothers being conditioned to be "powerless") and domestic

violence; being dependent on others for financial support; and, dangers associated with the high-risk community, such as the high probability of being robbed and raped. This finding is supported by Mathews and Benvenuti (2014) who identified the many difficulties of mothers living in South African townships (Hall & Richter, 2018).

Social worker participants also revealed additional risks for mothers in Delft who are constantly having to deal with financial problems. For example, mothers will turn to prostitution to obtain money to address their pressing needs in their family (Pudifin & Bosch, 2012); sell their children for money/human trafficking (Maluleke, 2018); "lose" their children to foster care due to poor or inadequate parenting (Hall & Richter, 2018); or setting up situations to qualify for government grants to foster grandchildren ("*The mother is chased away…then the parents will show the mother's incompetency in order to be appointed as foster parents to get the money - it's a money making-scheme of grandparent/s*") (FGD, participant - 7); dealing with anger-issues and emotional ill-health (Kruger, 2006); domestic violence and enduring intimate partner violence in order to survive (children exposed to violence in the home context) (Fleming & Kruger, 2013); matters linked to lack of documentation, for example, mothers not registering births of babies, or delaying the registering of births (Hall et al., 2018).

Secondly, social workers referred to Delft mothers' numerous vulnerabilities linked to the early stages of mothering (Walker, 1995); and, those activities linked to taking care of herself and the new-born baby. There was consensus about the mothers' mental health and the high prevalence of "baby blues" (post-natal depression): "*If the birth of a baby goes well, the mother is in the hospital/clinic for about 5 hours…then she must go home*" (FGD - 3). Participants expressed concern for the mothers' need for proper care; and, that many mothers are unaware of the serious implications should a healthy mother-child attachment not be accomplished; since, for many of the mothers, once they get home, the grandmother will tend

to take over the mothering role. They also referred to the pervasive absence of the biological fathers: "*Okay, as a single mother…the father's not in the picture*" (FGD-1).

One social worker alluded to the concern for mothers with HIV and the poor pre-natal care available—in Delft, many babies are born with HIV, since the mothers don't go to clinic during pregnancy ("*HIV is a big issue in Delft - some females at the young age of 19/20 test positive for HIV*") (FGD - 2).

The accumulating effect of poverty and mothers' daily struggles to cope in a context of deprivation were also highlighted ("*They tend to act their frustration out on the children…and their…the child(ren) are mostly the victim*s") (FGD - 4). Many mothers in Delft grew up as part of dysfunctional families themselves; and, in many cases the mothers deal with their negative experiences and emotions, such as anger and bitterness in similar destructive behaviours as their mothers. These challenges hold serious consequences for the mothers of Delft and for their mental health as well as their overall well-being with grave implications for their children. This finding is supported by recent South Africa research confirming the serious consequences for children's development, in terms of poor academic performance (Van Schalkwyk, 2019), dropping out of school (Hall et al., 2018); human trafficking (Maluleke, 2018); and, even the increase of female gangsterism in this community (Dziewanski, 2020).

Thirdly, social workers also offered specific suggestions to support mothers living in Delft. They referred to the essential vital need of peer support for mothers in Delft; broader support at a community level; and, the need for mothers to be educated to develop their skills, for example, to earn an income. As one social worker participant put it so tellingly: "*They must have the opportunities to open their minds, and to consider plans for the next 5 or 10 years*?" (FGD - 7)

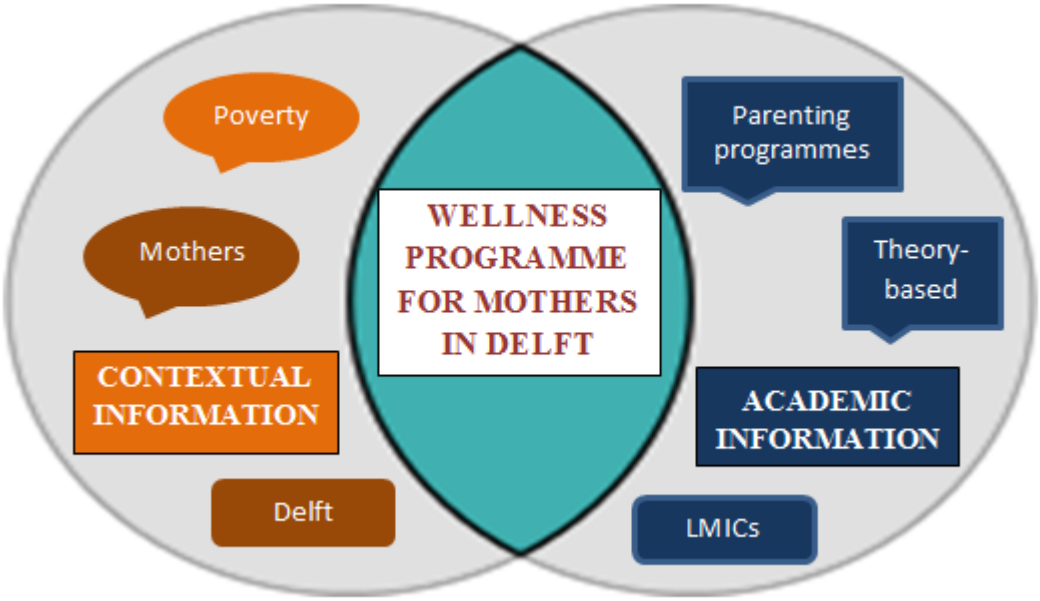
Lastly, social workers spoke enthusiastically about what they considered essential components to include for a wellness programme for mothers. Foremost, they suggested providing a safe space for mothers to take refuge to. This safe space can serve many purposes: i) give mothers an opportunity to talk about past hurts; and have opportunities to improve their self-esteem/self-worth/self and their self-confidence (to nurture personal well-being); ii) where they can learn skills about parenting, and receive training to earn some income ; iii) where they can be guided to toward better self-care and self-compassion; iv) have the opportunity to connect with her 'inner child' and develop their sense of self; v) and offer mothers support to access needed information of various resources and services, for example, in Delft and the city of Cape Town.

The information derived from the mother participants living in Delft and the social worker participants working in Delft provided valuable contextual considerations which helped to hone the content and focus for the parenting programme. This information highlights that context matters immensely, that there may be particular conditions extant in community settings that have to be considered, that there are numerous dangers and enduring daily stressors that may undermine endeavours to promote parenting programmes not likely to be found in academic literature. An integration of the findings obtained by means of the different PAR methods/techniques clearly highlights that mothers' personal well-being suffers in contexts of high-need and high-risk (social worker participants referred to "*mothers' old pain*"), placing grave limitations on their ability for mothering. There is an identified need for mothers to receive additional support and strengthening to better manage the personal, relational and communal risks in this context of "ongoing trauma" (McFarlane, 2018; Myers, Carney, Browne, & Wechsberg, 2019).

As illustrated in Figure 7.2, an integration of academic and contextual data was needed to create an appropriate wellness programme for mothers in Delft.

Figure 7.2

Intersecting of scientific and contextual information - Wellness Programme for Mothers in Delft



Next, we briefly discuss the steps to be considered when developing a programme.

7.3 Establishing a wellness programme for mothers in a high-risk context

7.3.1. Starting point for the wellness programme.

Psychoeducation was purposefully employed as the medium to present the wellness programme to the intended participants because of its inherent ability to synthesise or blend relevant applications and constructs grounded in well-established theory and practice (Holtzkamp, 2010). The term psychoeducation is an evidence-based practice referring to approaches that combine multiple strategies of intervention (Holtzkamp, 2010):

i) it defines professionals' roles as change agents, by mapping the assessment domains (skills to be acquired);

ii) it outlines the contents to be learned; and,

iii) it offers practices grounded in empirical research (Wood et al., cited in Holtzkamp, 2010).

Psychoeducation was considered appropriate to present the wellness programme as it comprises successions/series of planned learning experiences designed to bring about behavioural, emotional and interpersonal change over time. In addition, Caffarella's approach to psychoeducation (2002) was considered as it offers a non-sequential or non-linear model providing greater flexibility to create intervention experiences. For example, in a South African study, Caffarella's (2002) 12 intervention guidelines were successfully used in an intervention programme for two low-income communities in the Western Cape focusing on family hardiness (Holtzkamp, 2010).

In Table 7.4, we illustrate Caffarella's 12 tasks as applied to the mothers' wellness programme.

Table 7.4

Building blocks of Caffarella's model

12 Tasks	Description of task
1. Discern the context.	This task constituted enlisting support from key constituent groups and stakeholders (e.g., social workers in the Delft community).
2. Build a base of support.	Working with a research team and a mothers' reference group.
3. Identify the programme ideas.	Making decisions regarding the sources to be used in the identification of programme ideas (Academic and contextual information).
4. Sorting and prioritising of programme ideas.	Once programme ideas are sorted and prioritised, decision-making regarding the kind of interventions required is facilitated.
5. The development of programme objectives.	This comprised i) a description of what participants will learn (programme objectives), as well as ii) a description of the changes that will result from the learning (outcomes).
6. The programme design phase.	This phase consisted of three processes: i) The development of objectives for each session; ii) the organisation of content to promote learning, and iii) the selection of resources that enhance and match the techniques employed by the facilitator.
7. Devising transfer-of-	This entailed selecting strategies most beneficial in assisting

learning plans	participants with the application of what they have learned.
8. Formulating evaluation plans	Attention was given to process evaluation and outcome evaluations
9. Making recommendations and communicating results	This was done in consultation with the research team and the reference group
10. Choosing appropriate formats based on what is appropriate for the learning activity	Group-based activities which included individual tasks for the session and home work activities (Myers, 2018; Van Den Driessche, 2016).
11. Preparing budgets and marketing plans.	Determining programme financing and an estimation of expenses, including development, delivery and evaluation.
12. Obtaining facilities, instructional materials and equipment.	These logistics were supported by the research team.

7.3.2. South African context: How parenting programmes are best delivered in this context.

South African researchers Shenderovich et al. (2018) proposed a combination of several elements for parenting programmes to be effective in LMICs: i) a clearly defined target population (mothers living in a selected Western Cape high-risk community); ii) a programme design and delivery system that is tailored to the needs and cultural background of participating parents (e.g., using life stories and activities applicable to the mothers and children living in this context); iii) utilising a programme theory that is plausible and based on evidence of what works; iv) realistic and measurable goals; v) a sufficient amount of intervention (e.g., a duration of the wellness programme for more than 12 weeks); vi) well-trained and well-supervised staff (e.g., co-operation of a research team and research assistants); and vii) rigorous monitoring and evaluation processes to ensure that the programme is implemented as intended and that it is, in fact, effective (e.g., weekly and monthly feedback sessions).

7.4 Content and process of a wellness programme to enhance mothers' personal and parenting competencies

The wellness programme (fully described in van Schalkwyk 2020) was constructed within the theoretical framework of CP, accommodating germane values and concepts such as social justice, participatory processes and strengths perspectives. The use of logic models and concept maps (Wessels, 2012, 2017) helped in translating the scientific concepts into ordinary language for the intended mother participants of the wellness programme who had limited school education.

Identified themes obtained via academic and contextual information were embodied in the content of the wellness programme. The integration of this information permitted the linking of the mothers' functioning in a context of high-risk with exposure to pertinent programme materials about personal and parenting abilities gleaned from the reviewed literature. This integration permitted the significant role of context and the mothers' extant strengths, such as resilience, perseverance and kindness to be included in line with recommendations in wellness research (Fave, Brdar, Wissing, & Vella-Brodrick, 2013; Ryff, 2014; Wissing, 2013).

The integrated information was systematically organised in the following four main modules/sections to strengthen mothers' personal and parental competencies: i) mothers' well-being ("mattering module") (Keyes, 2005); ii) resilient mothering ("mothering module") (Isaacs et al., 2018; Walsh, 2006); managing resources and risks ("managing module") (Brodsky & Catanneo, 2013; Taylor & Conger, 2017; Ungar, 2011); and, mentoring module (Taliep, 2015).

7.4.1. Four Modules of the Wellness Programme for Mothers.

7.4.1.1. Module 1: Mothers and psychological well-being. The first module is based on Keyes' conceptualisation of mental health (1998, 2002, 2005, 2007). He viewed the presence

of high wellness or flourishing as a blend comprising high levels of emotional well-being, psychological well-being, and social well-being. The psychological component of Keyes's model (which builds on Ryff & Singer, 1996) includes the following facets: *Self-Acceptance* which is defined as "holding positive attitudes toward oneself", including acceptance of one's past life; *Positive relations with others* that include warm, trusting interpersonal relations; *Autonomy* incorporates the regulation of behaviour from within, in other words self-determination, and resistance to social and cultural pressures, as well as having an internal locus of evaluation involving evaluating oneself by personal standards; *Environmental Mastery* indicates competencies in managing the environment; *Purpose in life* expresses the idea of purpose and meaning in life; *Personal growth* requires the achievement of the characteristics already mentioned, and the continued development of oneself as a person, by realising one's potential (see Chapter 8 of this thesis). Keyes' perspective links well with Fredrickson's model of Positive Emotion (2001, 2009) and positive functioning as well as Prilleltensky's perspective of "mattering" (2012, 2019).

The inclusion of these six facets of psychological well-being (Keyes, 2005) resonates with the information obtained via the PAR-method (mothers and social workers); as well as academic information indicating the vital role of mothers' healthy functioning for positive parenting. In line with Prilleltensky's (2012, 2019) argument that mattering and belonging are fundamental to human well-being, the first module of the wellness programme focuses on the concept of "mattering". According to Prillentensky (2019, p. 292), mattering is the feeling of being valued; and, the feeling of adding value to others (sense of community is a key ingredient in mattering).

7.4.1.2. Module 2: Mothering and Parenting Practices. The second module focused on mothering as garnered from both academic and contextual lenses. Academically, the strengths-based, psycho-education intervention of Isaacs et al. (2018) was viewed as an

appropriate example of parenting programmes in the South African context with its aims at increasing the family resilience processes of multi-challenged families. This programme has three main aims: i) to increase family connectedness (module 2); ii) family communication processes (module 2); and, social and economic resources (module 3). Based on the findings of their study, Isaacs et al. (2018) developed four sections called i) "about family,"; ii) "talking together,"; iii) "close together," and iv) "working together." Aspects of the first three sections were adapted to be part of the second module of the wellness programme (see Chapter 8) called "mothering".

7.4.1.3. Module 3: Mothers and Managing. Ungar's Social Ecology of Resilience Theory (2011) indicates the relationship between physical resources (social, recreational, cultural) and social ecologies (intrapersonal, mental, physical, spiritual and emotional health, positive self-esteem, strong social supports, community engagement, problem-solving skills, positive adult role models and mentors) and their correlation to resilience. If mothers succeed to manage physical resources and social networks (including intra-personal resources/strengths), then mothers living in an area with cumulative risk could deal in powerful ways with adversity threatening personal, relational and collective well-being (Nelson & Prilleltensky, 2010; Prilleltensky, 2012). Integral to the third module called "Managing" is the recognition of mothers' strengths (cf. Peterson & Seligman, 2004); and, cultural and contextual influences (Ungar, Ghainour, & Richter, 2013).

Brodsky and Cattaneo's (2013) trans-conceptual model of empowerment and resilience (TMER) proposes how both resilience and empowerment are iterative (repeating rounds of analysis) processes in which i) individuals and/or communities recognise an unsatisfying state; ii) develop an intention or goal to do something to change this state; iii) focus to change goals, and the choice of which goals depends on iv) context and resources (see key dimensions, below). Resilience entails those processes related to internal, local-level goals

that are aimed at intrapersonal actions and outcomes—adapting, withstanding, or resisting the situation as it is. Empowerment is enacted socially—aimed at external change to relationships, situations, power dynamics, or contexts—and involves a change in power, along with an internal, psychological shift (Cattaneo & Chapman 2010). Thus, at their core, resilience and empowerment are linked by reflection about one's context, what is possible within it, and the accompanying redefinition of goals. Equally important, this model shows that resilience and empowerment are distinct concepts with the different emphases of goal, action and outcome and are not mere synonyms. In other words, in the selected risky setting, resilience in this framework was seen as the foundation upon which empowerment is built. For example, resilience can provide the skills and abilities to locate and utilise resources, such as a mother living in Delft's ability to cope, adapt, and maintain herself and the high-risk community. Empowerment builds on resilience to provide the bridge that connects individual power to social power, changing the world around the individual and local community.

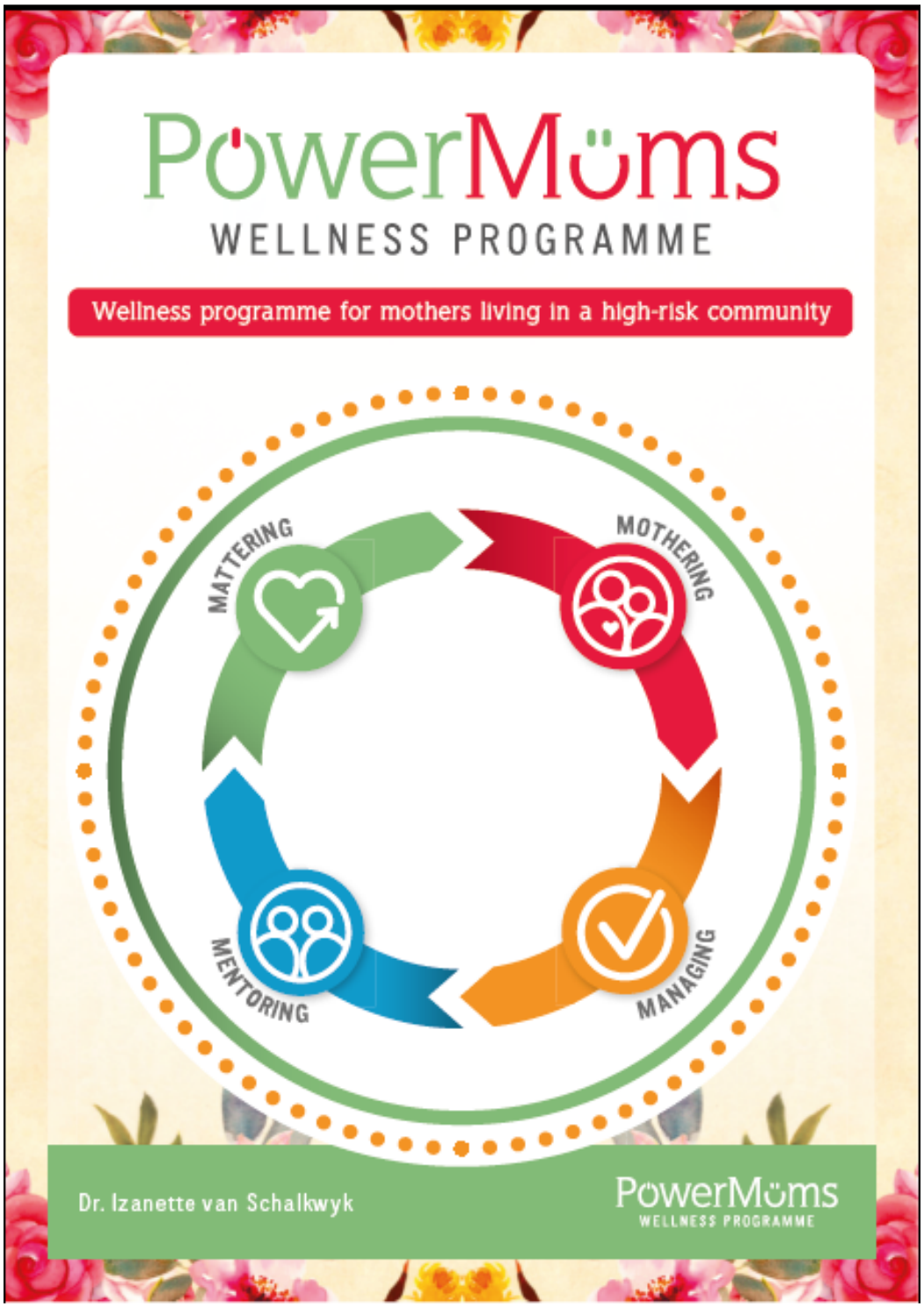
Core components of the third module called "managing" were about mothers' strengths to manage in resilient ways those daily personal, relational and communal struggles.

7.4.1.4. Module 4: Mentoring. The fourth module is about mothers' mastering of the selected abilities to ensure skilful application of the various components of the wellness programme. The purpose of this module entails i) the formation of habits for successful application (Lyubomirsky, 2007); and, ii) obtaining these competencies to teach or mentor other mothers in the community, i.e., Delft. This could enable mothers to be qualified for employment as registered persons to present the wellness programme (eventually as an accredited programme).

The content of the wellness programme for mothers in the Delft/high-risk community and its four modules is presented in a poster format (see Figure 7.3).

Figure 7.3

Graphic of the Wellness programme for mothers in a high-risk community



7.5 Conclusion

While existing parenting programmes provide valuable guidelines with regards to a psycho-educative and action-based format, the content of the wellness programme in a particular SA high-risk setting requires due consideration of the local contextual conditions. Hence, in designing the wellness programme, attention was given to integrating research-generated academic findings with emic information toward strengthening of the mother participants' personal and parental competencies.

The development of the psychoeducational programme comprised four modules called "mattering"; "mothering"; "managing"; and, "mentoring" linked to constructs rooted in CP theoretical frameworks. Guidelines from the reviewed parenting programmes were also adopted as recommended practices toward effective implementation. Specific recommendations regarding programme content, programme process, and other considerations such as practicalities, programmatic and structural barriers and facilitators are reported elsewhere (Van Schalkwyk, 2020) as part of the evaluation process. In order to maintain the contextual fit and the embedded participatory action model (Lazarus, Seedat, & Naidoo, 2017), the developed programme should not be too prescriptive in terms of its structure, content or activities; but rather be directed by the preferences indicated by the mothers themselves.

Although the content of this context-specific programme could be viewed as a limitation in terms of generalisability and applicability, the strength of the programme lies in its endeavour to indigenise research to be responsive to the extant contextual conditions informing community participants' lived experiences in general and to depict an emic, non-Western engagement with the challenges to mothering, often obscured by the broader focus on parenting.

Chapter 8

Manuscript 5

Title: The Implementation of a Wellness programme to strengthen the Personal and Parenting Competencies of Mothers living in a South African High-risk Community

Authors: Van Schalkwyk, I. & Naidoo, A.V.

Abstract

The aim of this manuscript is to describe the constituent process in developing an intervention programme to strengthen the personal and parental competencies of mothers living in a South African high-risk community. The effective implementation of the Power Moms Wellness Programme (PMWP) was a complex undertaking combining solid conceptual knowledge, practical expertise, and the integration of contextual knowledge to ensure continuing honing of the programme. A review of relevant literature was conducted to source information to provide the theoretical underpinnings of the four modules of the PMWP and its sessions, and best practices were researched to inform the procedures of implementation in this high-need and risk-saturated setting to guide practical processes in PMWP. We then describe functional strategies of the PMWP related to the specified structure of the sessions and related content, aims, outcomes and give examples of some activities of the PMWP. We also provide one session of the programme to illustrate the particulars of implementing the PMWP in this community. Limitations are cited that relate to cost and cost-effectiveness; while recommendations emphasise the need to embed similar a programme in the contextual realties of the participants to ensure sustainable outcomes.

Key words: Community Psychology, implementation, high-risk community, interventionprogramme, mothers, strengths, strategies

[Status: This article was submitted to the *Journal of Gender and Behaviour*]

8.1 Introduction

"*Our lives begin to end the day we become silent about things that matter*."

(Martin Luther King)

In this paper we describe the systematic development and implementation of an evidence-informed, locally relevant parenting programme for mothers of children in middle childhood (6-12 years old) who live in Delft. Delft is a socioeconomically disadvantaged community near Cape Town International Airport, South Africa (SA) and has been classified as a high-risk context due to high levels of crime (robberies, assaults, rapes, and gang violence), prevalence of substance abuse/addition and domestic violence, the impact of long-term poverty, an unemployment rate of 67% (Felner & DeVries, 2013) and conditions of overcrowding, substandard housing and services. The majority of families in Delft live in either government subsidised housing, fabricated homes in the backyards of formal homes, or corrugated tin shacks in informal settlements with limited access to running water, sanitation, or electricity. Based on an earlier needs analysis study in the community (Van Schalkwyk & Naidoo, 2020 in press-b), intervention development was conceptualised as consisting of three stages: i) identification of intervention components in ten evidence-based parenting programmes; ii) gathering of contextual information via participatory action research methods; and, iii) the development of the content of the wellness programme for the mothers in Delft (intervention format). This paper derives from the broader doctoral study of the first author that sought to compile a wellness programme for mothers in Delft. The contextual aspects of the programme have been reported in Van Schalkwyk and Naidoo (2020, in press-b); the academic aspects of the programme in Van Schalkwyk and Naidoo (2020c); and the content of the power moms wellness programmes (PMWP) in Van Schalkwyk and Naidoo (2020, in press-c). Hence, the development of the psychoeducational programme, rooted in

Community Psychology (CP) theoretical frameworks, was both culturally relevant and grounded in the evidence of effectiveness (Castro et al., 2004; Lachman et al., 2016).

The aim of this manuscript is to describe the constituent process in developing the intervention programme to strengthen the personal and parental competencies of mothers in Delft. Guidelines from various parenting programmes were incorporated as best practices toward effective implementation. The use of recommendations especially regarding practicalities about barriers and facilitators of programmes developed in the South African context (Wessels, 2017) was rather important in this setting, as it cannot be assumed that mere presentation of good information equals the effectiveness of the wellness programme (Myers, 2018; Myers, Carney, Browne, & Wechsberg, 2019; Wessels, Lester, & Ward, 2016).

We first present the theoretical underpinnings of the PMWP; the functional strategies employed in th programme, and, guidelines for practicalities (the how to do) that were fundamental to successful implementation in the Delft community.

8.2 Theoretical underpinnings

It is important to indicate that the PMWP was directed by a Strength perspective (Saleebey, 2011, 2013). Our point of departure was that notwithstanding its high-risk stigma (Dziewanski, 2020; Jones 2019; Malherbe, 2019), Delft, as any other community, has unique strengths, assets and resources that undergird its resilience (Lazarus, Taliep, Bulbia, & Naidoo, 2017) and, provide a foundation for tapping into these unique competencies or qualities (Accomazzo, 2014). This stance to family intervention involves a profound shift in professionals' approach in working with families, moving from an approach of disease and disorder to one based on prevention and promotion (Rodrigo, 2016). In other words, the focus of the PMWP was salutogenic, focusing on strengthening the personal and maternal capacities of the participants' existing skills and strengths. Moreover, South African studies

have shown that parenting programmes have a greater likelihood of promoting family wellness and preventing child maltreatment when they adopt a strengths-based approach (Wessels, 2012) and adhere to cultural-specific guidelines (Shenderovich et al., 2019). This focus on a strengths' approach guided us to identify those assets and resources implicit in how mothers in Delft manage life's challenges with resilience in every-day life (Lazarus et al., 2014; Marujo & Neto, 2014). Therefore, explicit cultural markers for parenting programmes in the SA context (cf. Bornstein, 2012) were identified and included to build into the programme. Some of these assets included a strong sense of community, sharing of resources associated with, for example, collectivism and Ubuntu, the African philosophy encompassing values of reciprocal respect, compassion, and a belief in the fundamental connectedness of humans (Theron et al., 2011; Delle Fave & Soosai-Nathan, 2014).

Notwithstanding, the role of multiple environmental stressors associated with poverty, such as unemployment, substandard housing, violence, substance abuse and absence of health insurance and those significant factors perpetuating the intergenerational transmission of poverty (Lake & De Lannoy, 2015), and its impact on parenting, were not disregarded (Ward, Makusha, & Bray, 2015) and became pivotal in contextualising the programme. As Wessels (2017) avers, parenting programmes cannot be viewed in isolation from other extant community problems, such as alcohol abuse and domestic violence that may affect participants. Consequently, the PMWP was considered as a vital link towards the transformation of the community by strengthening families "to change the odds" (Wray, 2015, p. 229).

8.2.1. The Power Moms Wellness Programme (PMWP).

The PMWP was developed as a primary intervention for functional mothers seeking assistance in caring for themselves and their families; and it was not construed as a programme for mothers needing more specialised assistance with attention such as Post

Traumatic Stress Disorder, mood disorders, or needing assistance with at-risk children. Using CP and Bronfenbrenner's bioecological model (1979) as a broad framework and review of the literature pertaining to parenting programmes (reported in Van Schalkwyk & Naidoo, in press; 2020-d), four modules were identified for the PMWP. The review of the literature also helped to identify functional strategies, guidelines and structural facilitators associated with effective programme delivery (Lachman, Kelly, Cluver, Ward, Hutchings, & Gardner, 2018; Wessels, 2017). The theoretical underpinnings of the four modules of the PMWP and practical directives are summarised in Table 8.1.

Table 8.1

PMWP: Theoretical underpinnings of 4 modules and functional strategies

Content	Theorist/Model
Mattering module	• Self-acceptance; Autonomy; Mastering the environment and Purpose-in-life (Deci & Ryan, 2001; Diener, 2000; Diener & Diener, 2008; Keyes, 2005, 2007) • Mattering (Prilleltensky, 2012, 2019); • Daily practices and resilient coping (Masten, 2001, 2015; Ungar, 2011, 2015)
Mothering module	• Parenting styles and practices (Baumrind, 1967; Dakers, 2018; Sanders, 2012) • Relational processes and communication (Gergen, 2009; Isaacs et al., 2018; Ryff, 2014; Walsh, 2016)
Managing module	• Managing self-mastery and personal strengths (Petersen & Seligman, 2004; Prilleltensky, 2012, 2014); • Managing relational connecting (Joseph & Linley, 2006; Masten, 2015; Ryff, 2014) • Managing forgiveness (Peterson & Seligman, 2004) • Managing collective well-being (Blackie, 2015)
Mentoring module	• Mentoring and selected mentorees (Taliep, 2015) as well as continuous processes (Brodsky & Cattaneo, 2013)
Practical Directives	**Theorist/Model**
Keys for successful application	(Fredrickson, 2001, 2009; Lyobomirsky, 2007; Seligman, 2011)
Moral Competencies	(Peterson & Seligman, 2004)
Experiential learning	(Kolb, 2015; Lyubomirsky, Sheldon, & Schade, 2005)
Group activities	(Lambert et al., 2013)

Note: The colours in the table reflect the colours of PMWP modules (see Van Schalkwyk & Naidoo, in press-d)

The conceptualised objectives of the programme were operationalised in the four modules. The first module called *mattering* was based on the insights of well-being literature arguing for the protection and promotion of positive human health (Diener [2000]; Diener & Diener [2008], Fredrickson [2001, 2009]; Keyes 2005, 2007; Lyubomirsky, [2007]), Virtue in Action Strengths model (Peterson & Seligman 2004), the resilience literature on flourishing functioning in spite of adversity (Masten, 2015; Ungar, 2015), and harnessing CP resources at the pragmatic level of research (Lazarus et al., 2107). The second module called *mothering* drew from models such as Walsh's (2016) resilient family processes and communication. The third module called *managing* covered coping with personal well-being (Prilleltensky, 2019); relational well-being and the quality of relational connecting (Ryff, 2014); and, coping with environmental or collective well-being and its drivers of wellness or risks (Blackie, 2015). The fourth module called *mentoring* is linked to each module since it entails the rendering of guidance about competent mothering practices and modelling this behaviour in the community (Taliep, 2015). The programme is embedded in continuous mentoring processes associated with the strengthening of mothers' resilient coping and in the empowering of the community (Brodsky & Cattaneo, 2013).

Theories associated with resilient coping in the face of negative experiences were incorporated in all of the modules, given the intentional focus on well-being, in the context of extant stressful and traumatic conditions and events in this community (Joseph & Linley 2006). In this sense resilience implied more that simple adaptation, but also inferred involved strengthening of the mothers' capability to cope successfully in the face of adversity and risk over time while being boosted by *protective factors in the individual and the environment*

(Masten, 2001, 2015). Ryff (2014) advises that dealing with adversity and trauma can offer opportunity for positive changes. This phenomenon called adversarial growth or stress-related growth flourishing (Ryff, 2014) was incorporated in the family resilience (Walsh, 2016) and mothers' abilities to apply risk modifiers to manage difficulties. The process of adversarial growth can be explained, for example, when mothers are dealing with hunger due to the period of lock-down in SA due to the COVID 19 pandemic; and, make do-able plans to obtain food as carers for their children (Tedeschi & Calhoun 2004; Prilleltensky, 2014), and, engage in meaning-making activities, such as prayer with fellow-believers through their struggles to matter and to thrive (Frankl, 2006).

Furthermore, as sustainable wellness is not found merely in genetic make-up, nor in only changing the circumstances, but in the human being's daily intentional activities (mattering) (Lyubomirsky 2007; Lyubomirsky, Sheldon, & Schade, 2005), quality social ties (mothering) (Ryff, 2014) and constructive coping behaviour (managing) (Prilleltensky, 2012), the systematic and skilful practices of strengths were integral to the PMWP.

8.3 PMWP and functional strategies

To enact the process goals of the programme, we sought to combine participatory psycho-educational activities with group process (Lazarus et al., 2014) as our dominant functional strategy. The psycho-education nature of the programme required the successful application of learned skills (Sheldon & King, 2001). To enhance mothers' acquiring of the pertinent skills for personal and parental competencies, we adopted experiential learning principles for the PMWP (Kolb, 2015) (see section 8.4 of this manuscript).

A primary challenge in the implementation of the PMWP was to translate the programme information of the four modules and its sessions into action (Goliath, 2018; Myers et al., 2019; Pearce & Robinson,1994). Practices to promote accomplishment were assisted by the intentional use of positive emotions (Fredrickson, 2009; Hitge & Van Schalkwyk, 2017),

social support (Luobomirsky, 2007); using various examples and illustrations emanating from the group, and repetition based on Kolb's experiential learning (2015). Mothers were encouraged to apply these learning aids in their daily routine and ordinary activities (cf. Masten, 2001) with the view to reinforce typical experiences of decision-making and behaviour. In addition, group-determined values, conceived as moral competencies, were used to guide these processes to attain pro-social behaviour (Haidt 2006; Lent, 2004). These values (also called terms of engagement or life principles) included respect, helpfulness/compassion, excellence, empowerment, honesty, and self-discipline/self-regulation (Peterson & Seligman, 2004).

8.3.1. Structure of PMWP content.

The PMWP consists of 20 sessions. With the exception of the introductory session that served to orientate the mothers towards the programme, establish group terms of engagement (a code of conduct), each session focused on the key theme of a particular module: i) Mattering (personal well-being); ii) Mothering (mothering practices); iii) Managing (coping matters related to personal, relational and collective well-being); and, iv) Mentoring (practical implementing of the modules and with other mothers of the community). In line with Kolb's cycle of learning (2015), each session, had a specific structure with six components (see Table 8.2).

Table 8.2

Structure of the sessions of the PMWP

Structure of sessions	
1. Group check-in	Activities to encourage group cohesion
2. Ice breaker	Activities to encourage engagement
3. Learning focus of the PMWP	Activities aimed at experiential learning
4. Practical activity	Activity to deepen a sense of beloning
5. Reflection	Application and mother-and-child activity
6. Good-bye Song	Activity to activate mentorship

The sessions of the four modules followed a similar format (see Figure 8.1) and typically ran for about two hours each. Each module included four sessions with mothers meeting once a week on a weekday; and, an additional session on a Saturday at the end of a module for mothers and their children (this was limited to mothers' children in middle childhood).

Figure 8.1

PMWP: Outline of the structure of each session

PowerMoms

WELLNESS PROGRAMME

Wellness programme for mothers living in a high-risk community

OUTLINE OF STRUCTURE FOR EACH SESSION

1. Greeting	1.1 Greeting created by mother participants (pre-session enjoying of snacks) 1.2 Code of conduct (introduced and refreshed by research team) 1.3 Feedback of application of information of previous session (mothers) 1.4 Award for best application (small gift - research assistants)
2. Ice breaker (serving as an introduction to the material of the particular session)	2.1 For example, a fun game with ice and use of positive emotions (to be practiced with child/ren at home)
3.3 Module session (presented by facilitator and research team)	3.1 Information – manual for participants 3.2 Use of video-material, or practical examples 3.3 Application of information (self; family and wider community – see ecological model)
4. Practical activity (research assistants and mothers)	4.1 Needlework 4.2 Apply principles of support
5. Reflection and lessons learnt during this session	5.1 One pager (summary of the session's knowledge component) 5.2 Practical assignment for week (activity with child/ren)
6. Good-bye (special good-bye song created by mothers	6.1 Mothers and research team 6.2 Celebrating mothers birthday (end of a module)

The sessions with mothers started with a cheerful greeting ritual, a short presentation of the code of conduct based on character strengths (presented by a mother of the research team). We then proceeded with mothers' feedback of the home practice. An ice breaker followed introducing the mothers to the session's core skill, guided through illustrated stories (for example, cartoon strips depicting scenes of typical South African families using the parenting skills either correctly or incorrectly). Once the educational lesson was completed, there was recreational time, for example for the mothers to engage in needlework activity while discussing the programme content of the day in a practical way, and garner group support for questions that might arise. For example, mothers wanted to talk about experiences of abuse during sessions about "mattering" and feeling valued (or not). The sessions closed with short reflection exercises for mothers and this also allowed time for debriefing before closure. The sessions closed with mothers receiving home practice exercises (including a one pager serving as a summary of the particular session) to implement during the following week in the home context. Home practice, also used by evidence-based programmes like Triple P (Sanders, 2012), and, The Incredible Years (Borden et al., 2010), is essential since between-session implementation of new skills was one of the hypothesised mechanisms of change in behavioural parent training (Berkel et al., 2018; Chacko et al., 2016; Kolb, 2015; Wessels, 2017). The concluding special greeting song created by the mothers contributed to the connecting strength of the group and became an anthem for the Power Moms.

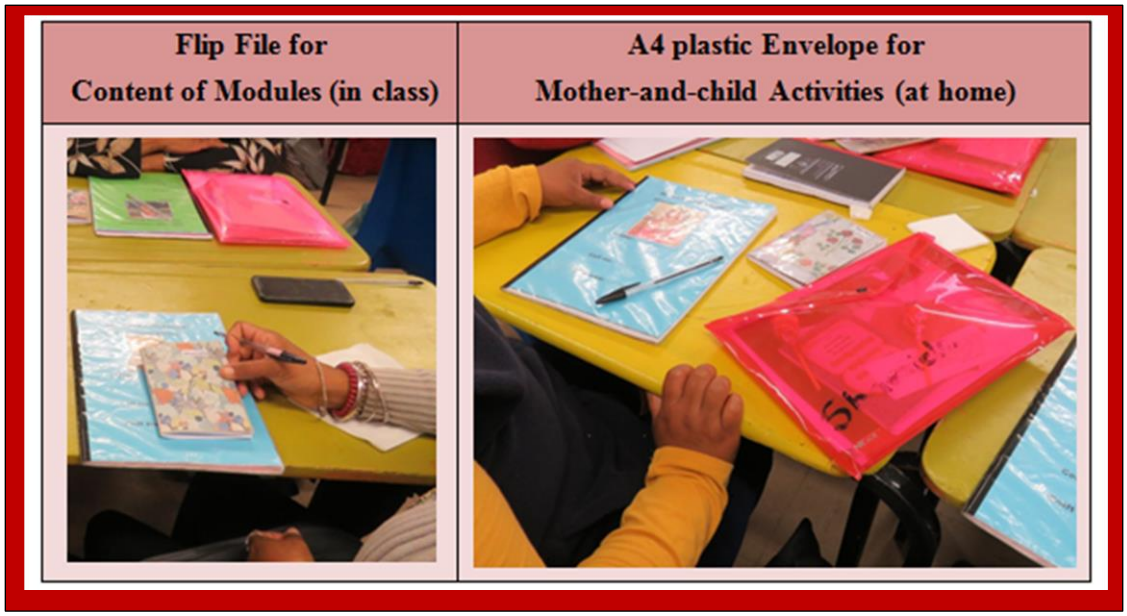
The PMWP was presented at a school building in Delft identified as an asset (a neutral space with security) and as being central by the participants. The programme was presented during school hours, and, given the composition of the group, was presented in English which all Afrikaans-, English-, and isiXhosa-speaking mothers could understand. Group members often assisted with the translation of concepts when required. Also, it was needed to allow

flexibility with regards to the presentation of the PMWP. For example, when the facilitator experienced difficulty on completing the session within the time frame, another session was scheduled; sessions were also rescheduled to accommodate unforeseen circumstances, such as community protest actions, a taxi-strike, or heavy rains.

Each mother received a flip file during the introductory session with which to keep all of the work activity pages of the session together; as well as a small booklet and pen to add their own notes they wanted to keep or discuss. Mothers were also given A4 plastic envelopes for the one page summaries of each session and the specific home activity to be completed with their child(ren) at home (see Figure 8.2).

Figure 8.2

Flip files and A4 plastic envelopes of Power Moms



The purpose of the one-page summary of the sessions per module was to assist the Power Moms to apply their home activity with their children. This was brought to the next session in their plastic envelopes and became part of their own folder of completed mother-and-child activities. The files and needlework activity (in boxes) were taken in after every session by

the research assistants (kept in a personally decorated shoe box) (see Figure 8.3).

Figure 8.3

Decorated Shoe Boxes of Power Moms

The programme made space for the participants' child(ren) to participate in one session at the completion of each module. These sessions were presented mostly as fun activities on Saturdays to encourage skills and interaction as indicated in the wellness programme (see Figure 8.4).

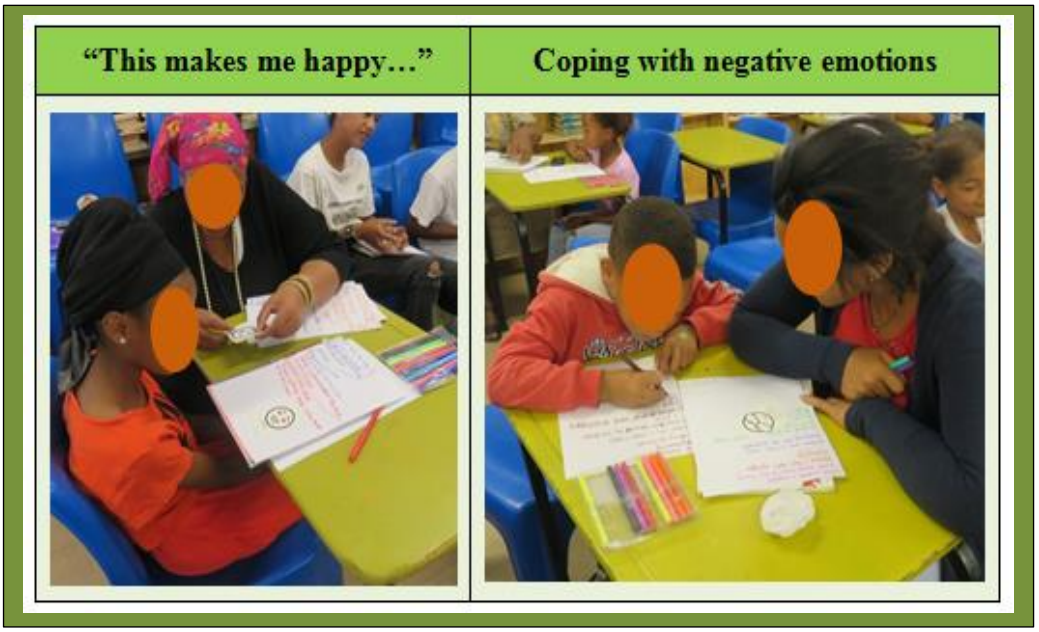
Figure 8.4

Enhancing mother-and-child interacting via fun activities

It was important to simplify and translate the skills of the PMWP to the contexts of mothers, particularly in their family functioning. To facilliate this I used interactive games games and activities to illustrate the use of particular skills; and, mothers and children had the opportunity to discuss typical behaviours, responses and feelings linked to typical or family situations (see Figure 8.5).

Figure 8.5

Mother-and-child activity: Emotional skills



Mothers and children enjoyed snacks and refreshments before/after each session and this nurtured a sense of caring, belonging and healthy group functioning. Furthermore, at the end of the programme attendance certificates were given to the mothers during a special function with the children who participated and some invited friends.

8.4 Descriptive Content of the Wellness programme and structured sessions

Following a set structure and process of the PMWP for each session contributed to mothers' experiential learning opportunities (Kolb, 2015; Holzkamp, 2010; Rodrigo, 2016). Moreover, the structure and process fostered a connectedness, sense of belonging (Lambert,

et al., 2013), and sense of community (Lazarus, Seedat, & Naidoo, 2017), and, also enacted the objectives of mothering, mattering, managing and mentoring of the programme.

8.4.1. Programme aims and outcomes.

The aim, outcomes and possible activities of each session of the four modules of the PMWP are elucidated in Table 8.3.

Table 8.3

Module aims and outcomes of the PMWP

Power Moms Wellness Programme (PMWP)			
Module	Aim	Outcomes	Possible Activities
1. Mattering sessions	To encourage personal well-being	Stronger sense of being worthy and feeling valued.	PMWP Activities
1.1 Self-acceptance	To enhance self-acceptance	Honest accepting of strengths and non-strengths	• Self-care and manicure • Self-compassion and gratitude journal • Celebrate worthy efforts (candle-exercise)
1.2 Autonomy	To enhance sense of autonomy	Better awareness of choices and self-control	• Use activities about "choose your words and change your family" • Use personal stories of the community to illustrate responsible choosing
1.3 Coping	To enhance coping	Better coping	• Moms talk in small groups to answer a letter published in a local magazine: Case study: "*How do I cope with a husband who drinks and stays away?"*
1.4 Purpose-in-life	Better understand meaningful existence	Better wisdom to use this insight: My life matters!	• Colour-in activities for mothers-and-children to share stories (meaningfull life-examples) e.g., Mr Mandela
2. Mothering Sessions	To strengthen competencies	Improved mothering abilities	PMWP Activities
2.1 Best parenting styles	To improve parenting practices	Better use of healthy parenting practices;	• Use videos of 4 different parenting styles • Game for mothers (distinguish the parenting style)
2.2 Healthy relational interactions	To communicate more effectively	Better communication skills	• Discuss 12 ways to improve communication skills; develop feeling-words vocabulary • Use a game to illustrate the effective use of non-verbal skills, e.g., pay attention to body language
2.3 Constructive conflict	To cope better with conflict in the home	Better coping skills to manage conflict	• Use video-material to show good and bad coping with conflict (moms and children) • Moms talk about skils to manage conflict they are good

management	context		at; and, moms talk about past and present coping- with-conflict that they are *not* good at (in group format)
2.4 Address risk behaviour	To promote family resilience via the use of risk modifiers	Better family resilience via the use of risk modifiers	• Mapping those protective factors that make your family strong: i) Social & Emotional Competence of Children; ii) Social Connections; iii) Concrete Support in Need
3. Managing sessions	To improve coping skills (managing)	Better managing of self, others and environmental stressors	PMWP Activities
3.1 Personal managing	To improve self-mastery	Better use of strengths and positive emotions	• Life stories of Power Moms and personal strengths • Power Moms and examples of "feeling valued"
3.2 Relational managing	To strengthen relational interaction	Better relational connectedness	• Use of a game (ice cubes) and discussing the relational difficulties to win as a team
3.3 Managing forgiveness	To manage to forgive	Managing to forgive completely	• The use of 4 stations (with different items) for mothers to partake in the act of forgiveness in practical ways
3.4 Collective managing	To master environmental stressors	Managing risks and protecting resources	• Using the toolkit of Dee Blackie (2015) to indicate and discuss the resources and risks of the community with discernment
4. Mentoring	To mentor to other mothers in Delft	Mentoring with acquired skills	• Mentoring to selected mentorees (friends of Moms) • Mentoring mothers of Delft community per event • Mentoring mothers of other communities per event

Note: Colours used to indicate the colours of the PMWP modules

8.4.2. Manualisation of Programme Procedures.

The first author developed a facilitator manual (in English) in a format accessible to local, community-based facilitators and a separate booklet for mother participants. In the next section we use the main components of one session of the PMWP as an example (facilitator's manual) to explain the how of implementation.

8.4.2.1. An example of a PMWP session. The structure of each session consists of six components, namely greeting, ice-breaker, teaching, practical activity, reflection, and the good-bye song (see Figure 8.1). At the beginning of the session, some time is spent to present the overall aim of the PMWP; and, more specifically the outline of the particular facet that is chosen for the current session. Information and some activities of the first session (self-acceptance) of the first module (mattering) is given as an example for implementation (facilitator's manual).

Module 1: "Mattering" and Self-acceptance (session 1)

The facilitator stipulates the aim of the session (To enhance personal well-being via self-acceptance); the outcome (Better understanding of a healthy self and having the courage to apply the information); the specific activity (Needlework); and, homework activity for mothers and their children (i) Mom's gratitude journal; ii) Celebrating my child's best effort(s) during the week [candle-exercise]).

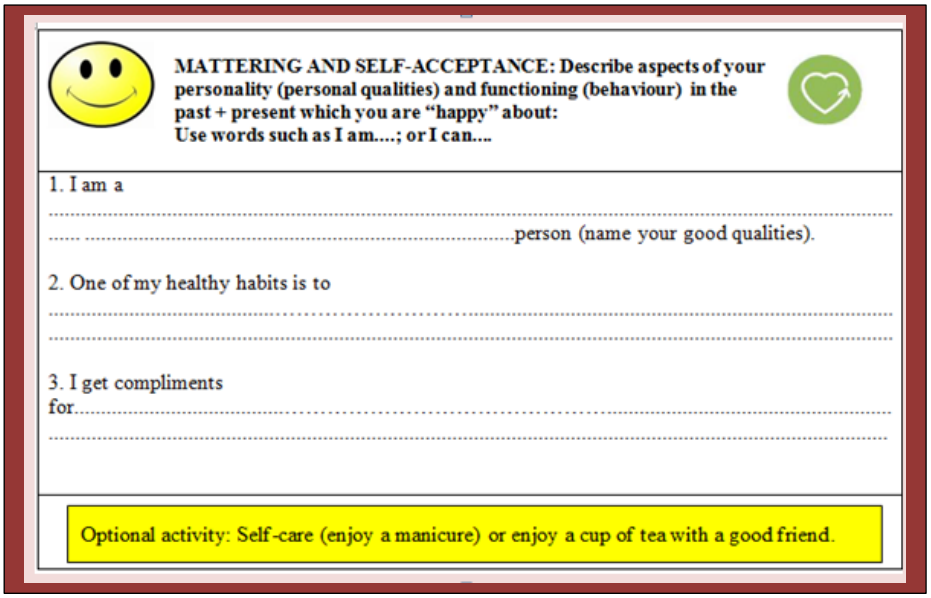
After the warm welcome and the presentation of the terms of engagement also called our code of conduct (by one of the mothers), a research assistant stages the ice-breaker as a group activity: All participants stand in a circle; then, each participant has the opportunity to introduce herself in a amusing way, such as using funny movements or comical (Capetonian) gestures (adapted from Plummer, 2008); and, participants add some interesting information about their names (Marujo & Neto, 2018). This game teaches, amongst others, self-awareness, awareness of others, non-verbal communication, taking turns and listening

(Plummer, 2008); and, finally appropriate fun movements were added as an expression of "I love ME!" The ice-breaker offers a spontaneous opportunity to use positive emotions and lots of laughter.

The facilitator introduces the first session of the mattering module about self-acceptance (as a facet of personal/psychological wellness, Keyes, 2005) by giving a short description about "self-acceptance" by embracing both the strengths and vulnerabilities of self. The facilitator uses activities, such as personal stories by means of video material (YouTube, for example), Brenè Brown's story of being honest about her vulnerability; and, having the courage to embrace imperfectness (Brown with Oprah: https://www.youtube.com/watch?v=4XTcB1evO8c). Information about self-acceptance is further explained in terms of nurturing personal strengths, such as kindness/compassion; and, viewing my negative characteristics (also called non-strengths) as areas for growth. To guide this information and the application thereof, i.e. to translate into appropriate behaviour (see character strengths and virtues, Peterson & Seligman, 2004) for self, family and community (ecological theories), mothers complete a work-sheet in their flip files as 'classwork' (see Figure 8.6).

Figure 8.6

Worksheet for Power Moms Wellness Programme (PMWP)



Once this exercise is completed and some mothers have the opportunity to share their understanding of self-acceptance, mothers take part in a practical activity, namely needlework focussing on a flower (Flourishing as an illustration of high wellness [Keyes, 2005] - see Figure 8.7). This activity offers mothers the chance to talk about the content of this session and sharing within small groups. Research assistants are responsible for this activity and relaxing music can be played in the background.

Figure 8.7

Needlework activity and personal well-being (flourishing/high wellness)

Once the mothers have completed the needlework section of the session (20 minutes) with the guidance of the two research assistants, we can sit down in a circle format to discuss in a reflective manner the following: i) What did I appreciate most from the programme content this week? (cf. Seligman, 2011); and, ii) How can I apply this information and skills mattering ("I feel valued") in the home context? (this is part of the mothers' files). This is followed by the handing out of the summary of the session (one pager). Then, mothers are given the assignment for the mother-child home activity and the needed items, namely, a candle and a small candle stand. This activity is called "Celebrating the Child's worthy effort" and is based on Seligman's (2011) guidelines. Mothers are invited, for the next week, at a specific time (for example, before they enjoy their evening meal), to engage specifically

with their child(ren) to talk about some of the special activities and positive experiences during the particular day, and to reflect on and express their feelings (Adapted from Greeff, 2005). The aim of this activity is to create awareness about good choices and doing good deeds on a daily basis (for example, helping a fellow-learner at school) and to increase self-respect. One evening per week can be used as a special celebration where a candle is lit and the child is given the opportunity to be acknowledged in this way (see Bögels & Restifo, 2014, p. 84)

In the same way mothers are invited to complete a Gratitude Journal (Seligman, 2011) by setting aside ten minutes each night before bed; use the gratitude journal for Moms; and, reflect on what went well during the course of the day; write down three things that have gone well during that day (think of them as three big or little blessings from that day); next to each of these positive events write down why you think those thing went well/happened (see Figure 8.8).

Figure 8.8

A Gratitude Journal for Mothers in Delft

Day of the week	**Blessing? What went well?**	**Why? [Insight] (Strengthen/"*Versterk*")**
For example: Monday	For example: I enjoyed eating an apple today.	I appreciate my health and the ability to taste.
1.		
2.		
3.		

Each of the sessions of the PMWP was presented in this way. Additionally, the worth of positive emotions, such as contentment, motivation, and committed effort, social support and the role of repetition (Lyubomirsky, 2007) were constantly emphasised. These activities were guided by values (code of conduct described as moral competencies) to become part of mothers' daily routine and more specifically their mothering practices. Also, these processes were of fundamental importance concerning the effective implementation of the PMWP.

8.5 General Discussion

This manuscript/chapter emphasised the importance of connecting community intervention application with evidence-based work and contextual considerations (Isaacs et al., 2018). It was therefore imperative that scientific inquiry regarding questions, such as "the what to include" and "the how to facilitate" regarding the PMWP, had to be integrated. This undertaking was grounded in the quest to translate theory and research into practice (Titler, 2007). The development and implementing of the PMWP was undertaken with the insight that having the evidence base for a programme is not in itself sufficient to ensure that the programme delivered is effective, since institutional "readiness" (will and capacity) is also a major factor (Ward, Sanders, Gardner, Mikton, & Daqes, 2016), as well as contextual relevance (Lazarus et al., 2017).

Describing the process of implementation of the PMWP in Delft provides a real-world application of the pursuit of this objective (Wechsberg et al., 2017). This was of the utmost importance for this current research, since Delft as a high-risk setting (field conditions) presented numerous influences which also had to be reckoned with for the correct implementation of the PMWP (Rodrigo, 2016). In other words, these many sources of influences (and their complexities) required that apart from components such as, programme content and quality of delivery, we had to put special emphasis on the conditions that had to be met to successfully implement the PMWP in Delft. Therefore, the content (for example,

showing the interconnectedness of cycles of mattering, mothering, managing and mentoring) (cf. Myers, 2018; Myers et al., 2019) is inserted or rooted in the use of realities specific to this context, for example, focusing on abusive relations, gangster violence and risky sexual behaviour (Lachman et al., 2018). At the same time, the PMWP retained the common core elements of evidence-based parenting programmes, such as parenting practices and routines that have been shown to contribute to resilient family functioning (Isaacs et al., 2018; Walsh, 2016). Moreover, the comprehensive theoretical framework of CP relating to theories and empirical findings about families and the embeddedness of family functioning in micro to macro systems were informative. Within this paradigm the institution of motherhood (Christens, 2012) and efforts to strengthen parenting (Desai, Reece, & Shakespeare-Pellington, 2017) were viewed as fundamental to those processes associated with transformation (Brodsky & Cattaneo, 2013), and ultimately nation building (Daly et al., 2015; Ward & Wessels, 2013).

8.6 Conclusion

Implementation of the PMWP was a complex undertaking that required a solid conceptual grounding, practical expertise, and the inclusion of contextual knowledge to achieve its objective. The aim of this manuscript was to describe the constituent process of implementing the PMWP to strengthen the personal and parental competencies of mothers living in Delft. This was done by, firstly, providing information about the objectives and theoretical underpinnings of the various modules of the PMWP and their sessions; secondly, best practices were shared with regards to the procedures of implementation of the programme in the high-need and risk saturated community setting to guide practical matters in the implementation of the PMWP; thirdly, the functioning strategies of the PMWP with regards to the specified structure of the sessions were explained; fourthly, the content, aims,

outcomes and some activities of the PMWP were described; and, finally, the implementation of one session was illustrated in this particular context.

A seminal limitation of the implementation of the intervention programme is related to structural considerations related to its time investment, and cost. While estimated costs of implementing parenting programmes appeared prohibitive for this community, investment in preventive and promotive initiatives by local government far outweigh the burden of having to pay for the consequences at secondary and tertiary intervention levels (Lachman et al., 2016; Wessels, 2017). Furthermore, the cogent capital of the partnership with the mothers who offer their time and resources voluntarily must not be overlooked nor undervalued, since mothers in high-risk contexts are pivotal resources for social cohesion in families and the wider communities.

Also closely linked to this issue of cost and the cost-effectiveness is the potential obstacle to the delivery of this evidence-based programme in this low-resource setting by an adequately trained workforce that can deliver the programme. The PMWP was designed in such a way that not only professionals can effectively deliver it. Since it is highly probable that there will not be sufficient numbers of professionals to achieve widespread implementation in needed communities, future research should focus on how to utilise local NPOs and local mothers of Delft, with the appropriate training, support and supervision as lay counsellors to achieve the intended outcomes in presenting this parenting programme (see Taliep, 2015). We strongly recommended that the programme's implementation be evaluated and that conditions be explored to ensure the sustained implementation of the PMWP in Delft.The implementation of the PMWP was vital to the process to present a programme for mothers in Delft to strengthen their personal and parenting competencies. Showing how it can best be delivered prepared the way not only to evaluate the effect of the programme, but to improve its content and delivery within the local context.

Chapter 9

Manuscript 6

Title: Evaluating the impact of a wellness programme for mothers living in a South African high-risk community

Authors: Van Schalkwyk, I. & Naidoo, A.V.

Abstract

The development and implementation of the Power Moms Wellness Programme (PMWP) took place in a South African high-risk community. Evaluating the impact of the PMWP included efforts to investigate the quality of the implementation of the programme in a real-world setting. The aim of this chapter/manuscript was to evaluate the impact of the PMWP by describing the effect of the programme for mothers living in a particular South African high-risk community. Evaluation included both process evaluation and outcomes evaluation utilising quantitative measures and qualitative processes, based on the written feedback of the participants' experiences of the PMWP. Findings endorse the positive effect of the PMWP for mothers in this particular challenging context. We found that process evaluation offered valuable insight about feasibility and the kinds of practices and logistical matters to be in place to ensure high participant engagement and quality delivery. Quantitative outcomes indicated participant satisfaction in terms of high attendance and involvement which were supported by qualitative findings revealing those "active ingredients" contributing to the programme outcome. An important finding of this research highlights that improved mothering in this context is predicted on attention given to "mattering" and its mechanisms related to personal dignity and worth. The findings endorse the need to combine both process and outcome objectives relevant to the programme's context.

Key words: community psychology, evaluation, high-risk community, mothers, participant engagement, process evaluation, wellness programme

[**Status:** Submitted to the *Journal of Happiness Studies*]

9.1 Introduction and Rationale

> "*Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has*." (Margaret Mead)

In this paper we describe the evaluation of the Power Moms Wellness programme (PMWP) which was developed and implemented in Delft, an impoverished, low resourced, crime saturated community east of the Cape Town International Airport in South Africa.

The need for the development and evaluation of parenting programmes is well supported in extant research (Arranz et al., 2016; Pedersen et al., 2019; Rodrigo, 2016; Sanders, 2012; Sivertsen, 2019; Van Es, 2015). Moreover, there is increasing emphasis that evaluation outcomes are scientifically sound (evidence-based); and, also of value for the target persons and communities as "a power to matter" (Prilleltensky, 2019, p. 1). Hence, we endeavour not only to provide feedback on the effectiveness of the PMWP, but also to engage with the efforts for adapting the programme to the needs and capacity-building of the target population (Patton, 2015; Rodrigo, 2016).

Aside from the awareness of whether programmes were developed in the Global North or Global South and some cultural reference, most programmes do not indicate the foremost importance of immediate context (Arranz et al., 2016). Specifics about the role of context, and for whom and under which conditions these are crucial for implementation (Rodrigo, 2016); and, when these specifics are foregrounded, will then lead programmes to positive outcomes (Arranz et al., 2016). Context was a crucial consideration for the implementation and evaluation of this wellness programme for mothers living in this high-risk community called Delft. Programme feasibility can be different in South Africa (SA) from those presented in high income countries (HICs), especially when delivering parenting programmes to highly vulnerable families (Lachman et al., 2018). Notwithstanding, Shenderovich et al.

(2019) confirmed that a high quality of implementation can be achieved in a SA low-resource context. Since the role of practicalities regarding effective implementation and adaptation to contextual nuances must be reckoned with (Wessels, Lester, & Ward, 2016), we used formative evaluative processing to facilitate ongoing changes and creative reworking to complement outcomes evaluation (Lachman et al., 2018; Oakley et al., 2006).

One of the obvious and most dominant reasons for the evaluation of the effect of the Power Moms Wellness Programme (PMWP) was that these efforts should be effective and improve social conditions (Abrahams, 2000). The PMWP was developed to strengthen the personal and parenting competencies of mothers in Delft; and, in this way to contribute to community development via the strengthening of families.

9.2 The Power Moms Wellness Programme (PMWP)

The Wellness Programme is a 20-session parenting programme that integrates evidence-based parenting principles and practices. Drawing from a focus review of the literature that included existing parenting programmes and contextual information, the PMWP was conceptualised (see Van Schalkwyk & Naidoo, 2020c; Van Schalkwyk & Naidoo, 2020d) and implemented with the content and concept mapping consisting of four modules termed "*Mattering*", "*Mothering*", "*Managing*", and "*Mentoring*" (Van Schalkwyk & Naidoo, 2020c). The PMWP was premised on the Strength perspective (Saleeby, 2006, 2016) and the theoretical framework of Community Psychology (Naidoo, Duncan, Roos, Pillay, & Bowman, 2007). This allowed the inherent strengths and assets in the community to be combined with a focus on empowerment (Brodsky & Catanneo, 2013), ecological systems (Bronfenbrenner, 1979; Rosa & Tudge, 2013); and, social justice and well-being (Prilleltensky, 2012, 2019). Important learning theories, such as experiential learning (see Kolb, 2015) were built into the psychoeducational approach of the programme. Evidence-based parenting approaches were presented in the four sessions for each of the four modules

with the mothers with an additional session at the end of each module for the mothers to engage with their children (limited to children in middle childhood) (see Van Schalkwyk & Naidoo, 2020e).

9.3 Aim

The aim of this part of the research is to describe the effect of the PMWP for mothers living in a high-risk community by means of process and outcome evaluation. To this end, we use formative evaluation feedback of the mother participants which provided a continuous basis for the creative reworking of the content and the refining of the delivery of the PMWP in the community (process evaluation). We also combined quantitative and qualitative measures to establish the effects of the PMWP.

9.4 Methodology

9.4.1. Design.

In this case-study design (Creswell, 2007) we used PAR methods, such as formative process evaluation after each session to consider the adaptations that were needed in designing and implementing the PMWP. Formative feedback was obtained from the 21 mother participants as well as the research team. Outcome evaluation methods entailed the use of both quantitative (attendance and User Satisfaction Survey) and qualitative data (User Satisfaction Survey and open-ended questions).

9.4.2. Case selection and participants sampled.

The mother participants in the study live in Delft.

9.4.2.1. Participants. Non-probability sampling and purposive sampling were employed and eventually twenty-one female participants (between 25-60 years old) were recruited by fieldworkers of a local non-profit organisation called the Sakha Isizwe Development Organization. These fieldworkers were trusted persons in the six areas of Delft. Participating families were from a highly vulnerable population and all participants reported experiencing

poverty and were dependent on SASSA social grants (money received from the government for child care per month); none of the participants were employed on a permanent basis; and, with the exception of one participant, none of the mothers had completed their school education. Most mothers were single parents and lived on their own with their children.

9.4.3. Data Collection (for the evaluation of the programme).

Data were collected by means of formative evaluation feedback (process evaluation) which comprised of i) ongoing feedback of the mother participants at the end of each of the 20 sessions of the programme; sessional feedback from the research team; reflective notes of the first author (see Groenewald, 2004) and fieldwork/observations; and an end of programme qualitative written evaluation of the mother participants (user satisfaction survey).

***9.4.3.1. Quantitative data collection*.** Quantitative data were obtained by means of two methods, namely, i) participant attendance; ii) participant engagement (cf. Lachman, et al., 2016); and, iii) the User Satisfaction Survey.

Participant involvement was based on enrolment, attendance, and dropout rates as well as the rate of parental engagement in home practice activities. The enrolment rate was based on the percentage of participants in the study who attended at least the first module. Attendance was measured using i) signed attendance registers at each session (see Appendix H - attendance sheet); and, ii) by considering reasons for mothers who missed a group session (or sessions). Dropout from the programme happened if a mother missed more than three consecutive sessions (without giving reasons; or, due to unforeseen circumstances, for example, gaining employment). Maternal engagement was measured in each session by calculating completion rates of assigned home activities for those who attended the previous session. Finally, after the implementation of the PMWP, mother participants completed a questionnaire to establish their satisfaction with the Wellness Programme (see Appendix I).

Satisfaction survey: Mothers' perceptions of overall programme satisfactoriness were assessed by a 25-item evaluation scale using a Likert-type scale (adapted with permission from the User Satisfaction Scale - Industrial Psychology Department of Stellenbosch University), anchored with scoring keys. This measure was used to report the measure of central tendency of mother participants' satisfaction with the programme. In other words, participants reported on whether the programme fulfilled their overall expectations; and, the following codes were compiled.

Satisfaction survey: Sub-scales and items

i) Achieving the goals of the programme (items 20; 21; 22)

ii) Acceptability of delivery methods (items 1; 8; 9; 18; 19; 24)

iii) Acceptability of skills (items10; 13; 14; 15; 23; 25)

iv) Quality of programme facilitation (items 2; 5; 6; 7)

v) Quality of interaction (items 4; 11; 15; 16)

vi) Supportiveness of the group (items 3; 17)

Items were summed to create an overall programme satisfaction rating as well as satisfaction ratings for each subscale. Total scores were based on weighted means out of 100 (see Table 9.1).

Table 9.1

Quantitative Data Collection Measures (see Lachman et al., 2018, p. 195)

Measures	Participants	Scoring
1. Enrolment 1.1 Mother participants	n=21 mother participants n=18 mother participants completed the 20 week programme	Calculated by research assistants on a weekly basis (20 weeks)
2. Attendance 2.1 Register (weekly)	n=21 n=18 completed PMWP	20 weeks (4 modules) Mattering; Mothering;

	n= 3 mothers (drop-out)	Managing; Mentoring & Practical sessions (including sessions with children)
3. Maternal engagement	n=18 mothers	Calculated by research assistants on a weekly basis (20 weeks)
4. Questionnaire measuring participant/ user satisfaction	n=18	Scoring (25 items)

9.4.3.2. Qualitative data collection. We collected qualitative data from two sources:

i) Process evaluation: a) weekly individual feedback of mother participants; and, b) feedback at the end of each module from the research team (discussion group).

ii) Qualitative data collected via a satisfaction survey (7 open-ended questions) at the end of the implementation of the programme.

iii) Other forms of evaluation including qualitative processes, such as my reflections (primary researcher) offered valuable data as a part of observation and a type of fieldwork experience (being part of this high-risk community for more than 10 years in a voluntary capacity).

All these data collection opportunities were conducted in English. While there was language diversity in the group with five participants being isiXhosa-speaking, four English-speaking, and nine Afrikaans-speaking, all mothers were fluent in English. Participants received a stipend (R35.00/approximate value: US$ 3) for each session attended to cover their taxi fare; snacks were provided at all sessions. All the sessions of the PMWP were presented at a school building in Delft identified as an asset (a neutral space with security) and as being central by the participants. Research assistants also documented the mothers' report of engagement in weekly home practice assignments. Likewise, I (first author)

recorded detailed minutes of each discussion with the research team at the end of each module.

9.4.4. Data Analysis.

9.4.4.1. Quantitative Data Analysis. Quantitative data collected via mother participants' weekly attendance were analysed as prescribed by Lachman et al. (2018); and quantitative data obtained via the adapted measure (satisfaction survey) were aggregated and analysed.

9.4.4.2. Qualitative data Analysis. Data obtained via process evaluation process (research team and mother participants) and the qualitative data obtained via the satisfaction survey were also analysed using thematic analysis (Braun & Clarke, 2013).

9.4.4.3. Trustworthiness. We used a number of measures to strengthen the trustworthiness of qualitative findings. First, to increase the diversity of perspectives and experiences, we collected data from multiple sources that included mothers and the research team during and after programme implementation. Second, all data collection opportunities took place at the same venue in Delft used for the programme to increase the comfort level of respondents. Third, audiotapes with verbatim transcription (research team discussions) ensured that we accurately captured the data. Fourth, we maintained an audit trail that included, for example, a coding matrix, and minutes from research team meetings.

9.5 Ethical Procedures

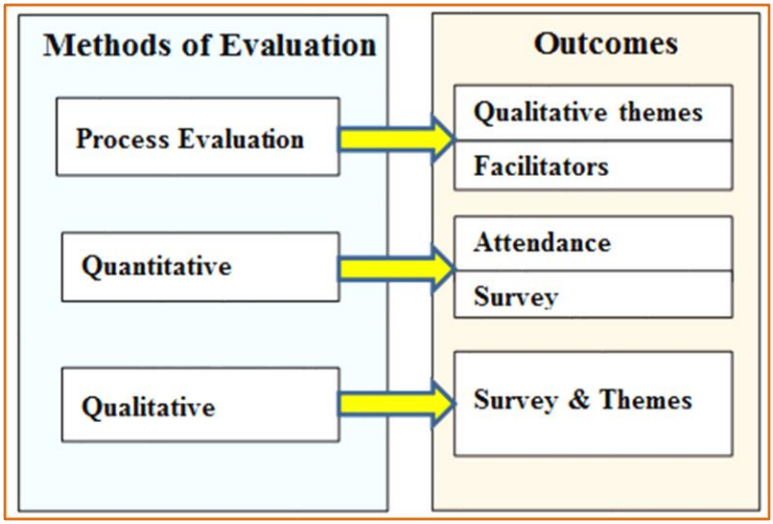
This study was granted ethical approval by the Research Ethics Committee (REC) of Stellenbosch University (project number: PSY-2018-7941). Research assistants, namely fieldworkers with prior experience working on research projects in South Africa conducted informed consent procedures with the participants. All participants were informed about matters related to confidentiality and privacy (mothers could choose their own pseudonym), that they had the right to decline to participate; and, they could drop out of the study at any time.

9.6 Findings

In presenting the findings of the process evaluation, the diagram in Figure 9.1 offers a schematic summary of the overall findings. This presents a comprehensive view to evaluate the impact of the PMWP.

Figure 9.1

Diagram of outcomes



9.6.1. Process evaluation and Power Moms' experience of the PMWP.

Process evaluation with its focus on continuous *effort* versus establishing the *effect* of the PMWP proved to be crucial to examine the feasibility of the programme (Lau, Fung, Ho, Liu, & Gudiño, 2011). Mother participants referred to themselves as "Power Moms", and process evaluation enabled us to have a direct or hands-on understanding of their experiences for the actual usage of the programme intervention in the Delft context (Moore et al., 2014; Sin, Henderson, Pinfold, & Norman, 2013). This feedback was vital throughout the four modules of the programme (Patton, 2015; Shenderovich et al., 2019) for the adaptation of the content (manual) of the PMWP and implementation processes. This is consistent with other intervention programmes for vulnerable populations living in low-resource contexts (Doubt et al., 2018).

Next, we illustrate the feedback of mother participants and the research team contributing to improve programme feasibility during the early stage of the implementation of the PMWP (Lachman et al., 2018; Lau et al., 2011) (see Table 9.2).

Table 9.2

Process Evaluation - regular feedback (mothers; research team)

Process Evaluation (research team)		
Feedback: End of module(s)	Research team	Verbatim comments
Mattering & Mothering modules	The research team confirmed that the information of the wellness programme is valid/usable for the mothers living in this high-risk community	"*The 'mattering' and 'mothering' does not stop at class…many mothers are going back to an environment of abuse."* "*The information I get here, it changed my [own] household from negative to positive."*
Valuable advice	The research team had valuable comments for implementation:	
	i) Implementation and positive energy	i) "*The way the information per session is presented adds to our confidence to apply the information."; "It makes me feel stronger – so I can also do it this way*!"
	ii) Positive reinforcement • Positive experience	ii) "*The way you do the presentation – I want Wednesday to be every day*!"
Practicalities	The role of practicalities:	
	i) Respect for the time allowed per session	i) "*The programme is delivered within a good time*";
	ii) Some feedback with good advice: Research team advised me to not talk too fast – they wanted time to write down some additional information.	ii) "*The way you manage our time - you do not waste our time."*
	iii) Mothers loved activities and playing fun games – also with their children.	iii) "*How you present is – everyone is equal: I don't feel out, the next person don't feel out*!"

Mentoring	i) Mother participants took ownership of the wellness programme.	i) "*The mentorees were so surprised that Power Moms are so wise with all this first-class information.*"
	ii) Group cohesion and personal growth	ii) "*Relationship and love everyone …I wish that the Programme never end, because it's making my life easy and wonderful*."
	iii) Mother participants enjoyed the structure of the weekly sessions, e.g., starting with a warm welcome and a fun ice-breaker (game or activity); and, singing our good-bye song at the end of the session.	iii) Research team commented the good use of files, namely a) A4 files for mothers for information given in class; b) A4 plastic envelope for homework activities with children.

The following themes emerged and are presented briefly.

Theme 1: Insights about refining of PMWP practices. Information gained by means of Power Moms' feedback offered a rich understanding of their experiences of the programme intervention (Sin et al., 2013) and guided the adapting and refining of some practices of the PMWP.

Sub-theme 1.1: The necessity to allow enough time for mothers' stories (weekly feedback). Power Moms' weekly stories about the application of the information such as "I matter" (module 1) were saturated with examples of previous incidences of sexual abuse and violence. It became clear that we could not discuss the first sessions of the mattering module, namely "self-acceptance" in a single session. So, we allowed more time in the mattering sessions to discuss the deeper aspects of psychological well-being and for the sharing of personal stories. Allowing more time for mothers to tell their stories added to their experiences of dignity and feeling valued. The adapting of implementation practices resonated well with collateral contextual information (Focus group discussion with social workers, see Van Schalkwyk & Naidoo, 2020, in press-c). For example, the research team discussed in detail activities planned for the session about "forgiveness" and relational health

(module 3); we adjusted the practical set up for this session by making use of symbols and actions for the mothers so that the "lesson material" was acted out first and discussed afterwards (Kolb, 2015). These opportunities provided the Power Moms with those much needed "curative spaces" to talk about their emotional experiences authentically (cf. Kruger, 2020, p. 112); and, contributed to the enrichment of their sense of community (First author's reflective notes, 17 October 2019).

Sub-theme 1.2: Application of the PMWP in the home context. Power Moms spoke enthusiastically about how they applied the information of weekly sessions at home. But, the disruption of some old habits was not that easy. For example, a Power Mom talked to her granddaughter (10 years old) about autonomy (Mattering module, session 2) and encouraged her to "exercise her choice" to *not* smoke marijuana/"dagga" although most of her friends in Blikkiesdorp (an area in Delft) use "dagga" on a regular basis. The research team explained this so tellingly: "*The mattering [sessions] and mothering [sessions] does not stop at class*…." (Tracey).

It also became clear that the mothers' application of the information of the sessions directed by the Strengths approach started with the correcting of their own unhealthy or risk behaviours (cf. Seligman, 2011).

Sub-theme 1.3: Affirming Power Moms' efforts to master the language of strengths. The Power Moms acknowledged the challenge to unlearn and conquer the "new language" of appreciation. For example, the first mother-and-child home activity was about power moms introducing their children to an activity called "celebration candle" to acknowledge their children's daily positive activities and choices, such as, doing well at school during the past week (see Van Schalkwyk & Naidoo, in press-d). This activity was initially perceived as rather "strange" and difficult for the mother participants, since most mothers in Delft are used to "disciplining" their children by "skelling"/scolding (using abusive language). So, the

many weekly sessions were valuable to encourage mothers to unlearn the "old habits" and to intentionally learn to use language of appreciation for their children's "ordinary" achievements (cf. Masten, 2001). This confirmed the reality of these habits associated with intergenerational abusive behaviour, given the use of corporal punishment and harsh parenting in contexts of poverty in LMICs (Kruger, 2020; UNICEF, 2014, 2016; Wessels, 2017). Also, I became intensely aware of the power of "influencers" by encouraging mothers in their efforts to master positive parenting (First author's reflective notes, 06 June 2019).

Sub-theme 1.4: Effective use of practical aids. The weekly shared activities for Power Moms and their children to be completed at home (mother-and-child activity) offered opportunities for mothers to talk to their children about, for example, "mastering your environment" (mattering module, session 3). Mothers also enjoyed the videos used in weekly sessions to illustrate the theoretical information of the programme, for example, a video about an eagle losing its old feathers to grow new feathers for strong/resilient future functioning (First author's reflective notes about the managing module, 23 July 2019).

Theme 2: Power Moms taking ownership (Participant behaviour).

The Power Moms progressively took ownership of the PMWP and this was clearly demonstrated via the mothers' active weekly participation. Also, Power Moms acted as mentors and they selected mentorees who were invited to attend PMWP sessions occasionally. During the first mentoring session I noticed that the Power Moms spoke with such authority and pride about the PMWP to their mentorees. This was echoed in the mothers' feedback about their children's gradual change in their perspective of their mothers. A mother voiced this experience in the following way: "*The information I get here, it changed my household from negative to positive*." (Yvonne).

The content of the PMWP allowed much interactive sharing of stories (weekly feedback) and activities (needlework) (Andrews & Dowden, 2010). The quality of participant

engagement was equally important in predicting changes in parenting behaviour (Nix, Bierman, & McMahon, 2009; Shenderovich et al., 2019). I was also moved by how the weekly sessions of needlework motivated mothers' commitment and became a backdrop to sharing stories (see Figure 9.2) (First author's reflective notes, 14 August 2019).

Figure 9.2

Mothers' practical activity: Needlework

Theme 3: Programme content and facilitator behaviour.

The research team stressed the importance of the *quality* of programme content and facilitator behaviour. For example, they emphasised "the outstanding information of the wellness programme"; and, they encouraged the use of simple language in presentation of subject matter; they enjoyed the facilitator's positive energy in the presenting of the module-sessions: "*The way the information is presented adds to the participants' confidence to apply the information… It makes me feel stronger - so I can also do it this way*." (Tracey)

These observations mentioned by the research team point to valuable undercurrents for effective implementation/quality delivery in this community. Moreover, the use of triangulation offers salient feedback that can be used formatively to adapt the process (as, for example, in slowing the pace of speaking, and in using simple words and local illustrations). These above-mentioned themes were echoed in my (continuous) personal reflective notes.

The issue of trust and non-judgemental attitudes was contained in the PMWP by the use of ground rules as a best practice (Van de Driessche, 2016). In the first session, we co-constructed terms for engagement to guide our interactions for all of the sessions (also to be used at home within the family context) to inspire Power Moms and the research team toward consensus behaviour. Progressively, the Power Moms enjoyed taking turns to present the six ground rules (as the code of conduct) at the beginning of each session guiding our behaviour. The evolving structure and norms of the PMWP added to a sense of containment and the nurturing of trust and non-judgmental attitudes.

Theme 4: Practical Enablers

This theme pertains to how structural, programmatic, and personal factors all affected participant involvement and enduring engagement. Commonly mentioned barriers to continued participation in the programme related to financial constraints, concern with child care arrangements, and poor health. Enablers of continued engagement included for example, a greater personal sense of motivation, enjoying the sense of community in the group, and family buy-in and support. The importance of practicalities and programme feasibility in this particular context was evident and daunting (Goliath, 2018; Lachman et al., 2016).

Sub-theme 4.1: Structural facilitators. Mothers preferred that the wellness programme was delivered on a particular day of the week in the morning as this fitted well with their plans and with their children being at school. We also gave the wellness programme a name, that is, “Power Moms Wellness Programme”, meaning that the programme knowledge has the potential to empower (“Knowledge is power”) and foster wellness, when we apply the knowledge. True to form, the Power Moms developed their own song putting this intention to music which became an anthem they sang at every opportunity.

Sub-theme 4.2: Personal facilitators. It was beneficial to obtain the buy-in of the Power Moms' children by making them take part in the weekly activities and quarterly functions. We structured the content to ensure there was an individual homework assignment for the mothers related to the session, and an activity involving their child(ren). The planned session per module structured to facilitate mother-child interaction was appreciated; and, Power Moms frequently mentioned how their children supported their attendance. We used an attendance sheet per mother (a research assistant was responsible for this task) and mothers were provided with a personal attendance sheet in their files to mark their attendance with colourful stickers.

Sub-theme 4.3: Programmatic facilitators. Programmatic facilitators included the establishing of positive group dynamics linked to a healthy sense of belonging (Lambert et al., 2013). For example, the construction of the structure of each session of the programme (see Table 9.2) added to the formation of membership of the PMWP. In this sense *membership* was about the sense of belonging that came from being treated respectfully and being counted equally, with a legitimate, valuable voice (Jamieson et al., 2011).

Power Moms enjoyed the *many activities and visuals/videos* as part of the programme material; *hand-outs* of weekly sessions to take home in their personal Power Moms' files - as a "one pager" summary of the weekly sessions allowing the use of learning techniques (see Kolb, 2015); activities for mother-and-children/ren in middle childhood. We also used symbols for each module of the PMWP poster to serve as a visual summary of the psycho-educational programme with its four modules (Myers, 2018) (see Figure 9.3).

Figure 9.3

Use of symbols for the 4 modules of the PMWP

Additional recommendations to encourage participants' engagement and group cohesion included using a goodbye-song created by the Power Moms (Goliath, 2018); linking the content of the programme with their daily activities; nurturing the building of personal resources continuously by using informal interactions sufficiently, such as, sharing advice about local events, activities and lots of laughter (Fredrickson, 2009); and, encouraging the attachment among participants, such as words of gratitude/appreciation;

Next, findings, in terms of outcomes evaluation, are given which were collected at the end of the 20 sessions of the PMWP to assess user satisfaction (see Pedersen et al., 2019).

9.6.2. Quantitative results.

Tracking participant attendance is a decisive indicator of the effectiveness of a programme in a low-resource South Africa context (Myers, Carney, Browne, & Wechsberg, 2019). Results of the quantitative analyses of participant involvement, implementation, and acceptability (see Lachman et al., 2018) are summarised in Table 9.3 and further described by means of qualitative findings.

Table 9.3

Quantitative analyses of participant involvement, implementation and acceptability

Measures	Quantitative analyses		
1. Enrolment	n=21 (drop out of 3 participants) n=18 completed the programme		
2. Attendance	PMWP Modules	n	Avg. % attended
2.1 Register (weekly)	"Mattering" (Module 1)	20	80%
	"Mothering" (Module 2)	19	81%
	"Managing" (Module 3)	18	71%
	"Mentoring" (Module 4)	18	81%
	Total percentage (attendance):		77.2%
3. Maternal engagement in weekly sessions & homework activities	Total percentage:		93%
4. #Questionnaire (Measuring User Satisfaction)	Sub-scales (codes) • Goals of programme (achieved) • Acceptability of delivery methods • Acceptability of skills • Quality of programme facilitation • Quality of interaction • Group support		97% 96% 97% 98% 97% 97%
	Total percentage:		97%

Note: #Questionnaire is based on the User Satisfaction Scale developed by the Industrial Psychology Department, Stellenbosch University, 2019.

9.6.2.1. Enrolment, attendance, and engagement. Quantitative data confirm a high rate of 77.2% for attendance. Eighteen of the 21 mother participants who enrolled completed the programme and its 20 sessions. **Enrolment** refers to attending at least one session of an intervention, while **attendance** relates to the percentage of total sessions attended if enrolled (Amorós-Martí, Byrne, Mateos-Inchaurrondo, Vaquero-Tió, & Mundet-Bolós, 2016). Most mothers attended all sessions, and reasons for non-attendance were clearly communicated and

clarified. The role of research assistants for this particular task was facilitative, as it freed the facilitator to pay attention to other important matters, such as, paying personal attention to individual welcoming and (if needed) unforeseen emergencies, but also established a connection between the participants and the research team, and underscored the importance of attendance and accountability.

Participant engagement measured high (93%) and indicated mothers' involvement in the various activities of the PMWP, such as weekly verbal feedback about the application of PMWP per session; mother-and-child weekly home exercises; needlework activity; and the overall contribution of Power Moms regarding the various parts of the weekly sessions. Quality of participation was considered a component of engagement (e.g. Lachamn et al., 2018; Wessels, 2017), since meaningful participation was necessary to achieve positive outcomes (Nix et al., 2009). Participants' quality of participation was measured by research assistants rating them on this construct after a series of sessions (per module). This rating included assessing whether they arrived on time, their level of discussion during sessions, and whether they completed their home practice exercises (Nix et al., 2009).

***9.6.2.2. User Satisfaction Survey*.** The scores of the satisfaction survey show high participant satisfaction, namely 96.67% (see Table 9.3). This finding is supported by South African research conducted by Shenderovich et al. (2019) showing that a high quality of implementation can be achieved in a low-resource context. Also, according to Mucka et al. (2017), parenting programme success begins with attendance. Wessels (2017) states that dropout rates in LMICs, such as SA are as high as 50%, for example, for family centred interventions for parents of children at risk (Wessels, 2012). This finding was a major accolade for our research, since high attendance is associated with personal facilitators, such as motivation and carries with it a greater sense of commitment and readiness to change (Wessels, 2017).

Reasons for missed sessions. Reasons for missed sessions included part-time employment; days on which government grants had to be collected; child illness; severe weather conditions; organising funerals (death of a sister/death of a daughter); birth of a child; attending a court case; political unrest; and being hospitalised due to domestic violence. Three participants were deemed programme dropouts after having missed at least three sessions of the PMWP. Reasons for drop-out related to two mothers obtaining full-time employment and, one mother participant not being successful in solving a family "fight" about child care. The sustained attendance challenges the findings of other South African studies of the impact of low socio-economic status as a structural barrier for persons to attend intervention programmes (Myers, 2018; Wessels, 2017).

9.6.3. Qualitative findings - Satisfaction Survey (post-intervention).

Qualitative data were collected via seven open-ended questions as part of the User Satisfaction survey at the end of the implementation of the programme (Wednesday, 2019.11.16). Qualitative findings emerged as five main themes: 1) Appreciation for the active ingredients of the PMWP; 2) Power Moms' emphasis about the primary importance of "mattering"; 3) Quality connecting as essential to "mothering" in a high-risk context; 4) The mastering of effective "managing"; and, 5) Strength and healing as wholesome processes of the PMWP (see Table 9.4).

Table 9.4

Satisfaction Survey: Main themes

Main themes – post intervention qualitative data		Verbatim comments
Theme 1	Appreciation for the active ingredients of the PMWP	
	1.1 Appropriate content of the programme 1.2 Positive group dynamics 1.3 Practical guidelines and successful	"*My son enjoys the programme with the fun games, and, when Doc gives him homework he asks when he gets homework again – he likes*

	application in the home context 1.4 The worth of knowledge and learning for self, family, and the wider community (includes mentoring to other moms and other children – although in a more spontaneous way)	*it a lot."*
Theme 2	Mothers highlighted the primary importance of *Mattering* [and its Robust Energy]	"*… now I know and understand that I matter, and for me to take care of others I need to take good care of myself. I cannot love others if I do not love myself*."
Theme 3	Mothers valued quality connecting as essential to *Mothering*	"*To listen to my child and her questions; to ask her about what she is telling me. I helped her with her "klanke" [reading] the last Saturday and she came home with a flower*."
Theme 4	Mothers accentuated that mastering, i.e. effective *Managing* skills starts at home!	"*To be strong and brave to face the world - To understand that no situation is permanent but successful coping is permanent*."
Theme 5	Strength (Power) and healing as wholesome processes of the PMWP	"*We became a close family and we could share deep things with each other and we did not judge each other because of our past experiences. Also, that we as moms are going through similar situations so we could encourage each other*."

Theme 1: Appreciation for the active ingredients of the PMWP

Active ingredients of parenting programmes refer to those specific components of parent training approaches that are linked to behaviour change (Kaminski, 2008).

The active ingredients of the PMWP were specified as i) the key role of mattering and dignity for mothers' personal well-being (content of the programme); ii) mothers' experience of belonging and positive group dynamics; iii) the practical guidelines for an affirmative/enabling learning experience; and, iv) the worth of knowledge and learning for

self, family, and the wider community (including long-term mentoring to other moms and other children—in formal and more spontaneous ways).

Sub-theme 1.1: "I matter" is paramount for mothers in Delft. All mothers referred to the empowering effect of the PMWP in general, but most mothers mentioned the module called "Mattering" focusing on personal well-being, and its components, such as, self-acceptance (including self-care; self-efficacy, and, valuing self); and autonomy ("I have a choice") as being significant. Mizi voiced this in the following way:

> *Mattering was the most favourite part to me because now I know and understand that I matter, and for me to take care of others I need to take good care of myself. I cannot love others if I do not love myself.* (Mizi - single-parent [widow])

Figure 9.4

Mattering session: Self-care icebreaker and connecting

Sub-theme 1.2: A positive sense of belonging and group dynamics. All mothers expressed their positive experience of belonging to the Power Moms. These affirmative experiences encouraged them to connect, share their fun and frustrations; and, this shared experience invigorated their willingness to learn: "…meeting other mothers and learn more of each other and how to listen and understand others." (Tamia - single-parent)

Sub-theme 1.3: Practical guidelines for a positive learning experience. Mothers spoke with appreciation about the practical guidelines which were part of all the sessions of the PMWP. For example, a code of conduct consisting of six character strengths/life principles (cf. Peterson & Seligman, 2004) was used during all the sessions of the programme; and mothers were encouraged to use this code to guide the conduct in the home/family context as well. Below, Caroline recalls a personal highlight that she found useful: "…*when a mother in the programme explains about the 6 principles and how she uses this as a code of conduct at home*." (Caroline - a single-parent; separated from husband)

Practical guidelines were also accentuated to strengthen mother-child interaction—sometimes via specific assignments, and, sometimes via playing together. The mothers explained that the information of the PMWP was successfully translated in the home context:

> *My children really like it when I come from this programme [i.e., weekly sessions] because I would share with them what we have learnt. And also doing fun stuff as a family together and also to keep our relationship open and respect each other's' feelings*. (Charlemaine - single parent)

Sub-theme 1.4: The worth of knowledge and learning for self, family, and the wider community. Mothers showed their appreciation for being exposed to specific knowledge and the learning process. For example, mothers referred to the mastering of specific skills, such as effective verbal and non-verbal communication.

> *The impact of the programme is very fruitful - Power Moms programme changed the weak mothers into the strong mothers; who can manage the conflict.* (Mary - widow and legal guardian of her 2 grandchildren in middle childhood)

> *I came to Power Moms not knowing anything about it, but it changed my life and the moms in the programme are very strong moms; and, I love them so much; and, the programme learned me how to forgive*. (Phumza - married)

The colourful clarification of these basic essentials of the PMWP is an indicator of the positive effect of the programme, since it provided essential information for further developing and implementing targeted and efficient interventions, especially in LMICs (Orte, Ballester, Vives, & Amer, 2016; Pedersen et al., 2019).

Theme 2: The Primary Importance of Mattering

The second theme entails various sub-themes which can be linked to the specific sessions of the module called "mattering". Mothers described this in the following manner: i) appreciate self and personal strengths; ii) the right to choose energises a healthy self; iii) being brave enough to become stronger; and, iv) mastering better connecting with self and others.

Sub-theme 2.1: Appreciate self and personal strengths. Mothers agreed that a healthy appreciation of "self" is central to personal well-being and positive functioning: "*Looking into the mirror and appreciate the person I see in that mirror*" (Mizi, widow). They compared the experiences of "feeling valued" to negative past experiences eroding their mattering: "*That I matter and that I come first - I love me*." (Beauty - a single-parent).

Sub-theme 2.2: The right to choose acts as a driver for a healthy self. Within the context of a mostly collectivistic worldview, mothers welcomed the knowledge that they have the right of choice and that autonomy is integral to mattering. This (for many) new-found energy linked to autonomy sparked a lively curiosity about past, present and future coping:

> *To teach me that I matter - no matter how the situation I'm in; is bad or worse and - I have a choice to not let the situation destroy me or make me do things that will make me regret.* (Yvonne - widow)

Sub-theme 2.3: Bravery/Courage needed to become stronger. Some mothers showed a remarkable insight by talking about the courage that was required to display the gained understanding and knowledge about mattering and positive functioning. This was articulated as having the bravery to stand up for self - especially in abusive family settings, such as *"I mustn't let people put me down - I must not say I give up"*. (Marvellous, a single parent/legal guardian of her grandchildren)

This theme emphasised the crucial matter of mothers' mental health in general and especially when developing intervention programmes aimed at parenting/mothering. The lacuna or "silence" about the intentional nurturing of mothers' personal well-being has been critiqued in extant parenting programmes (Taylor & Conger, 2017).

Sub-theme 2.4: Mastering better connecting to self and others. All mothers spoke about the influence of good quality interacting with their children, family and community members. A mother described this as an empowering experience: "*That I can make a plan and I feel valued. When I feel that I matter - it means better mastering*." (Jo-Ann - living with life-partner)

The second theme is about the positive effect of the PMWP with regards to the primary importance of personal well-being/power. These outcomes were supported by Prilleltensky's (2019) conceptualisation of mattering as "an ideal state of affairs consisting of two complementary psychological experiences: feeling valued and adding value" (p. 1).

Theme 3: Quality connecting as the core component to mothering in a high-risk context.

Mothers deemed the worth of effective communication as fundamental to effective mothering; the key for better family functioning as well as healthy bonding (Isaacs et al., 2018; Kou et al., 2019). In the high-risk community the mothers were honest about their influence, namely their maternal behaviours to apply the knowledge gained via the PMWP skilfully in ordinary daily activities. Power Moms mentioned the impact of the programme, for example, the hopeful difference in their children's language and their extended repertoire of vocabulary to express emotions.

Subtheme 3.1: Mothers valued quality connecting as essential to Mothering. Mothers spoke with enthusiasm about the role of effective verbal communication linked to daily respectful interaction; and, the value of non-verbal communication skills. A Power Mom explained this poignantly in the following way by referring to how mothers' listening skills can add to quality time for mother-and-child(ren) connectedness: "*The body language - your words can come out but your body language is telling something else. Mirror their words - to be a good example*." (Veronica - single-parent)

Sub-theme 3.2: Demonstrating mothers' love to children. The healthy demonstration of a mother's love to her child or grandchild did not come easily to some mothers due to various reasons. Some mothers talked about their personal experience of sexual and emotional abuse during childhood. But, mothers agreed that the price of poor parenting was too high versus the value and impact of joint activities in the present.

> *It was during my childhood - I was never loved and really cared over. But now I can give my children the love and caring that I never had in my life. Show them that they are important to me and I love them more than anything*. (Shakira - separated)
>
> *I learned that an active parent is more valuable than a absent parent. That we must always listen to our children and mirror their behaviour and moods.* (Beauty - single-parent)

Sub-theme 3.3: Positive outcomes of healthy mothering. Mothers were excited about their experiences about the positive impact of the "mothering module". They spoke about the powerful effect of the application of the PMWP: "*WOW! What can I say: I am a better Mom now because if it wasn't for the mothering module, I would not know how to be a better mom*." (Phumza - married)

"Mothers are defined by relationships" (Kruger, 2020, p. 216) and effective communication is central to relational interacting (Gergen, 2009). Competencies related to communication are also regarded as one of the three broad categories of family resilience (Walsh, 2003). While the lack of resources (such as financial and social means) can hinder family functioning seriously (Dimech, 2014), theoretically and empirically, it has been posited that good relationships within the family of origin can moderate the risk of fragmented/broken family functioning (Isaacs, Roman, & Savahl, 2018; Masten, 2015).

Theme 4: Mastering effective Managing starts at home

Mothers' concise description of managing illustrated their acquired skills.

Sub-theme 4.1: Role of self-regulation for self, family and community. Power Moms spoke strongly about the importance to accomplish the mastering of those relational strengths to manage personal interactions with compassion and to better regulate their personal anger.

> *I learned to manage and control my anger over life; and, manage my house and children in a positive yet effective order*. (Tracy - married)
>
> *How to manage my problem - it does not matter what the problem is. And how to manage myself as a mother*. (Tamia - single mother)

Sub-theme 4.2: Managing and emotions. Power Moms appreciated the managing module and especially the practical guidelines to manage their negative emotions. The intense experience of anger was frequently mentioned.

All emotions are okay, but not all behaviours are okay! To manage my anger so that I don't take decisions while I am angry, because these decisions may not be the best to solve the problem facing. (Mizi - widow)

Mothers agreed that effective managing and parenting involved the learning and mastering of effective parenting practices with the needed confidence; and, the unlearning of unhealthy practices. Patricia spoke about this: "*To realise that you can manage your kids without being like a policeman*." (Patricia - married)

Sub-theme 4.3: Circle of influence. Ultimately, all mothers enjoyed the positive effect of implementing the knowledge of the managing module. Gradually, they realised that their children respect them for being "holders" of this knowledge and although this circle of influence entailed more than the family, this context spurred other enabling influences, such as "*playing together*" (Veronica). Linda talked about this circle of influence: "*To be strong and brave to face the world - To understand that no situation is permanent but successful coping is permanent.*" (Linda - married)

Theme 5: Strength (Power) and healing as wholesome processes of the PMWP

All mothers embraced the empowering energy of the PMWP targeting their psychological power and capabilities toward improved personal and relational (including collective) functioning. Mary expressed her satisfaction with the PMWP as "*I hope it will give more brains to the mothers"*; and, Chantel spoke about personal growth: *"I have learnt a lot at power moms - I have grown such a lot."* And, Tracey put into words so tellingly the effect of the PMWP in terms of personal and interpersonal health: "*What I enjoy most is the love and peace with each session. - The programme did help me to find myself and also give forgiveness to people that hurt me in the past*." (Tracey - married)

Mothers commended the strengthening perspective as a point of departure of the PMWP with a focus on personal, relational and collective strengths as well as being honest about

non-strengths or risks. Many times the strengthened capacity toward better functioning facilitated a willingness to enter a "healing space".

Sub-theme 5.1: The need for a healing space. The positive group dynamics experienced by the Power Moms enabled the creation of a space to share "deep things" without being judged. Within this "space of healing" of trust and a healthy sense of belonging mothers had the courage to share their wisdom as well as their mistakes.

> *The relationship I build with our other Moms is very important. We became a close family and we could share deep things with each other and we did not judge each other because of our past experiences. Also, that we as moms are going through similar situations so we could encourage each other*. (Charlemaine - single-parent; separated).

South African researchers such as Myers (2018; Myers et al., 2019) and Wessels et al. (2016) strongly recommend group versus just individual-based interventions for the South African context. They recommended that working with groups could offer opportunities for mothers to "ventilate" through sharing experiences with a group - and, in this way mothers could experience some relief of many stressors and related stress.

> *I give a big thank you to people to who have made it possible for us to believe in ourselves, love ourselves; how to communicate with other people; trust in myself and learn us how to deal with our hurt, pain, relationships and rejecting*. (Bianca - married)

Group activity also allows for vicarious learning from listening to the stories of the other participants.

Sub-theme 5.2: Positive changes due to the programme. Power Moms spoke with enthusiasm about their positive experiences of more quality time with their children; children welcomed better parenting practices (mother's encouragement instead of previous scolding or

little praise); children enjoyed their mothers' more skilful positive parenting and the mother's mastering of skills to communicate effectively.

> *How I got a beautiful home with children who know what is right and what is wrong. Because within the programme I find good ways of handling and talking about things - the programme had a very big impact in my life and my family's.* (Veronica - widow)

The fifth theme is about the fruitful impact of the PMWP rooted in an empowering space of belonging (Lambert et al., 2013) which also included a space of healing (DuBose, MacAlliester, Hadi, & Sakalaris, 2018). This "healing dimension" (Parker & Pausé, 2018, p. 4) of the PMWP allowed the experience of forgiveness and the fostering/nurturing of better mother-child interacting (DuBose et al., 2018).

These five themes provide a comprehensive sense of the positive effects of the PMWP as a psychoeducational programme with regards to content, application and the nurturing of positive group dynamics.

9.7 Discussion of findings

Evaluation to assess the impact of the PMWP in a high-risk community was conducted by means of process and outcomes evaluation. We found that process evaluation offered valuable insight about those practices and practical matters to be in place in this high-risk context to ensure high participant involvement and quality delivery (Shendorovish et al., 2019). Structural, programmatic and personal facilitators were central to the successful delivery of the PMWP in Delft (Lachman et al., 2018) and ranged from the provision of taxi-fare and snacks to simplicity of language used in implementation of sessions (Isaacs et al., 2018; Van Den Driessche, 2016). These findings are congruent with research showing that implementation involves facilitator and participant behaviour; and, these behaviours are inter-

related and are influential concerning programme outcomes (Berkel, Mauricio, Schoenfelder, & Sandler, 2011).

Process evaluation findings showed the value of a hands-on approach for refining efforts to adapt the PMWP as well as signifying the gradual mastering of the skills of the programme. For example, mothers' mastering a repertoire of appreciative vocabulary, in contrast to previous punitive parenting, was one of the trained skills accomplished overtime (Wessels, 2017). Consequently, while practicalities associated with structural, programmatic and personal barriers could seriously obstruct implementation (Stoecker, 2005); success regarding the handling of these concerns augmented the positive effect of the programme in Delft.

Formative quantitative outcomes complimented process evaluation by indicating high attendance and participant engagement (Shenderovich et al., 2019; Wessels, 2017) which were supported by high user satisfaction about factors, such as achieving the goals of the programme; acceptability of delivery methods; acceptability of skills; quality of programme facilitation; quality of interaction; and, supportiveness of the group. High attendance is significant for group processes which has been associated with programme effectiveness (Borden, Schultz, Herman, & Brooks, 2010; Mucka et al., 2017); and, it is also linked to greater programme benefits (Wessels, 2017). The relation of attendance, quality of participation and programme outcomes (Baydar et al., 2003; Berkel, et al., 2016) suggests that parents who engage with programme content, both during and between sessions, rather than simply attending sessions achieve the greatest benefits (Wessels, 2017). The importance of this finding resonated with findings of Pedersen et al. (2019) indicating the significance of evidence-based programmes in LMICs. Also, this finding contributed to SA research about implementation processes and its impact on participant outcomes in our high-risk settings (Shenderovich et al., 2019).

The positive impact of the PMWP was expressed in the colourful dialect of the qualitative findings adding to its authenticity. These findings offered an appreciation for the components of the programme by revealing those "active ingredients" that make it work well (Small, Cooney, & O'Connor, 2009). These basic qualities entail components such as the appropriate programme content for mothers of the "Kaapse Vlakte" (broader location of Delft) and its cultures; the experience of belonging and positive group-interaction guided by a code of conduct; the successful translation of subject material to the home environment; and, the proud mentoring of the programme for mothers of the wider community. The uncovering of these active ingredients of the PMWP was critical for the empirical evaluation of the programme (Berkel et al., 2018).

Qualitative findings also offered an explanation why the programme succeeded to meet expectations in this risk saturated setting and added valuable information to indigenise our research (Ebersöhn et al., 2018). The mothers' heartfelt experience of the "Power Moms" as a supportive group co-created that space for sharing their healthy and hurtful relational experiences; and, these shared experiences encouraged strong group dynamics (Myers, 2018). This "intersubjective space" (in Kruger, 2020, p. 190) of words and its nonverbal subtexts; as well as related feelings was vital to develop a sense of commonality that decreased mothers' perceived isolation initially (coming from different areas of Delft) (Lambert et al., 2013); and, increased self-efficacy (Borden et al., 2010). This intersubjective space allowed a healing or curative dimension where mothers felt they were understood and valued, as well as an enabling/empowering dimension where they felt supported in a way that allowed them to try new parenting strategies (DuBose, MacAllister, Hadi, & Sakallaris, 2018).

Finally, the fruitful impact of the PMWP referred to the comprehensive use of personal, relational and collective strengths to enhance personal and parental competencies in worthy ways (Prilleltensky, 2019). The theoretical framework of CP accommodating the bulwark of

a strength-based approach as socially-just practices and wellness-in-action (Hammand & Zimmerman, 2012; Prilleltensky, 2012), allowed the venture for Power Moms in Delft toward more than better mothering (Prilleltensky, 2019).

In summary, the findings underscore the necessity of including specific content about personal wellness for mothers in Delft. This is an important contribution for the current research that improved mothering in this context starts with "mattering" and its mechanisms of personal dignity (Kruger, 2020; Prilleltensky, 2019). This finding is supported by studies about the transaction of personal resilience and external empowering forces at work (Brodsky & Cattaneo, 2013; Masten, 2015; Ungar, 2015). Also, the embeddedness of mothering and the positive development of their children (Bronfenbrenner, 1979; Rosa & Tudge, 2013) provided the solidness for high engagement, user satisfaction and its circle of influence toward neighbourhoods in the wider Delft community (Wessels, 2017).

Limitations

Limitations of this research study can be specified as the use of a small purposive sample which limits generalisability; and the limited applicability to other settings because of contextual considerations. Notwithstanding, the small non-random sample produced thick findings that can inform further research.

Recommendations

Since there is a "sure silence" (Taylor & Conger, 2017) and limited research about evidence-based programmes for the promoting of mothers' personal power (psychological well-being) in high-risk settings, it is recommended that future research look at this matter in our country with its high incidence of violence against women and children. While it was not the intent of this research to measure the personal well-being of mothers in the selected high-risk community, it is recommended for future research as a possible protective factor in contexts rife with violence against women and children (cf. Dlamini, 2020). Future research

could also uncover the bravery/toughness or resilient faculties associated with mothering in other SA high-risk settings with a particular focus on the interplay of personal resources and external assets. Such research should also examine the correlating factors between mattering ("I feel valued, therefore I can add value to my family/community") and mothering in the SA context by taking into account the relevance of the ecological tenets of CP for the interdependence of person and context (Boon et al., 2012). Another recommendation is formalising the iterative process of adapting the programme both during supervision in preparation for weekly sessions and with research team(s) following the end of the programme in LMICs (cf. Doubt et al., 2018).

9.8 Conclusion

The evaluation of the PMWP bears evidence of the positive impact of the wellness programme for mothers in Delft. Pursuing scientifically sound (evidence-based) outcomes was not enough, since a driving force of this research focused on achieving outcomes that would be of seminal value for the mothers of the Delft community as "a power to matter". The findings confirm that it is possible to compile credible, evidence-based programme content, and effectively implement the programme to strengthen mothers' mattering (personal worth and dignity) as well as their sincere efforts toward better mothering, in a manner that takes local context into account. Irrefutably, the evaluation of the PMWP showed that better mothering in this context does not start with only being exposed to better parenting practices, but, in cultivating the mothers' personal sources of well-being.

Chapter 10

Integration of research findings

"*If you want to change the world, go home, and love your family*." (Mother Theresa)

The aim of this research project was to develop, implement and evaluate a wellness programme to strengthen the personal and parenting competencies of mothers living in a high-risk, low socioeconomic community called Delft. The purpose of this particular chapter is to integrate the findings of the research study per the stated objectives in Chapter 1. The integration of the findings will assist to present a comprehensive account of this participatory action research project which looked at, firstly, examining extant evidenced-based wellness programmes which could be applied to mothers living in high-risk contexts; secondly, obtaining knowledge through a participatory dialogic group process garnered with mothers and social work service providers to inform the content and process of the emerging programme; and thirdly, to develop, implement and evaluate the wellness programme.

10.1 Findings: Phase 1 (Academic information)

The findings of the first phase of the research namely to review and obtain academic information by evaluating ten intervention programmes that were criterion-validated were described in Chapters 6 and 7. These ten programmes offered valuable information; especially the Triple P - Positive Parenting Programme with its focus on positive parenting and alternative disciplinary practices; the Family Resilience-Strengthening Programme with its focus on healthy family interaction and communication skills; and, the Sinovuyo Caring Families Programme stressing successful implementation in the SA context. While not all factors were directly pertinent for application to parenting programmes in a South African (SA) high-risk context, many guidelines and ideas obtained from these programmes could be adapted and applied. Some of these guidelines include: i) clarification of the intervention

type utilised, namely, applying a psychoeducational programme to improve parenting practices (cf. Pedersen et al., 2019); ii) using the theoretical framework of Community Psychology (CP) complimented by a strengths perspective in designing and evaluating the PMWP (Lachman et al., 2016); iii) utilising best practices from skill-based interventions with parents (Caspe & Lopez, 2006; Sanders, 2003); guidelines regarding practicalities, programme format, and the number of sessions (Van Den Driessche, 2016); iv) implementing parenting strategies (for example, mothers' coping skills; activities scheduling for the family; and modelling behaviours); and, strategies delivered to both mothers and children (e.g., support networking, activity scheduling, insight building, cognitive strategies, and communication skills) (Dinkmeyer et al., 1986).

Particular strategies from the selected ten parenting programmes were incorporated as part of the strategies followed in the four modules of the programme called the Power Moms Wellness Programme (PMWP). For example, i) mother-and-child activities focusing on the celebrating of ordinary daily achievements (See first module: Mattering); ii) the strengthening of family functioning by means of developing family routines (De Goede, 2018; Renk et al., 2016; Taylor & Conger, 2017) (See second module: Mothering); iii) the active use of risk modifiers when dealing with family crises, such as social support (See third module: Managing); and, the Power Moms' intentional influencing of other mothers in the Delft community (See fourth module: Mentoring). The dominant guideline, namely that the local cultural context should inform the adaptation of evidence-based approaches in order to assure programme acceptability and effectiveness (Lachman et al., 2016), directed the second phase of the research as described in the second objective of the study.

10.2 Findings: Phase 2 (Contextual information)

The second objective of the current study entailed using participatory processes with the participants (mothers living in Delft) to obtain contextual information (Phase 2 - Photo-voice;

Retrospective timeline; See chapter 5) and establish a sense of belonging, group cohesion and a sense of community (Lazarus et al., 2014).

10.2.1. Findings (Chapter 5).

One of the significant findings of the second phase of this research study was the implicit and extant influence of the high-risk and high-need context. The Photo-voice findings showed the mothers' portrayal of the resources of Delft as having mixed or ambiguous implications. For example, the availability of transport via public taxis was considered as an important asset for families in general. It was also the mode of transport used by most mother participants coming from the various areas of Delft to attend the PMWP sessions; nevertheless, there was also reason for concern when no taxi transport was available due to a taxi-strike. Moreover, taxis have been associated with incidents of wreckless driving and serious violence in South Africa (Davids & Gouws, 2013). Findings clearly highlighted how these experiences of daily exposure in combination with environmental stressors (contextual strain) were associated with the complexity of cumulative risk (Masten, 2015; Rahtz, Bhui, Smuk, Hutshison, & Korszun, 2017). The mechanisms of "inherited poverty" (Burger et al., 2014), or the transmission of poverty, were portrayed in mothers' and social workers' narratives (retrospective timeline findings; focus group discussion [FGD] - findings; Chapters 5 and 6). These findings also confirmed that in Delft mothering requires going beyond the basics of parenting; it requires specific skills for the constant vigilance/alertness for one's self and one's children's safety when living in a high-risk community (Petersen, Grobler, & Botha, 2017; UNICEF, 2012).

Consequently, although the need for environmental resources was clear in Delft, nonetheless, these objective indicators of well-being did not guarantee positive family functioning for single parent-families. Contextual information revealed that families' exposure to violence or other psychologically scarring behaviours was real; and, apparently

even experiences of the enjoyment of motherhood referred to as “maternal reverie” (Kruger, 2020, p. 93) did not provide the escape from or immunity to these traumatic experiences (cf. Kruger, 2020). Ecological models (Bronfenbrenner, 1979) provided a helpful framework to explain that human experiences are embedded in relationships, social contexts, and in intergenerational trauma and historical events (Tran, Nakamura, Kim, Khera, & Ahnallen, 2018).

Secondly, the findings of mothers’ narratives obtained by means of a retrospective timeline; socio-demographical questionnaire; photo-voice (mother participants); and, FGD (social worker participants) hinted at the extant barriers detracting from the mothers’ personal and relational well-being and *the continuing challenges* they face living in this risk-saturated setting (Lachman, Cluver, Boyes, Kuo, & Casal, 2013). Furthermore, these erosive influences of environmental, and interpersonal stressors held implicit threats for mothers’ mental well-being (cf. Kruger, 2020). While these findings disclosed the many past and present suffering, it also revealed mothers’ experiential wisdom and resilient coping with their unique challenges (Boddy, Agllias, & Gray, 2012; Jones-Smith, 2014; Van Schalkwyk, 2019). Hence, the content of the PMWP was directed by a strengths perspective to intentionally promote mothers’ personal and parenting strengths.

The findings support the viability to integrate contextual and academic knowledge (Lachman et al., 2016; Wessels, 2017) to develop a psychoeducational programme consonant with the needs and parameters for a specific group (Arranz et al., 2016), namely mothers with low economic-educational resources living in a high-risk context.

10.2.2. Integration of contextual and academic findings (Chapters 6, 7 and 8).

The PMWP was designed as a context-specific programme (Wanderman et al., 2016) using the reviewed literature and criteria as a foundational base to inform the content for the psychoeducational programme comprised of four modules within the theoretical framework

of CP (see Chapter 7). Using participatory activities, contextual information helped adapt both programme content and processes to circumvent many barriers and improve the feel-and-fit of the programme (Van Den Driesche, 2016; Van Es et al., 2015; Ward et al., 2016; Wessels, 2017). Best practices were applied mindfully to maintain the contextual diversity and the participatory action model (Isaacs et al., 2018) (see Chapter 7). These adaptations and tweaking regarding practicalities and participant engagement (Wessels, 2017) were rather important: since the effectiveness of good programmes was more than the function of just appropriate presentation content (Chapters 6 and 7) (compare Ward et al. 2016). The mix of all these findings came together in the content of the PMWP and the needed specifications of the "how" of implementation of the wellness programme (Chapter 8).

10.3 Findings related to the evaluation of the PMWP (Chapter 9)

Since participatory evaluation (PE) allows a more natural emerging and empowering process (Springett & Wallerstein, 2008), evaluation of the PMWP was equally process and outcome driven (Amorós-Martí, Byrne, Mateos-Inchaurrondo, Vaquero-Tió, & Mundet-Bolós, 2016). This section examines in greater detail the integration of the findings obtained via process evaluation, quantitative and qualitative evaluation measures. Additional strengths which emerged due to the triangulation of these findings are also discussed briefly.

10.3.1. Integration of evaluation findings.

The use of participatory evaluative processing to establish formative changes and a creative reworking of the PMWP's content and implementation was central to allow the local conditions to shape the programme. Process evaluation expanded the success of participatory action research (PAR) practices and offered strategic keys for i) participant involvement, ii) implementation, and iii) acceptability (Berkel, Mauricio, Schoenfelder, & Sandler, 2011; Lachman et al., 2018). While these enablers were crucial for effective implementation, they also contributed to the positive effect of the programme in Delft (Wessels, Lester, & Ward,

2016). For example, the high level of participant involvement of the Power Moms (mothers) as well as the incorporation of home activities (for the mothers with their children) proved to be a strength of the PMWP (see Chapter 9). The quality of participant engagement was equally important in predicting changes in parenting behaviour (Nix et al., 2009).

Gaining a greater understanding of *how* the PMWP worked for Delft mothers (Moore et al., 2004) was gained by paying close attention to issues related to contextual-sensitivity continuously (Oakley et al., 2006). For example, even though mother participants appreciated the knowledge-component of the programme, they were initially not comfortable being "students" (most of them had not completed their school education, see socio-demographical information). This information was particularly important and changes were made to increasingly implement learning skills, such as using repetition, motivation, and positive emotions, for example, inspiration and hope in simple practical ways (Luobomirsky, 2009), thereby reinforcing the psychoeducational approach.

The use of process evaluation also assisted in putting those contextual factors in place to foster high participant engagement (Lachman et al., 2018; Wessels, 2017). For example, the weekly home activities for mothers to implement with their children incorporated the dynamics of play to tap into mother-and-child bonding (Brown, 2016). The inclusion of these various playful activities also encouraged children's self-confidence and contributed to create a safe space for children to express their feelings in appropriate ways (Mukherji & Dryden, 2014).

The effective implementation the PMWP was influenced by the following strengths:

10.3.2. Best practice enablers.

Firstly, *structural enablers*, referring to practicalities important for the successful delivery of the PMWP (Wessels et al., 2016), included a range of considerations, for example, time of day for the sessions, assistance with a stipend for transport costs to the

sessions, the provision of snacks, and, selection of a central and safe venue. The accommodation of these enablers signified a mindful engagement with the contextual realities of the participants and allowed enough time for social interaction, the enjoying of snacks and the encouraging of friendships utilising culturally sensitive elements (Geinger, Vandenbroeck, & Roets, 2014; Lambert et al., 2013; Van Den Driessche, 2016).

Secondly, *programmatic enablers* were used purposely and were embedded structurally as programmatic fundamentals. These included i) using diverse activities and visuals (also short videos) as part of the structured programme; ii) offering homework activities for participants to implement at home; iii) allowing ongoing revisions of integrated programme content and learning techniques, for example, recapitulation of the knowledge-component was reinforced to process the information in creative ways; iv) the use of visual symbols for each module; v) using psycho-education strategies to impart knowledge and skills and reflectivity, for example, for personal well-being, emotional regulation and self-care strategies (cf. Myers et al., 2019). Participant feedback indicated that these recommendations were considered valuable and used with great success.

The use of various practical aids to broaden the mothers' understanding of the programme content was supported by allowing regular time for mothers to give feedback about the application of PMWP content in the family context (Isaacs et al., 2018). Data on participant engagement also supported the use of a multiple session programme (20-sessions in the case of the PMWP), allowing enough time for the building of trust among Power Moms and, mothers and research team, opportunity for implementation and for supporting the recapitulation process.

Another strength of the PMWP was the fostering of group dynamics and experiences of the sense of belonging. Findings confirm the importance of the value that participants attached to their being members of the Power Moms group, the diverse group activities and

the group camaraderie as supportive activity (Van Den Driesshe, 2016). This feedback supported the intentional use of group process and activities, not only in the programme structure and process but also in the dynamic rituals that unfolded vicariously, for example with developing the Power Mom's song and in the needlework activity that became a valued social space performed in small groups per session. From my personal field notes/reflective notes it became clear that group activities, such as the ice breakers, offered valuable opportunities for mothers' deeper connection (doing it together) and having fun (see Chapter 9, p.229).

With sufficient time and energy given to the "psycho-educative" components of the PMWP, the role of enjoyable activities prompted positive experiences and positive emotions for mothers (Fredrickson, 2009). The intentional activating of these ordinary but often neglected experiences are central to positive functioning and the Strengths perspective (Goliath, 2018; Seligman, 2011).

Thirdly, several *personal enablers* were identified as being important in terms of mothers' personal motivation to be part of Power Moms. The effective use of attendance registers (see Appendix H) as part of Power Moms' personal files was facilitated by research assistants (see Figure 10.1) performing both a participation function and a social connection.

Figure 10.1

Mothers' files with attendance list

The interest and support of the children of high attenders appeared to encourage mother participants' commitment (Wessels et al., 2016). Qualitative findings indicate (see Chapter 9) the mothers' feedback about the changes that they could see in themselves and their children, which they attributed to the programme. The integration of the research findings pertaining to the use of best practice guidelines confirm how these basic ingredients of the PMWP were cogent enablers contributing to effective implementation.

10.3.3. Integration of outcome evaluation findings.

The qualitative findings (presented in Chapter 9) described the positive effect of the PMWP and the key features of the implementation including the derivation of the four primary modules - Mattering, Mothering, Managing and Mentoring - from the review of the programme literature on parenting. Findings revealed the important impact of these four modules as a unit, and this was clearly voiced. The Mattering module in particular proved to be fundamental to strengthen mothers' personal and parenting capacity. This finding is significant since in a context of grave risk and endemic poverty, the Power Moms were in agreement that mattering was "number one" for Delft mothers. Although, motherhood is viewed as pivotal to womanhood in this community (Van Schalkwyk, 2019), the current study showed that for Delft mothers *feeling valued* echoes that fundamental psychological need with its existential concerns related to dignity (Prilleltensky, 2012, 2019). The balancing of adding value to self with adding value to others was affirmed in mothers' appreciation for self; exercising autonomy; the needed courage to translate their gained knowledge as mothering practices; and, mastering their environmental matters with an acute understanding of purposeful living (cf. Keyes, 2005; Prilleltensky, 2019).

The Power Moms' experiences of a healthy sense of feeling valued, contributed to their keen interest to apply the material of the mothering module and effective communication (cf. Kruger, 2020). Since relational interacting is integral to effective mothering (Gergen, 2009),

Power Moms stressed the impact of skills related to effective communication as well as the complexities linked to human connectedness (Walsh, 2003). The major importance of this finding for SA parenting programmes was that the mothers were willing to change their harsh disciplinary practices (cf. Hall & Sambu, 2017; Wessels, 2017) based on their insights and skills attained in the programme. This is significant given the high incidence of physical and emotional violence against children in South Africa (UNICEF, 2014, 2016; Wessels, 2017). This process drew from several key elements, such as the constructive managing of conflict, active choices to forgive, and, developing a language of appreciation. Though many of these activities were perceived as rather "unfamiliar" and difficult for the Power Moms initially, the 20 weekly sessions provided an opportunity for mothers to identify ineffective parenting behaviours, unlearn the use of abusive language and parenting styles, for example, and to suggest alternative ways to express appreciation for their children's "ordinary" achievements (cf. Masten, 2001). In this way the psychoeducational content was translated into the local context. This "doing of life" (Gergen, 1999, p. 35) via daily conversations and healthy connectedness acted as potent enablers for positive mothering in the context of Delft.

Furthermore, these acquired skills served as drivers to activate the Power Moms' willingness to learn new habits, such as mastering environmental stressors. For example, a mother spoke with pride how she managed "load shedding" (outage of electricity) in 2019 by asking her children to assist her in making a fire to cook their evening meal.

The mothers also had an opportunity to showcase the success of the Photo-voice exercise (conducted 06 February 2019) to their children at a public event displaying their expertise (16 November 2019). This was followed up with a sharing of their Photo-voice exhibition to the local community (11 March 2020). These experiences of doing, reflection, sharing and empowerment served as drivers for successful dissemination of their experience and voice in the community (Reflective notes/observation, 16 November 2019).

Another seminal outcome was that Power Moms took ownership of the PMWP and the built-in structure of each session assisted this process. This outcome shows the powerful effect of our participatory research and evaluation facilitating collaboration, as professionals and non-professionals became co-researchers (Patton, 2015); impacting participants to acquire skills; and, in this process the results became *their process and their findings*. The structural aspects of the programme and its recurring activities and processes helped to provide a valued foundation and traction for the participants to find a footing and a sense of belonging. While best practice guidelines obtained via academic information were seminal, the translation of these practices by mothers into effective application in their family and community context was indeed pivotal to the effectiveness of the programme (cf. Pedersen et al., 2019). Overall, the integration of the findings also demonstrates the continual recursive process toward a sense of group identity and belonging, that became stepping stones towards personal empowerment, changes within the participants' family contexts, and transformation within the community; confirming Patton's (2015) assertion that every step counts. The findings can also be summarised: i) as every mother develops the awareness that she matters (see mattering module); ii) she connects with her children on a daily basis in healthy ways (see mothering module 2); by purposely managing the risks, resources and demands in her context (managing module 3); and learns to share her knowledge by means of her mentoring in her family, and the real life situations in Delft.

10.4 Conclusion

The integration of research findings of the various phases of the study contributed to a more comprehensive description and a deeper understanding of the results. Overall, this integration of the findings revealed the immense impact of contextual vulnerabilities for mothering in this high-risk community. However, the prominence of mothers' mattering was identified as being fundamental to all, sine qua non, since motherhood and its functions are

heralded as one of our society's most important institutions, even when undermined in high risk communities, such as Delft.

Finally, this chapter echoed the findings of researchers indicating the importance of evidence-based programmes in LMICs toward quality parenting programmes and the potential for improved personal and parenting practices in challenging contexts. The integration of context and academic knowledge was foundational to setting up the PMWP, emphasising the unique content-material required for this SA community and the particular modules and components. Careful consideration of the role of practicalities and the use of participatory values and processes helped to nuance the PMWP to attain a positive effect on the well-being and parenting skills for the mothers in Delft.

Chapter 11

Summary and Conclusion

"*I only ask my children do you see the difference in me*." (Nadine - A Power Mom)

11.1 Introduction

Evidence-based programmes are important in low- and middle-income countries toward providing quality parenting and its promise for improved parenting practices in challenging contexts (Pedersen et al., 2019). It is clear that environmental stress and related contextual strain hold particular risks for parenting when single-parent families are also exposed to "inherited poverty" (Burger et al., 2014; Hall et al., 2018). In taking into account the complexities of parenting in Delft, the point of departure of the current research was to strengthen mothers' personal resources and wellness in order to fortify their mothering as single parents. The centrality of these processes for the mothers, their families and the broader community was integral to its transformational procedure.

In the ensuing sections, I discuss the significance of the integrated findings (see Chapter 10). I also include my insight obtained as part of the research process; the study's limitations and the impact of the findings on theory, interventions and research. Finally, I present my final conclusion on the study as a whole.

11.2 Summary of findings

Central to this study was the endeavour to combine local knowledge with academically derived data in compiling the content of the Power Moms Wellness Programme (PMWP) to construct an emic, context-specific programme (Wandersman et al., 2016). The design and development of the PMWP as a psychoeducational parenting programme was situated within the theoretical framework of Community Psychology (CP) to ensure participatory and

liberatory praxis (Lazarus et al., 2017) and engage with barriers and enablers to enhance facilitation in the high-risk community context (Isaacs et al., 2018; Ward et al., 2016).

11.2.1. Integration of findings.

The evaluation of this study was process and outcome driven. The integration of the findings obtained via formative process evaluation allowed meaningful reworking of the PMWP toward the positive impact of the wellness programme for mothers living in Delft (Amorós-Martí et al., 2016). Process evaluation expanded the success of participatory action research (PAR) practices and offered keys for programme feasibility; implementation, and participant engagement (Berkel et al., 2011; Lachman et al., 2018). Successes in harnessing practicalities and programme enablers proved instrumental in contributing to the positive effect of the PMWP in the high-risk context (Wessels et al., 2016); and, guided my personal journey of reflexivity (cf. Palaganas, Sanchez, Molintas, & Caricativo, 2017). Getting to know and understand the context through the recursive interaction processes with the participants enabled me, with the assistance of the collective wisdom of the research team to develop a keen sensitivity for those best practices categorised as structural, personal and programmatic factors.

11.2.1.1. Best practices (enablers). Practical enablers with regards to the mothers' participation were of particular importance for the current research with specific reference to the importance of social interaction; developing cooperative values and terms of engagement for the group process such as respect and being non-judgemental; and, utilising the local norm of collectivism and a culture of sharing (Ward & Wessels, 2018). It was reassuring for me that these features have been supported in other South African studies (Lachman et al., 2016; Myers, Carney, Browne, & Wechsberg, 2019; Wessels et al., 2016).

11.2.1.2. Outcomes - A generic appraisal of the PMWP. In general, the evaluation of the PMWP resonated with the criteria of an intervention process (Chapter 3): i) the theoretical

framework of the programme was specified; ii) the relevant aim and objectives were achieved; iii) intervention congruence was achieved since the project aim was consistent with the priorities of the target population and personal and parental competencies were addressed effectively by the intervention content and the research paradigm (PAR principles); iv) the PMWP is evidence-based as it drew on "best practices" in other programmes (scientific information, see Chapters 6 and 7) including contextual information (se Chapter 5) - the PMWP succeeded in incorporating programme activities that were shown as being the appropriate ones for the mothers in enhancing their personal and parental skills and strengths; v) the target population and the context were fully described (see Chapter 3, 4, and 5); vi) information/detailed action plans about the logistics (organisation and management), including the implementation of the intervention programme, have been given (see Chapter 7 and 8); and, attention has been given to the sustainability of the PMWP as one of the modules focused on mentoring, ranging from spontaneous (self-initiated efforts) to organised modus operandi (see Chapters 2 and 3 - Participatory Action Research).

11.2.1.3. Key finding - Mothers and mattering. A key finding of the current research is the importance of the inclusion of the module about personal well-being in the programme. Feedback from the participants confirm that the experience of mattering is fundamental to mothers' psychological well-being and healthy functioning (Prilleltensky, 2019); and, this awareness and insight fuelled their improved maternal practices. This finding is supported by Kruger (2020) who in explicating dialogue used to degrade poor women, challenges "…a powerful web of discourses which position working-class women as inferior, irresponsible or even dangerous" (p. 221). It is not uncommon in Delft that mothers are blamed for the negative outcomes of their children (Mdletshe, 2014; Van Schalkwyk, 2019). The implication of this finding is far-reaching, since mothers of children in middle childhood in Delft are desperate that their children will have a better life than the prevailing norm in Delft.

11.2.1.4. Key finding - Power Moms as a safe space with a healing dimension.

Findings also showed that the weekly group-based sharing about the encouraging effect of healthy maternal practices deepened group cohesion. This shared sense of achievement and efficacy provided the impetus for the Power Moms to increasingly influence one another and other mothers of the wider Delft community. In contrast to immobilisation or broken mothering, a positive spiralling effect was seen when mothers spoke from experience and with authority in mentoring sessions about positive parenting (Van Schalkwyk, reflective notes/observation, 16 November 2019; 11 March 2020). These empowering experiences also confirmed the mothers' experience of the group setting as a safe space with a healing dimension. Findings of the current research resonated with research calling for the need for safe and curative spaces in communities (DuBose et al., 2018). Power Moms experienced that this curative space offered them opportunities to "ventilate" through the sharing of present frustrations and old pain (Myers, 2018). In this way these mothers could also express their personal need for caring (Wessels et al., 2016); to be heard as mothers who matter (Prilleltensky, 2019) as part of a broader transformative process of wholeness (DuBose et al., 2018).

11.2.1.5. Transformation of a community via mothering. Overall the integration of the findings also demonstrated the continual process toward the transformation of a community; and, the worth of each step (Brodsky & Catanneo, 2013). Consequently, as the Power Moms increasingly experienced the potent energy of feeling relevant (see the mattering module); their personal power gradually fostered their relational adequacy and competence to connect with their children in ways that mattered (see the mothering module 2); enabling them to purposely manage risks (see the managing module 3); and, as examples of improved personal and parental competence they were seen and dignified (see the mentoring module 4).

11.2.1.6. Three dimensions of mothering. These findings suggest a model of conceptualising mothering in the South African context (as described in Chapter 2) comprising of three dimensions. The first dimension is the practice of motherhood (cf. ongoing tasks and the role of resources and risks) was illustrated clearly as Delft mothers acted both as carers and providers, since most mothers were single-parents. While the availability of resources (external assets) of this community was central to mothers' ongoing tasks of mothering, shortcomings associated with these assets added to conditions of vulnerabilities (Prilleltensky, 2012).

The current study showed how the consequences of poverty and the transmission thereof affected the *human dignity* of mothers profoundly. This finding resonates with the second dimension of motherhood namely the discourse of motherhood. In Delft, the values and ideas about "the Good Mother" operating in this community and culture are specific (cf. Petty, 2018; Walker, 1995). Power Moms' experiences of feeling valued, provided the needed courage to face the hurt/damage of past and present relational deficits. In this sense, the use of PAR methods in the collection of contextual information was essential to illustrate the drivers of social injustice for the Power Moms amidst social risks in this community. This was confirmed by SA research indicating how the build-up of perpetual and daily challenges in combination with degrading discourses could aggravate mothers' experiences of anger and deplete their personal resources (Kruger & Lourens, 2016).

The third dimension referred to motherhood as a social identity which derives from the participant's membership to various social groups to which she belongs (Walker, 1995 - Chapter 2). This dimension is related to the finding emphasising the essence of personal well-being as a core component of competent mothering. The Power Moms appeared to shift significantly from adding value to self (Mattering), to adding value to others (mothering

practices), to later influencing their community by means of managing as meaning-making, as proactive persons who are actively negotiating the challenges of life (Ryff, 2014).

Ultimately, the operating of these three dimensions of mothering in the SA context act as drivers from personal empowerment toward the transformation of a community. In this sense, parenting is indeed an integral part of nation-building.

11.3 Implication of findings

11.3.1. Theory.

The theoretical lens of CP provided a proper foundation to guide the investigation. The adopting of an ecological framework (Bronfenbrenner, 1979) and a multi-level approach of wellness (Nelson & Prilleltensky, 2010) enlightened the research findings with the following implications (and contribution) for existing research.

The combination of strengths-based, participatory, and context-sensitive frameworks within the broader theory of CP (Lazarus et al., 2017; Marujo & Neto, 2014) was aligned with the enactment of participatory research principles by recognising that people/mothers have expert knowledge and deep insight into their own lives and communities (Papaganos et al., 2017).

This vantage point allowed me, as an outsider and participant researcher, to reflect deeply on my stiuatedness to the project, on the participants and the community. In particular, in this process I became cognisant of the power and limitation of research for social change and development. Although much South African research falls under the category of amelioration, in the sense that through research or interventions, we all strive to improve well-being but not necessarily challenge the status quo (Kagee, 2014). For example, I was acutely aware of ameliorative versus transformative approaches (cf. Nelson & Prilleltensky, 2010) by making the choice to use the language of wellness and fairness (Prilleltensky, 2012). I was also cognisant of critical (clinical) outlooks, maintaining that

improving wellness, without improving the unjust social conditions that led to the problems in the first place, could be viewed as whimsical. However, I agree with community psychologists, such as Isaacs et al. (2018) that the dichotomous portrayal of amelioration versus transformation does not accurately reflect the complex nature of systemic change. Hence I purposefully chose the model of Keyes (2005) to approach personal change as directed by well-being and its constituents. Therefore, I sought to align the current research project with social justice objectives. Hence we relied on using a PAR approach and methodology (participants involved as co-researchers); and in the dissemination of the programme in the Delft community and beyond, connecting to existing projects in this community toward the building of competent families. In other words, though the research and the PMWP specifically have a strong focus on fostering the well-being of mothers, the practical implications of the project have a direct implication on the improved wellness of their families, and on other micro and mesosystems nested in the Delft community.

Hence, the use of the CP theoretical framework, with its focal point on the community setting and its values, linked to community strengths, which rested upon the assumption that while most members of the community are at risk to the endemic risk conditions situated in the community, they have strengths and assets that underpin their ability and resilience to strive for a better quality of life and living (Lazarus et al., 2017; Marujo & Neto, 2014). Furthermore, CP promotes "theoretical hybridism and domain crossing" (cf. Neto et al., 2014, p. 103) as a means to integrate different perspectives to intentionally encourage human potential as well as their communities toward improved resilient functioning (Ungar, 2015). The theoretical hybridism (or multi-disciplinary stance) permitted an openness to explore and enhance mothering as personal and relational capital with a quest for collective empowerment as a value-conscious science (Freire, 1970; Levine, Perkins, & Perkins, 2005; Nelson & Prilleltensky, 2005; Neto & Marujo, 2014). In addition, Brodsky and Cattaneo (2013) state

that in a fundamentally risky setting, resilience (intra-personal skills and abilities to locate and utilise resources) can be seen as the foundation upon which empowerment is built step-by-step. And, that each step of this process is a valid indication of the progress that should be supported (Masten, 2015).

While the embeddedness of mothering in this context was evident, and an ethical alertness is crucial about the transforming of systems of inequality, our current circumstantial "evidence" hinted at a hopeful goal. This goal was directed by the belief that the institution of mothering and its functions is central to our continent and country. Taking into account the importance of motherhood in Africa, I acknowledge that much research and fruitful discourse is available from a feminist perspective about motherhood as institution that may add a more critical lens to the presented literature. Given the focus of this study was to encourage mothers of the Delft community to partake actively in those inner and outer resources of well-being by means of the PMWP, the participants were not viewed as passive victims, but that mothering in Delft also entailed a process of becoming versus mere parent performance (Geinger et al., 2014). Therefore, research is warranted to investigate how we could work with communities to strengthen the essential systems (ecological approach) to contribute to efforts toward enhancing mothers' wellness in sustainable ways.

11.3.2. Praxis - implications.

The sustainability of evidence-based parenting programmes in the South African context and particularly in low-resource communities is of the utmost importance (cf. Lachman et al., 2016, 2018). Fundamental to indigenising our research which successfully integrated the synthesis of contextual and academic findings will be the long-term commitment to disseminate research findings effectively in the particular community. In this sense the translation of research findings into the practical everyday living of mothers in Delft can be accomplished in light of the close working partnership established between the Power Moms

and other non-profit organisations in this community. Just as the use of multi-methods to collect data added to mother participants feeling valued as co-researchers, their future participation in formal and organised dissemination events will offer an opportunity for their capacity to add value to the mothers of their community.

11.3.3. Future research.

Group-based interventions and the importance of social interaction: Although mothers in Delft are exposed to collectivism and its practices related to sharing in their daily lives, being part of the Power Moms group as an enabling space offered chances to acquire new knowledge and skills, meeting new mothers and in this way to extend their social network (Patton, 2015; Van den Driesschen, 2016) contributing to the success of the PMWP (Borden, Schultz, Herman, & Brooks, 2010; Collins et al., 2018). It is recommended that parenting programmes in the SA context specifically utilise mothers' social skills, such as, sharing their relational and mothering experiential wisdom in their daily enterprises. Based on these meaningful meetings and experiences of social support, it is recommended that future research investigates the best practices for "top-up sessions" (also called "booster sessions") suggested after six months of the implementation of intervention programmes (cf. Taylor & Conger, 2017). Such top-up sessions could be vital for mothers over time in order to maintain the positive effect of learnt skills; and, these experiences of social support could help to foster the long-lasting programme effects as mothers reinforce programme content for each other (Horton, 2003). But, it is recommended that the "how" of such booster sessions in high-risk contexts, such as Delft, should be looked at in order to accomplish long-term/sustainable results. Along similar lines, mechanisms for converting community interventions such as the PMWP into self-help support groups should also be pursued and encouraged.

Share collective discoveries: The use of a retrospective timeline exercise as a research tool created a meaningful platform for encouraging mothers in Delft to open up about their personal stories and to use their analytic ability to describe their life experiences briefly as "*autobiographical reasoning*" (Habermas & Bluck, 2000). Since we conducted the retrospective timeline exercise as an adaptation of the World Café technique (discussion) to engender a tranquil and trusting atmosphere (Adriansen, 2012; Brown, 2005), it is recommended that future research, in the South African context, should further explore how these *communicative spaces* (Habermas, 1996) can be implemented as *curative spaces* to allow mothers and their families of origin in risk settings to look at family strengths as well as those times of trauma and brokenness. In this way families could share collective discoveries of "the good and the bad".

A final recommendation linked to expanding the focus of parenting programmes in high-risk contexts to include safe spaces with a healing dimension (cf. Dubose et al., 2018), is the use of strengths, such as forgiveness. It is recommended that the "how" of forgiveness be explored toward the healing of fragmented families and/or to encourage relational connectedness of flourishing families. Therefore, it is also suggested that researchers look at visual or practical tools which can be used as projective practices for participants.

11.4 Overall reflections

11.4.1. Reflective notes.

I agree with Palaganas, Sanchez, Molintas and Caricativo (2017) that conducting research, changes the researcher in many ways. My journeys of learning happened in many ways, for example, my personal journey as a continuous process of reflection by recognising, examining, and understanding how my social background, location and assumptions affected my research and methodological practices. My personal journey was closely linked to the community setting of the research, namely Delft.

Since 2009 I frequently entered Delft due to my involvement in this community in a voluntary capacity facilitating various community projects aimed at encouraging youth (learners in schools) and families toward higher levels of well-being and resilient coping.

Many times as I drove out of this risk-saturated community with it numerous stories of suffering I thought about the struggles of our beloved South Africa (SA), specifically since 1976 and my personal background as a mother living in South Africa (my eldest son was born in 1976 - a significant year in our SA history). In spite of differences with mothers living in Delft I too had to face several personal struggles, such as the fragility of my family with the death of my beloved father in 2003 and the sudden death of my children's father in 2004. Also, in this time my personal pain involved the death of a beloved person due to substance-addiction. And, these experiences of vulnerability fused with my sincere efforts to cope well were the underpinning for my research on substance abuse/addiction conducted for my Masters degree at Stellenbosch University in 2003. In 2017 these experiences negotiated my path to conduct research in Delft to strengthen families with a specific focus on mothers dealing with substance abuse/addiction.

So, I became more-and-more aware of the larger world within which the personal experiences of mothers are nested; and how the context of life circumstances infiltrate our being and doing. Moreover, since 2009, I have perceived the many minutiae of being a poor mother living in Delft, such as using public transport and being a passenger of mostly reckless taxi drivers and their sudden stops to either upload another passenger or off-load a single passenger and her child(ren). Over the years I developed insight to admire mothers or grandmothers who are particularly keen to erect their stalls in the mornings to sell vegetables, some kitchen utensils, or preparing and roasting poultry to sell on the pavements. And, occasionally I enjoy pictures of loving human interacting, for example, a grandmother at her

vegetable stall "reading" to her grandson (merely a toddler/young child) the advertisements of a daily newspaper, showing him the pictures of the special offers with much concentration.

Due to my long-term involvement in Delft, I was able to initiate the research process with a good understanding of the importance of practicalities in this community, for example, matters linked to food and transport. As a researcher, I also handled the money and had to manage the budget, which also placed me in a position of power in the team. Whilst this could impact my position in the decision-making processes, this power was counterbalanced by being open about costs involved. Although the role of reflexivity and the benefits of the insider's position are paramount, I was aware of possible risks linked to this position, such as, the blurring of boundaries, imposing one's own values, beliefs and perceptions and the projection of biases (cf. Berger, 2015). But, the Power Moms were eager to voice their experiences and share their personal experiences (of mothering) and stories.

Gradually more, I became attentive to how the practices of mothering were continuously influenced by the presence of environmental stressors as well as mothers' interpersonal and intra-personal vulnerabilities. During the research process I was deeply touched as I listened to mothers' stories of broken or fractured families of origin and many past and present interpersonal problems. Most mother participants spoke about their history of abuse and victimisation which in some cases related back to birth. Though the structural injustices, experienced by many of the South African population and its mothers, cannot be improved by merely placing emphasis on theory and clinical practice, I was learning about the toughness of so many Power Moms. For example, I was so proud of the mothers making plans to attend all of the sessions of the PMWP in spite of dealing with difficulties. Listening to Power Moms stories' of being exposed to terrible experiences including ongoing population trauma (McFarlane, 2018), helped me to gain some understanding about their bravery and hardship. This understanding also guided my insight about how Power Moms used the content of the

PMWP to address “ill-health” and its abuses. But, like hosting a banner stating our position we united as a team that these actions were directed by strengths and wellness and not merely the eradication of the hurt. In this process I acknowledge standing on the shoulders of giants (Strümpfer, 2005), implicating those pioneers of wellness toward building the capacity of individuals, families and communities.

Finally, my journey of learning also counted in methodological concerns shown in my reflexivity notes (insights). The chosen methodological framework and the participatory techniques were part of the process of transformation. This was indeed an inspiring path, although it meant more planning and patience. But, the outcome, namely to experience the accomplishments of mothers as co-researchers and their confidence was beyond the satisfaction of meaningful research outcomes. Indeed, it was part of my journey as a researcher to acknowledge these changes and to honour my co-researchers and all others involved with the research project.

11.4.2. Limitations.

Despite its many strengths, this research presented several limitations.

It is necessary to mention that the lack of common terms or constructs for evidence-based parenting interventions in low and middle-income countries (LMICs) posed serious challenges for the literature search. While some studies, particularly South African studies, were valuable in this regard, some studies may have been inadvertently excluded or missed, as I focused mainly on English-language databases. Moreover, in my search, I elected to focus on parenting outcomes rather than on child behaviour outcomes (cf. Knerr et al., 2013). Although the literature review regarding parenting programmes was guided by specific criteria, readers should be mindful of the review’s prescription that may pose limitations on the study (cf. Austin, Shanahan, Barrios, & Macy, 2017). It is likely that I may have missed

information, misunderstood study details, or excluded a study that would have added value to the review.

The study was necessarily a qualitative convenience study. Given the research setting and its objectives, this study did not comprise a control or comparison group comparison. Purposeful sampling was used in this research for the identification and selection of information-rich cases (Patton, 2015), but the potential for sampling bias could be a possible limitation (although there was no intended bias in the purposive sampling). To address this potential limitation, other purposeful sampling strategies should be considered and possibly adopted in implementation research. Therefore, the possibility that factors outside of the Power Moms Wellness Programme (PMWP) contributed to the improvements measured cannot be excluded. However, since both the quantitative and qualitative data support the positive effect of the programme, and mothers' experienced competence, it is at least plausible that the effect(s) was a result of the programme. Future research can consider using a quasi-experimental waitlist control group design to investigate the empirical evidence for the impact of the programme.

Even though this qualitative research project succeeded in obtaining high quality implementation in this particular high-risk setting, it is acknowledged that these findings should only be used as a starting point for similar interventions in other South African high-risk settings. Also, taking into account the huge gap between what is acceptable and feasible across highly and poorly resourced contexts (Chandan, & Richter, 2008; Wessels, 2017), the focus of this study has been on effective programme components and practices being context-sensitive rather than trying to advocate for a particular programme model. But, although the content of the PMWP could be viewed as a limitation in terms of its generalisability and applicability, the strength of the study lies in its endeavour to indigenise research. This research intended to be responsive to the extant contextual conditions informing mothers'

lived experiences in general; and, to depict an emic engagement with the challenges to mothering, often obscured by the broader focus on parenting.

11.5 Conclusion

This research aimed to design a psychoeducational programme comprising of four modules linked to constructs rooted in CP theoretical frameworks. Specific recommendations regarding programme content, programme process, and other considerations, such as practicalities, programmatic and structural barriers and facilitators, were included as best practices toward effective implementation. Formative process and outcomes evaluation, to establish the effect of the PMWP, showed its worth to present evidence-based parenting programmes in the South African context.

Findings, as constituting an answer to the research question regarding the content of a wellness programme for mothers, showed that improved parental competencies were contingent on and energised by the mothers' experiences of feeling that they mattered; that their own wellness was as much a priority as their children's. The strengthening of the Power Moms' personal resources gradually fuelled their relational competence with their children to purposely manage risks and fulfil their ordinary ongoing tasks of mothering.

Overall, the integration of the research findings and the positive effect of the PMWP point toward the potential for resourceful and consequential change for mothers from this high-risk community to protect and promote human relatedness, familial connectedness and social justice. In this sense the use of CP theories coupled with a strengths' approach as transformational procedures, offered the needed topsoil for the fruitful impact of the programme, since mothers were encouraged to recognise and ripen their personal, relational and collective strengths. Yes, the role of the context of mothering embracing both a history of cultural richness and endemic poverty traps was central to this research. But, "*Power Moms has taught us that things will not always be easy, but that does not mean that it is*

impossible. Power Moms has taught us that in every challenge there is a lesson to learn at all times." (Mizi)

The PMWP as a concerted context-specific programme was driven by our commitment as researchers and co-researchers working within social sciences to improve social conditions; and, that our efforts should be effective. In the same way, we were cognisant that scientifically sound outcomes do not always succeed for communities, and its mothers toward "a power to matter". However, the mix of research methodology processes and the science of being human in the South African context offered a unique dynamism in the making, implementation and appraisal of the wellness programme for mothers in Delft.

The Power Moms have the final say as verbalised in our PMWP anthem: "*Good-bye, let's breathe, shake a hand; your smile will make a difference in somebody's life.*"

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APPENDIX A: Permission letter: Non-profit Organisation (NPO) SAKHA ISIZWE

SAKHA ISIZWE DEVELOPMENT ORGANIZATION
19 Ionian Way, Rocklands, Mitchell's Plain, 7798
Registration number: 100-250-NPO
Telephone number: 021 391 2222 or 0724803537 Fax: 021 391 2222
Julitadorman098@gmail.com

06 August 2018

Department of Psychology
STELLENBOSCH UNIVERSITY

To whom it may concern

PERMISSION LETTER FROM SAKHA ISIZWE DEVELOPMENT ORGANISATION (REGISTERED NPO)

Hereby I, Julita Dorman, project manager of Sakha Isizwe Development Organisation, registered NPO, give permission that research to be conducted by Izanette van Schalkwyk may take place with this NPO's co-operation. Since Dr Van Schalkwyk has been engaged with various projects for the past 9 years in the Delft community, for example, to protect and promote healthy families, we welcome the planned research and much needed study.

I also give permission that 6 fieldworkers of this NPO who will be appointed as mediators, may be trained to recruit participants for the planned research.

Yours sincerely,

Ms Julita Dorman

APPENDIX B 1: Humanities REC Stellenbosch University Approval letter 2018 - 2019

UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

APPROVED WITH STIPULATIONS
REC Humanities New Application Form

29 September 2018

Project number: PSY-2018-7941

Project title: A wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental competencies

Dear Dr Izanette Van Schalkwyk

Your REC Humanities New Application Form submitted on 27 August 2018 was reviewed by the REC: Humanities on 27 September 2018 and approved with stipulations.

Present Committee Members:

Dr. Bronwyne Coetzee, Mr Terence Erasmus, Miss Clarissa Graham, Prof Leonard Hansen, Ms. Lindiwemhakamuni Khoza, Dr. Derica Lambrechts, Mr. Tendai Mariri, Mr Sefako Mathibe, Dr. Theodore Nell, Prof Douglas Rawlings, Mr. Jerall Toi, Prof Johannes Van Der Westhuizen, Mr. Aden Williams, Dr. Karen Welman, Dr. Susan Hall

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
27 September 2018	26 September 2019

REC STIPULATIONS:

The researcher may proceed with the envisaged research provided that the following stipulations, relevant to the approval of the project are adhered to or addressed:

1. PROTECTION OF PARTICIPANTS' PRIVACY AND CONFIDENTIALITY

Although the researcher indicated in her application that no other parties (e.g. field workers) will be involved in the study, it seems the "mediators" will act as fieldworkers, assisting in the recruitment of participants and obtaining informed consent from mothers. The researcher is requested to prepare and submit confidentiality agreements with the mediators to the REC once signed. The researcher is also requested to submit the confidentiality agreements with the transcriber and co-coder (the role of the co-coder is not clear) once that stage of the study is reached. [ACTION REQUIRED]

2. INFORMED CONSENT AND ASSENT PROCESSES AND FORM

The informed consent process and forms developed for this study are appropriate, apart from the fact that the consent form for mothers state that they will receive payment for participation which is contradicted in the application form. This may be a typographical error as she may have left out 'not' in the consent form. While they will received taxi fare and refreshments, this does not amount to payment. [ACTION REQUIRED]

3. ADEQUATE MITIGATION OF RISK

The researcher has put in place adequate steps to address potential adverse events and distress. The researcher is requested to share the details of the relevant social worker or registered counsellor in the consent form for participants. [ACTION REQUIRED]

4. OVERALL RISK LEVEL AND RISK /COST-BENEFIT ASSESSMENT

The REC is in agreement with the applicant that the risk level of this project is medium. However, participants may benefit from their involvement in the study, and results may provide valuable information and hence the risk/ cost-benefit is considered acceptable.

5. INSTITUTIONAL AND EXTERNAL PERMISSIONS

A permission letter from the NGO partner, Sakha Isizwe, was submitted and is in order. A letter from the principal of Hindle High was

also submitted providing permission to use a room for research purposes at the school. The researcher is requested to submit the permission letter from the Department of Social Development (since the research will engage participants from the Department) as soon as this is received (ethical clearance is first required). [ACTION REQUIRED]

HOW TO RESPOND:

Some of these stipulations may require your response. Where a response is required, you must respond to the REC within six (6) months of the date of this letter. Your approval would expire automatically should your response not be received by the REC within 6 months of the date of this letter.

Your response (and all changes requested) must be done directly on the electronic application form on the Infonetics system: https://applyethics.sun.ac.za/Project/Index/10717

Where revision to supporting documents is required, please ensure that you replace all outdated documents on your application form with the revised versions. Please respond to the stipulations in a separate cover letter titled "Response to REC stipulations" and attach the cover letter in the section **Additional Information and Documents.**

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (7941) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Data collection tool	RETROSPECTIVE TIMELINE WORKSHOP	06/08/2018	1
Request for permission	Goodwill permission letter - NPO Sakha Isizwe 2018	06/08/2018	1
Default	DATA COLLECTION TECHNIQUES TO BE USED FOR THE STUDY	06/08/2018	1
Request for permission	Hindle High - permission REC @ SU 2018	14/08/2018	1
Informed Consent Form	SU HUMANITIES Verbale toestemmingsvorm - deelnemersgroep 1 moeders	24/08/2018	1
Informed Consent Form	SU HUMANITIES Verbal consent - participant group 1 mothers	24/08/2018	1
Informed Consent Form	SU HUMANITIES Toestemmingsvorm - deelnemersgroep 1_	24/08/2018	1
Informed Consent Form	SU HUMANITIES Toestemmingsvorm - deelnemersgroep 2	24/08/2018	1
Informed Consent Form	SU HUMANITIES Consent form template_ participant group 1 revised	24/08/2018	1
Informed Consent Form	SU HUMANITIES Consent form - participant group 2 - SOCIAL WORKERS	24/08/2018	1
Data collection tool	Vrae vir fokusgroepbespreking	24/08/2018	1
Data collection tool	INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION	24/08/2018	1
Data collection tool	Photo voice	24/08/2018	1
Research Protocol/Proposal	IZANETTE VAN SCHALKWYK - Doctoral research proposal 2018	24/08/2018	1
Data collection tool	DEMOGRAPHICAL QUESTIONNAIRE.DEMOGRAFIESE VRAELYS	26/08/2018	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

APPENDIX B 2: Humanities REC Stellenbosch University Approval letter 2019 - 2020

UNIVERSITEIT STELLENBOSCH UNIVERSITY

NOTICE OF APPROVAL

REC: SBER - Annual Progress/ Final Report

24 October 2019

Project number: 7941

Project Title: A wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental competencies

Dear Dr Izanette Van Schalkwyk

Your REC: SBER - Annual Progress Report submitted on 5 September 2019 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
24 October 2019	23 October 2020

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (7941) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Informed Consent Form	SU HUMANITIES Condensed consent form - participant group 1 mothers	27/09/2018	1
Informed Consent Form	SU HUMANITIES Consent form - participant group 2 - SOCIAL WORKERS	27/09/2018	1
Research Protocol/Proposal	IZANETTE VAN SCHALKWYK - Doctoral research proposal 2018	27/09/2018	1
Default	Social development approval 2019	06/02/2019	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.

APPENDIX C: Letter of Permission - Department of Social Development

Western Cape Government
Social Development

Research, Population and Knowledge Management
tel: +27 21 483 4512 fax: +27 21 483 5602
48 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels

Tel: 021 483 8658/483 4512

Dr I. Van Schalkwyk

PO Box 3951

Durbanville

7551

Dear Dr Van Schalkwyk

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical approval to undertake research in respect of *'A wellness programme for mothers living in a high-risk community in the Western Cape to promote their personal and parental competencies''* refers.
2. It is a pleasure to inform you that your request has been **provisionally approved** by the Research Ethics Committee (REC) of the Department, subject to the following conditions:
   2.1 Obtaining final ethics clearance from your university.
3. Please contact the REC Secretariat should further clarity be required.

Yours sincerely

GD Miller

Ms M. Johnson

Chairperson: Research Ethics Committee

Date: 20 NOV 2018

1

APPENDIX D: Socio-demographical Questionnaire

DEMOGRAPHICAL QUESTIONNAIRE: Pseudonym……

- Complete the questionnaire and answer all the questions.
- Mark with x where applicable.

1. Age Indicate your age	25-40 years	
	40-50 years	
	50+ years	
2. Marital status Indicate your marital status	Married	
	Single	
	Divorced	
	Widowed	
	Separated	
	Living with life partner	
3. Qualifications Indicate your highest qualification	School grade	
4. Employment Indicate current job and/or work experience		
	Other: Please specify	
5. Children		Number of Children in age group
How many children in	0-2 years	

following age groups?	2-3 years		
	4-5 years		
	6-12 years		
	12-18 years		
	12-18 years		
	Please specify children who died - and their ages		
6. Who takes care of children if you are at work or otherwise occupied?	Day Care, Crèche or Kindergarten		
	After School Care		
	Family (grandmother, siblings, husband, wife etc.)		
	Alone at home after school		
	Other please specify:		
7. What type of housing do you live in?	Flat		
	Informal housing		
	Other: please specify		
8. Who lives with you at home?	Husband or partner		
	Father		
	Siblings		
	Children		
	Nobody, I am single		
	Other: Please specify		
Please make sure that you have answered all the questions. **Thank you very much for your willingness to participate in the research.**			

APPENDIX E: Permission Letter Hindle High School in Delft (venue)

HHS

HINDLE HIGH SCHOOL

Hindle Road
Delft
7100

Tel: 021 955 3673
Email: hindlehighschool@gmail.com

P O Box 10170
Belhar
7507

08 August 2018

Stellenbosch University

To whom it may concern

RE: PERMISSION LETTER FROM SITE OF RESEARCH

Hereby I, Mario Jansen - principal of Hindle High in Delft - give my permission that research conducted by Dr Izanette van Schalkwyk may take place at the premises of this school building. Since Dr Van Schalkwyk has the use of the school's media centre for various projects at the school, such as, enhancing learners' positive functioning aimed at school success, she will be able to use this spacious venue without limitations.

HINDLE HIGH SCHOOL
P.O. BOX 10170
BELHAR
7507 DATE: .....

Yours sincerely,

Mr Mario Jansen

APPENDIX F 1: Informed Consent Form (Mother Participants)

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

CONSENT (CONDENSED VERSION) TO PARTICIPATE IN RESEARCH: RESEARCH GROUP 1 (MOTHERS)

You are invited to take part in a study conducted by Izanette van Schalkwyk from the Psychology Department of the Stellenbosch University. You were approached as a possible participant because you comply with the inclusion criteria and can make a valuable contribution to the study.

1. PURPOSE OF THE STUDY

The focus of the study is to develop a wellness programme for mothers living in the Delft community to strengthen their personal and parenting abilities.

2. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study, you will be asked to be part of ten weekly group meetings in Delft. These research events will be held at the Hindle Road West Secondary School in Delft in a spacious room and the time will be given to you by a trained field worker.

3. POSSIBLE RISKS AND DISCOMFORTS

If you experience problems and/or discomforts, then you will be supported. For example, money will be provided for taxi-fare per weekly meeting.

4. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by namelessness of your findings, in other words a "false name" instead of your "real" name will be used. Your results will be kept confidential, that is private seeing that all documents and original recordings will be safeguarded by storing them in a safe inside the locked office of the researcher.

5. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. The researcher may withdraw you from this study if you are absent for two or more of the group activity sessions.

6. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Ms Izanette van Schalkwyk at 072 367 7739 and/or the supervisor Prof Tony Naidoo at avnaidoo@sun.ac.za.

Written consent template. REC: Humanities (Stellenbosch University) 2017

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I understand fully.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ *(name of participant)* agree to take part in this research study, as conducted by Ms Izanette van Schalkwyk.

_____ _____

Signature of Participant **Date**

DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator**, I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of Principal Investigator **Date**

Written consent template. REC: Humanities (Stellenbosch University) 2017

APPENDIX F 2: Informed Consent Form (Mother Participants) [Afrikaans Translation]

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

UNIVERSITEIT STELLENBOSCH
TOESTEMMING TOT DEELNAME AAN NAVORSING: NAVORSINGSGROEP 1 (MOEDERS)

Jy word genooi om deel te neem aan 'n studie wat gedoen word deur Izanette van Schalkwyk van die Sielkunde Department van Universiteit Stellenbosch. Jy is genader as 'n moontlike deelnemer omdat jy voldoen aan die insluitings-kriteria en 'n waardevolle bydrae kan maak tot die studie.

1. DOEL VAN DIE STUDIE

Die fokus van die studie is om 'n welstandsprogram te ontwikkel vir moeders wie in die Delft-gemeenskap woon ten einde hul persoonlike en ouerskapsvaardighede te bevorder. Aangesien moeders in hierdie gemeenskap voortdurend met baie probleme te make het, is 'n welstandsprogram nodig vir die Suid-Afrikaanse konteks. Alhoewel programme gebruik word in ander lande, is dit nodig dat hierdie programme aangepas word vir moeders wie in Delft woon. Om die rede het ons die bydrae en insette van die Delft-moeders nodig om hierdie programme aan te pas om die moeders se welstand en ouerskapsvaardighede uit te bou.

2. WAT WORD VAN MY GEVRA?

Indien jy toestem om deel te neem aan hierdie studie, sal jy gevra word om deel te wees van weeklikse groepsbyeenkomste. Die tien groepsbyeenkomste (12 – 15 moeders van die Delftgemeenskap) sal verskeie kreatiewe geleenthede behels om inligting te kry oor Delft en om deel te wees van die ontwikkeling van die welstandsprogram vir moeders. Hierdie navorsingsgeleenthede sal plaasvind by die Hindle Road West Hoërskool (Hindle High) in Delft in 'n ruim vertrek en die tyd (van die byeenkomste) sal aan jou gegee word deur 'n opgeleide veldwerker.

3. MOONTLIKE RISIKO'S EN ONGEMAK

Dit is moontlik dat jy probleme sal ondervind, soos vervoer, maar taxi-geld sal aan jou gege word vir die weeklikse byeenkomste. Dit is ook moontlik dat jy onaangename gevoelens mag beleef wanneer ons gesels oor die moeilikheide en die behoeftes van die Delftgemeenskap, persoonlike en ouerskapsprobleme, maar ondersteuning sal beskikbaar wees, soos gesprek met die navorser or een van die Sakha Isizwe helpers of 'n maatskaplike werker (Dr Mariette van der Merwe).

Verder, deelname aan hierdie studie kan vir jou die volgende risiko's inhou: i) volkome naamloosheid in die fokusgroepbespreking is nie moontlik is nie; of, ii) die belewing van ongemak om te praat voor ander maatskaplike werkers wat deelneem aan die studie. Hierdie moontlike risiko's sal egter beperk word deur spesifieke reëls wat vir die fokusgroep gehandhaaf sal word om jou privaatheid te beskerm (vertroulikheid/konfidensialiteit).

4. MOONTLIKE VOORDELE VIR DEELNEMERS/OF DIE SAMELEWING

Daar sal direkte voordele vir jou wees as jy deelneem aan hierdie studie, omdat jy die geleentheid sal hê om deel te neem aan die welstandsprogram. Die ander voordele van die studie is gerig op vroue, naamlik, moeders van jou gemeenskap met soortgelyke ervarings en navorsers sal 'n beter verstaan van hierdie saak kan kry ten einde beter dienslewering in die toekoms te kan bied.

5. BETALING VIR DEELNAME

As 'n deelnemer sal jy nie betaling kry vir deelname nie. Deelname aan die studie beteken geen direkte onkoste nie vir jou nie, omdat die navorser taxi-geld vir deelnemers in Delft sal verskaf. Deelnemers, naamlik moeders (deelnemergroep 1) sal betaling kry vir hul vervoer via taxi (R20 per data-insamelingsgeleentheid per persoon). Versnaperings sal verskaf word met elke byeenkoms/werkswinkel/datainsamelingsgeleentheid.

6. BESKERMING VAN JOU INLIGTING, VERTROULIKHEID EN INDENTITEIT

Enige inligting wat jy aan my meedeel tydens die studie en jou moontlik kan identifiseer as 'n deelnemer sal beskerm word. Dit sal gedoen word deur die naamloosheid van jou bevindings, met ander woorde 'n "valsnaam" in plek van jou "regte" naam sal gebruik word tydens die analise van die ingesamelde inligting en wanneer verslag gegee word van hierdie bevindings. Die navorser sal die enigste persoon wees wat toegang sal hê tot jou naam en die ooreenstemmende "valsnaam". Dit sal gedoen word sodat geen persoon van buite jou kan identifiseer of op enige manier kan herken nie. Jou privaatheid sal gerespekteer word deur die navorser en opgeleide veldwerkers te alle tye. Jou resultate sal vertroulik gehou word, aangesien alle dokumente waarmee gewerk word asook die oorspronklike opnames en bladsye van die kleingroepbesprekings veilig bewaar sal word in die toegesluite kantoor van die navorser.

Slegs die navorser en die persoon wat die opgeneemde inligting tik, wat 'n transkribeerder genoem word, sal jou bevindings kan sien. 'n Vertroulikheidskontrak sal geteken word met die transkribeerder ten einde vertroulikheid te verseker. Bevindings sal veilig bewaar word deur die harde kopieë toe te sluit in die kas in die navorser se kantoor; en elektroniese data sal beskerm word deur die gebruik van 'n wagwoord vir die rekenaar (sodra die data getranskribeer is sal dit van die opnemers verwyder word). Data sal vir vyf jare gebêre word.

Die bevindings van hierdie navorsing sal bekendgemaak word of meegedeel word aan die Departement van Maatskaplike Ontwikkeling om by te dra tot beter dienslewering in die toekoms. Die inligting wat ingesamel word vir hierdie studie sal gebruik word vir toekomstige publikasies.

Aktiwiteite sal met jou toestemming opgeneem word. Indien nodig, sal jy toegang hê tot hierdie opnames. Hierdie opnames sal net gebruik word om data in te samel en dan sal dit uitgevee word.

7. DEELNAME EN ONTTREKKING AAN DIE STUDIE

Jy kan kies of jy wil deelneem aan hierdie studie of nie. Indien jy instem om deel te neem aan hierdie studie, mag jy onttrek aan die studie te eniger tyd sonder enige negatiewe nagevolge. Jy mag ook weier om enige vrae te antwoord wat jy nie wil antwoord nie – en steeds deel wees van

die studie. Die navorser mag jou van die studie onttrek indien jy twee of meer van die groepsaktiwiteit-sessies nie bywoon nie.

8. **NAVORSER SE KONTAK-BESONDERHEDE**

Indien jy enige vrae of onduidelikheid het rakende die studie, kontak asseblief Me Izanette van van Schalkwyk by 072 367 7739 en/of die supervisor Prof Tony Naidoo by avnaidoo@sun.ac.za.

REGTE VAN DIE NAVORSINGSDEELNEMERS

Jy mag jou toestemming enige tyd onttrek en jou deelname onderbreek sonder straf. Jy sal geen wetlike regte ontbeer deur jou deelname aan hierdie navorsingstudie nie. Indien jy enige vrae het rakende jou regte as 'n navorsingsdeelnemer, kontak Me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling vir Navorsings-ontwikkeling.

VERKLARING VAN TOESTEMMING DEUR DIE DEELNEMER

As die deelnemer bevestig ek dat:

- Ek het die bogenoemde inligting gelees en dit is geskryf in 'n taal wat ek goed verstaan.
- Ek het 'n geleentheid gehad om vrae te vra en al my vrae is beantwoord.
- Alle kwessies rakende privaatheid, en die vertroulikheid vir gebruik van die inligting wat ek gee, is verduidelik.

Deur die teken van onderstaande, stem ek _____ (*naam van die deelnemer*) in om deel te neem aan hierdie navorsingstudie gedoen deur Me Izanette van Schalkwyk.

_____ _____

Handtekening van deelnemer **Datum**

VERKLARING VAN DIE HOOFNAVORSER

As die **hoofnavorser,** verklaar ek dat die inligting wat in hierdie dokument bevat is deeglik aan die deelnemer verduidelik is. Ek verklaar ook dat die deelnemer aangemoedig is (en voldoende tyd gegee is) om vrae te vra. Verder wil ek graag die volgende opsie kies:

	Die gesprek met die deelnemer is gevoer in 'n taal wat die deelnemer vlot kan praat.
	Die gesprek met die deelnemer is gevoer met die hulp van 'n tolk (wie die nie-openbaarmakingsooreenkoms geteken het), en hierdie toestemmingsvorm is beskikbaar vir die deelnemer in 'n taal wat sy goed kan praat en verstaan.

_____ _____

Handtekening van die hoofnavorser **Datum**

APPENDIX F 3: Informed Consent Form (Mother Participants) [Verbal Consent]

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

VERBAL CONSENT TO PARTICIPATE IN RESEARCH:
RESEARCH GROUP 1 (MOTHERS)

You are invited to take part in a study conducted by Izanette van Schalkwyk from the Psychology Department of the Stellenbosch University. You were approached as a possible participant because you comply with the inclusion criteria and can make a valuable contribution to the study.

1. PURPOSE OF THE STUDY

The focus of the study is to develop a wellness programme for mothers living in the Delft community to strengthen their personal and parenting abilities.

2. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study, you will be asked to be part of ten weekly group meetings in Delft. These research events will be held at the Hindle Road West Secondary School in Delft in a spacious room and the time will be given to you by a trained field worker.

3. POSSIBLE RISKS AND DISCOMFORTS

If you experience problems and/or discomforts, then you will be supported. For example, money will be provided for taxi-fare per weekly meeting.

4. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by namelessness of your findings, in other words a "false name" instead of your "real" name will be used. Your results will be kept confidential, that is private seeing that all documents and original recordings will be safeguarded by storing them in a safe inside the locked office of the researcher.

5. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. The researcher may withdraw you from this study if you are absent for two or more of the group activity sessions.

6. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Ms Izanette van Schalkwyk at 072 367 7739 and/or the supervisor Prof Tony Naidoo at avnaidoo@sun.ac.za.

Written consent template. REC: Humanities (Stellenbosch University) 2017

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I understand fully.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ *(name of participant)* agree to take part in this research study, as conducted by Ms Izanette van Schalkwyk.

_____ _____

Signature of Participant **Date**

DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of Principal Investigator **Date**

Written consent template. REC: Humanities (Stellenbosch University) 2017

APPENDIX F 4: Informed Consent Form (Mother Participants) [Verbal Consent - Afrikaans Translation]

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

VERBALE TOESTEMMING TOT DEELNAME AAN NAVORSING: NAVORSINGSGROEP 1 (MOEDERS)

Jy word genooi om deel te neem aan 'n studie wat gedoen word deur Izanette van Schalkwyk van die Sielkunde Department van Universiteit Stellenbosch. Jy is genader as 'n moontlike deelnemer omdat jy voldoen aan die insluitings-kriteria en 'n waardevolle bydrae kan maak tot die studie.

1. DOEL VAN DIE STUDIE

Die fokus van die studie is om 'n welstandsprogram te ontwikkel vir moeders wie in die Delft-gemeenskap woon om hul persoonlike en ouerskapsvaardighede te bevorder.

2. WAT WORD VAN MY GEVRA?

Indien jy toestem om deel te neem aan hierdie studie, sal jy gevra word om deel te wees van 10 weeklikse groepsbyeenkomste. Hierdie navorsingsgeleenthede sal plaasvind by die Hindle Road West Hoërskool (Hindle High) in Delft in 'n ruim vertrek en die tyd (van die byeenkomste) sal aan jou gegee word deur 'n opgeleide veldwerker.

3. MOONTLIKE RISIKO'S EN ONGEMAK

Indien jy probleme en ongemak beleef, sal jy ondersteun word. Byvoorbeeld, rakende vervoer, taxi-geld sal aan jou gegee word vir die weeklikse byeenkomste.

4. BESKERMING VAN JOU INLIGTING, VERTROULIKHEID EN INDENTITEIT

Enige inligting wat jy aan my meedeel tydens die studie en jou moontlik kan identifiseer as 'n deelnemer sal beskerm word. Dit sal gedoen word deur die gebruik van 'n "valsnaam" in plek van jou "regte" naam. Jou resultate sal vertroulik gehou word, aangesien alle dokumente waarmee gewerk word asook die oorspronklike opnames en bladsye van die kleingroepbesprekings veilig bewaar sal word in die toegesluite kantoor van die navorser.

5. DEELNAME EN ONTTREKKING AAN DIE STUDIE

Jy kan kies of jy wil deelneem aan hierdie studie of nie. Indien jy instem om deel te neem aan hierdie studie, mag jy onttrek aan die studie te eniger tyd sonder enige negatiewe nagevolge. Die navorser mag jou van die studie onttrek indien jy twee of meer van die groepsaktiwiteit-sessies nie bywoon nie.

6. NAVORSER SE KONTAK-BESONDERHEDE

Indien jy enige vrae of onduidelikheid het rakende die studie, kontak asseblief Me Izanette van van Schalkwyk by 072 367 7739 en/of die supervisor Prof Tony Naidoo by avnaidoo@sun.ac.za.

Written consent template. REC: Humanities (Stellenbosch University) 2017

Jy mag jou toestemming enige tyd onttrek en jou deelname onderbreek sonder straf. Jy sal geen wetlike regte ontbeer deur jou deelname aan hierdie navorsingstudie nie. Indien jy enige vrae het rakende jou regte as 'n navorsingsdeelnemer, kontak Me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] by die Afdeling vir Navorsings-ontwikkeling.

VERKLARING VAN TOESTEMMING DEUR DIE DEELNEMER

As die deelnemer bevestig ek dat:

- Ek het die bogenoemde inligting gelees en dit is geskryf in 'n taal wat ek goed verstaan.
- Ek het 'n geleentheid gehad om vrae te vra en al my vrae is beantwoord.
- Alle kwessies rakende privaatheid, en die vertroulikheid vir gebruik van die inligting wat ek gee, is verduidelik.

Deur die teken van onderstaande, stem ek _____ (*naam van die deelnemer*) in om deel te neem aan hierdie navorsingstudie gedoen deur Me Izanette van Schalkwyk.

_____ _____

Handtekening van deelnemer **Datum**

VERKLARING VAN DIE HOOFNAVORSER

As die **hoofnavorser,** verklaar ek dat die inligting wat in hierdie dokument bevat is deeglik aan die deelnemer verduidelik is. Ek verklaar ook dat die deelnemer aangemoedig is (en voldoende tyd gegee is) om vrae te vra. Verder wil ek graag die volgende opsie kies:

	Die gesprek met die deelnemer is gevoer in 'n taal wat die deelnemer vlot kan praat.
	Die gesprek met die deelnemer is gevoer met die hulp van 'n tolk (wie die nie-openbaarmakingsooreenkoms geteken het), en hierdie toestemmingsvorm is beskikbaar vir die deelnemer in 'n taal wat sy goed kan praat en verstaan.

_____ _____

Handtekening van die hoofnavorser **Datum**

APPENDIX G: Informed Consent Form Social Worker Participants

UNIVERSITEIT•STELLENBOSCH•UNIVERSITY
jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH: PARTICIPANT GROUP (MOTHERS)

You are invited to take part in a study conducted by Izanette van Schalkwyk from the psychology department of the Stellenbosch University at Stellenbosch University. You were approached as a possible participant because you comply with the inclusion criteria.

1. PURPOSE OF THE STUDY

The focus of the study is to develop a wellness programme for mothers living in the Delft community to strengthen their personal and parenting abilities. While mothers in this community are continuously dealing with many difficulties, we need a wellness programme for in the South African context. Although programmes are being used for other countries, these programmes are not necessarily a good fit for mothers living in Delft. Therefore, we need the contribution and input of social workers working in the Delft community to promote mothers' personal well-being as well as their parenting competencies.

2. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study, you will be asked to be part of a focus group discusion (FGD) in Delft. The FGD (data collection opportunity) will take place at a day and time suitable for all social work participants. The contribution of social workers will be valuable for the wellness programme for mothers. The FGD will be happen at the Hindle Road West Secondary School (Hindle High) in Delft.

3. POSSIBLE RISKS AND DISCOMFORTS

It is not possible expected that you will experience risks or discomforts due to your participation in the FGD since the emphasis of the discussion will be the strengthening of mothers' personal well-being and their parenting competencies. However, talking about the difficulties and needs of the Delft community, and mothers' personal and parenting struggles might entail the experience of some unpleasant feelings. If needed, an opportunity for debriefing will be arranged by the principal researcher.

Also, another risk might be that complete namelessness cannot be ensured, since the data collection will happen via a group discussion. But, this risk will be limited by particular rules that will be set for the group-activity in order to protect your privacy (confidentiality).

4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

Written consent template. REC: Humanities (Stellenbosch University) 2017

There will be no direct benefits for you if you take part in this study. Participation could lead to indirect benefits, such as having an opportunity to contribute toward scientific knowledge, namely research about a wellness programme for mothers living in a high-risk community as well as improved service delivery in future.

PAYMENT FOR PARTICIPATION

As a participant you will receive no payment for participation. Participants, i.e. social workers (participant group 2) will be supported with transport (if needed). Refreshments will be provided at the FGD.

5. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study that could possibly identify you as a participant will be protected. This will be done by anonymity of your findings, in other words a "false name" instead of your "real" name will be used during the analysis of collected information and when these findings are reported. The researcher will be the only one who has access to your name and the matching "false name". This will be done so that no person from an outside party will be able to identify or recognize you in any way. Your privacy will be respected by the researcher at all times. Your results will be kept confidential, seeing that all working documents along with the original recordings and sheets of the small group discussions will be safeguarded by storing them in a safe inside the locked office of the researcher.

Only the researcher and the transcriber, will be able to look at your findings. A confidentiality contract will be signed with the transcriber in order to ensure confidentiality. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected (As soon as data has been transcribed it will be deleted from the recorders). Data will be stored for five years.

The findings of this research will be released to or shared with the Department of Social Development in order to contribute to improved service delivery in future. The information collected for this study will be used for future publications.

The FGD will be audio-recorded will your permission. If required you will have access to these recordings. These recordings will merely be used for the collecting of data and then it will be erased.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether to partake in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and still remain in the study.

7. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Dr Izanette van Schalkwyk at 072 367 7739 and/or the supervisor Prof Tony Naidoo at avnaidoo@sun.ac.za.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ *(name of participant)* agree to take part in this research study, as conducted by Dr Izanette van Schalkwyk.

_____ _____

Signature of Participant **Date**

DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of Principal Investigator **Date**

V ch University) 2017

APPENDIX H: Attendance Register - Mother Participants Wellness Programme Sessions

ATTENDANCE 2019: POWER MOMS WELLNESS PROGRAMME		
Module 1: Mattering		
1. Self-acceptance	15 May 2019	
2. Autonomy	05 June 2019	
3. Coping	17 July 2019	
4. Purposeful living	24 July 2019	
Mentoring 1	31 July 2019	
Module 2: Mothering		
1. Parenting practices	07 August 2019	
2. Communication	14 August 2019	
3. Conflict	21 August 2019	
4. Family resilience	28 August 2019	
Mentoring 2	04 September 2019	
Module 3: Managing		
1. Managing self	02 October 2019	
2. Managing children	09 October 2019	
3. Managing community matters	16 October 2019	
4. Managing the good and the bad	23 October 2019	
Mentoring 3	30 October 2019	
Module 4: Mentoring	**November 2019 - March 2020**	

APPENDIX I: User Satisfaction Survey

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY

Evaluation Form: Power Moms Wellness Programme

Thank you for your taking part in the Power Moms Wellness Programme. We would like to know how you experienced the Power Moms Wellness programme (content) and the various sessions. Please complete the biographical information and then answer the questions. There are 15 questions which will take 15 - 20 minutes to complete.

Biographical Information:

Name and Surname:				
Area living in Delft:				
Participant:	Research team:			
Number of children:	Male:		Female:	
Number children	Middle childhood (05-12 years)			
Home Language:	Afrikaans	English	IsiXhosa	Other
Age:				

Questionnaire Instructions:

Please make a cross on the option you have selected for the specific question. For each statement, please indicate whether you strongly agree, agree, neutral, disagree, or strongly disagree. The rating scale options are:

1 = Strongly Agree
2 = Agree
3 = Neutral
4 = Disagree
5 = Strongly Disagree

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Statements:	1	2	3	4	5
1. The purpose of the Power Moms Wellness Programme and my role as participant were explained to me at the start of the project.					
2. The various sessions of the programme were presented in a way that I could understand.					
3. The research team add to the value of the programme.					
4. I felt comfortable communicating with the other mother participants.					
5. I feel that the Power Moms programme adequately equipped me for personal well-being (mattering – module)					
6. I feel that the Power Moms programme adequately equipped me for better mothering (mothering module)					
7. I feel that the Power Moms programme adequately equipped me for managing well (managing module)					
8. I feel that the Power Moms programme adequately equipped me to mentor other mothers.					
9. The Power Moms programme enabled/helped me to better my communication with my children.					
10. The Power Moms programme enabled/helped me to feel valued ("I matter")					
11. I feel that I have made a positive contribution to the group of mothers @ Power Moms.					
12. I have learnt new skills to manage conflict.					
13. I have learnt new skills to be a stronger version of "me"					
14. I learnt important skills in working together with my children/family.					
15. I was able to take part in discussions and activities.					
16. The group discussions and activities were interesting and inspiring.					
17. I was comfortable interacting with the mothers during the feedback sessions.					

18. I was able to share the information of the many sessions with my child/ren to do the homework with them.					
19. The Power Moms Programme sessions were well organised.					
20. The Power Moms programme aids to raise happy confident children					
21. The Power Moms programme aids to set rules and routines so everyone enjoys family life more (code of conduct)					
22. The Power Moms aids mothers to take care of themselves – grow stronger as persons.					
23. The Power Moms programme aids mothers to feel confident they are doing the right thing.					
24. The snacks add to the success of the Power Moms programme					
25. The Power Moms Programme encourages mothers and children to talk together.					

Please answer the following questions:

26. What was your favourite part of the Power Moms Programme and why?

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27. What was special for you in the "Mattering module"?

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28. What was special for you in the "Mothering module"?

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29. What was special for you in the "Managing module"?

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30. How would you describe the impact of the Power Moms Programme on the mothers? Please explain in as much detail.

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