

Parents' practices and beliefs about their infants play at two state infant mental health clinics in Cape Town

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Declaration

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Extended literature review

1.1. Infant mental health and the “First 1000 days”

The First 1000 days campaign in the Western Cape launched by the Department of Health aims to address all areas of infant health, with emphasis on the notion that early experiences matter in shaping the infant’s developmental trajectory (Public Health Wales, 2017). The first three years of life is important for rapid brain growth and development (Schoore, 2005). During this period, adverse exposures exert the greatest harm for the infants’ development, whereas effective intervention offers a unique window of opportunity to shape healthier and more prosperous futures for African children.

The attachment relationship between infant and caregiver

Donald Winnicott stated that “There is no such thing as an infant, meaning of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant” (Winnicott 1960:585–595). The author further emphasised that when the infant is both physically and mentally held in mind by the caregiver, this enhances the foundation for the development of early emotional capacities as well as the caregiver attachment relationship.

The notion of attachment was coined by Bowlby (1958) who identified the infants need for a deep and genuine reciprocal connection with another human. Infants who are securely attached to their caregiver, initiate more playful activity and positive interactions with their parents compared to insecurely attached children (Roggman, 2010).

Engaging in play is a fundamental mechanism that shapes the attachment relationships between caregiver and infant (Roggman, 2010). When the caregiver provides the infant with positive and secure caregiving through age-appropriate learning experiences in a safe and mutual enjoying way, the infant’s capacity to experience, regulate and express healthy social-emotional development, and to learn through exploration of the environment is enhanced (Zeanah & Zeanah, 2009). On the other hand if the infant was deprived of forming an attachment relationship through sensitively playful interactions with a caregiver there may be potentially dire consequences for the infants understanding of the world and future interactions with others (Schoore, 2005).

1.2. Definition and Importance of play during the first 1000 days

Since play has been studied, its precise meaning has been difficult to define or encode (Besio et al., 2017). Nevertheless, overlapping perspectives have contributed to an accepted definition of play as “a transaction between the individual and environment that is internally controlled,

intrinsically motivated and free from external constraints of reality and is framed by the play transaction” (Parham, Skard & Bundy, 2008).

Engaging in play with a caregiver gives children the opportunity to make sense of their environment, express various kinds of emotions, acquire new skills, and learn how to engage with others (Babuc, 2015), thereby starting to develop a theory of mind (Singer, Singer, D'Agostino, & DeLong, 2009).

The United Nations convention on the Rights of the child (UNRC) and the African Charter on the Rights and Welfare of the Child (ARWC) acknowledges play as a right and deemed it essential for optimal development of Children. This include the right to physical, cognitive, emotional and social health and well-being (Brief & Africa, 2017). For this reason, the African government is obliged to respect and promote the right of all children to play and has a duty to support and enable parents to engage in playful interactions with their children.

1.3. Factors that impact play

According to the WHO (2012), there is “no health without mental health” thus poor mental health in parents might be expected to have adverse consequences on their child’s health and development and specifically playful interactions as depressed mothers tend to speak less to their infants during play (Rowe & Pan, 2005).

As cited in (Ramugondo, Ferreira, Chung, & Cordier, 2018) within a South African context, factors such as illness and disabilities , low socio-economic circumstances, poor living conditions, caregiver safety concerns, parental long working hours as well as the inability to purchase toys for play purposes impacts play engagement, as families from low socio-economic circumstances may be more focused on survival than play.

Elkind (2008) emphasised that mass consumption of toys, due to their often-singular use are believed to keep children entertained and promote early education. On the contrary, Vandermaas-Peeler (2013) argues that play can still be effective without the use of toys as children tend to find both time and materials for play, regardless of their economic situation. This statement is in keeping with the findings of a study conducted in a South African context within a small low socioeconomic community, which revealed an increase in children’s engagement in gross motor play, possibly because physical games do not often require equipment or materials (Bartie, Dunell & Kaplan et al., 2016)

A study conducted by Fogle & Mendez (2006) assessing the play beliefs of a sample of African-American mothers from a low socioeconomic context revealed that parents either view

play as important or as wasted time that would be better spent preparing children for academic achievements as well as technological advancement (Elkind, 2008). As a result, structured play which is characterised by the caregiver choosing an activity, and directing the infants play experience has become more popular over the past decade, depriving children from self-initiated free play activities (Almon, 2004). Research conducted by (Christakis, Zimmermann, DiGiuseppe, & McCarty, 2004) revealed that infants spend large amounts of time engaging in screen time which has adverse effects on their attention and concentration span in later years.

Naturally, caregivers do have the right and responsibility to make decisions regarding their child's play, yet not all have the knowledge and education to make informed decisions. For example, a study conducted by Babuc (2015) on parents perceptions and preferences about play in Turkey concluded that parents concerns around play mostly focused on themselves as inadequate play partners as a result of lack of time and knowledge. Their findings were consistent with those of Shirani, Henwood, & Coltart (2012) who found parents to be inadequate risk managers and reliant on expert guidance.

For this reason Stipek, Milburn, Clements, & Daniels (1992) reiterated the importance of caregiver psychoeducation to practice informed decision making regarding healthy development for the infant. According to Fisher, Hirsh-Pasek, Golinkoff, & Gryfe (2008) caregivers and play experts have different views about play. It is thus important to obtain a better understanding of what activities and behaviours constitute play, from the caregiver's perspective (Lin & Li, 2018). Yet, little is known about what "play" means to parents within the South-African context, as most of the literature that has been reviewed comes from developed countries. Therefore, the focus of the current study is to examine local beliefs and understandings regarding play.

Publication-ready manuscript

The following manuscript has been prepared for submission to the South African Journal of Childhood Education. The journal's aims and scope, as well as author guidelines are given in Appendix A.

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Abstract

Background: Insight into local beliefs about play, which is highly under studied within the first three years of life, could inform clinical practice in that clinicians and parents might have different views about play.

Aim: The study aimed to explore and describe parents' practices and beliefs about their infants play.

Methods: Qualitative study using individual semi structured interviews with six purposefully selected parents, who attended an Infant Mental Health Clinic at either Tygerberg or Lentegeur state hospitals in Cape Town, over the last twelve months.

Results: All parents were birth parents, with a mean age of 33 years. Most parents (83.3%) were female. Two-thirds (66.7%) were unemployed at the time of the interview. Infants were predominantly male (83.3%). Most parents had never considered play as something of significance in their own or their children's lives. Several transgenerational subthemes emerged, suggesting that parents' experiences and beliefs about play impacted their interaction and the messages they conveyed about play behaviours. Most parents appeared motivated to give their children the best opportunities for play, but some found it difficult to balance daily demands and demonstrated a reliance on expert guidance.

Conclusions: There is a need for parental guidance – to allow for a space for parents to explore what they understand by 'play' and what their childhood experiences might have been, before the clinician can give information, examples, and guidance as to the importance of play so that it can be meaningful for the parent.

Key words: play, attachment, parent beliefs, infants, parent-child play

Introduction

The first three years of life are crucial in shaping brain development and growth and is intrinsically connected to early life experiences and lifelong health (Schoré, 2005). Infants develop within the context of a caregiving relationship, and thus need caregivers to be responsive, reliable, understanding and patient (Winnicott, 1960). Bowlby (1958) identified the infants need for a genuine reciprocal connection with another human and coined the theory of attachment. The bond formed by infants and their primary caregivers, known as attachment and attunement, has an impact throughout the lifespan and affects the infant's ability to regulate emotions and to self-soothe (Ainsworth & Bell, 1970).

Engaging in play is deemed important for shaping the first attachment relationship between the caregiver and infant (Roggman, 2010). Despite the challenge in defining play, overlapping perspectives have contributed to an accepted definition of play as “a transaction between the individual and environment that is internally controlled, intrinsically motivated and free from external constraints of reality and is framed by the play transaction” (Parham, Skard & Bundy, 2008). Play is important for infants as the context during which they develop physical, cognitive, emotional, and social skills which enables health and well-being (Brief & Africa, 2017). An adult's beliefs about play influences a parent's likelihood to become involved with children's play (Vandermaas-Peeler, 2013). Moreover, caregivers and play experts often have different views about play (Fisher et al., 2008). Considering the importance of play for infant's development, little is known about interpretations of play in South Africa, and this is largely due to the scarcity of local studies. Therefore, this study aimed to explore the practices and beliefs of parents attending Infant Mental Health (IMH) clinics in the Western Cape, as it relates to their infants' play.

Methods

Study design

We conducted a qualitative phenomenological study with a purposive sample of six parents attending two State IMH clinics, Lentegour Psychiatric Hospital and Tygerberg Hospital in the Western Cape, South Africa. These two state hospitals are the only two sites where IMH clinics are available in the Western Cape and has an existing database of potential dyads from which to recruit. The nature of this study is exploratory and seeks a deep understanding of parents' practices and beliefs around their infant's play. Therefore, the qualitative paradigm was chosen as an overarching approach because it focuses on the meaning of the lived experiences and

perspectives as told by several individuals on a particular concept within the natural setting in which they occur. Moreover, a descriptive phenomenological approach that is grounded in the philosophy of Husserl, who believed that the experience was the source of all knowledge requires a willingness to lay aside existing theories and beliefs and allows the researcher to be the primary instrument of the investigation (Giorgi, 2009).

Study setting

The study was conducted telephonically allowing participants to be interviewed in a familiar environment of their choice, at a time that was most convenient for them. This allowed participants to be more comfortable in expressing their opinions and was in line with Covid-19 health protocols.

Study sample

Participants were parents of infants aged 3 years and younger, who attended an IMH clinic over the last 12 months (Tygerberg or Lentegour hospitals). Parents attending the IMH clinic were the biological, adopted, or foster parents of the infants. Initially the interviews would have been conducted at the IMH clinic sites on the day of the clinic visits. However, the IMH clinics were suspended as a result of the Covid 19 pandemic. For this reason, the face to face interviews were amended to telephonic interviews. Hence, parents were required to have access to a telephone (mobile or landline) to be included in this study. Children over the age of 3 years and parents with possible hearing impairments were excluded from participating in the study, the latter was to facilitate effective communication. The average number of IMH clinic visits is two per month at each site, with poor parental attendance. The IMH clinics were suspended during the Covid 19 pandemic. M.D received a data base of patients from both Tygerberg and Lentegour hospitals from which patients could be recruited. Technical issues such as MD not being able to reach participants on the contact numbers provided, and children being above the age of 3 years at the time of the study were all factors limiting the number of patients from which to recruit. Thus, considering the small patient cohort from which participants could be recruited, six parents were purposefully selected to participate in the semi structured telephonic interviews.

All parent-infant dyads who met the inclusion criteria and attended one of the IMH clinics between October 2019 and September 2020 were contacted by MD by telephone for inclusion in this study. This time period was deemed adequate to allow several new dyads to attend the clinics and added to the database used to recruit from. During the initial telephone call the

researcher-built rapport with the parent and explained the nature of the study to ensure that they fully understood the aim of the study and the extent of their involvement.

Data collection

Data was collected by MD via telephonic interviews at the time and location that was most convenient for the participants. Open ended questions were employed to allow participants to interpret the meaning of the questions and respond based on their personal feelings and perceptions in the language most convenient to them. English and Afrikaans were the two most prominent languages spoken by the participants. Probe questions were included to enrich the discussion as needed. The individual interviews were thought to be applicable as some parents could find a group space threatening. It was felt that a richer description of the parent's practices and beliefs about their infant's play would be obtained by conducting individual telephonic interviews. The duration of the interviews ranged from 20 to 30 minutes, and were audio recorded with the participants consent. Immediately following interviews, the interviewer (MD) made use of reflective journals detailing the participant's verbal responses and any relevant information. The audiotapes were transcribed verbatim by an independent transcription service.

The interviewer (MD) had little to no prior therapeutic relationship with the participants, minimizing the potential therapeutic bias. To minimize potential basic cultural bias and the impact of issues related to the clinician role, any impressions such as personal thoughts, feelings, uncertainties, values and beliefs that arose during the interview process, were recorded in a reflexive journal as soon as possible after the telephonic interviews took place. M.D reflected on her own basic cultural assumptions on playing with infants and young children, and her role as a mother to a toddler, as well as her professional role as a paediatric Occupational therapist using play as a treatment modality. Member checking was conducted during the interview process, MD restated and summarized relevant information obtained and then questioned the parents to determine accuracy. After the study the findings in the transcript were shared with the parents via telephonic contact. Partial transcripts such as the main themes used in the analysis was read aloud to parents, allowing them to focus on their main contributions and not be distracted or embarrassed by hearing about places where they were off topic during the interview. This helped to ensure validity of data collection and objectivity of the phenomenon. No new information was added by the participants.

Measures

Instruments

Demographic Questionnaire

Demographic information was collected through a questionnaire which the parent's completed, including the parent's gender, age, highest education level, employment status, marital status, and household income, as well as the gender and age of the child (Appendix B).

MD is fluent in both English and Afrikaans, and BM is fluent in isiXhosa, the 3 most common languages spoken in the Western Cape. All participants were given the choice in which they wanted the interview to be conducted, only one parent was isiXhosa first language and when given the option to be interviewed in her home language she chose for the interview to be conducted in English. Thus, all interviews were conducted in either English or Afrikaans. For those conducted in Afrikaans, MD translated the transcripts into English.

Semi structured open-ended telephonic interviews

We designed a questionnaire based on information obtained in the literature review as well as our clinical experience (Appendix B). M.D used a constant comparative approach for data collection, discussing emerging themes throughout the process with a supervisor (AB). The questions were broad and open, allowing for the interviewer to probe the responses more deeply to enable unexpected findings.

The aim was to elicit information from the parent's perspective on parental practices and beliefs about their infant's play. The questions included their thoughts about the meaning of play, whether they think play is important, what activities they regard as play, and the types of activities they currently engage in with their infants, how their parents use to play with them when they were children, how they think play contributes to development, and the factors that might impact their daily play engagement with their children.

Data analysis

All interviews were analysed using Colaizzi's (1978) descriptive phenomenological method. MD collected, read, and played back each transcript several times until a sense of comprehension and understanding of the participants experience had been reached. MD extracted significant statements from each transcript pertaining to the phenomenon under study. A total of 123 significant statements were extracted. Meanings were formulated from all significant statements identified. The formulated meanings were organised into a total of 21 cluster themes that revealed patterns in the data. Cluster themes were examined further and grouped into seven emergent themes that best described the overall meaning of the participants lived experiences. AB reviewed the coding categories and themes.

MD integrated all emergent themes into an exhaustive description of the phenomenon in question. AB assisted in the development of this description through feedback. A reduction of findings was executed by MD and any descriptions found to be misused were eliminated from the overall structure or grouped together to condense the findings.

MD conducted member checks to validate the analysis of the data, by returning partial transcripts to all participants telephonically and reading the main themes aloud. All participants expressed satisfaction with results and agreed that the data conclusions reflect their feelings and experiences accurately.

Ethical considerations

Ethical approval was obtained from the Health Research Ethics Committee of Stellenbosch University (ref #: S19/08/163) (Appendix C). The study was also approved by the Management of Tygerberg and Lentegeur Psychiatric Hospitals on behalf of the South Africa Department of Health. It was conducted in accordance with the South African Good Clinical Practice Guidelines, as well as the Declaration of Helsinki (2013). Participation was voluntary and all parents provided written informed consent (Appendix D).

Results

The demographic information of the parents who participated in the study are summarised in Table 1. All parents were birth parents, with a mean (SD) age of 33 (3.162) years. Most parents were female (83.3%) and spoke English (66.7%) as their primary language. Most parents (83.3%) were married. Two-thirds of parents had completed secondary school (66.7%) and only one-third completed high school and obtained a tertiary qualification (33.3%). Two-thirds of parents were unemployed (66.7%) at the time of the interview. For the infants, 83.3% were male and 66.7% were on a disability grant.

Table 1: Demographic characteristics of participants (N=6)

Variables	Number (%)	Mean (SD)
Parents Gender		
Female	5 (83.3)	
Male	1(16.7)	
Parent status		
Birth Parents	6(100)	
Parents First Language		
English	4(66.7)	
Xhosa	1 (16.7)	
Afrikaans	1(16.7)	

Marital status		
Married	5(83.3)	
Unmarried	1(16.7)	
Parents Highest level of Education		
Secondary	4(66.7)	
Tertiary	2 (33.3)	
Parents Employment status		
Unemployed	4 (66.7)	
Employed	2 (33.3)	
Ethnicity		
Black	2 (33.3)	
Coloured	4 (66.7)	
Childcare grant		
Yes	4 (66.7)	
No	2 (33.3)	
Number of children		3.00 (1.41)
Child Gender		
Male	5 (83.3)	
Female	1 (16.7)	
Age of child (months)		29.17 (11.75)

Twenty-one cluster themes were identified, which was reduced to seven fundamental emergent themes associated with parent's lived experiences about their infants' play.

Theme 1: General hesitation when answering questions about the meaning of play

Responses from most of the parents indicated that they have never considered the significance of play in their children's lives. They tried to overcome their confusion by laughing or asking for a repeat of the question to obtain clarity. Several parents resorted to very concrete answers, and provided examples of playful interactions, as oppose to describing the meaning of play per se.

"Uhm...well myself? Uhm... okay wait... I haven't thought about that so long...uhm" (P.4)

"Hmm this is now a question, (laughs)" (P.1)

"Hmm, that's a tricky question, can you just elaborate a little more on that, so that I can understand better what you meaning?" (P.1)

"The first thing that comes to mind is running...uhm...running...jumping... well physical activity...uhm...anything that affect them playing you know like ... running, jumping on a trampoline and playing physical play, uhm playing with others...uhm...whether it be siblings or others, engaging with others... that is what I see as play. (P.4)

"Uhm... when you are interacting, something like interaction between two people...Uhm, for example, if you're playing with your child, you are using toys uh... (Laughter)" (P.3)

Only one parent showed a deeper understanding of the role of play in connecting people on asocial emotional level *“to know each other, and to understand each other”* (P2)

Theme 2: “When we were children” Parents’ memories of their play experiences during childhood

First memories:

Most participants seemingly reported playing with parents as an afterthought or faint memory.

“...mostly playing with friends... and now and then with my parents when I was very, very young Yes, as like a small child still and uhm, yah, that’s about it yes” (P.1)

Nearly all participants reported engaging in solitary play during childhood because of long parental working hours. The solitary play interactions mostly involved the use of toys, which aided in feeding and growing their imagination in their parent’s absence. Some were fortunate to grow up with parents who enabled play despite lacking the time to play themselves.

“As a child, sometimes I play with a doll or like, when I’m alone uhm I like sewing, I use to like sewing, so I take those rags, small ones, then I just sew them together... Uhm, most of the time my parents were working so, I’ll come back from school and play alone most of the time, I didn’t have friends that much” (P.3)

“I use to play alone a lot...I use to play in our backyard...uhm we had a swing on the tree...my Dad made me. That is one of my most prominent playing memories as a child...a little tire swing on the backyard...uhm in the backyard on the tree...I use to play a lot with our dogs as well...we had two really big dogs...uhm and then I had like a little friend uhm her name was A and we use to play with Barbie’s but other than her I constantly playing with dolls than anybody else...uhm but that’s is what I remember the most as a child. (P.4)*

For a few parents, the first memories of childhood play did not come as natural as it did for others. In the next extract, it can be seen that this parent never considered the significance of her own play experience as something beneficial, resulting in most childhood memories including those of play being repressed.

“Gosh (laugh... I can’t remember much (laugh) it’s too difficult for me (laugh). I don’t know how to explain it now. It is too long ago” (P.6)

One parent did not refer to play at all, but instead spoke about the absence of his parents due to factors such as ill health and divorce.

“uhm, my mother was like in and out by the hospital because she, they separated with my father so, she didn’t take it very well so, we grew up to our elder sister” (P.2)

Parent child play

In most parents’ reports, the minimal opportunities of parent-child play occurred in the absence of toys, where toys were more perceived for engagement in solitary play or with non-parental figures.

“Yah, so we didn’t really play like board games with our parents, it was mostly like with family members, cousins and so on, yah...It’s like we all play together as, like a family where, my father use to work so when he comes home, he was like tickling us or drawing or things like that” (P.1)

Most participants’ responses indicate how important it is to model playful behaviour which can then be passed down from one generation to the next.

“We use to dance a lot as a family. We still do. Until today...we use to have our own dance parties where my mom would put the music very very loud and we would all like dance in the lounge uhm...we still do that, I still do that with my kids as well” (P.4)

“Uhm, the same way that I feel about my child right now, because every child want their parent’s attention...” (P.1)

Few participants had some knowledge of the attachment relationship being enhanced through their experience of engaging in play with their parents.

“It was more fun to play with my parents, because it showed love, I care” (P.3)

Restricted outdoor play:

Most participants outlined how their play interactions were limited to specific times, due to parental concerns and fears regarding safety, which left them feeling deprived of the cultural experience of play to which other children in the neighbourhood were exposed to.

“uh, as for me, as a child, I didn’t play much... but, we having maybe uh, an hour or two to go play outside... because my mother was very strict of us playing out... Or avoiding other kids, they like to fight and stories like that. We were playing in the yard yes.” (P.2)

“uhm, so I didn’t have a lot of friends growing up. We were house children, we stayed indoors we didn’t play outside in the road...I never had those experience that a lot of people in my culture might had where you know draw pictures on a...in the road jump and hop. I didn’t know those games. Uhm we were very sheltered so uhm that was the life I was used to, and it didn’t bother me, I was quite happy... but my best memory is of playing in the backyard on the swing that my Dad made me” (P.4)

One parent voiced the restricting effect physical illness has on outdoor play engagement.

“I have never really had any play experiences. I was born when uh...with a hole in my heart, so I was a cardiac patient. I didn’t do any sport, I didn’t do any playing things really, so I was very limited when playing so I couldn’t even go to the park, so in the yard is the furthest I went.” (P.5)

Theme 3: The importance of play

There was a consensus amongst nearly all participants that play is important for learning and they demonstrated an ability to link it to various concepts of development such as language, cognitive, and social development.

“In babies’ development playing can err can be an educational tool, so whatever you play with the child can learn a lot of things it... you know either counting or... you know learning to pick up things. You know it more of an educational part... play is very educational.” (P.5)

“...that’s how they learn uhm like basic, basic skills, like how to say please and other skills...but the little things you know? Please yes toys, say thank you to Mommy... uhm... babies and toddlers not necessarily but..at an certain age they also learn like uhm the concept of time through play cause I’ve got three kids uhm ...so I, I’ve experience with the older one, you know when they get a little older then they understand okay you’ve only got... this is how much time you have to play in your day...so they understand the concept of time uhm...other than that ...”(P.4)

A few parents demonstrated and awareness of symbolic play, they described it as a means for children to escape into an imaginary world of their own free from constraints of reality.

“...when you play, it seems like you forget what is happening to your life or around your environment...” (P.2)

Several parents argued that play allows them to model expected and acceptable behaviour, as a way of teaching new concepts.

“Uh, it is important, because sometimes children, when you trying to teach them something, you can teach them through playing. So, to me, playing is very important to a child... when you want them uh to catch something, through play uh; I think they take it fast”. (P.3)

A few parents were aware that infants appear highly responsive to the quality of the communication and interaction they are exposed to by mimicking the speech of an adult.

“uhm...babies and toddlers specifically ...uhm ...mimicking speech through play... like when you playing with them and you singing a song with them ...that is how they know that song as well... they start mimicking it back to you... (P.4)

A few parents viewed play as a means to keep children occupied, while one parent viewed it as a distraction to learning voicing the importance of limiting play time to enhance academic performance.

“Then they would be bored, if they do not play... It is something that distracts them and keeps them busy.” (P.1)

“You mustn’t play too much, because they will lose focus when they play too much... for example, when they’re in school, they just play and not focus on schoolwork. (P.3)

Theme Four: Types of play parents and children engage in

A few parents perceived their children to be most happy playing alone as opposed to playing with others, thus highlighting a preference for solitary play. One of the participants responses suggests that parents appear resistant to solitary play and become alarmed when children find it difficult to play with others.

“I think he’s enjoying to play himself than playing, share it with other people, that’s why I was thinking maybe he got autism, you see?... Sharing, he doesn’t like to share a lot.” (P.2)

One parent echoed the above response but demonstrated fair knowledge that presenting children with parent directed structured play activities could seem forceful, resulting in an unpleasant experience for the child.

“I think he is most happy when he is alone... uhm sometimes it feels like the activity or what we trying to do ... kinds of feels like we trying to force him to do something together with us. So in all honesty, I think that he prefers to play alone. Even when we are in a playroom setting or a setting where he never out of his own wants to play with me. It’s always like us going to him ...He never comes to us out of his own I think that’s why he prefers to play alone.” (P.4)

Parental playfulness

Regardless of social circumstances and responsibilities there was a consensus amongst parents that they do find some time to play with their children.

“Yes we do, we kick ball, and we play with the stones, and ride the bike (laughs) and what is this other thing, the scooter, yah.... And we even play a board game, like the snake game, he throw the dice, he doesn’t know what is happening then I would move it for him. (P.1)

The above comment demonstrates the parents’ awareness of modelling expected behaviour to her child (*“he throw the dice, he does not know what is happening then I move it for him”*).

In the next extract one parent spoke about how physical play in particular benefits her child in regulating high energy levels.

“We spend a lot of time on a trampoline, physical play. I’m really big on physical play especially with him because he had crazy high energy....: So he’s busy. So I’m big on physical play where we have to run, we have to play a game Okay, it’s not like a ...it’s not like a bicycle we have to like paddle, but if he is playing on his little plastic four wheeler bike ...uhm ...you know or throwing a ball cause he do that. There isn’t a lot that he is interested in but he is interested in like the trampoline uhm so he does enjoy playing on the trampoline...uhm that is for physical play when it is the two of us together or him engaging with others. Other than that he prefers to be on his own. So...kind of... together trampoline, his bike or throwing a ball. ” (P.4)

Some parents preferred the use of virtual tools to scaffold learning through play.

“Our general play is just, you know, little things like musical videos or educational videos that I use as tools to help him.” (P5)

Theme five: Parents’ satisfaction regarding their playful interactions with their children

There was a consensus amongst all parents that playing with their children evoked positive, pleasurable emotions, which enhances the attachment relationship.

““I feel happy, because I’m spending time with him and he’s happy also with playing games... It’s bonding time.” (P.1)

“Amazing! With all of them... it’s nice to see them smile, you know see them err engaging in things that, you know that children should do. It’s fun! To play with my children” (P.5)

A few parents demonstrated fair knowledge that this mutual enjoyment and shared pleasure seemed to not only enhance the parent’s attunement to their children, but also the children’s attunement to the parent’s emotional state.

“I think they very happy and me also, I’m happy because I learn..... I have the time of knowing them very well, what they like and what they don’t like and we getting close for each other, so I notice them, they’re not feeling well, I notice them if they are, I understand they feeling, if something happen or, they

knocked something or if they miss, they do something wrong... So, it means that I'm very close with them because of knowing each other... and they also, them, when I'm not all right, they see me very quick if there's something that bothers me." (P.2)

Parent's satisfaction of their playing moments and time spent playing with their children are two-fold. A few parents felt satisfied with the amount of time and type of activities they engage in during play with their children. As evident in the following remarks

"I think It's enough yes, because I play with him every day..." (P.1)

I'm with him most of the time. Which I play hand to hand uh, or we play soccer or we write, I give him a book, sometimes he's writing, I give him a book to write (P.2)

In opposition, most expressed a desire to do more with their children.

"Uhm...Well there's a lot more...I suppose there would be more that I could do. Uhm it's not like I haven't tried, I've tried things but because he is either not interested or he loses interest so very quickly or became like agitated when he is trying to do it." (P.4)

One parent acknowledged her challenge and limited knowledge regarding play with her child who is diagnosed with a physical and developmental disability.

"My experience when I play with him, wish we could do more... He's just making the sounds, only the sounds, laughing, that's it. That is as far as he can go... I think, I could do more, it's not enough but I just cannot help him... I just have that feeling that it's difficult." (P.3)

Theme Six: The role of television

All parents reported allowing their children some time to watch television. Most regarded television as a form of entertainment as oppose to a form of play because it elicits laughter and minimal physical response from the children.

"I think it entertains him, "It's a more of entertainment thing, than a playing thing. Beause he's just laying, and watch TV. He's not doing any movement unless there's a little music and then he would dance to it or so." (P.1)

"I personally think it's only a form entertainment. There is no...for my son (personally) it's not play... What he sees on TV. Like if is it a lullaby play. You know he sit and watch it... that's more entertainment. He doesn't repeat it watching the lullaby. With me it's more entertainment and not play." P.4

Majority of parents highlighted the important role the television can play as a form of education and learning.

"Yes, definitely, because you can use a lot of televised basic educational tools as like little videos, uhm... educational videos. You can play and do the same things, a little bit of dancing or counting. Television is a tool you can use as well" P.5

"The cartoons that will give them education. It's good, like normally we will like to watch 10 o'clock and 2 o'clock... they got teaching programmes there... If it is uh educating programmes, yes..." (P.2)

One parent added that watching television stimulates the child's level of curiosity. The child asks questions, and thus learning:

"Sometimes there are cartoons playing on television, that has songs and stuff that educates her and so, then she watches it and she learns...how to do certain things, writing. Then she will tell me "mommy, what is that? Why is that so?" then I will answer her on something she is enquiring about. There is a lot of cartoons where they must draw stuff, then I will tell her "this is maybe a fish what they draw" sometimes she will watch animals. Then she will ask me "mommy what is that?" then I will explain to her maybe a horse or that is that so" (P.6)

Negative effects of television

Conversely, although parents allow their children some television time, most parent's demonstrated fair knowledge of the negative factors that allows for some concern.

A few caregivers expressed a fear that extensive exposure to television could result in young children becoming too dependent on television, to the exclusion of other healthy childhood experiences.

"...but I don't want him to have too much of it because he supposed to have child experience and so, uhm, because I don't think that is very good for him unless it's educational things, because it's too much TV. It's not good for him because he's still young... I don't wanna make him attached to the TV." (P.1)

A few parents demonstrated an awareness that lengthy exposure to television can affect the child's level of arousal.

"Uhm...I, I...at first I didn't understand what the harm was in television. I quickly learn that it's affecting his energy levels or how he reacts ...uhm yah...uhm I. So right now the time around television is limited uhm...but also...I'm kind of at the point with my child of what he wants at the moment is what he gets because I don't know what else he wants, which is so bad because sometimes I'm just giving in. Uhm that I try to limit what kind of...okay it's not limited cause he only watch a few things anyway...but I did realize that when he was watching too much that its making him crankier. It would make him a little more hyper that he wants him jump on the bed and do crazy things ...you know like the energy levels." P.4

One parent demonstrated caution regarding the types of programs children are exposed to, because of children's tendency to imitate what they see on television.

"but if it's it like Goku, Spiderman, all that the violence and stuff, Ben 10, then I don't think it's a good thing for the child to watch those cartoons, because they end up doing, they're copying whatever they see on the TV" (P.2)

Theme Seven: Factors that impact parent-child play

A few parents reported feeling demotivated when children are uncooperative in parent-directed play activities.

"I've tried things but because he is either not interested or he loses interest so very quickly or became like agitated when he is trying to do it. It can be very uhm how do you say it...like demotivating but it can be very off putting when you like as a parent... when you get really excited to try something new. Umm with a child or try to you know ...play ...like go and get things you know you would think he would like because you see him play with it elsewhere then you come home, and he doesn't like it... "So, I can get in my feelings cause, I tried so hard last week for example, when we were at the doctor, he really liked this toy. So now I got this toy and thought it could be something we can do together, and he just walked away... you never know what he wants to do. So, if he's not interested...the way he expresses himself is to get upset. Which then uhm obviously... ruins the moment for both." (P.4)

Seeking expert guidance:

A few parents demonstrated gaps in knowledge about how to play with their children, and as a result acknowledged a need for expert guidance.

"we would love like as a family to know more about the play or how to handle him, because, we are really in need as a family to know how to, to handle our kids and to play, not to say when I feel like I can take them to go play soccer" (P.2)

Transgenerational effects

In the comment below a mother recognizes the transgenerational effect of her spouse's deprivation of playful interactions as well as her own.

"Sometimes I will tell him that, maybe you grow up in way that we won't understand... sometimes they're playing, making noise in the house, he say, "hey, making noise!", and don't want them to play so, they must sit and watch TV or sleep...when you come from work, don't want kids to laugh and talk and what and what...It's not a thing that I like, because I grew up in that situation, so, I don't want my kids to be like that" (P.2)

The above comments suggest that the mother desires a different experience for her children than what she experienced as a child.

Other responsibilities:

A few parents acknowledged that their daily responsibilities impacted their play engagement with their children. In the next extract one parent reports being fortunate to have her husband at home who spends time with the children in her absence.

“Uhm, you know like household responsibilities... And shopping and so on, and then sometimes no time, but there is, in the mornings is our time to play, cause my husband is also at home so, he does help so, if he’s not... I mean if I’m not here, sorry, then he will take over” (P.1)

A few participants highlighted the responsibility of caring for elderly frail parents.

“like sometimes when I am very busy, like my father, he is in a wheelchair ne, now sometimes I can’t play with them because I have to care for him as well”) (P.6)

One father voiced his challenge in balancing long working hours and recreational activities.

“... I actually don’t have...anything...but it’s just uhm work! That’s the only thing, it’s part of life. Work is part of life! That is the only times I cannot play with them. You know and my sport activity that I do.” (P.5)

Discussion

This study aimed to explore parents’ practices and beliefs about their infants play from a local South African context. The study also examined the activities parents regard as play, their thoughts on the importance of play, their own experiences of play during childhood, as well as exploring how the factors that impact their play engagement can inform clinical practice.

During the interviews, the most dominant theme that emerged from this study was the general hesitation of the parents when asked to explain the meaning of play. This suggests that the parents who partook in this study have never considered play as something of significance in their children’s lives. When posed with the question, the parents felt bewildered and confused, most laughed, or asked for a repeat of the question, perhaps as a defence mechanism. Parents found it easier to provide examples of playful behaviours, as oppose to describing the meaning of play per se. It would seem that the parents may require some scaffolding to internalize the meaning of play within their children’s lives.

Several Transgenerational subthemes emerged, which will be summarized.

Most participants “initial” memories of childhood play were seemingly reported as a faint memory, possibly indicating that play with parents were minimal or when it occurred it was possibly devoid of fun. In some comments made by the participants, it became clear that they have never considered the significance of their own play experience as something beneficial. The comments of the parents demonstrated that their beliefs about play generally impacted their interaction and the messages they conveyed about play behaviours (Haight, Parke & Black, 1997). For example, one mother in this study mentioned how her lack of play engagement sparked her desire to create a different experience for her own children. Conversely, those parents who had positive playful experiences were able to pass their playful interaction down from one generation to the next and displayed improved ability to model playful behaviour as a means to teach children new concepts and prepare them for adult life.

Several parents reported engaging in solitary play during their childhood years. In their comments it became clear that engaging in solitary play that involved the use of toys allowed the feeding and growing of their imagination in their parent’s absence. However, the authors felt that perhaps based on parents’ reports of spending most of their own childhood years engaging in solitary play, the realization of their children’s preference for solitary play as opposed to having the parent as a play partner sparked some concern on the parent’s part. For example, two parents reported that when they observed their children engaged in solitary play, they became alarmed and assumed that there was something developmentally or behaviourally wrong with the child. From the parents comments it became clear that if they are not engaging their child in something stimulating, they believe they are doing something wrong and it leaves them feeling guilty and demotivated. This suggests that parents concern around play focused on themselves as inadequate play partners to their children (Babuc, 2015). Though it may be hard for parents to watch their children play alone, solitary play is deemed a necessary and positive learning experience for the child.

Several factors impact South African parents play engagement (Ramugondo, Ferreira, Chung, & Cordier, 2018). The parents who participated in this study mentioned specific factors such as ill health and divorce and growing up in an area where safety concerns impacted their play engagement, especially restricting outdoor play. Such factors demonstrated adverse consequences on their health and development, but most specifically playful interactions. Parents’ overall accounts on their current challenges to engage in play with their own children demonstrated that they appeared motivated to give their children the best opportunities for play, but some found it difficult to balance all the demands. For example, household chores, caring

for elderly parents, long working hours, limited time, lack of knowledge, and seeking expert guidance were factors reported by the parents that impacted their availability and ability to play with their children.

Despite having minimal play experiences with their own parents growing up, the participants from this study did find some time to play with their own children. Their engagement in play with their children evoked positive, pleasurable emotions within most of the parents, indicating that they do deem play important for enhancing the attachment relationship (Roggman, 2010). Some participants demonstrated an awareness that engaging in play not only enhances the parent's attunement to the child, but also children's attunement to the parent's emotional state. A few parents preferred the use of virtual tools to scaffold learning through play. Given the rapid increase of media technologies across modern society, a new generation of children are increasingly exposed to television within their homes (Brown et al., 2011). The parents in this study might not have been as exposed to this growing trend during their childhood years. Yet, all six parents who participated in this study acknowledged that they do allow their children some screen time. For several parent's television plays an important role as a form of entertainment, education, and learning. They perceived it as a means to extend children's understanding of their world as it stimulates the child's level of curiosity. Contrary to all the benefits listed by many parents, one parent in particular viewed play as a distraction to learning, voicing the importance of limiting play time to enhance academic performance. Thus, deeming education more important than play.

Conversely, although parents allowed their children some television time, they were not unaware of the harmful effect's television could potentially have on their children's development. One parent in particular expressed caution regarding the type of programs children is exposed to. She expressed her concerns and restrictions around children watching violent programs that might model aggressive behaviour as children tend to imitate what they see on television. A few expressed concerns that lengthy exposure to television affects the child's level of arousal and the potential consequence that young children can become dependent on television, which could affect their concentration and attention span in later years (Christakis, Zimmermann, DiGiuseppe, & McCarty, 2004).

Overall, the results indicate a need for parental guidance – to allow for a space for parents to explore what they understand by 'play' and what their childhood experiences might have been. Only once clarity has been established about the parents' perceptions and understanding of play

can the clinician give information and guidance as to the importance of play and examples that would be meaningful for the parent.

Limitations

This study was limited to a small sample size due to time constraints for this research, further exacerbated by the Covid-19 pandemic. In addition, the study findings are unique to the lived experiences of the six parents whose children attend two state IMH clinics, thus limiting its generalizability for parents' attitudes across South Africa. Another limitation is that visual cues such as facial expressions and body language, which forms an integral part of the communication process in qualitative research (Rowley, 2012), was lost during the telephonic interviews. There is a possibility of gender bias as a majority of the participants were mothers, except for one father. MD acknowledge that her clinical role in the IMH clinic, as an Occupational Therapist, could potentially bias her interpretation of the research results, thus member checking, and reflexive journal entries were used to validate the findings.

Further research with a larger sample, including more fathers from different socio-cultural and economic backgrounds are needed. In addition, including parents from the general population and not limiting patients to the IMH clinics only would be beneficial to obtain a larger sample and increase generalizability. There is considerable space for more research to explore the transgenerational effects of parents own parenting and its impact on their play interaction. It is also important to explore parents' views on the kind of resources and services they find supportive and undermining as it pertains to their infants (aged 0-3 years) play. These may inform clinicians intervention on what they tell parents regarding play and contribute to the first 1000 days campaign.

Conclusion

Our findings suggest that parents have generally not had the opportunity to think about the meaning of play and its significance in their children or their own lives. Yet, when prompted almost all had an idea of its function and importance, often dependent on what they themselves experienced as a child. Even though there were considerable obstacles preventing parent-child play, including stressful daily lives, lack of safe play environments, ill health, and divorce, parents remained motivated to give their children the best play opportunities.

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Competing interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

Author contributions

M.D: Main researcher, primary investigator, involved in the protocol, ethical submission, and analysis of data. A.B: Supervisor, contributed to conceptualization of the study, protocol, analysis of data and review of manuscript. B.M: Co-Supervisor, contributed to protocol development, ethical review and manuscript review. All authors contributed to the article and approved the submitted version.

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Data availability statement

The data that support the findings of this study are available from the corresponding author, (MD), upon reasonable request.

Disclaimer

The authors declare that the views expressed in the submitted article are their own and not an official position of the institution or funder.

References

1. Ainsworth, M. D., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development*, 41, 49–67.

2. Almon, J. (2004). The vital role of play in childhood. Chestnut Ridge, NY:Waldorf Early Childhood Association of North America.
3. Babuc, Z. T. (2015). Exploring Parental Perceptions and Preferences About Play: A Case Study in Erzurum. *Procedia - Social and Behavioral Sciences*, 197(February), 2417–2424.
4. Bartie, M., Dunnell, A., Kaplan, J., Oosthuizen, D., Smit, D., et al. (2016). The play experiences of preschool children from a low-socio-economic rural community in Worcester, South Africa. *Occupational Therapy International*, 23(2), 91-102.
5. Besio, S., 2017. 'The Need for Play for the Sake of Play'. In S. Besio, D. Bulgarelli and V. Stancheva-Popkostadinova (eds), *Play Development in Children with Disabilities*, pp 9–52. De Gruyter Open Ltd:Warsaw/Berlin.
6. Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psycho-Analysis*, 39, 350-373.
7. Brief, P., & Africa, S. (2017). The Child's Right to Play: A Policy Brief for South Africa. Johannesburg: ACTPSA.
8. Brown, A., Mulligan, D. A., Altmann, T. R., Christakis, D. A., Clarke-Pearson, K., Falik, H. L., et al. (2011). Media use by children younger than 2 years. *Pediatrics*, 128(5), 1040–1045.
9. Christakis, D., Zimmermann, F. J., DiGiuseppe, D. L., & McCarty, C. A. (2004). Early television exposure and subsequent attentional problems in children. *Pediatrics: Official Journal of the American Academy of Pediatrics*, 113(4), 708–713.
10. Colaizzi, P., 1978. 'Psychological Research as a Phenomenologist Views it'. In R. Valle and M. King (eds), *Existential Phenomenological Alternatives for Psychology*. Oxford University Press: New York, NY, USA.
11. Daniel, E. (2016). The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science. *Journal of Education and Practice*, 7(15), 91–100.
12. Elkind, D. (2008). The power of play: Learning what comes naturally. *The American Journal of Play*, 1(1), 1–6.
13. Fisher, K. R., Hirsh-Pasek, K., Golinkoff, R. M., & Gryfe, S. G. (2008). Conceptual split? Parents' and experts' perceptions of play in the 21st century. *Journal of Applied Developmental Psychology*, 29(4), 305–316.
14. Fogle, L. M., & Mendez, J. L. (2006). Assessing the play beliefs of African American mothers with preschool children. *Early Childhood Research Quarterly*, 21(4), 507–518.
15. Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Pittsburgh, PA: Duquesne: University Press.
16. Haight, W. L., Parke, R. D., & Black, J. E. (1997). Mothers' and fathers' beliefs about and spontaneous participation in their toddlers' pretend play. *Merrill-Palmer Quarterly*, 43(2), 271–290.
17. Lin, X., & Li, H. (2018). Parents' play beliefs and engagement in young children's play at home. *European Early Childhood Education Research Journal*, 26(2), 161–176.

17. Parham, L.D., 2008, 'Play and occupational therapy'. In L.D. Parham and L. Fazio (eds), *Play in Occupational Therapy for Children*, 2nd edn, pp. 3–39. Elsevier: St. Louis, MO, USA.
18. Skard G., and Bundy, A.C., 2008, 'Test of playfulness'. In L.D. Parham and L. Fazio (eds), *Play in Occupational Therapy for Children*, 2nd edn, pp. 71–93. Elsevier, St. Louis, MO, USA.
19. Public Health Wales. (2017). First 1000 Days: Parental Insights. Retrieved from https://www.unicef.org/southafrica/SAF_brief_1000days.pdf
20. Ramugondo, E., Ferreira, A., Chung, D., & Cordier, R. (2018). A feasibility RCT evaluating a play-informed, caregiver-implemented, home-based intervention to improve the play of children who are HIV positive. *Occupational Therapy International*, 2018:1-15.
21. Roggman, L. (2010). Attachment & play. *Infant Behavior and Development*, 9, 315.
22. Rowe, M.L., Pan, B.A. and Ayoub, C. (2005). Predictors of variation in maternal talk to children: A longitudinal study of low-income families. *Parenting: Science and Practice*, 5(3), pp.259-283.
23. Rowley, J. (2012). Conducting research interviews, *Management Research Review*, 35(3/4), 260-271.
24. Schore, A. N. (2005). Back to Basics: Attachment, Affect Regulation, and the Developing Right Brain: Linking Developmental Neuroscience to Pediatrics. *Pediatrics in Review*, 26(6), 204–217.
25. Shirani, F., Henwood, K., & Coltart, C. (2012). Meeting the challenges of intensive parenting culture: gender, risk management and the moral parent. *Sociology*, 46(1), 1–25.
26. Singer, D.G., Singer, J.L., D'Agostino, H. & DeLong, R., 2009. Children's Pastimes and Play in Sixteen Nations: Is Free-Play Declining? *American journal of play*, 1(3), pp.283-312.
27. Stern, D. N. (1974). The Goal and Structure of Mother-Infant Play. *Journal of the American Academy of Child Psychiatry*, 13(3), 402–421.
28. Stipek, D., Milburn, S., Clements, D., & Daniels, D. (1992). Parents' beliefs about appropriate education for young children. *Journal of Applied Developmental Psychology*, 13(3), 293–331.
29. Turner, R. E., & Honikman, S. (2017). Maternal mental health and the first 1 000 days. *South African Medical Journal*, 106(12), 1164.
30. Vandermaas-Peeler, M. (2013). Cultural Variations in Parental Support of Children's Play. *Online Readings in Psychology and Culture*, 6(1), 1–11.
31. WHO, & UNICEF. (2012). Guidance note for integrating ECD activities into nutrition programmes in emergencies. Retrieved from [http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Integrating+Early+Childhood+Development+\(ECD\)+activities+into+Nutrition+Programmes+in+Emergencies+.+Why+,+What+and+How#0](http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Integrating+Early+Childhood+Development+(ECD)+activities+into+Nutrition+Programmes+in+Emergencies+.+Why+,+What+and+How#0)
32. Winnicott, D. W. (1960). The theory of the parent-child relationship. *The International Journal of Psychoanalysis*, 41(1960), 585–595.
33. Zeanah, C. H., Jr., & Zeanah, P. D. (2009). The scope of infant mental health. In C. H. Zeanah,

Jr. (Ed.), Handbook of infant mental health (p. 5–21). The Guilford Press.

Appendix B – Data collection tools

Demographic information

1. Parent gender:	1= Male 2= female #= other
2. Parent/ Caregiver status:	1 = Birth Parent 2 = Foster Parent 3 = Adoptive Parent 4 = Other # = Unknown/missing data
3. Date of birth/age of parent:	
4. First language:	1 = Afrikaans 2 = English 3 = Xhosa 4 = Other # = Unknown/missing data
5. Ethnicity:	1 = White/Caucasian 2 = Black African 3 = Coloured/Mixed-ancestry 4 = Indian 5 = Asian 6 = Other # = Unknown/missing data
6. Marital status:	1 = Single 2 = In a relationship (unmarried) 3 = Married 4 = Divorced 5 = Separated

	6 = Widowed # = Unknown/missing data
7. Highest level of education (HLOE):	0 = no education 1 = Primary (Grades 1-7) 2 = Secondary (Grades 8-11) 3 = Matric 4 = Tertiary # = Unknown/missing data
8. Employed:	0 = No 1 = Yes # = Unknown/missing data
9. Disability grant:	0 = No 1 = Yes # = Unknown/missing data
10. Number of children:	
11. Age of child:	
12. Gender of Child	1= Male 2= female
13. Ethnicity of Child	1 = White/Caucasian 2 = Black African 3 = Coloured/Mixed-ancestry 4 = Indian 5 = Asian 6 = Other # = Unknown/missing data

Semi-structured interview questions

Interviewer:

Interviewee:

Date:

Time of interview:

Place:

The researcher will ask these questions and allow the participant to freely voice their understanding, concerns or opinions around their beliefs and practices about their infant's play.

The interview will last approximately 30 minutes and will be audio-recorded with the participant's permission. The interview will be conducted telephonically in the comfort of the participant's home or alternative venue of the participant's choice; at a time most convenient to the participant.

1. When you think of the word play, what comes to mind?
 - Probe: Tell me what the word play means to you?
 - Probe: what do you understand by the word play?
2. Can you describe what play experiences you have had as a child?
 - Probe: describe a typical instance where you played with your parents or alone
3. In what way is play important or not important for babies and toddlers' development?
 - Probe: Tell me why you think play is important to babies/ toddlers
 - Probe: Tell me why you think play might not be important for babies/ toddlers
 - Probe: Do you feel that engaging in play will help your child learn skills or do you think it is wasted time? Please tell me why you think so
4. Do you and your child play together during the day, if so what kind of things do you play with together?
 - Probe: Tell me of your experience when playing with your child
 - Probe: Tell me about the type of play you engage in with your child
 - Probe: Can you describe what you do when you play with your child?
5. When your child plays on their own, what activities do they engage in?

- Tell me what your child does when they play alone?
- Can you describe what your child does when they play on their own?

6. How do you feel when playing with your child?

- Probe: how satisfied do you feel with the way you play with your child?
- Probe: Is there anything you would change about the playing moments with your child?
- Probe: in your opinion is it more fun for your child when you play together versus playing alone?

7. Can you tell me what factors might impact your ability to play with your child?

- Probe: can you tell me what aspects in your life make it difficult for you to play with your child?
- Probe: describe what types of play or games you engaged in
- Probe: describe your how you felt when you engaged in play activities with a parent or alone

8. What is your experience or thoughts around your child watching television?

- Do you perceive watching television as a form of play? Would you care to elaborate?

Appendix C: Ethics Approval



Approval Notice

New Application

17/02/2020

Project ID :11375

HREC Reference No: S19/08/163

Project Title: Practices and beliefs about their infant's play amongst parents attending two state Infant Mental Health clinics in South Africa

Dear Ms Marchell Domingo

The **response to Modifications** received on 28/01/2020 15:29 was reviewed by members of **Health Research Ethics Committee** via **expedited** review procedures on 17/02/2020 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Date: 17 February 2020

Protocol Expiry Date: 16 February 2021

Please remember to use your Project ID 11375 and Ethics Reference Number S19/08/163 on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC 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.

After Ethical Review

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: [Links Application Form Direct Link](#) and the application should be submitted to the HREC before the year has expired. Please see [Forms and Instructions](#) on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Departement of Health and/or City Health) to

conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: <https://www.westerncape.gov.za/general-publication/health-research-approval-process>. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit:

[Forms and Instructions](#) on our HREC website
<https://applyethics.sun.ac.za/ProjectView/Index/11375>

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Elvira Rohland
Health Research Ethics Committee 2 (HREC2)

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)-REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372

Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:

Page 1 of 2

IRB0005240 (HREC1)-IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the [World Medical Association \(2013\). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects](#); the South African [Department of Health \(2006\). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa \(2nd edition\)](#); as well as the Department of Health (2015). [Ethics in Health Research: Principles, Processes and Structures \(2nd edition\)](#).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

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Appendix D: Participation information Leaflet

PARTICIPANT INFORMATION LEAFLET

1. TITLE OF THE RESEARCH PROJECT:

- Practices and beliefs about their infants play amongst parents attending two state infant mental health clinics in South Africa

2. REFERENCE NUMBER:

- SU 23414731

3. PRINCIPAL INVESTIGATOR:

- Marchelle Domingo

4. ADDRESS:

- Stellenbosch University Western Cape South Africa

5. CONTACT NUMBER:

Dear Parent or Caregiver

My name is Marchelle Domingo and I am an MPhil student at the University of Stellenbosch conducting my research under the supervision of Associate Professor A.M Berg and Dr B. Mpinda. I would like to invite you to participate in a research project that aims to explore and describe the practices and beliefs of their infants play amongst parents attending two state infant mental health clinics in South Africa

Please take some time to read the information presented here, which will explain the details of this project. I will contact you telephonically to verbally explain the study in a way that makes sense to you. You are welcome to ask me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee (HREC) at Stellenbosch University** and will be conducted according to accepted and applicable National and International ethical guidelines and principles, including those of the international Declaration of Helsinki October 2008, the South African Guidelines for Good Clinical Practice (2006), the Medical Research Council (MRC) Ethical Guidelines for Research (2002), and the Department of Health Ethics in Health Research: Principles, Processes and Studies (2015).

Background Information:

In this study we want to understand how you play with, and what you think about when playing with your baby. The interviews will be conducted by means of a telephone call at a time and place that is most convenient and comfortable for you. Participating in the telephone call will only take 30 minutes of your time.

Procedures:

If you agree to be in this study, you will be asked to do the following:

1. Participate in a one on one telephonic interview with the researcher to answer eight questions concerning your personal beliefs and practices about play with your child.
2. The interviews will be audio recorded with your consent and will last approximately 30 minutes to respect time, convenience and effort for you as the participant.
3. Each interview will be transcribed as is and will be shared with you for accuracy and commentary through means of a follow up telephonic consultation with your permission and at a time most convenient for you as the participant.
4. You will also be asked for some demographic information (gender, age, household income etc.) via completion of a form

Voluntary Nature of the Study:

You will be reminded that your participation in this study is strictly voluntary. Your decision will be respected regarding whether you want to be in this study or not. If initially you decide to participate, you may still be free to withdraw at any time in the process. During the process, if there is a time when you feel you would like to skip or not be a part of a specific question you are free to do so.

Confidentiality:

All information gathered for this research will be kept private. Research records will be kept in a locked file where only the researcher and her two supervisors will have access. All information is kept confidential and member names or anything else that could identify participants will be kept confidential by assigning a unique identifier to each participant. Data will be reported as a whole representing generalisations about responses to ensure anonymity. The information gathered will be stored for five years then destroyed.

Compensation:

You will receive R100 electronic cash voucher from the researcher to compensate for you time, and effort if you do take part.

Risk and Benefits of Being in the Study:

There are no physical risks in participating in this study. However, talking about play and your experience of play during your childhood could bring back memories. If this were to occur the researcher will provide counselling in the form of verbal comfort and reassurance. You will be given the option to terminate the interview at any time if you feel unhappy or take a break to contain yourself. You can be put in touch with health care professionals within the IMHC team to discuss your memories further if you wish.

There are no expenses or benefits in this study for you as the participant. The time it takes to complete the interview is approximately 30 minutes which is not expected to be a burden on you as the participant as it will be conducted at your most convenient time and place. The information received by you could inform health professionals on how to assist clinical service delivery to parents and help support the development of the first 1000 days initiative.

Reporting/Dissemination

The results from this study may be presented in educational settings, at professional conferences and may be published in professional journals. If you are interested in reading the final report, a copy will be available online next year (2021) through the Department of Psychiatry, Stellenbosch University website.

Contacts and Questions:

If you have any questions, you may contact me via email at ----@gmail.com or by phone at 00000000. If you want to talk to anyone at the University about your rights as a participant, or have any complaints or further queries you may contact Stellenbosch University research ethics committee at 021 938 9677/9819. You will receive a copy of this form for your own records.

If you are willing to participate in this study, please sign the below Declaration of Consent and hand it to the investigator.

Yours sincerely

Principal Investigator Marchelle Domingo

Caregiver Consent:

I have read the above information and understand what is being requested of me as a participant in this study. I freely consent to participate in this research study.

Name and Surname:

Identity Number:

Signature:

Date:

Witness name and surname:

Witness signature:

Date: