EXPERIENCES, CHALLENGES, AND COPING STRATEGIES OF ZIMBABWEAN MOTHERS CARING FOR THEIR MINOR CHILDREN WITHOUT FAMILY SUPPORT WHILST RESIDING IN SOUTH AFRICA

by

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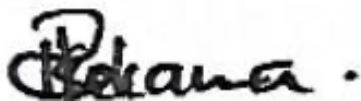Degree: Master of Social work

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28 February 2022

Ms JP Kekana

DEDICATION

This dissertation is dedicated to my mother Maphuti ngwana' Serumula (ngwana means child), my husband Makhura, and my siblings Edna, Dime and Kwena.

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The journey to complete this dissertation had inevitable several hurdles. It was through faith, self-determination, courage, patience, persistence through adversities of challenges and support from various individuals who dedicated their time to assist me in countless ways. I would like to express my sincere appreciation to the following people who contributed to the completion of this study:

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ABSTRACT

Background to the study: Family support and Zimbabwean migration is commonly alluded to by various researchers globally and in South Africa. The reason for migration is mainly financial opportunities. One of the common encounters migrants come across is the lack of support from family members left behind. There is a deficiency of research assessing the experiences, challenges, and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa. Research is required as the number of Zimbabwean mothers migrating to South Africa is not decreasing, and the challenges they experience add to the overwhelming high volumes of cases needing social service intervention.

Aim: The research aimed to investigate the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support.

Methods: Qualitative research methods were employed to explore and describe the experiences, challenges and coping strategies of Zimbabwean mothers caring for children without family support whilst residing in South Africa. A qualitative study from phenomenological research design supported by explorative, descriptive, and contextual strategies was implemented. The theoretical framework underpinned by the strength-based approach and coping theory to guide this study was employed. The population is comprised of Zimbabwean mothers who are caring for their children. Purposive and snowball sample selection was applied, and data was collected by conducting semi-structured interviews inclusive of open-ended questions enclosed in an interview guide. The six stages of data analysis proposed by Clarke and Braun (2013) were applied and for data verification, Guba's model was implemented (cited in Bryman 2016). Ethical principles such as informed consent, confidentiality, anonymity, and compensation management of information were adhered to and participants in need of debriefing were referred.

Results: The results of the research study revealed certain themes such as family relationships and relationships with community members; source of income; experiences of Zimbabwean mothers about lack of family support; emotional expressions and emotions about lack of family support; challenges encountered without family support; emotional feelings from experiences and challenges due to lack family support; adopted strategies to cope with challenges and experiences about lack of support from family members. There were varying and common events in their responses that contributed to the presentation of this report. Summaries, conclusions and recommendations for social workers, education and continued development training and future research were deliberated.

Key terms: mother; child; caring; coping strategies; experiences; challenges; family support; family members.

KGAOLO E E TSWANG MO PATLISISONG

Lemorago la patlisiso eno: Badiradipatlisiso ba le bantsi mo lefatsheng le ka mo nageng ya Aforika Borwa ba a tle ba kwale dipatlisiso mo ba umakang ntlha ya go ema nokeng malapa a baagi ba kwa nageng ya Zimbabwe ba ba direlang kgakala le legae la bona. Gore batho ba direle kgakala le magae a bona go le gantsi ke ka ntlha ya gore ba kgone go iponela madi a ba ka iphedisang ka ona. E nngwe ya dikgwetlho tse batho ba ba direlang kgakala le magae a bona ba kopanang le yona ke go se enngwe nokeng ke balelapa ba ba setseng kwa gae. Ga go na dipatlisiso tse di phuruphutshang seo bomme ba kwa Zimbabwe ba itemogelang sona, dikgwetlho tse ba kopanang le tsona le gore ke eng se ba se dirang gore ba kgone go itshokela seno jaaka ba malapa a bona ba sa ba thuse go godisa bana ba bona fa bona ba tlile mo tirong mo nageng ya Aforika Borwa. Go botlhokwa gore go diriwe dipatlisiso ka ga seno gonne palo ya bomme ba kwa Zimbabwe ba ba tswelela go nna ba ntse ba tla go batlana le ditiro ka fa nageng ya Aforika Borwa ga e fokotsege e bile dikgwetlho tse ba kopanang le tsona di oketsa mathata a mantsi a ba nang le ona a a tlhokang go thusiwa ka ditirelo tsa tlhokomelo ya baagi.

Maikemisetso a patlisiso: Maikemisetso a patlisiso eno ke go phuruphutsha seo bomme ba kwa Zimbabwe ba itemogelang sona, dikgwetlho tse ba kopanang le tsona le gore ke eng se ba se dirang gore ba kgone go itshokela seno jaaka ba malapa a bona ba sa ba thuse go godisa bana ba bona fa bona ba tlile mo tirong.

Mekgwa e e dirisitsweng mo patlisisong: Mo patlisisong eno go dirisitswe mekgwa ya go dira dipatlisiso ka go ela maemo tlhoko mme ka yona go etswe tlhoko maitemogelo a bomme ba kwa Zimbabwe le go tlhalosa maitemogelo a bona, dikgwetlho tse ba kopanang le tsona le gore ke eng se ba se dirang gore ba kgone go itshokela seno jaaka ba malapa a bona ba sa ba thuse go godisa bana ba bona fa bona ba tlile mo tirong mo nageng ya Aforika Borwa. Go dirisitswe mokgwa wa go dira dipatlisiso ka go ela tlhoko maitemogelo a batho ba bangwe mme ona o tshegediwang ke maano a go ela tlhoko, a go tlhalosa le a go bua ka seo patlisiso e ikaegileng ka sona. Mo go kaeleng patlisiso eno go dirisitswe kakanyo ya leano la go tsamaisa tiro e e itshetlegileng bogolosegolo ka dikgato tsa go tla ka ditharabololo mmogo le kakanyo ya dikgato tsa go itshoka. Batho ba dipatlisiso tseno di dirilweng mo go bona ke bomme ba kwa Zimbabwe ba ba ikgodisetsang bana ba bona. Go dirisitswe dikgato tse maitlhomo a tsona e leng go fitlhelela ntlha e e rileng mmogo le dikgato tsa go dira dipatlisiso tse di golaganeng, mme tshedimosetso e bokeleditswe ka go tshwara dikopano le batho ba go diriwang dipatlisiso ka bona go ba botsolotsa dipotso tse di botlhotshwana tse di tsentsweng ka fa teng ga lenaneo la dipotsolotso. Go dirisitswe gape le dikgato di le thataro tsa go sekaseka tshedimosetso tse di kwadilweng ke Clarke

le Braun (2013), mme go netefatsa boammaruri jwa tshedimosetso eno go dirisitswe mokgwa wa netefatso ya boammaruri jwa tshedimosetso wa Guba o o fitlhelwang mo go (Bryman 2016). Go latetswe gape le metheo yotlhe ya maitsholo a a amogelesegileng a go dira patlisiso a a jaaka go neelwa tetla ya go ka dira patlisiso ke batho ba o dirang patlisiso ka bona, go netefatsa gore tshedimosetso e e ka ga bona ga e pepesiwe gotlhe, go fitlha maina a bona a nnete, go latela thulaganyo ya go duelela bao ba neelaneng ka tetla ya go dirisa tshedimosetso ya bona. Batho botlhe ba ba tsayang karolo mo patlisisong eno ba ba tlhokang go tlhalosetswa gape ka botlalo mosola wa patlisiso eno le bona ba tseetswe matsapa a go tlhalosetswa.

Dipoelo tsa patlisiso eno: Dipoelo tsa patlisiso di ribolotse dintlha tse di rileng: go utlwana ga masika le baagi mo motseng; fo megolo e tswang teng; maitemogelo a bomme ba kwa Zimbabwe ba ba sa thusiweng go godisa bana; ka fao ba ntshang botlhoko jo ba bo utlwang le ka fao ba sa thusiweng ke masika a bona; dikgwetlho tse ba kopanang le tsona ka ntlha ya go se thusiwe ke ba maseika a bona; kutlobotlhoko e ba leng mo go yona ka ntlha ya maitemogelo a bona le dikgwetlho e leng ka ntlha ya go se thusiwe ke masika a bona; dilo tse ba di dirang gore ba kgone go itshokela mathata a go se enngwe nokeng ke bamalapa le masika. Mo dikarabong tse ba di neileng, e leng tsona tse di dirileng gore go kgonagale gore go tlhagisiwe pegelo eno, go ne go na le mo dikarabo tsa bona di neng di tshwana le mo dikarabo tsa bona di neng di farologana. Mo pegelong eno go samaganwe le ditemana tsa tshosobanyo, tsa go garela kgang le tsa ditshitshinyo go tswela mosola batlhankedi ba ba thusang baagi, barutabana le go thusa mo mererong ya katiso ya go tsweletsa tlhabologo le ya dipatlisiso tsa mo isagong.

Mafoko a a botlhokwa mo patlisisong eno: mme; ngwana; go godisa; se ba se dirang gore ba kgone go itshoka; maitemogelo; dikgwetlho; kemonokeng ya ba lelapa; ba malapa.

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AIDS: Acquired Immune Deficiency Syndrome

DSD: Department of Social Development

HIV: Human Immune Virus

ISS: International Social Services

NDP: National Development Plan

NPO: Non-Profit Organization

SAHRC: South African Human Rights Commission

UN: United Nations

UNICEF: United Nations International Children's Emergency Fund

CHAPTER 1: OVERVIEW OF STUDY

1.1 INTRODUCTION

This chapter outlines an introductory overview and orientation to the research, which aims to explore and allows for a description to be presented of what literature interprets around the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa. It will give a brief background to family support and Zimbabwean migrants globally and in South Africa and relevant statistics. Problem formulation, the rationale for exploration and the theoretical framework will also be described. Furthermore, the research process will be deliberated.

1.2 BACKGROUND OF THE STUDY

Lack of family support for Zimbabwean mothers caring for their minor children is a serious issue and central to this study.

The Green Paper on International Migration (2016) suggests that planned immigration would create opportunities for economic growth and growth and could be viewed as a potential tool for nation-building rather than impediments. Furthermore, it is beneficial if it is managed efficiently, securely and with respect for human rights.

Herewith are the figures that indicate that migration is continuous, and it is not possible to slow down or stop international migration. Additionally, these figures may include that of Zimbabwean mothers caring for their minor children without family support.

Historically, the number of worldwide immigrants has been continuous for the past years, amounting to 258 million in 2017(International Migration Report Highlights 2017:5). By definition, an international migrant is a person who is living in a country other than his or her country of birth (International Migration Report 2017:5). Among all regions, Asia has the maximum portion of nations in quest of decreasing the present number of immigrants (23%), followed by Africa (13%) (United Union report 2017:5).

The current global estimate is around 272 million international migrations in the world in 2019, which equate to 3,5 per cent of the global population. Over 21 million Africans are living in another country. An estimated 18.5 million Africans live within the African region. South Africa remains the most significant destination country in Africa with around 4 million international migrants residing in the country (World Migration Report

2020:19). The largest influx came as a result of the economic collapse in Zimbabwe (Department of Home Affairs 2016:12).

Mlambo (2017:50): state the following: "South Africa and Botswana unquestionably interest an immense number of immigrants from the area, typically Zimbabwean". In recent years, according to Bernstein (2011:7), migration movements within South Africa continue to be dominated by the mass departure of 2 million Zimbabweans. Makina cited in Berstein et al (2011:21) states that, in a short period, the Zimbabwean population grew massively within South Africa of which 44% are females. Additionally, there is a projectable amount of 1,5 million Zimbabweans residing in South Africa (Dzingirai, Egger, Langau, Litchfield & Mutopo 2015:8).

The concept of family support is defined by Uddin and Bhuiyan (2019:17) as the support that people receive from other family members. Daly, Bray, Bruckauf, Byrne, Margaria, Pec'nik, & Samms-Vaughan 2015:8) provide the following comprehensive definition of what family support entails: family support "is broader, concerned with the family as a social unit and its ecological balance the relationships and resource flow between members as well as how well the family is embedded within supportive networks".

Moreover, family support is a set of services and other activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources, both formal and informal (Daly et al 2015:12)

In addition, the Daly et al (2015:12) identifies the following three detailed defining features of family support:

Firstly, family support has developed as an alternative approach to initiatives targeting problems in individualised ways. In other words, it seeks to offer an alternative to approaches that deal with problems in ways that neglect or undermine the family's potential for change, for example removing the child from the family and other institutional responses to child maltreatment and problematic family behaviour.

Secondly, there is a strong ecological element to family support. Relationships, inter-dependencies, support networks and local settings comprise the framework within which family life is understood. With family isolation and lack of social support seen as

a central concern, the perspective is specially oriented to the integration of families into various social networks.

A third defining characteristic of family support is a focus on the strengths as against the deficits of families and recognition of families' capacity to define and respond to their own needs, provided they have the necessary support (Daly, Bray, Brackauf, Byrne, Margaria, Pec'nik & Samms-Vaughan, 2015:16)

Family support services incorporate collective, targeted, and responsive services. The main aim is that all families obtain and benefit from the services needed to enable them to satisfy their developing responsibilities. Secondly, families under strain or suffering deprivation are aided to support the children in their care. Lastly, families and children subjected to risk and distress gain access to appropriate protective or therapeutic services either on request or through referral systems (Martin, Hall & Lake 2016:116).

Globally, family support concentrates on the strength of kin rather than the deficit, as well as an acknowledgement of kin's ability about expressing and attending to their individual needs on the condition that essential care is available (Pinkerton in Daly et al 2015:13). Furthermore, family care and child-rearing care differ extensively in practice as well as in states (Daly et al 2015:8). UNICEF places family support at the centre of its universal safety plan. It is concerned with family support as a collective element and its ecological stability, the relations, and resources stream amongst members and how the family is rooted in supportive systems. Thus, family support is oriented toward family stability and general functioning (Daly et al 2015:5).

In England, the establishment of serious thinking about family support is well developed. Family support has been conceived as the provision of services for families in need concerning relationship problems and child risk (Daly et al 2015:70). However, Jamaica's practice of family policy and legislation is primarily anchored in childcare, with the fundamentals of family support being drawn in Child Care and Protection (Samms-Vaughan & Margaria 2015:78). Croatia is a high-income country at the crossroads of Central and South-East Europe. Family assistance and counselling include family support which offers intensive support to families in crisis and long-term work with family members focused on improving family relationships (Byrne & Pec'nik 2015:64).

In Africa, in explaining family support, Patel, Hochfeld and Englert (2018:8) state the following: family support is the course of allowing families and family members relations, systems, care and safety essential to cope with the difficulties they encounter.

Family support differs extensively in practice. In some areas of the world such as central and West Africa, systematic, government-led family support initiatives are rare. The evidence suggests that, where it exists, family support is being developed in two main forms:

- Services; especially social, care and psychological services to families

- Re-orientation of economic support to families especially cash payments (Daly et al 2017:15).

Family support aims to offer many potential benefits for Zimbabwean mothers caring for their minor children. Family support may also occur naturally through informal support systems of kin, neighbours, and friends. It may be planned, arranged, or delivered by professionals or para-professionals (DSD 2011a:48). The principle of family support is firmly rooted in the ecological perspective that acknowledges that the family is a system where the care, protection, and development of children among other functions are facilitated (Devaney & Canavan 2016:21).

The Green Paper on Families (2011) explains the following three categories of family support:

Developmental family support strengthens the social support and coping capacity of children, and adults, in the context of their family and neighbourhood, personal development groups, recreational projects, youth programmes, parent education, or other adult education relevant to family living and relationships, would be examples of developmental family support. This type of family support is not problem-focused and is, in principle, open to all who are encountering the normal challenges of parenting and family living.

Compensatory family support aims to compensate family members for the disabling effects of disadvantage or adversity in their present or earlier life. Examples of compensatory family support would include high-quality nursery day programmes for pre-schoolers from very disadvantaged home circumstances, and special youth

programmes for those at risk in communities with high rates of truancy and early school leaving. Compensatory family support can serve as one important strand in the range of strategies necessary to counteract the toxic effects of social exclusion on personal, family and neighbourhood life.

Protective family support seeks to strengthen the coping and resilience of children and adults concerning identified risks or threats experienced within individual families. Examples of protective family support include day fostering for the children of drug-abusing parents; refuges and support groups for women who are victims of domestic violence; and support programmes in child behaviour management for parents encountering serious problems in this regard. Protective family support will recognise the value of relationships, routine (such as bedtime) and rituals (such as birthdays and Christmas) in giving greater structure and stability to home life for a child in stressful family circumstances.

In the South African context, policies are developed for the provision of family support. The National Development Plan (NDP) (2030) recognises that families are subjected to many demands including the perseverance of racially separated communities and that deprived populated areas tend to be far from work. In addition, poor families face difficulties in securing adequate education or health care for children; and a high level of violence puts families at risk.

Therefore, family support and services from the state are administered by various policies. The objective of the White Paper for Social Welfare (2013) is to meet individuals' needs and develop their capabilities so that all South African can accomplish their ambitions and contribute completely to social and economic and political life. Moreover, to attain social development, the policy recognises that social welfare needs to be connected to health care, nutrition, housing, employment, recreation and rural and urban development. On the other hand, the White paper on Families (2013) also views the family as a vital key development area and seeks to secure wide-ranging support by the government to improve the social, caring, nurturing, and supporting abilities of families so that their members can contribute effectively to the general development in the country.

However, the Department of Home Affairs is designated to offer caregivers and children identification documents such as birth certificates, identity documents,

marriage certificates, as well as residency documents for foreign migrant families. Zimbabwean mothers need identification to access the full benefits of any formal family support.

The above policies are generally inclusive and aim to ensure universal access, however, they are narrowly interpreted and implemented and as a result discriminate against certain families and children (Martin, Hall & Lake 2016:117).

In South Africa, family support entails informal resources offered by relatives and neighbours in the form of food, shelter and care for a child or dependent adult (Bray 2015:93). Family support for children is vital in South Africa to ensure basic needs are met. As prescribed by the government, these are "Household support structures emphasising establishment suitable and acceptable structures of support for the family wellbeing, parenting, teaching and other important needs of the families" (DSD 2013).

Family priorities are reflected in the Children's Act (South Africa 2006: section 1), the first objective of which is to "promote the preservation and strengthening of families". The promotion of family life, according to the Green Paper on Families (South Africa DSD 2011a) finds expression in aiming to support the family. Furthermore, the South African government provides support to families and children through social assistance. In terms of the Social Assistance Act (South Africa 2004: section 5(1) (b) (c)), a person is entitled to the appropriate social assistance if she or he:

(b)   subject to section 17, is resident in the Republic.

(c)   is a South African citizen or is a member of a group or category of persons prescribed by the Minister, with the concurrence of the Minister of Finance, by notice in the Gazette.

The fact that most Zimbabweans (in this case Zimbabwean mothers caring for their minor children without family support whilst in South Africa) are not permanent residents yet or South Africans, they, therefore, do not qualify for social assistance. Consequently, they do not receive any income from the government to support their children financially and meet their basic needs. This exposes these mothers to various challenges such as caring for the wellbeing of their children and surviving whilst residing in South Africa. This challenge can maximize the problems related to caring,

lessen communal communication, force mothers to isolate themselves, as a result, diminish accessibility of family support as well other support and facilities for children.

There are various challenges faced by Zimbabwean mothers caring for their minor children without family support. South Africa and Botswana undeniably attract a massive quantity of migrants from the region, mostly Zimbabweans (Mlambo 2017:50). However, South African immigration policy does not presently allow low-skilled migrants to move on a more permanent basis. Most social assistance benefits in South Africa are accessed through South African citizenship or permanent residence (Vanyoro et al 2019:7).

Understandably, Zimbabwean migrant women have less support. Their migration is one from underdeveloped remote areas that correlate with many stressors such as no social network, lack of a support system, economic challenges, ethnic discrimination, and language barriers ((Ma, Kang, Song, Wei, & Marley 2015:11). Furthermore, lack of support from extended kin may compromise the adaptation of Zimbabwean mothers and their children. Newcomer Zimbabwean mothers experience a loss of support networks (Stewart, Kariwo, Kushner, Makumbe, Makwarimba & Shiza 2014:115).

Foreign national parents come across burdensome bureaucratic requirements. If the Department of Home Affairs suspects that one parent is not a South African citizen, it requests parents to undergo a DNA test at their own cost (Martin et al 2016:18). Zimbabwean migrants also face cultural and economic adversities in host countries lacking family support places extra stress (Stewart et al 2014:1147).

A large number of Zimbabwean women migrating to South Africa are employed as domestic workers. While they are unable to sustain their livelihoods, without the freedom to establish residence and accrue social benefits their employment remains unwarranted. As a result, they are exposed to exploitation and economic uncertainty (Vanyoro et al 2019:1).

In Limpopo province, there are several reported cases of Zimbabwean mothers arrested due to petty crimes. The Limpopo Mirror (2019) reported on Zimbabwean mothers who were arrested in Louis Trichardt and forced to leave their children with their neighbours. Additionally, The Limpopo Mirror further (2019) reported on Zimbabwean women who had to seek shelter at the Kgapane police station with their children after the villagers invaded their homes. Abandonment means desertion,

severing ties with, and failing to support one's child (McCoy & Keen 2014:347). When these Zimbabwean mothers are arrested and sentenced, their children must be removed and placed in alternative care since there is no other family member to take care of the children. Alternative care refers to the care of a child who may be in foster care, a child and youth care centre or temporary safe care (Children's Act (South Africa 2006: section 167). Most of the children, owing to their age, are not accommodated in prison, especially if they are older than two years. Female prisoners may be allowed to stay with their children below the age of two, bearing in mind the best interest of the child (Department of Correctional Services 2008).

Adding to the above challenges, most Zimbabwean mothers working in South Africa under conditions of extreme economic hardships support an average of five people who are left behind in Zimbabwe (Hlatswayo 2016:15).

The topic of family support and Zimbabwean migration has been documented by various researchers globally and in South Africa. The reasons for migration, experiences, resettlement, and challenges have been highlighted in studies such as: "challenges confronted by refugee new parents from Africa in Canada" by Stewart et al (2014:115). The outcome was that female participants reported loneliness due to diminished social networks and support from family as well as trauma and stress emanating from mass killings and death of the relatives from the country of origin (Stewart et al 2014:116). Furthermore, Stewart et al (2014) studied the impact of a support intervention programme for Zimbabwean and Sudanese refugees' parents in Canada. The main aim of the research was to plan and assess the influence of the availability and traditionally suitable communal support involvement which enhances favourable for refugee parents. The results established that the availability of support can aid in reducing African refugees' loneliness and the strain of childcare and also assist in dealing with health-related stress (Stewart et al 2014).

On the other hand, Benza and Liamputtong (2017:3), in their research deliberated on the significance and involvement of parenthood amongst Zimbabwean females residing in Melbourne, Australia. They found that parenthood stemmed from accountability for their children which had developed from their sacrifices.

In South Africa, various studies about Zimbabweans have been undertaken, such as Mpondi and Mupakati (2018) who researched the migration trajectories and

experiences of Zimbabwean immigrants in the Limpopo Province of South Africa: Impediments and possibilities. The research aimed at exploring the reasons that drove them into exile and their experiences in South Africa. Despite the impediments and challenges faced by Zimbabwean immigrants in Limpopo Province of South Africa, they felt it was better to stay in South Africa, as cross-border traders' than to go back to a politically and economically crippled Zimbabwe (Mpondi & Mupakati 2018).

In addition, Tarusarira (2016:115), conducted research that had the goal to explore the perceptions and experiences of Zimbabwean asylum-seeking families living with children with disabilities regarding the provision of family support. The outcome of the research by Tarusarira et al (2016:115) is as follows: "parents living with a disabled child who receive informally, or family support have a positive perception of their family environment, coping and managing challenges of disabilities. They show few signs of stress compared to those who only rely on formal support". Saburi (2017) researched the 'experiences and insights of migrant Zimbabwean females getting prenatal and baby immunisation in community health care facilities in Gauteng, South Africa'. The goal was to investigate and compare experiences and insights of documented and undocumented Zimbabwean cross-border mothers with children below two years accessing prenatal care in public health facilities. It was found that some participants complained about the delay by staff to admit patients, while the majority reported verbal abuse and poor communication by nurses and discrimination by some staff (Saburi 2017).

Moreover, Zikhali (2016) researched the "mothering experiences of Zimbabwean mothers living in Johannesburg". The goal was to explore how Zimbabwean mothers in Johannesburg engage with the ideology of intensive motherhood. The findings were that participants pointed out hardships posed by the unstable economic situation in Zimbabwe which caused them to migrate to SA. They also explained that they understood motherhood as not only being reproductive but also being able to provide for their children's material needs (Zikhali 2016). Zimbabwean migrants in Johannesburg South Africa were also researched by Hungwe (2013). The goal of this investigation was to explore the coping mechanisms. The study found that these migrants believed the South African economy to be better than that of Zimbabwe, although they were part of the labour force of South Africa under poor circumstances (Hungwe 2013).

Nevertheless, most of the evidence is coming from Gauteng and Western Cape provinces and abroad. Therefore, it is mentioned that there is an information gap in the literature and research conducted about the experiences, challenges, and coping strategies, of Zimbabwean mothers caring for their minor children without family support, whilst residing in South Africa in Limpopo province within the area of Mokopane.

After consulting the literature, it is clear that presently there is a dearth of literature on the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa. The following section presents the problem statement.

1.3   PROBLEM FORMULATION AND PROBLEM STATEMENT

The problem statement provides the direction of the study. The design of a research problem is the centre part of research as the value and significance of the investigation rely on it (Kumar 2014:67). The formulation of the research problem is based on the background of the research which offered the basis for finding a gap in the literature and the need to focus on the identified gap. The research problem and the problem that prompted this research are formulated as follows:

Lack of family support is a major problem affecting Zimbabwean mothers globally and in South Africa. Zimbabwean mothers who have migrated to various regions worldwide are, however, reported to be facing challenges including a lack of social and family support. Zimbabwean immigrant mothers in Toronto, Canada experience deficiencies in spouse support, kin and other relations-following immigration. This is primarily because new migrants left their social networks behind in their republic of origin (Jones 2015:1845). Furthermore, in the Shandong Province of China, it was shown that the lack of social support for Zimbabwean and Sudanese refugee parents challenges their ability to cope with stress (Ma et al 2015:19).

Zimbabwean mothers in South Africa are no different to those who experience hardships in other countries. Williams and Wyatt (2013:9) confirm that emotional and family care is absent amongst Zimbabwean migrants in South Africa. A report by the South African Human Right Commission (SAHRC 2016:8) reveals that African migrants experience various hardships in South Africa. Such hardships or experiences prevent the full incorporation of migrants into the community (Flores, Milusheva &

Reichert 2021). The problem with the lack of social support from family can lead to further individual problems such as depression, anxiety, and emotional distress (Flores, Milusheva & Reichert 2021). Moreover, this is adding to the existing social problems in South Africa, such as child neglect, which are difficult to eradicate (Hungwe 2013).

Based on the above literature, the researcher was prompted to undertake this research and is of the view that there is a need to explore and gain a deeper understanding of Zimbabwean mothers' experiences, challenges, and coping strategies for caring for their children without family support whilst in South Africa.

The research problem is accompanied by the rationale for the study which is discussed next.

1.4   RATIONALE FOR THE STUDY

The research will investigate the experiences, challenges and coping strategies of Zimbabwean mothers who came across the border to South Africa while caring for their children without family support and are living in Mokopane, Limpopo province, South Africa. This is significant given the current situation that migrants are facing globally. The existing reports, which highlighted Zimbabwean mothers' experiences globally and in South Africa, do not cover the problems of caring for children without family support for Zimbabwean mothers.

Based on the literature provided in the introduction and problem statement, it became evident that less consideration has been given to Zimbabwean mothers' experiences of caring for children without family support in South Africa, especially in Mokopane. A research study that is central to Zimbabwean mothers and leads to an understanding of their challenges without family support affecting them while caring for their children in South Africa is of interest, both from a theoretical perspective, to understand better how their experiences influence family functioning, and also from a practical perspective to develop more effective ways of providing services. The reason for the selection of this topic is that it is an area of individual and professional interest for the researcher and an area that has been ignored.

The researcher, as a practising social worker, was employed at the SAVF (Suid Afrikaanse Vrouë Federasie) in Mokopane, Limpopo province. She has been directly involved in the intervention of countless cases of various Zimbabwean mothers and

other foreign nationals from Africa. By carrying out research that focuses on family support, we can initiate important modifications to empower and reassess the support that is in place to offer the best holistic support for Zimbabwean mothers caring for their minor children without family support. This research study will be beneficial in its attempt to hear the voices of these Zimbabwean mothers as they will express their experiences, challenges, and coping strategies.

1.5   THEORETICAL FRAMEWORK

The theoretical framework determined by a researcher guides the entire research process (Grant & Onsanloo 2014:12). It creates the foundation upon which sound arguments for the intended study are built and that the articulated research findings will be meaningful and generalisable (Adom, Houssein & Agyem 2018:438; Kumar et al 2014:57). Thus, the theoretical framework creates the plan for the research.

The theoretical framework for this research is designed on the strength-based approach and coping theory which will be discussed below.

1.5.1 Strengths-based theory

The strength-based theory focuses on identifying strengths, weaknesses and resources within clients themselves and their immediate environment to enable them to resolve their difficulties (Zastrow 2017:92). Furthermore, Weyers (2011:23) defines the strength-based theory as an assemblage of individual capabilities, originality and possessions found in relational associations. The strengths-based theory recognises that individuals and families can and do survive by overcoming adversity (Davies 2013:484).

The strengths-based theory is regarded as the most appropriate theoretical framework to guide and inform this study as Zimbabwean mothers' abilities (strength) to deal with challenges (experiences caring for their children) and available resources (family in Zimbabwe).

Therefore, the researcher would further adopt the following five principles of the strengths-based theory by Saleebey 2013:93) and envisaged applicability to this research:

Principle 1: Every individual, group, family, and community have strengths. Human beings possess a treasure of inner resources (Saleebey 2013:17).

Application: Zimbabwean mothers come across challenging circumstances. However, that does not mean they do not have strengths that could enable them to overcome difficult circumstances. The researcher will focus on identifying and respecting the Zimbabwean mother's knowledge, wisdom, and potential for coping with experiences and challenges in caring for their children without family support whilst in South Africa.

Principle 2: Trauma, abuse, illness, and struggle can be injurious, but they can also be a source of challenge and opportunity. The principle implies that human beings can emerge as heroes and heroines from respective difficulties and challenges (Saleebey 2013:18).

Application: the researcher acknowledges the participants' challenges and that they are resourceful. The researcher does not view the participants as victims but instead, the researcher explores and learns from the participants coping strategies to overcome their challenges.

Principle 3: Assume that you do not know the upper limits of the capacity to grow and take individual, group and community aspirations seriously. This principle assumes that there are no restrictions on people's abilities to rise and improve their conditions and remain committed to their ambitions (Saleebey 2013:19).

Application: the researcher holds the belief that the participants are full of unlimited capabilities and reveals this capability to develop and make a difference in their circumstances.

Principle 4: we best serve clients by collaborating with them. Collaborating with participants through dialogue as partners and experts in their own lives is important when operating from a strengths-based perspective (Saleebey 2013:20).

Application: the participants are the expert, and the researcher works with them rather than being the helper. This ensures that the participants' voices and perceptions are valued throughout the research study.

Principle 5: Every environment is full of resources. The availability of resources could enable them to liberate themselves (Saleebey 2013:20).

Application: Every participant is viewed as an individual who is surrounded by various people and societies that are full of resources to help them overcome daily challenges they come across.

1.5.2 Coping theory

Coping is defined as "a system that encompasses transactions with the social and physical environments; the consequences of coping are not limited to the resolution of stressful episodes but accrue in the health, development, and survival of individuals, relationships, and groups; and coping incorporates evolution-based species general innate structures or stress physiology" (Skinner and Zimmer-Gimbeck 2016:4). Coping involves engaging and engaging thoughts, emotions and actions to manage the internal and external stresses caused by a situation or event (Hsu and Marlatt 2012:115). Furthermore, in writing about coping Lazarus & Folkman (cited in Bhattacharjee, Davis, Connolly and Hikmet 2018:400; Skinner et al 2016:6) writes: "coping is a cognitive and behavioural effort exerted to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person". Based on the above definitions, coping involves the person's mental and physical being and the environment. It also involves how the person reacts to stressors.

The process of coping as described by Lazarus; Lazarus and Folkman (in Bhattacharjee et al 2018:400; Pillai, Upadnyaya, Prakash, Ramprasad, Mukesh and Pai 2020:3681) is divided into two major stages, which are interlinked. In the first stage, when an individual encounters displacement by an event, he/she starts evaluating the consequences of the event. This process is defined as "appraisal' 'where the appraisal is associated with exploring the personal relevance of the event and its consequences, known as primary appraisal. And, further, in the secondary appraisal, the individual evaluates the different coping strategies available based on the nature of the problem. For this research, the researcher would explore various ways in which the Zimbabwean mothers experience stressors and how they find ways to cope. Moreover, Kamble (2017:57) emphasise that coping is not a one-time response; it is a process in which an individual uses various technique to cope with stressors. Coping differs from an adjustment in that the latter is more general, has a broader meaning and includes diverse-not only intentional ways of facing a difficulty (Mitrousi, Travlos, Koukia & Zyga 2013:132)

The coping theory examines how individuals respond to, or cope with disruptive events given the financial, cognitive, social, and physical resources at their disposal (Bhattacharjee et al 2018:400; Skinner et al 2016:4). Furthermore, the goal of coping

is to detect and respond to danger and needs the following capacities of a coping system identified by Skinner et al (2016:4):

First, it needs to monitor and detect threats and problems and secure clear and accurate information (Skinner et al 2016:4).

Secondly, it needs to regulate its responses to actual issues: under-reactions based on ignorance or denial can render the system vulnerable to attack, but over-reactions based on panic or fear can use up needed resources and lead to exhaustion (Skinner et al 2016:4).

Third, the system needs to maintain its internal organization that is, its composure so that it has full access to accurate information about its internal states and resources: emotions, cognitions, motivations, energy level, capacities, strategies, and especially its genuine priorities and commitments (Skinner et al 2016:4).

Fourth, the coping system needs the capacity to act in concert with external conditions, that is, self-discipline, skill, and will do what is needed and to do its part in dealing with stressors (Skinner et al 2016:4).

Fifth, it needs the capacity to access and benefit from additional resources, both social and material, when environmental demands overwhelm its resources (Skinner et al 2016:4).

Sixth, it needs the capacity to flexibly adjust actions as conditions on the ground change, to recover from setbacks, and keep its options open (Skinner et al 2016:4).

Seventh, it needs to do all this as automatically as it can, with as little as possible, to preserve resources (Skinner et al 2016:4).

Lastly, the system needs to remember and learn from past stressful transactions, act more effectively in present circumstances and also to anticipate and prevent problems in the future (Skinner et al 2016:4).

In the context of this research, coping strategies for the Zimbabwean mothers to cope with stressors are explored concerning caring for their minor children without family support. Coping capacities are an important tool for Zimbabwean mothers to identify stressors and to identify various coping strategies. The researcher understands that coping capacities differ from one person to another. Zimbabwean mothers may have

various capacities to enable them to cope and engage in various coping strategies when they attempt to mitigate the impact of stressors on their available resources.

Coping strategies refer to a technique of coping adopted in a specific context. There are two broad categories of coping strategies namely: problem-focused coping strategy and emotion-focused strategy (Kamble et al 2017:57). The problem-focused coping includes problem-solving, information seeking, engagement, emotional expression, and support-seeking. Whereas emotion-focused coping includes emotional expression, denial, wishful thinking and disengagement (Skinner et al 2017:211). Moreover, a problem-focused contributes by decreasing the emotional tension experienced by the individual by focusing on the source of stress. However, emotion-focused coping attempts to act on the emotional signs induced by the situation. Emotion-focused coping strategies may lead to psychological symptoms, such as depressed mood and emotional distress. (Lebert-Charron, Dorard, Boujut & Wendlland 2018:3). Problem-focused coping is used to challenge the problem directly. On the other hand, an emotion-focused strategy is used to handle feelings of distress, rather than the actual problem (Kamble et al 2017:57).

The type of coping strategies Zimbabwean mothers use may depend on the coping resources available to them.

The abovementioned strengths-based principles and coping theory contribute to developing a research question and filtering study goals and objectives which will be discussed in the following section.

1.6   RESEARCH QUESTION, GOAL AND OBJECTIVES

The following section focuses on the research question, goal, and objectives of the study.

1.6.1 Research question

The research question allows the researcher to narrow the purpose of the research by focusing exactly on what the researcher wants to find out (Doody & Bailey 2016:23; Terrell 2016:25). Qualitative research questions can be detailed and concrete. It is central to the research study and intends to illustrate that a specific phenomenon is going to be investigated (Punch 2016:49). In qualitative studies, the research question focuses on exploring the processes behind behaviours and gaining insight into perceptions, opinions, beliefs, and feelings (Hennink, Hutter & Bailey 2011:35).

Thus, the researcher narrowed down the purpose of the study by posing a specific research question as follows:

- What are the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa?

In summary, the above research question addresses the key concern, is precise and specific and gives a clear vision with established boundaries of the data to be collected (Denscombe 2012:73; Corbin & Strauss 2015:34).

The research goal and objectives are further extensions of the research question which will be elaborated on next.

1.6.2 Research goal

To specify what a research study intends to achieve relies significantly on the formulated research goal (Braun & Clarke 2013:53) and illustrates what the researcher plans to achieve (Denscombe et al 2012:82). It is further indicated by Tully (2014:31) that a well-articulated goal allows the reader to judge whether the goal of the study was achieved. Furthermore, Creswell (2014:109) guides researchers to include the central phenomenon of the study, the participants, and the context where the study is to take place every time, they frame the purpose statement.

Based on the above definitions, the following goal was formulated for this study:

- To develop an in-depth understanding of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

The research objectives will be discussed next.

1.6.3 Research objectives

The concept "research objectives" according to Kumar et al (2014:69), is a set of activities the researcher sets to achieve the goal of the study. The research objectives are often embedded in the form of the research question itself (Gilbert & Stoneman 2016:50).

The objectives are the activities established by the researcher to reach the desired goal. Subsequently, the objectives are framed for this research:

- To obtain a sample of Zimbabwean mothers caring for their minor children without family support.

- To explore the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

- To conduct semi-structured interviews with Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

- To analyse the data obtained using the six phases of qualitative analysis created by Clarke and Braun (2013:60).

- To describe and present the findings of the study.

- To conclude the study findings.

The subsequent section will attend to the research methodology and discuss the research approach and research design to guide the study.

1.7   RESEARCH METHODOLOGY

This section discusses the research methodology for this study. It explains the research approach and research designs that were adopted. Research methodology as Silverman (2013:122) defines as: ''a general approach to study a research topic'' and it is further described as a framework to shape or expand knowledge so that science can be promoted by providing a layout of how the research was conducted (Igwenagu 2016:80; Lanier & Briggs 2014:3). This research study's framework is steered from a qualitative approach with phenomenology, explorative, descriptive, and contextual designs as the strategy of enquiry and the researcher will follow a systematic way (research methods) to conduct the research.

1.7.1 Research approach

Qualitative and quantitative research approaches are both necessary to truly understand many problems or phenomena from a scientific perspective (Yegidis, Weinbach & Myers 2012:23). A quantitative research approach concerns itself with answering a hypothesis by applying measurement procedures and reporting results using tables and graphs (Bryman 2016:317; Yegidis et al 2012:23). Both approaches are concerned with answering the research question (Bryman et al 2016:317).

A qualitative research approach aims to explore a problem or social issue (Creswell and Poth 2018:45) and provides meaning to information as shared by individuals or

groups about a certain topic under study (Creswell 2014:32). In explaining the qualitative research approach, Rubin and Babbie (2013:40) state the following: ''qualitative research approach is more likely to tap the deeper meanings of particular human experiences and generate theoretically richer observations that are not easily reduced to numbers''. Furthermore, qualitative research is a form of research in which the researcher collects and interprets data, making the research as much a part of the research process as the participants and the data they provide (Corbin & Strauss 2015:4).

Creswell and Poth (2018:43-44) highlight the following characteristics of qualitative research:

- *Natural setting.* The qualitative researcher tends to collect data in the natural setting at the site where the participants experience the issue or problem under study. Therefore, the researcher intends to collect data in South Africa, conducting face-to-face interviews with Zimbabwean mothers located within the borders of the Waterberg District, Mokopane.

- *Researcher as a key instrument.* The qualitative researcher is the key instrument for data collection by examining documents, observing behaviour, or interviewing participants. The qualitative researcher does not tend to use or rely on questionnaires or instruments developed by other researchers. In this research, the researcher plans to facilitate semi-structured interviews consisting of open-ended questions to collect the required data. The data from all participants will be analysed and presented in this report.

- In qualitative research, an *inductive* process of data analysis is followed. Qualitative researchers build their patterns, categories, and themes from the bottom up by organising the data into increasingly more abstract units of information. In this study, the researcher will produce meaning from the face-to-face interviews through the process of analysing and coding the data.

- *Qualitative researchers are interested in participants' meanings*. In the entire qualitative research process, the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researcher brings to the research or that writers express in the literature. In this research study, the researcher's main interest is in the

experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa.

- ***The research process of qualitative researchers is emergent.*** This means that the initial pan for research cannot be tightly prescribed, and some or all phases of the process may change or shift after the researcher enters the field and begins to collect data. For example, questions may change, the forms of data collection may shift, and the individuals studied, and the sites visited may be modified. The key idea behind qualitative research is to learn about the problem or issue from participants. In this research study, the researcher will elaborate on the questions featured in the interview guide based on the participant's responses.

- ***Reflexivity***. In qualitative research, the inquirers reflect on their role in the research study and their background, culture, and experiences that hold the potential to shape their interpretations, such as the themes they advance and the meaning they ascribe to the data. In this study, the researcher will implement reflexivity by employing self-reflection and self-consciousness. In other words, the researcher's relationship with the participants as well as the researcher's beliefs and assumptions are considered by the researcher. Being reflexive implies researchers do not try to simply ignore or avoid their own biases. Instead, reflexivity requires researchers to articulate and reflect upon their 'position' and 'subjectivity'(world view, perspective, biases), so that readers can better understand and filter through which questions were asked, how data was collected and analysed, and the findings were reported (Sutton & Austin 2015:226). This will aid the researcher to reflect on emotions, thoughts and assumptions to ensure that the researcher's responses do not influence the interpretation of the research data.

- ***Holistic account:*** Qualitative researchers try to develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives; identifying the many factors involved in a situation; generally sketching the larger picture that emerges. A visual model of many facets of a process or a central phenomenon assists in establishing this holistic image. The researcher will view this research holistically by focusing on all aspects of participants'

experiences, challenges and coping strategies of caring for their children without family support whilst residing in South Africa. Furthermore, their emotions, their relationship with significant others, their attitude to their experiences, challenges and coping strategies will be explored.

The qualitative research approach is considered appropriate since the key focus of the research is aiming to develop an in-depth understanding of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

The mapping out of the research process requires applicable research designs to be in place and these will be discussed next.

1.7.2 Research design

The research design is the plan of how the research will be conducted. Research design is a strategy for collecting and analysing evidence that will make it possible for the researcher to answer a question (Lune & Berg 2017:33; Creswell 2013:49; Flick 2018:30). Kumar et al (2014:122) note that the research design is the roadmap that researchers decide to follow during their research journey to find answers to the research questions as validly, objectively, accurately, and economically as possible.

In support of the above definitions, the researcher intends to explore and gain an in-depth understanding of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa. Therefore, within the qualitative approach, a phenomenological, explorative, descriptive, and contextual research design is considered most relevant in mapping out the research process for the study.

1.7.2.1 Phenomenology research design

Phenomenology is a research method that emphasises the study of conscious experience as a way of understanding the reality around us (Bhattacharjee 2012:109). Phenomenological analysis according to Bless, Higson-Smith and Sithole (2013:394), is a method of qualitative analysis which focuses on the individual experiences of study participants. Phenomenology's purposes are to obtain an understanding of what we make sense of in our daily encounters (Saldana 2013:177). As this research seeks to gain an in-depth understanding of Zimbabwean mothers from the point of view of the

Zimbabwean mothers, the phenomenology research design is considered most suitable.

1.7.2.2 Explorative research design

An explorative research design is employed when the subject is new and little is known about it, and when no one has yet explored it (Neuman 2014:38). In explaining 'explorative research' according to De Vos, Strydom, Fouché & Delport (2011:98), explorative research has a basic research goal and researchers frequently use qualitative data. In addition, Yegidis et al (2012:125) state that an exploratory design is suitable as soon as issues are acknowledged but our understanding of them is rather partial.

In this study, little is known about the experiences, challenges and coping strategies of Zimbabwean mothers who are caring for their children without family support in Mokopane, South Africa. Therefore, the explorative design will be used to enable the researcher to embark on the process of knowledge building about the study topic.

1.7.2.3 Descriptive research design

A descriptive design assists the investigator in describing the collected data (the 'Who, What, Where and How') after the participants (Zimbabwean mothers) have had the opportunity to describe in detail their experiences, challenges and coping strategies about caring for their children without family support whilst residing in South Africa (Salazar, Crosby & DiClemente 2015:85; Babbie 2014:95). Thus, through this design, the researcher will be able to 'paint a picture and present findings based on the data collected (Neuman 2014:38).

1.7.2.4 Contextual research design

Contextual enquiry is observational research where the participants are observed in the context of the environment in which they would normally be comfortable (SCSalazar, Crosby & DiClemente 2015:85). A qualitative researcher seeks an understanding of behaviour, values, beliefs and so on in terms of the context in which the research is conducted (Bryman et al 2016:316). In addition, Corbin and Strauss (2015:5) state that a researcher wants the opportunity to connect with the participants and understand the world from their viewpoint.

To obtain the required information, the researcher will make physical contact with the participants in their ordinary locations, conduct and record interviews and describe

their circumstances. A contextual research design will enable the researcher to discover and understand the environment in which the participants live that can influence their experiences, challenges and coping strategies.

Hence, applying the phenomenology research design, exploratory research design, descriptive research design and contextual research design significantly will enable the researcher to obtain comprehensive data regarding the research topic.

The subsequent section will elaborate on research methods leading to the selection of participants for the study.

1.8   RESEARCH METHODS

Research methods are the tools and techniques that are applied to collect, sort and analyse data so that one can come to certain conclusions (Kapur 2018:29; Jamshed 2014:88) defines research methods as "more than the application of techniques on data, but that each technique presents a mindset regarding the data where the intent is using techniques as instruments to control data, to meet a goal". Next, the research methods that will be suitable for this study are discussed and detailed.

1.8.1 Population

A population can be defined as all the people or items (unit of analysis) with the characteristics that one wishes to study (Bhattacharjee et al 2012:75). The concept 'population' according to Babbie (2016:116), is a group of people whom the researcher wants to study (Brynard, Hanekom & Brynard 2014:57) add that population does not refer only to the population of the country, but objects, subjects, events, phenomena, activities, or cases the researcher wishes to research to establish new knowledge. The researcher is interested in the population of Zimbabwean mothers who are caring for their children without any family support whilst residing in South Africa.

Due to budget and time restraints, the entire population of Zimbabwean mothers cannot form part of the research, but only the accessible population narrowed down to those living in Mokopane will be included. Accessible population refers only to those cases that theoretically might be selected as research participants, those that are accessible to the researcher due to location, time, budget limitation and methods of collecting data (Yegidis et al 2012:195).

1.8.2 Sampling

Sampling is a statistical process of selecting a subgroup (called a "sample") of a population of interest to make observations and statistical inferences about that population (Yegidis et al 2012:195; Bhattacharjee et al 2012:74). Sampling refers to the process of selecting a small group of people from a larger group. Walliman (2011:106) and Kumar et al (2014:229) confirm that sampling is the process of selecting a few individuals from a bigger group as the basis for estimating or predicting the prevalence of unknown portions of data, and situations, or results about the larger group. The population for this research is Zimbabwean mothers who fit the criteria of inclusion.

In a qualitative study, sample selection has a profound impact on the ultimate quality of the research (Gray 2014:208). If the researcher wants to obtain information about a large group of individuals, therefore, the solution is to ask some of them and collect data that represent all, and if the collected data is the same, then conclusions can be drawn (Walliman et al 2011:106).

1.8.2.1 Criteria for inclusion and exclusion

For the researcher to gather information relevant to the research study, all participants should fit the Inclusion criteria. The participants should be Zimbabwean mothers:

- 22 and above years (most of the Zimbabwean mothers for the proposed study and participants are in this age group)
- caring for their children between the age of 1 to 12 years (common age group in most cases) and without family support
- living in Mokopane for three years and more (this will assist as the participants will have more experience with the research question)
- able to speak English
- willing and available to participate in the research study.

Exclusion criteria are Zimbabwean mothers who:

- have children older than 12 years and above
- are younger than 22 years
- cannot speak English and not willing to participate (participation is voluntary)
- not willing to participate (participation is voluntary)
- have family support whilst residing in South Africa.

Generally, the sample size should neither be too small to accomplish information overload nor too large to start a case-orientated analysis (Bryman 2016:331). In practice, the sample size should not be too large so that it is difficult to extract thick, rich descriptions and not too small that it becomes difficult to achieve data saturation (Gray 2014:230). Brynard et al (2014:57) state that "there is no fixed rule for determining sample size".

Qualitative research uses small samples that are selected purposefully on the basis that they are information-rich (Gray et al 2014:217) and the chosen few participants from a mass population to tell more than a multitude together (Brynard et al 2014:57). In addition, De Vos, Strydom, Fouche and Delport (2011:224) explain that the use of samples may, therefore, result, as previously mentioned above, obtaining more accurate information than might have been obtained if one had studied the whole population.

The researcher's reason to use a sample is based on the following factors quoted by Brynard et al (2014:56):

- Simplify study: It is easier to research with a representative sample of people than the whole population (all Zimbabwean mothers living in South Africa).
- Save time: To study the entire population can be intense, particularly when the population is very large or scattered over a large geographical area.
- Cut costs: Observing, interviewing, or using questionnaires to collect data from every element of a population can be very costly if the population is large and geographically distributed over a large area
- Determine specific properties of the whole: An example would be to eat a single slice of an apple: If it is sweet, then the whole apple is judged to be sweet.

1.8.3 Sampling methods

Sampling methods are clustered into non-probability and probability sampling methods (Kapur 2018:45; Bhattacharjee et al 2012:68). When the researchers sample using non-probability methods, their selection is not based on probability theory (Lune & Berg 2017:39), and every element of the population does not obtain a comparable chance of being included in the population (Kapur et al 2018:45). Non-probability sampling refers to a sampling method in which some elements of the population have a zero-chance selection or where the probability of selection cannot be accurately determined (Bhattacharjee et al 2012:69).

Probability sampling methods represent the most thorough category of sampling because they employ a random selection technique (Salazar et al 2015:153) and all persons from a study population have a known chance to be chosen. It is the best strategy to utilise when a representative sample must be drawn (Flynn & McDermott 2016:102).

The researcher intends to use a non-probability sampling method to collect information-rich data (De Vos, Strydom, Fouche & Delport 2011:391) and purposive and snowball sampling techniques to select the participants.

1.8.3.1 Purposive or judgemental sampling

Qualitative research tends to purposively select participants or sites because this assists researchers to understand the problem and answer the research (Creswell 2014:239). Purposive sampling is a technique that is targeted and specifies pre-established criteria for recruiting the sample (Salazar et al 2015:165). Purposive samples are used when individuals are chosen because they are known to be able to provide important information that could not be gained from other sampling designs (Gray et al 2014:217).

1.8.3.2 Snowball sampling

The snowball sampling technique can flow from the purposive sampling technique as participants who were purposively selected will be prompted to mention to the researcher feasible persons to be interviewed (Bhattacharjee 2012:70). The concept 'snowball sampling', according to Lune and Berg (2017:39) as well as Bryman (2017:329) is utilised by researchers to request a nominated sample to recommend

other participants who have experiences related to the study. Snowballing is generally used for exploratory purposes (Babbie 2016:188).

Based on the above definitions, purposive sampling and snowball sampling will be suitable methods to select the research participants.

1.9 DATA COLLECTION

Data collection depends on the sampling course as information is collected from the sample population (Schneider & Whitehead 2012:127).

1.9.1 Preparation of data collection

As explained by Nieuwenhuis (2016:37), the researcher ought to be ready before starting to collect data. Firstly, the researcher is planning to request approval and ethical clearance for the proposed study from the UNISA (University of South Africa) Department of Social Work's Research and Ethics Committee and also to request permission from the Need Forum Social Services to recruit and interview the participants.

Secondly, work together with the gatekeeper (Social worker at Mokopane Need Forum) to obtain details of participants. Assess whether their area is dangerous or not before entry. Thereafter, contact the proposed participants aiming to identify suitable participants, invite them to participate in the research and build a relationship with them.

The researcher is planning to formally arrange an appointment with the proposed participants through a home visit, and, for those who might not have cell phones. Furthermore, the researcher is also planning to thoroughly inform the proposed participants about the purpose, process, possible recording of the interviews, and people who will access the interviews (i.e., the researcher, the researcher's supervisor, the editor of the research study), voluntary participation and criteria for inclusion. In addition, the researcher plans to inform the proposed participants about the consent form (Addendum D) and the research questions to be asked during the interviews (Addendum E). The reason for the above intentions is for the potential participants to make an informed decision before they can contract to participate. For those who will accept and show interest in participating, the researcher will again explain the process and the purpose of the study and give them a request letter to participate and the consent form for them to sign (Addendum C and D). The following

appointment for real study interviews will be in English at a venue and time suitable for the participants.

1.9.2 Methods of data collection

Interviews, focus groups, observations and action research are methods used to collect data in qualitative research. In qualitative interviews, the researcher conducts face-to-face interviews with participants (Creswell 2014:239). Focus groups according to Yegidis et al (2012: 261), are utilised to gain insight from the people who have formed an opinion about particular knowledge. In addition, Mason (2018:130) states that focus groups include a collective of persons to establish opinions and thoughts and provide information. The concept 'observation' is defined by Woodwell (2014:184) as follows: ''observation can be defined as encompassing a variety of direct and indirect ways of collecting data''. Qualitative observation gathers information by writing notes of people's activities and behaviour from the research location (Creswell 2014:239). The action research approach has the main purpose of altering the location under study, activating, and enabling the participants to initiate changes (Flick 2018:155). The action research approach according to Bryman (2016:542), is a method by which the action researcher and client work together in the analysis of an issue and the expansion of a resolution constructed on the analysis.

From the definitions of the methods of data collection, the researcher considers interviews as the most suitable technique for data collection in this study. Kumar (2014:176) states that interviewing is a commonly used method of collecting data from individuals and is frequently employed. The interview aims at nuanced accounts of different aspects of the interviewee's lifeworld (Brinkmann & Kvale 2015:32). During interviews, questions about personal experiences and the meaning attached to the general problem can be addressed (Flick et al 2018:157).

There are three forms of interviews in qualitative research namely, unstructured, semi-structured and structured interviews (Corbin & Strauss 2015:37). In writing about 'unstructured interviews', Remler and van Ryzin (2016:536) write: 'Unstructured interviews are qualitative methods that involve interviewing with prearranged established questions''. A structured interview, according to Bryman et al (2016:550) is, amongst others, a research interview typically in the context of survey research, in which all respondents are asked the same questions in the same order with the aid of a formal interview schedule. Some researcher prefers semi-structured interviews

because they allow the researcher to maintain consistency over the concepts that are covered in each interview (Corbin & Strauss 2015:39).

The different kinds of research interviews share some common features, such as eliciting information (Bryman et al 2016:153). However, the researcher will implement semi-structured interviews using questions stipulated in an interview guide, to discover the social world from the participants' perspective and how they attach meaning and interpretation to their experiences. A semi-structured interview attempts to understand themes of the lived experiences from the subject's point of view (Brinkmann & Kvale 2015:31). A semi-structured interview refers to a context in which the interviewer has a series of questions in an interview guide but can differ from it, for example in the sequence of questions (Bryman et al 2016:550). Newcomer, Hatry and Wholey (2015:493) add that semi-structured interviews are superbly suited for several valuable tasks, particularly when more than a few of the open-ended questions lead to follow-up queries.

The researcher prepared a list of open-ended questions to conduct semi-structured interviews with Zimbabwean mothers (Addendum E). Open-ended questions will allow the participants to answer the questions the way they desire. Furthermore, this will allow the participants to feel accepted and not judged during the process of data collection. The aim is to explore and develop an in-depth understanding of the central phenomena for the research study. With closed questions, individuals are offered an established fixed alternative from which they choose an appropriate answer (Bryman et al 2016:195). However, the open-ended question as explained by Cournoyer (2017:322), is phrased in a manner that encourages people to express themselves expansively and extensively. Open-ended questions provide a more in-depth understanding of a topic (Yegidis et al 2012:270). Additionally, open-ended questions cannot be responded to with a restricted list of possible answers, and they give the person responding, the opportunity to choose what they want to provide (Remler & Van Ryzin 2016:528).

Conducting an informational interview is not as easy as it might seem (Leedy & Ormrod 2015:282). Therefore, the researcher intends to use the basic communication skills, listening and attending to aid the interview process. One main ingredient of the research interview is listening; being attentive to what the interviewee is saying or even not saying (Bryman et al 2016:378). The researcher asks questions that focus more

on lived experiences (Mason 2018:117). Therefore, the researcher considers following the guidance offered by experts in qualitative research Leedy & Ormrod 2015:282).

The following will assist the researcher to conduct a productive interview as the researcher will:

- identify general interview questions and possibly follow up sub-questions in advance
- consider how participants' cultural backgrounds might influence their responses.
- ensure that the sample includes participants who can provide the information needed for the research study
- use a quiet and suitable location without interruptions to conduct an interview
- obtain written permission in a signed informed consent form from participants
- use small talk to start the interview to break the ice, the researcher will be polite and respectful and will sustain a relationship
- focus on the actual (the participant's experiences, challenges and coping strategies) rather than abstract
- allow the participants to choose how to express their thoughts
- record every participant's verbatim response
- ensure not to express shock, approval or disagreement with what the participants say and get accurate information
- treat all participant's responses as perceptions and opinions, not necessarily facts.

The kind of questions asked in qualitative interviews deviates considerably (Bryman et al 2016:374). The researcher intends to also use probing questions and follow-up questions. Probing questions provide the interviewer with a way to draw out more complete stories from the subjects (Lune & Berg 2017:74). Semi-structured interviews allow for probing of views and opinions where respondents should expand on their answers (Gray 2014:385). Follow-up questions encourage all the participants to clarify their answers. Furthermore, follow-up questions are used to get the interviewee to elaborate on his/her answers (Bryman et al 2016:375). Follow-up questions pursue the implications of answers to the main question (De Vos, Strydom, Fouche & Delport 2011:349).

The researcher will ask the following at the beginning of the interview:

- Please confirm that you were born and grew up in Zimbabwe
- Indicate from which area in Zimbabwe you are from
- How old are you and how long have you been residing in Mokopane?
- Do you have family members here in South Africa?
- Do you have children?
- How old are your children and what is their gender?
- Where did you live before coming to South Africa?
- What is your main or home language?
- Are you prepared, willing and available to take part in the research?

The question guide will produce evidence, thoughts, and emotions about the person, the issue, the circumstances, and possible resources for resolution (Cournoyer et al 2017:321).

The subsequent questions focus on the research topic are as follows:

- What is your understanding of family support?
- What is your relationship with your family members back in Zimbabwe?
- What is your interaction and relationship with your neighbours or South Africans in Mokopane?
- How are you taking care of your children?
- What are your means for survival?
- Do you receive any support from your family?
- How do you experience the absence of your family members?
- How does that disturb you?
- Can you share or explain the challenges you have encountered without family support?
- What has helped you to deal with these challenges?

1.10   PILOT TESTING

The researcher, as the key instrument in the process of data collection, will conduct pilot testing in preparation for data collection. Pilot testing is often overlooked but is an extremely important part of the research process (Bhattacharjee et al 2012:23), as data collected from the pilot test provides information about the quality of a data

collection instrument (Yegidis et al 2012:286). Pilot testing is nothing more than a small-scale test of the actual data collection tool, which in this semi-structured interview is contained in an interview guide (Salazar et al 2015:388).

The researcher organised pilot testing of the data collection instrument, with a maximum of three individuals who have experiences relevant to the research. Pilot testing involves a small sample of a preferred larger population (Bhattacharjee et al 2012:23). Since pilot testing involves trying the interviews with a small number of participants (De Vos, Strydom, Fouche & Delport 2011:349), those who participate in pilot testing will not take part in the actual study. Results from pilot testing will be analysed to determine whether questions for interviews were well understood and that responses are in line with what the researcher hopes to achieve namely which is information-rich data related to the topic under study (Terrell 2016:222). The researcher discussed the interview guide with peers, such as the gatekeeper, to determine whether the content is applicable and valid for the intended population. Pilot testing creates an opportunity for the researcher to test her research interviewing skills to ensure that they are correctly applied and do have the desired effect on the participants.

1.11   METHOD OF DATA ANALYSIS

Data analysis in qualitative research proceeds together with the data collection and write-up of findings phases (Creswell 2014:245). Qualitative analysis refers to extracting data from interview transcripts (Bhattacharjee et al 2012:122), and it is known to be a rigorous and logical process through which data are given meaning (Gray et al 2014:602). The concept 'rigour' as defined by Flick (2018:77), means that the researcher will be strict and consequential in applying a data analysis method without being inconsistent.

The researcher anticipates using thematic analysis to interpret and understand the data of the study. The concept "thematic analysis" is defined by Maguire and Delahunt (2017:3352), as the process of identifying patterns or themes across a data set (Wilson & McLean 2011:551). Similarly, Clarke and Braun (2013:57) explain thematic analysis as a technique for analysing categorising, as well as reporting an understanding of themes. Thematic analysis refers to the extraction of main themes from the data obtained (Bryman et al 2016:551).

For this study, the researcher will adopt the six phases as proposed by Clarke and Braun (2013:60) as a foundation for the conducting of the thematic analysis of data. This is arguably the influential approach because it offers a clear and usable framework for thematic analysis (Maguire & Delahunt 2017:3353). The six phases are as follows:

Phase one: Becoming familiar with the data.
The researcher repeatedly reads the data, transcribe the interviews from each participant, re-reads the transcripts and identifies patterns and meanings.
Phase two: Generate initial code.
The researcher reduces the information and focuses on developing the themes.
Phase three: Search for themes.
The researcher uses this phase to draft the development of themes and code placement by organising codes into themes and gathering all relevant data within each potential theme.
Phase four: Review themes.
The researcher refines the draft themes identified in phase three and evaluates and assesses whether the themes correspond with coded extracts and the entire set of information.
Phase five: describe and tag themes
Each theme has a name and description. The researcher identifies the essence of the theme and determines which aspect of the data and research questions the themes fit.
Phase six: Producing the report.
The researcher summarises key themes using selected quotes to illustrate findings and transcribes a report about the data.

1.12   METHODS OF DATA VERIFICATION

Methods of data verification embrace validity and reliability (Bless et al 2013:395). Qualitative validity means the researcher verifies the accuracy of the findings, while qualitative reliability indicates that the researcher's approach is consistent across different research projects (Creswell et al 2014:251).

In this study, the researcher enhances validity by ensuring no errors in the data. The strength of a qualitative study depends on its validity, which is understanding the facts (Kapur et al 2018:58). Similarly, Creswell et al (2014:251) refer to validity as a strong

point of a qualitative study based on determining whether the findings are accurate from the standpoint of the researcher. Validity determines the quality of any conclusion drawn from data (Vogt & Linton 2017:28).

Furthermore, the researcher increased reliability by ensuring that there is consistency in the data collected. Reliability is the degree to which the measure of a construct is consistent (Bhattacharjee et al 2012:56). Reliability implies that, from the data collected, the results are trustworthy, dependable, and reliable (Kapur 2018:57). The researcher has framed the research questions in a manner that will produce reliable and consistent responses.

It is necessary to specify the terms and ways of establishing and assessing the quality of qualitative research that provides an alternative to reliability and validity as found in qualitative research (Bryman et al 2016:302; Kapur et al 2018:8). Therefore, the implementation of Guba's method cited in Bryman et al (2016:302) to evaluate trustworthiness from qualitative data is considered in this research. Trustworthiness is the closest form of accountability in qualitative research as it should be carried out fairly, and ethically and the findings should truly represent the experience of participants as closely as possible (Padgett 2017:212). The following criteria for credibility, transferability, dependability and conformability will be implemented to guarantee trustworthiness:

- **Credibility**

Credibility is the degree to which the participant's views and the researcher's descriptions and interpretation fit (Padget et al 2017:210). But it also includes evidence of transparent descriptions of the strategies followed to gather credible data (O'Leary, 2017:65). Therefore, to commence credibility the researcher should safeguard that she correctly understands the information shared by participants (Zimbabwean mothers) and that the information matches with the researcher's interpretation of the participants (Merriam & Tidsell, 2016:242; Bryman et al 2016:302).

- **Transferability**

The generalisability of the conclusions of the research study is significant here (Padgett et al 2017:210). Qualitative research entails the intensive study of a small group of individuals sharing certain characteristics and qualitative findings tend to be oriented to the contextual uniqueness and significance of the aspect of the social world

being studied (Bryman et al 2016:303). In terms of transferability, the researcher considers each participant's experiences and perceptions to be unique but that the findings of the study are capable of being generalised to the population.

- **Dependability**

The idea of dependability is about establishing the merit of research by being able to attest the research methods are systematic, well documented and designed to account for research subjectivity (O'Leary et al 2017:68). The researcher should adopt an "auditing" approach (Bryman et al 2016:303). The researcher's responsibility is to protect all files and ensure that they are available for auditing. The researcher uses peers as auditors.

- **Confirmability**

Confirmability is concerned with ensuring that, while recognising that complete objectivity is impossible, the researcher can be shown to have represented the findings in good faith (Bryman et al 2016:303). The researcher is unbiased, and honest and will accurately represent the research participants' experiences, challenges and coping strategies.

The subsequent section will attend to the ethical consideration which will be observed when undertaking the study.

1.13   ETHICAL CONSIDERATIONS

Ethics in this research are important and are designed for the protection and security of confidential information about the participants. This section will explain the process through which the researcher will apply key ethical concepts during the research process. Ethics, according to Bhattacharjee et al (2012:146) is the principled difference between correct and incorrect. Social research ethics are established values to be considered when doing a study (Neuman et al 2011:502). Ethical values are beneficence and non-maleficence, distributive justice (equality) and respect for a person's dignity and autonomy (Department of Health Strategic Plan 2015:14).

The following ethical considerations guide the researcher to ensure ethical professional conduct as well as esteem for participants' rights.

1.13.1 Informed consent

Informed consent in this research is critical as the research presents issues concerning the informed consent of the participants. The epitome of ethics in research is the consent form (Salazar et al., 2015:68). The concept "informed consent" is defined by Anderson and Corneli (2018:71) as follows: "an informed consent is a primary way that the researcher provides prospective participants with information about the study so that they can make an informed decision to participate". Informed consent acknowledges that participants' rights are protected during data collection (Creswell 2016:103).

The researcher, before obtaining informed consent, provides participants with full information about the aim of the research, participants' role in the research and how confidentiality will be ensured (Addendums A & B). The aim is to ensure that the participants are in a position to decide whether to participate or not. An informed consent form is only given to participants who are willing to participate. Participants need to understand the objectives of the study before they sign a consent form. No participant will be coerced to participate.

1.13.2 Confidentiality and anonymity

To protect participants' interests and future wellbeing, their identity must be protected in a study. This will be achieved by using the dual principles of anonymity and confidentiality (Bhattacharjee et al 2012:138). Confidentiality is an active attempt to remove from the research records any elements that might indicate the subjects' identity (Lune & Berg 2017:48). Confidentiality means what has been said will remain private and will not be repeated to anyone else (Schenck, Mbedzi, Qalinge, Schultz, Sekudu & Sesoko, 2015:65). Confidentiality in research means that identifiable information about individuals that is collected during the process of the research will not be disclosed (Wiles 2013:47). Confidentiality refers to specific steps researchers implement to keep information about participants unknown to others to the greatest extent possible (Anderson & Corneli 2018:34). The researcher's adherence to the principle of confidentiality is the key to ensuring that the personal and identifiable information of the participant is kept private. In addition, the researcher will provide a detailed explanation to all participants about what confidentiality involves.

Anonymity means that participants remain nameless (Lune & Berg 2017:48). Data that was collected with personal identifiers can become anonymous data; if all personal

identifiers are removed from the data and any document linking identifiers and data is destroyed (Anderson & Corneli 2018:38). Rubin & Babbie (2013:291) state that assuring anonymity may increase the likelihood and accuracy of responses. Anonymity implies that the researcher or readers of the final research report or paper cannot identify a given response with a specific respondent (Bhattacharjee et al 2012:147). The researcher has to ensure that no person will be able to connect any research participant's information with the individual represented in the research data.

In this research study, anonymity and confidentiality will be discussed in the introductory letter and the consent form (Addendum D) which explain what the researcher will do with the collected data of the participants.

1.13.3 Compensation

Compensation involves payment of participants after their participation as a token of thank you. It is almost always ethically acceptable to offer some compensation including monetary payment, to research participants (Anderson & Corneli 2018:110). It is a common practice to pay experimental and focus group subjects for their participation, though it has been rare in other research methods (Babbie 2016:265). However, in this research, there will be no compensation. Participants should not have to incur expenses to take part in research (Department of Health Strategic Plan 2015:20).

It is the researcher's responsibility to honestly inform the participants from the outset about their voluntary participation and non-remuneration for participating in the study. Honesty is essential to engender a level of trust and credibility in the outcome of the research (Walliman et al 2011:43). Therefore, there shall be no compensation paid to them by the researcher.

1.13.4 Management of information

Field notes are kept in a lockable filing cabinet to protect data obtained from the participants (Flick et al 2018:75). It is the responsibility of the researcher to safeguard the information provided by the participants in this research to avoid access by any unauthorised person. The researcher creates an electronic file with a password to minimise the risk of data being accessible to any unauthorised person. The researcher will destroy transcripts and recordings upon completion of the research.

Before publishing participants' information, the researcher will request permission from the participants (Addendum C). The researcher will be cautious when presenting the research results. The researcher will allocate each participant a unique code such as participant A for reporting research results to maintain anonymity.

1.13.5 Debriefing of participants

In explaining the aspect of debriefing, Lune and Berg (2017:81) state the following: "debriefing the subjects is in the interest of ensuring no harm to participants". Debriefing takes place when participants are interviewed to learn about their experience of participation in the research project and inform them of any unrevealed purpose, and it is especially important if there is a possibility that they have been damaged by participating (Babbie 2014:70). Debriefing entails interviews to discover any problems generated by research experiences so that those problems can be addressed (Babbie 2016:68). Debriefing is essential to ensure none of the participants feels uncomfortable being audio-recorded. Initial debriefing and referral for debriefing to the relevant social worker attached to the Mokopane's Need Forum Social Work Services NPO (Addendum F) are important.

1.14   CLARIFICATION OF KEY CONCEPTS

The clarification of key concepts is defined by Babbie (2014:356) as being necessary to ensure "that the researcher and the reader talk the same things". The key concepts for this study are briefly defined in terms of their relevance to this study.

1.14.1 Mother(s)

A mother is a female parent of the child (Taylor 2016:124). In explaining the term mother, Diranian (2015:1) states the following: "a mother is a generous, loving human who sacrifices many of her wants and needs for the sake of her children". Mothers perform the role of disciplinarian and protector (Brooks 2012:18). For this study, mother refers to Zimbabwean mothers who are caring for their children without family support whilst residing in South Africa.

1.14.2 Child

The Children Amendment Act No 41 of 2007 (South Africa, 2008) recognises a child as a person under the age of eighteen years. Similarly, the Children's Act No 38 of 2005(South Africa, 2006: section 1) defines a child as any person who is under the age of 18 years. In addition, a child is defined as any person under the age of 18 years

by the United Nations Convention on the Rights of the Child (2010:1). This study aligns itself with the definition of a child by simply referring to a child as anyone who is below the age of 18 years.

1.14.3 Caring

Caring means being a 'bridge' to the child on the edge by building a safe atmosphere to meet the child's basic needs (Mattson, Arman, Castren & Forstner 2014:336). In another definition, Mayeroff (in Ranheim, Karner & Bertero 2012:78) refers to caring as, "helping other people grow and actualise themselves". For this research, caring refers to the act or practice of looking after children by their Zimbabwean mothers. It involves, among other things, the mother who nurtures the child and takes responsibility for the child's developmental, physical, educational, and spiritual needs without family support.

1.14.4 Coping strategies

Before the concept of coping strategies can be understood in context, it is essential to first understand the concept of 'coping'. The term 'coping' is defined by Kotze, Visser, Makin, Sikkema and Forsyth (2013:499) as follows: "coping is dealing with challenges or difficult experiences that are the most demanding to an individual in a manageable manner or calmly and adequately". In addition, according to Waini (2015:78), coping is an effort to create ways that allow one to continue moving towards one's goal. Coping is an indication of a person's battle to deal with environmental circumstances and overcome personal problems and conflicts (Gupta, Basu & Sakar 2014:82). Coping strategies refer to the specific efforts and strategies, behavioural and psychological, which Zimbabwean mothers employ to minimise the stresses and challenges of caring for children without family support (Britt & Jex 2015:15). Coping strategies as in this study refer to various ways used to deal with the daily challenges and stresses, Zimbabwean mothers encounter whilst residing in South Africa. This is based on the researcher's belief that there is no formula or designed way of coping; therefore, individuals develop changeable ways of how to cope with every different circumstance they face.

1.14.5 Experience

The term 'experience' can be defined as an individual's perspective on events and their meanings (Parrish, Wilson & Dunlap 2011:45). Grobler, Schenck and Mbedzi (2013:48) define experience as the knowledge that is gained through exposure or

participation in an event, which includes attitudes, feelings, perceptions, behaviours and needs. Experience is also described as a 'transactional' construct involving a person's encounters with their world over time (Parrish, Wilson & Dunlap 2011:15). For this study, experience refers to the emotions, practical knowledge and attitude of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

1.14.6 Challenges

Challenges can be defined as something new or difficult tasks that test someone's ability and skill (De Boeck 2011). However, according to Kwanasai (2014:3) challenge can be defined as something that stimulates a person by testing their strength, skill, and ability. Similarly, Collins (2010:287) defines a challenge as a demanding or stimulating situation. For this study, challenges refer to difficulties experienced by Zimbabwean mothers caring for their minor children without family supporting them in their daily lives whilst residing in South Africa.

1.14.7 Family support

Family support is a set of services and other activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (Daly et al 2015:12). As defined in the Green Paper on Families (DSD 2011a), the concept of family support refers to mobilising support for children's normal development in adverse circumstances. Family support may also occur through informal support systems of kin, neighbours, and friends. Moreover, a family support system stresses the building of appropriate and adequate systems of support for healthy family development that encompasses healthcare, childcare, education, and other essential components of strong families (DSD 2011a). Family support is important in contributing to emotional well-being (Salazar et al 2015:520). For this study, family support refers to support from family members to Zimbabwean mothers who are caring for their children in South Africa.

1.14.8 Family members

Family members in the researcher's opinion comprise individuals who are related by blood or marital union. Family members can be classified under the family structure. For this study, family members refer to the parents, siblings, partners, children and other blood and marital-related persons to the participants.

1.15   STRUCTURE/ FORMAT OF THE RESEARCH REPORT

The format of the report is divided into four chapters as indicated below:

Chapter 1 serves as an introduction and general orientation to the research report.

The content of this chapter consists of a general introduction and background of the study, problem formulation and problem statement, rationale for the study, research question, goal, and objectives. The chapter focuses on the conceptualisation, scope, context, and current state of knowledge of Zimbabwean mothers caring for their minor children without family support whilst in South Africa.

Chapter 2 discusses the detailed research methodology that comprises the application and implementation of the qualitative research approach in researching the experiences and challenges of lack of family support from the families of Zimbabwean mothers caring for their minor children in South Africa. The chapter focuses on qualitative research, the execution of the qualitative research approach, research designs, research methods, and ethical considerations in this research.

Chapter 3 presents the findings of the research in the form of themes and sub-themes, which will be discussed and compared with the existing literature related to the topic in the form of a literature control.

Chapter 4 provides a summary of the research report and outlines the overall conclusions drawn and recommendations made resulting from the research.

1.16 CONCLUSION OF THE CHAPTER

Chapter one serves as an introduction and overview of this study and aims to inform the reader about the research topic. This chapter outlines the problem formulation and problem statement, and rationale for the study. Two theoretical frameworks have been outlined followed by the research question, and goals and objectives are introduced to guide the study. The research methodology is introduced highlighting the research approach and the research designs namely: phenomenological, explorative, descriptive, and contextual. Research methods were introduced and deliberated followed by the methods of data collection, data analysis and data verification. In addition, ethical considerations and key concepts were deliberated. The format of the report concluded this chapter.

The following chapter, Chapter 2 provides the application of the research process.

CHAPTER 2: APPLICATION OF QUALITATIVE RESEARCH PROCESS

2.1   INTRODUCTION

The purpose of exploring the study topic was introduced in Chapter one, followed by Chapter two which focuses on the research methods used for this research. It presents how the research methods were utilised to explore the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa. The subsequent section discusses how research questions and objectives enabled the researcher to realise the goal of the study

2.2   RESEARCH QUESTION, RESEARCH GOAL AND OBJECTIVES

2.2.1 Research question

The research question allowed the researcher to detail the semi-structured interviews, to focus on and explore the research topic.

2.2.2 Research goal

The goal of this study was explored, and an in-depth understanding of the research topic was achieved.

2.2.3 Research objectives

The objectives established by the researcher to reach the desired goal were achieved. The researcher obtained a sample of Zimbabwean mothers caring for their minor children without family support to explore the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa. The semi-structured interviews were steered through the sample obtained. Information was thematically examined by discussing six phases of qualitative analysis created by Clarke and Braun (2013:60). The findings are presented in Chapter four of this study. The conclusions are made and presented in chapter five.

The subsequent section details the research methodology employed.

2.3   APPLICATION OF THE RESEARCH METHODOLOGY

Research methodology contains the overall rules and values of categorising the study action by selecting an effective (suitable, lucid) study method (Novikov & Novikov 2013:8). This signifies that the study methodology is an important factor in the

investigation, it offers the formation of the study design. Research methodology as Kumar et al (2014:195) defines it: "refers to the approaches, methods, and techniques that the researcher uses to obtain data scientifically". In writing about research methodology Creswell (2013:45) writes: "research practice entails methods which attempt to comprehend the conduct and routine practised by individuals". A qualitative methodology was considered fit to explore the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa.

2.3.1 The qualitative research approach

Research approaches are plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation (Creswell & Creswell 2018:42). The researcher implemented a qualitative study method as a lens system for exploring the research question. A description of how the qualitative method was utilised for this research is provided. A qualitative method is a method designed to explore and understand the meaning of people attached to social issues (Creswell 2014:32; Yilmaz 2013:312; Flick 2014:24). In writing about qualitative research, Wu, Thomson, Aroian, McQuaid and Deatrick (2016:494) write: "the qualitative research consents for documentation of issues from the perceptions of the study's participants to attempt and comprehend the significances and explanations they provide to practices, conduct, and actions". Qualitative methods were adopted in this study to necessitate the researcher to explore and advance insight into the study topic.

- *Natural setting*. A qualitative investigator tends to assemble information from an ordinary location where the participants are comfortable (Home Affairs 2016:24-44; Yin 2016:13). The concept of "natural setting" is defined by Creswell (2014:185) as follows: "the qualitative investigator's efforts are to make the participant's experience their everyday routine as well as their setting". This research was conducted within the vicinity of participants' residents at their local social work service offices; Need Forum, where they felt safe and comfortable. The researcher assembled data steering face-to-face interviews with Zimbabwean mothers in South Africa. The researcher's main focus was on listening and attending to the participants as they explained and described their experiences, challenges and coping strategies whilst caring for

their children without family support. This was significant and assisted the researcher to gather primary data from the participants applicable to the research topic.

- **Researcher as the main tool.** The qualitative researcher is the key instrument for information collection, reading papers and perceiving behaviour. The researcher does not rely on tools formulated by other researchers (Creswell & Poth 2018:24-44). For this research, the researcher was the key instrument in the process of data collection by interviewing participants separately. Qualitative researchers tend to use open-ended questions so that the participants can share their views (Creswell & Creswell 2018:49). The researcher used semi-structured necessitating open-ended questions to obtain information required for research.

- **The inductive** process of information scrutiny is used in the qualitative study. Researchers figure out designs, types, and categories from lowermost up through formulating information to progressively additional intangible elements of material (Creswell & Poth 2018:24-44). In writing about the inductive approach, Merriam and Tidsell (2016:17) write as follows: "inductive approach for data analysis means that raw information is used to advance themes that are later used to explain the theory ultimately leads to understanding".

For this study, the inductive approach of data analysis was achieved by applying the six phases of thematic analysis as proposed by Clarke and Braun (2013:60). Audio recorded interviews were conducted with each participant, later transcribed word for word and analysed. Subsequently, the researcher was able to derive themes and categorise them.

- **Qualitative researchers are fascinated by participants' meanings**. The researcher's main attention is to gain knowledge of the meanings participants attach to the problem, not the meanings researchers convey, or the ones expressed by authors (Creswell & Poth 2018:24-44). The focus is on how people make sense of their world and the experiences they have in the world (Merriam & Tidsell 2016:39). The researcher's primary attention and interest were the meaning Zimbabwean mother attach to the experiences, challenges

and coping strategies relating to caring for their children without family support whilst in South Africa.

- ***The research course for researchers is emergent.*** The initial research idea is not strongly pre-arranged because stages of the study process may change when the researcher commences assembling information (Creswell & Poth 2018:24-44). Additionally, Merriam and Tidsell (2016:42) state, that the design of a qualitative study is emergent and flexible, responsive to changing conditions of the study in progress. The researcher's initial plan changed regarding the sites or areas to conduct interviews. In this study, not only participants from Mokopane were interviewed, but participants from other areas in Cape Town also formed part of the research study.

- ***Reflexivity.*** The inquirer mirrors how their part and individual upbringing, values, and practices grasp the possibility of influencing the understandings they assign to the information. This feature is how the researcher's circumstances may influence the direction of the study (Creswell & Poth 2018:24-44). Furthermore, reflexivity is the course of vigorously involving and understanding the study effort and echoing how the investigator's contribution and choices influence the course and result of the study (Mills and Birks 2014:22).

The researcher implemented reflexivity using self-reflection and self-consciousness. In other words, the researcher's relationship with the participants as well as the researchers' beliefs and assumptions about the research phenomenon were considered by the researcher. In addition, everything that transpired throughout the process of assembling information was written down by the researcher to reflect on afterwards. This is highlighted by Whittaker (2012:4) as follows: "keeping a research journal encourages reflexiveness and could support the investigator by probing his/her views and choices made throughout the study development". Furthermore, this aided the researcher to echo emotions, thoughts, and assumptions to safeguard that the responses of the researcher are not influencing the researcher's responses and interpretation of the data.

- ***Holistic account.*** The qualitative researcher attempts to advance a multifaceted image of the topic under the research. This includes writing

numerous viewpoints, categorising the various aspects involved in the situation and mostly outlining the bigger image that develops. A graphic model of several sides of a fundamental phenomenon assists in creating an inclusive image (Creswell & Poth 2018:24-44).

The researcher used open-ended questions to conduct interviews. As the participants shared their stories, the researcher focused on all aspects of the participants' experiences, challenges and coping strategies, caring for children without family support holistically not as separate pieces.

Mapping out the research process requires an applicable design in place. The next section focuses on the research design.

2.3.2 Research design

The concept "research design" is defined by Creswell (2013:20) as follows: "research design is a precise procedure involved in the research process". Kumar et al (2014:123), defines research design as an organised framework that the researcher is using to conduct the study procedure to resolve the study issue. The study design is the blueprint that outlines the entire study course from the construction of the research problem to the assemblage of data (Creswell 2013:5).

The researcher adopted the phenomenological, explorative, descriptive, and contextual research designs to explore, and describe the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa. Furthermore, this was suitable to answer the research question and achieve the goal of the study. The following discussion describes the research designs employed to support the researcher's choice of the study techniques.

2.3.2.1 Phenomenological research design

A phenomenological design formed part of the plan of the investigation. The researcher sought to describe and understand the experience, challenges and coping strategies of Zimbabwean mothers concerning their caring for their children without family support. Phenomenology seems to fit with this purpose. In writing about phenomenology, Merriam and Tidsell (2016:260); Howitt and Cramer (2017:455) and Lichtman (2014:114) write: "phenomenology is a study of people's conscious experience of their life-world; that is, their "everyday life and social action".

Phenomenology is the type of research that assumes that there is an essence to shared experience (Merriam & Tidsell 2016:26). In explaining the aspect of phenomenology, Harreveld, Danaher, Lawson, Knight, and Busch (2016:66) state the following: "in phenomenology, the experience of people is bracketed, since the purpose of phenomenology is to describe and understand the essence of the lived experience of individuals who have experienced a particular phenomenon''.

The researcher decided to use phenomenology to uncover the core of how it is to care for a child without family support. This was achieved through semi-structured interviews. Phenomenology is concerned with human realisation as a means to understand communal reality, mainly just how one 'thinks' about an experience, in other words, how perceptions are experienced (Leavy 2017:129). Furthermore, to get the essence or basic underlying structure of the meaning of an experience, the phenomenological interview is the primary method of data collection (Merriam & Tidsell 2016:27). The researcher ensured bracketing by putting aside her own emotions, preconceptions, and interpretations to understand the experiences of the participants from their frame of reference. In addition, this allowed the researcher to remain objective and provided an opportunity to clarify understanding of the phenomenon experienced. Bracketing, as stated by Creswell and Poth (2018:290) means the researcher in the investigations sets aside personal experiences, as much as possible, to take a fresh perspective on the phenomenon under examination. The researcher further used hermeneutic phenomenology to comprehend the study subject from the participants' frame of reference. In explaining this aspect of hermeneutic phenomenology, Howitt and Cramer (2017:458) state the following: "hermeneutics phenomenology highlight understanding things from the opinion of others". Furthermore, the concept "hermeneutical phenomenology" is defined by Creswell and Poth (2018:490) as follows: "a hermeneutical phenomenology is a form of phenomenology in which research is oriented towards interpreting the text of life and lived experiences".

2.3.2.2 Descriptive research design

In explaining the aspect of descriptive research design, Bless et al (2013:390) state the following: "descriptive research design is mainly designed at describing, rather than explaining a phenomenon". The prominence of the descriptive research design, as stated by Wiid and Diggines (2013:56), is on the in-depth description of the

phenomenon under study. Marshall and Rossman (2016:78) suggest that a specific population is needed. By using descriptive research design, Nassaji (2015:130) states the following: "the researcher is primarily concerned in an inclusive description of the structures and proportions of a phenomenon under study".

The researcher adopted a descriptive research design to conduct semi-structured interviews. Collecting information from the participants who had experienced caring for their children without family support allowed the researcher to obtain meaningful and factual first-hand experience. The participants described their own experiences, challenges, and coping strategies. This allowed the researcher to report a description of the experience, challenges, and coping strategies of the participants.

2.3.2.3 Explorative research design

The explorative design, according to Bless et al (2013:16) as well as Marshall and Rossman (2016:78) is to pursue and discover information about topics where little is acknowledged either in practice, research, or literature. The objective of explorative research is not impartially assembled related information but is nevertheless intended to advance an understanding of the phenomenon studied (Wiid & Diggins 2013:56). In writing about explorative research, Yegidis et al (2012:125) write: "explorative study is employed to explore a specific subject to advance an understanding of how persons are compatible in the set enquiry, what senses they provide to their conduct and what matters concern them". For the phenomenon to be explored efficiently, researchers must practice method with "distinct locations" which are: flexibility in looking for information and being open-minded about where to discover such information (Stebbins in Nieuwenhuis 2016:55).

Based on the fact that little is known about the nature of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support, the researcher chose an explorative research design for this research. The researcher applied Stebbins's approach flexibility and was open-minded about where to find data. The researcher did not only focus on one area (Mokopane) to draw a sample and pilot testing for the research, but she also included other areas in Cape Town. The explorative design enabled the researcher to choose sampling methods and methods of data collection.

2.3.2.4 Contextual research design

In writing about the natural context, Marshall and Rossman (2016:3) write the following: "the natural context in which individuals make sense of their lived experiences is vital for qualitative investigators". Contextual research design aims to evade isolating participants from the bigger setting to which they may be connected (Neuman 2012:92). For this study, the researcher used a contextual research design. The participants were interviewed in the different environments where they reside. A qualitative researcher seeks an understanding of behaviour, values, beliefs and so on in terms of the context in which the research is conducted (Bryman et al 2016:316). The contextual design allowed the investigator to advance a holistic insight into participants' experiences, challenges, and coping strategies. This was accomplished by selecting a sample purposively and employing snowball sampling. It was also achieved by using open-ended questions to conduct semi-structured interviews, where participants were assured that their confidentiality and identity were protected.

A discussion of research methods will now be presented.

2.4 RESEARCH METHODS

A comprehensive explanation of the concept study methods was elaborated on in Chapter one. In unfolding the study methods used in this study, the attention is on the population, the criteria for inclusion and exclusion, sampling, and sampling methods.

2.4.1 Research population

The concept 'population' was elaborated on in Chapter 1 (section 1.8.1). Punch (2016:175), write the following: "population refers to the target group, typically large about whom we want to develop knowledge, but which cannot study directly, therefore we sample from the sample". The concept 'population' is the entire group of people, events, or things of interest that the researcher seeks to investigate (Sekaran and Bougie 2013:249). Therefore, the population for this research was Zimbabwean mothers who are caring for their children without any family support whilst residing in South Africa.

Due to budgetary and time constraints, only the accessible population was sampled and included in the research. Furthermore, the sampled population was narrowed to individuals who met the criteria for inclusion as laid down for this study.

2.4.2 Sampling

Terrell (2016:69) states that the creation of a good sample involves firstly, identifying the population with which the researcher wants to work. Because of the above definition, a sample of Zimbabwean mothers caring for their minor children without family support whilst in South Africa was drawn using snowball sampling and purposive sampling. Moreover, the criteria for inclusion and exclusion aided to recruit a suitable sample for the research. This aim achieved the desired rich information relating to the research topic. Gray et al (2014:208) as stated in Chapter 1 (section 1.8.2) emphasise that sample selection has a profound impact on the ultimate quality of the research. In qualitative research, the study participants enlisted should be the ones who are information-rich and who can make available comprehensive responses to the research questions or those who have primary experience concerning the subject being explored (Merriam & Tidsell, Wu et al 2016:498).

- **Criteria for inclusion and exclusion**

A detailed explanation of the criteria for inclusion and exclusion was elaborated in Chapter 1 (section 1.8.2.1). Following the cited inclusion and exclusion criteria allowed the facilitation of selecting twelve (12) research participants through Need Forum Social Services in Mokopane.

All twelve participants for this study met the criteria for inclusion to gather relevant information for the research study. The inclusion criterion entails Zimbabwean mothers:

- Aged 22 and above years (most of the Zimbabwean mothers for the proposed study and participants are between the mentioned age group)

- caring for their children between the age of 1 to 12 years (common age group in most cases) and without family support

- living in Mokopane for three years and more (the number of years assisted in the study as the participants have more experience concerning the research question)

- able to speak English

- willing and available to participate in the research study.

The exclusion criterion involved Zimbabwean mothers who did not meet the criteria of inclusion (See Chapter 1 section 1.8.2).

Regarding the facet of the sample size for this study, the researcher followed the opinion of Bryman et al (2016:331). The writers argue that the sample size should neither be small nor too large to start a case-orientated analysis (Bryman et al 2016:331). The sample size for this research was never large and it was not difficult to achieve data saturation. In qualitative research, the sampling size is defined by the principle of data saturation (Merriam & Tidsell 2016:101). To summarise, data saturation means the researcher starts to listen to similar issues during interviews with the participants, without new information being gathered (Merriam & Tidsell 2016:101). The researcher collected data until the state of data saturation was reached as described above.

The researcher further used a sample set based on the following reasons cited by Brynard et al (2014:56):

- **Simplify study**: For this reason, the criteria for inclusion enabled the researcher to facilitate research with a representative sample of Zimbabwean mothers who fitted the criteria for inclusion. This also allowed the researcher to interview participants who had experience relating to the research topic and as a result, information-rich data was collected.
- **Save time**: To study the entire population can be intense, particularly when the population is very large or scattered over a large geographical area. The researcher remained in the geographical area where the population resides in South Africa, namely Mokopane due to budget and time constraints. The research population resides in Mokopane therefore this was a logistically and financially practicable option to save time.
- **Cut costs**: Observing, interviewing, or using questionnaires to collect data from every element of a population can be very costly if the population is large and geographically distributed over a large area. A sample was used to select the population of the study. This enabled the researcher to focus on the sample instead of the large population to cut costs and to interview individuals who represent the entire population of Zimbabwean mothers caring for their minor children without family support.

- Determine specific properties of the whole: An example would be to eat a single slice of an apple – if it is sweet, then the whole apple is judged to be sweet. The researcher assumes the representative sample's experience is highly likely to be similar to the whole population. Therefore, the focus was on the selected sample who complied with the criteria for inclusion.

Founded reasons allowed the researcher was able to conduct interviews with the participants meeting inclusion criteria and who were information-rich. As a result, this simplified the research process and saved time and costs.

The application of the sampling methods is presented next.

2.4.3 Sampling methods

Sampling methods were expanded on in Chapter 1 (section 1.8.3). Furthermore, refer to Chapter 1 section 1.8.3 about the distinction between probability and non-probability sampling. Non-probability sampling characterises a set of sampling methods that assists researchers to choose groups from a population that they need. This sampling method is not likely to be representative and does not agree with generalisation, yet it has the advantage of being a rich source of data (Carey 2012:46). Additionally, on-probability sampling is usually applied in an investigative study done by qualitative researchers (Creswell & Poth 2018:158).

The participants for this research were not randomly selected, and, therefore, the researcher applied a non-probability sampling method to recruit participants who meet the criteria of inclusion. As a result, information-rich data was collected.

The purposive and snowball sampling techniques were applied as discussed next.

- **Purposive or judgemental sampling**

In qualitative research, the samples are likely to be selected in a purposeful manner known as purposive sampling. The goal for deciding on the particular samples is to have those that will generate the most pertinent and ample data, in essence, information-rich, given the topic of study (Yin 2016:93). Purposive sampling was employed to select the research participants. This allowed the researcher to recruit and assess participants who met the criteria for inclusion and would provide information-rich relating to the research. Purposive sampling refers to a method to

purposively select suitable participants to provide thorough data relating to the phenomenon under study (Merriam & Tidsell 2016:96).

- **Snowball sampling**

Snowball sampling is defined by Yin (2016:95) as follows: "snowball sampling refers to choosing new cases as a side-shoot of current ones, it can be suitable if snowball is purposeful, not completed out of convenience". The researcher used snowball sampling purposively. The researcher invited the participants to identify additional Zimbabwean mothers who would have similar experiences relating to the research topic, share similar characteristics and were willing to participate in the research. Snowball sampling aided the researcher in further selecting suitable participants for the research.

To be specific, purposive and snowball sampling was measured to be suitable to select suitable participants to achieve the research goal.

2.5 DATA COLLECTION

The concept "data collection" is defined by Lune and Berg (2017:66) as follows: "data collection is typically defined as various techniques and procedures intended to secure access to a setting, its participants, and knowledge about phenomena and activities being observed". In writing about data collection methods, Sutton and Austin (2015:229) write: "data collection methods include how the researcher prepares for the process of data collection and recording data". The data collection steps, as stated by Creswell and Creswell (2018:307), including setting the boundaries for the study through sampling and recruitment; collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials; as well as establishing the protocol for recording information. Collecting data for qualitative research usually implies interacting with real-world situations and the people in them (Yin 2016:116). A qualitative researcher engages in a series of activities in the process of collecting data (Creswell & Poth 2018:257).

In this study, firstly, the researcher provides a chart showing the stages taken to assemble information. Secondly, the researcher presents an explanation of the implementation of the various stages. The investigator employed semi-structured

interviews to gather information from the Zimbabwean mothers caring for their minor children without family support whilst in South Africa.

Figure 1: Different stages of data collection the researcher adapted
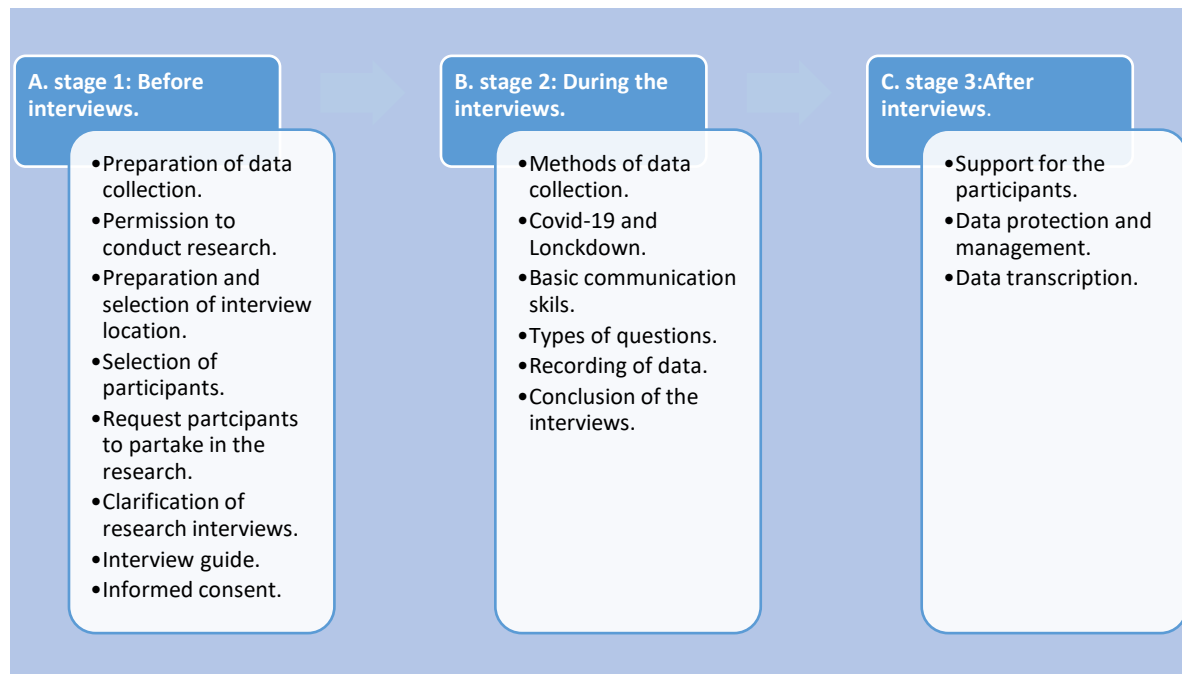
In the following section, the researcher discusses stages one to three of how data collection was implemented.

Stage 1: Before the interviews

2.5.1 Preparation of data collection

The preparation of participants was vital before the data collection process. The researcher ensured that this phase takes place. It provided the researcher with the opportunity to prepare, get permission and screen potential participants. Furthermore, to allow the participants the opportunity to decide if they want to participate in the research or not.

- **Permission to conduct research**

Qualitative research encompasses the study of a research location and gaining permission to study the site in a way that will enable the easy collection of data Creswell 2013:132). Before conducting interviews with people, researchers must gain permission to research human subjects from the ethics review boards with which they are affiliated (Flick et al 2018:237). The researcher obtained approval to conduct research interviews from Unisa: Social Work Ethics committee. The researcher also sought permission to recruit and conduct interviews with the clients from the Mokopane Need Forum.

- **Preparation and selection of interview location**

As part of the preparation and the need to find a suitable uninterrupted quiet venue, the researcher wrote a letter to the Need Forum to request an office to conduct research interviews. The permission was conferred by the project manager at the Mokopane Need Forum to conduct interviews in its offices. The venue was also convenient for the participants as they regularly come to the organisation twice or three times a week for food parcels and other projects run by the Organisation. The study site or setting should be a location where: 1. Entry or access is possible. 2. The appropriate people (target population) are likely to be available. 3. There is a high probability that the study's focuses, processes, people, programmes, interactions, and structures that are part of the research question(s) will be available to the investigator. 4. The research can be conducted effectively by an individual or individuals during the data-collection phase of the study (Lune & Berg 2017:37).

- **Selection of participants**

Once permission has been gained for a study, the researcher can begin to recruit participants (Flick et al 2018:238). An important step in the process is to find people or places to study and to gain access to and establish rapport with participants so that they will provide good data (Creswell & Poth 2018:257). Collecting data through interviews involves, first of all, determining whom to interview (Merriam & Tidsell 2016:126).

One of the objectives was to purposively find a sample of Zimbabwean mothers caring for their minor children without family support whilst in South Africa. The sample had to meet the criteria for inclusion elaborated below:

- Zimbabwean mothers who care for their children between the age of 1 and 12 years and without family support.
- Zimbabwean mothers aged from 22 and above years.
- Zimbabwean mothers who have been residing in South Africa, Mokopane for three years and more.
- Zimbabwean mothers who can speak English and are willing to participate.

The sampling criteria, according to Creswell and Poth (2016:270), work well when all persons studied characterise individuals who have experienced the phenomenon. Therefore, the researcher used the strategy to recruit appropriate sorts of participants

(Howitt & Cramer 2017:71). A gatekeeper(s) is a person(s) who holds the figurative (or at times literal) keys to the research site (Tracy 2013:85).

The purpose of selecting purposively the Zimbabwean mothers who meet inclusion criteria was to have participants having the most relevant data for the research. The idea behind qualitative research is to purposively choose participants or locations (or documents or visual material) that will best help the researcher understand the problem and the research question (Creswell 2014:239). Good qualitative researchers, at the very least, engage in purposeful sampling, which means that they purposefully choose data that fit the parameters of the project's research questions, goals, and purposes (Tracy et al 2013:134)

- **Request participants to partake in the research**

Preparation also involves getting in touch with participants to arrange a suitable meeting place, preferably a quiet place, free from distractions, which will allow for good quality audio recordings (Flick et al 2018:238). The researcher telephonically contacted the participants to make formal introductions, request the individuals to take part in the research study and establish a trusting working relationship. To ensure adherence to Covid-19 regulations, the researcher confirmed if participants had any symptoms related to Covid-19 and to discover their eagerness to take part in the study. None of the participants had Covid-19-related symptoms. An appointment for each participant was arranged.

- **Clarification of research interviews**

The researcher explained and clarified to the participants, the purpose of the research, the criteria for inclusion and criteria for exclusion, and that their participation was voluntary. The researcher further explained the motive for their selection and that their rights would not be endangered in any way. There were no questions from the participants, and they expressed their understanding.

- **Interview guide**

An interview guide is a list of flexible questions to be asked during the interview, which is meant to stimulate the discussion rather than dictate it (Tracy et al 2013:154-155; Merriam & Tidsell 2016:124). To prepare for information gathering, Leavy (2017:14) states the following: "researchers generate interview guides that vary from a list of overall lines of questions or subjects they plan to cover a thorough list of open-ended

questions". Formulating interview guides involves generating a list of questions and topics that are likely to elicit descriptions that speaks to the research questions posed (Flick et al 2018:237).

After clarifying the objective of the study, the researcher presented the research questions from the interview guide to the potential participants (Addendum E). The aim was to show them the type of questions for the actual interviews and to allow them the opportunity to make an informed decision.

The researcher then informed the participants about the persons having access to recordings and field notes of the study (i.e., the researcher, the researcher's supervisor, and the editor of the research study). Proposed participants understood the research process and were willing to take part in the research. Subsequently, the researcher requested the participants to sign the informed consent form.

- **Informed consent**

Informed consent is one of the pillars of modern study ethics involving human subjects (Loewen & Plonsky 2016:85). In explaining the aspect of informed consent, Lune, and Berg (2017:46) state the following: "informed consent means a meaningful agreement of persons to contribute as an exercise of their choice, unrestricted from any component of deception, dishonesty, coercion, or similar biased encouragement or manipulation. It is not considered ethical to have people take part in research studies without their knowledge or agreement (Loewen & Plonsky 2016:86). In a phenomenological study in which the sample includes individuals who have experienced the phenomenon, it is also important to obtain participants' written permission to be studied (Creswell & Poth 2018:268). To gain participants' approval (as required), researchers openly discuss the goals and intended use of their research with participants, as well as ask them to carefully read and agree to the appropriate consent forms (Roller & Lavrakas 2015:7).

Consistent with the above, the participants have the right to know what they are getting into when they agree to participate in a research study. The purpose of the research, interview questions and informed consent were explained and simplified. The participants understood the research process and were prepared to take part in the research. Before the research interviews, the researcher obtained the informed consent form which was voluntarily signed by the participants (Addendum C). Informed

consent forms are those that participants sign before they engage in research. This form acknowledges that participants' rights will be protected during data collection. (Creswell 2014:292). Additionally, the researcher requested approval to audio-record the interviews with the participants. However, four participants did not feel comfortable being audiotaped, but they took part without an audio recording and the researcher took notes.

Stage 2: During the interviews

2.5.2 Methods of data collection

Data collection methods include how the researcher prepares for the process of data collection and recording data (Sutton & Austin 2015:229). Yin et al (2016:116) express that collecting data for qualitative research usually implies interacting with real-world situations and the people in them. The researcher steered the semi-structured interviews to accumulate information. Data collection methods are open-ended rather than constrained by highly structured questions that allow little flexibility in terms of responses (Howitt & Cramer, 2017:396).

- **COVID-19 - and lockdown**

Due to the global pandemic of coronavirus, the researcher adhered to the rules and regulations to limit exposure to Covid-19 during the data collection process. According to the Disaster Management Act 57 (2002), the following apply under Alert level 1 during coronavirus Covid-19 lockdown:

Movement of persons

66. (1) Every person is confined to his or her place of residence from 23H00 until 04H00 daily,

Mandatory protocols when in a public place

67. (1) The wearing of-

(a) a cloth face mask

(b) a homemade item; or

(c) another appropriate item, that covers the nose and mouth, is mandatory for every person when in a public place.

(2) No person will be allowed to-

(a) enter or be in a building, place, or premises, including government buildings, places, or premises, used by the public to obtain goods or services; or

(b) be in any public open space, if he or she is not wearing a cloth face mask, homemade item, or another appropriate item that covers the nose and the mouth.

(4) An employer may not allow any employee to perform any duties or enter the employment premises if the employee is not wearing a cloth face mask, homemade item, or another appropriate item that covers the nose and mouth while performing his or her duties.

Due to the global pandemic of Covid-19 (Coronavirus), the researcher and the organisation took the issue of Covid-19 seriously and adhered to the rules and regulations of Covid-19. It was crucial to practice safety measures before and during the process of data collection.

The interviews took place at Mokopane Need Forum from 24 to 26 September 2020 under alert level 1 lockdown and adhered to the curfew under this regulation. The researcher, participants, and Need Forum personnel all adhered to and followed protocol and safety measures to limit exposure to the spread of Covid19. Every participant, including the researcher before entering the offices and the interview room, considered the following:

- Completion of Covid-19 register and temperature check before entering the office. This was done by Need Forum personnel for each person entering their offices.

- The organisation provided hand sanitisers at the main entrance for sanitising hands for use by individuals. The interview room also had a hand sanitiser and wipes to keep the surface and stationery clean.

- One person was allowed at a time in the office. This allowed each participant to be in the interview room with the researcher.

- Maintain a distance of at least one and a half metres from each other at all times. The researcher and the participants were sitting at least one and a half metres apart during the interviews.

- No person not wearing of face mask was allowed to enter the office. The researcher and the participant were wearing masks throughout the interview session.

- Interview room windows remain open for reasonable ventilation.

The above indicates that the researcher, Need Forum personnel and participants adhered to the Covid-19 regulation alert level 1 during data collection.

- **Interviews**

In qualitative research, interviewing is often the major source of the qualitative data needed for understanding the phenomenon under study (Merriam & Tidsell 2016:136). Interviews are an important component of qualitative research, in which the researcher attempts to understand the perspective of another individual (Loewen & Plonsky 2016:91). The interview may, of course, be part of a series of interviews with different people allowing for comparisons between different participants or different types of participants (Howitt & Cramer 2017:82). Qualitative interviewing has been referred to as non-directive, unstructured, non-standardised, and open-ended interviewing (Taylor et al 2016:102).

In qualitative interviews, the researcher conducts face-to-face interviews with participants, and telephone consultations, through 6 to 8 candidates. These interviews comprise unstructured as well as open-ended questions which are limited and projected to prompt interpretations and views from the participants (Creswell 2014:239). Semi-structured interviews, in addition, use the interview guide comprising of open-ended questions, to be questioned in a more or less well-ordered directive (Tolley, Ulin, Mack, Robinson & Succop 2016:107).

In this research, the researcher utilised semi-structured interviews with revised questions from the interview guide, to explore the common world from the participants' perspective and how they attach meaning and interpret their experiences, challenges and coping strategies in caring for their children without family support whilst in South Africa.

The interviews were face-to-face which enabled the researcher to attend to and observe the participants' verbal and non-verbal communication. Due to covid-19, each participant completed the Covid-19 questionnaire and the register before entering the office. Participants sanitised their hands, maintained social distance and wore a face

mask throughout the interviews. Windows remained open to allow reasonable ventilation in the interview room. The researcher was also taking 10 minutes to break between interviews to sanitise the interview room before resuming the next interview.

Furthermore, the qualitative interview requires careful planning if it is to be fully effective (Howitt & Cramer 2017:67). Therefore, to ensure productive interviews, the researcher adopted the guidance offered by experts in qualitative research found in Leedy and Ormrod (2015:282):

- Find overall interview questions as well as possible follow-up questions.
- Contemplate how an individual's culture may impact their answers.
- Ensure that the sample includes only participants who offer the data desired for the study. (Criteria for inclusion)
- Use a quiet and suitable office/room (at the Need forum offices) without interruptions to conduct interviews.
- Obtain written permission, and signed informed consent from participants.
- Use small talk to start the interviews to break the ice, the researcher shall be respectful to start and sustain a good relationship.
- Focus on participants' experiences, challenges as well as coping strategies rather than abstract issues.
- Allow participants to choose how to express their thoughts.
- Record every participant's verbatim response.
- Ensure not to express shock, approval, or disagreement with what the participants said to get accurate information.
- Treat all participants' responses as perceptions and opinions, not necessarily facts.

Opening the interviews

The first few minutes of an interview should break the ice and set expectations (Tracy et al 2013:146). Beginning with an informal chat is a good way to build rapport, setting the stage for the relaxed atmosphere the researcher wants to create for the interview (Tolley et al 2016:108). In addition to providing verbal interpretation, it is important to consider your nonverbal communication. In most situations, facial expressions and body language should communicate warmth, acceptance, and neutrality (Tracy et al 2013:162).

The researcher welcomed the participants and exchanged greetings. The researcher further thanked the participants for availing themselves of the interviews and explained that an hour was scheduled for the interview. This aided the participants to settle in the interview room.

Qualitative research typically begins with more general, open-ended questions, moving toward greater precision as detailed information emerges (Tolley et al 2016:174). A good interview often begins with open-ended experience questions that will prompt the participant to tell stories – which later questions can refer to and follow up on (Tracy et al 2013:147). Open-ended questions are those that do not restrict the answer and are recorded verbatim (Barker, Pistrang & Elliot 2016:100). In writing about open-ended questions, Strunk and Locke (2019:37) write: "open-ended questions request participants to share their viewpoints''. The researcher used open-ended questions from the interview guide to stimulate the interview and created a helpful atmosphere for the participants. In addition, to assist the researcher to obtain their biographical information.

The following questions were asked at the beginning of the interviews:

- Please confirm that you were born and grew up in Zimbabwe.
- Indicate from which area in Zimbabwe you are from?
- How old are you and how long have you been residing in Mokopane?
- Do you have family members here in South Africa?
- Do you have children?
- How old are your children and what is their gender?
- Where did you live before coming to South Africa?
- What is your main or home language?
- Are you prepared, willing and available to take part in the research?

Confidentiality is a crucial issue because participants often have information that few others have and are very sensitive about being identified as having provided information (Neuman et al 2014:348). As part of this process, the researcher might ask the participant if s/he has a preferred pseudonym (Tracy et al 2013:151). The researcher further discusses confidentiality. To ensure the participants that their real names were

kept private, instead of using their real names, the researcher will use 'participants A, B or C' to identify them in this research.

- **Basic communication skills**

Conducting an informational interview is not as easy as it might seem (Leedy & Ormrod 2015:282). In explaining this aspect of communication skills, Taylor (2016:115) states the following: "the researcher attempts to create an atmosphere in which individuals feel relaxed to talk openly about themselves''. Therefore, the researcher used basic communication skills such as listening, attending as well as empathy to aid the interview process.

Listening

Listening, as explained by Wetchler and Hecker (2015:308, is a communication skill and involves accurately receiving information from another person who is expressing thoughts and emotions. By using this skill, the researcher was able to listen to and understand individual participants' expressions of their experiences, challenges and coping strategies. Furthermore, it was important to treat participants with respect while listening to their stories.

Attending

The concept of "attending" is defined by Taylor, Bodgan and De Vault (2016:117) as follows: "attending means communicating a genuine attention to what informants are sharing and knowing when and how to probe and ask the right questions". The researcher used this skill to attend to the participant's verbal and non-verbal communication through the process of data collection. At the beginning of the interviews, the participants were nervous but soon after breaking the ice they began to feel free and more relaxed.

Empathy

Empathy refers to the effort of trying to see the world from another person's perspective, to understand his or her situation as well as the feelings experienced in such a situation (Hepworth, Rooney, Rooney & Strom-Gottfried 2013:81). One important component of empathy is letting go of one's presuppositions to understand what the client is trying to say (Barker et al 2016:79). The significance of this skill is based on the research topic. The researcher was empathetic, and this assured the participants that everything they share was all right. This allowed the Zimbabwean

mothers to express their lived experiences, challenges encountered, and coping strategies adopted. Furthermore, the researcher was empathetic and understood how they attached meaning to everything thus equipped the researcher with relevant data.

The skills aided to create a conducive environment to facilitate the interviews and for the participants to feel safe. The researcher accepted all participants and did not judge them when they share their experiences. Furthermore, the basic skills encouraged the participants to express themselves.

- **Type of questions**

Most interviews follow a pattern that comprises three kinds of questions: main questions, follow-up questions, and probes. The pattern is flexible but helps the interviewer to cover the topics in sufficient depth to make the most of the opportunity to gather the rich information that participants can offer (Tolley et al 2016:104). The researcher used open-ended, probing and follow-up questions to discover and understand Zimbabwean mothers' experiences, challenges and coping strategies they came across while caring for their children without family support whilst in South Africa.

Tables 1-3 below elaborate on the type of questions used to facilitate research interviews.

Table 1: Open-ended questions

OPEN-ENDED QUESTIONS	EXAMPLE OF THE QUESTIONS
• Decent interview questions, according to Merriam and Tidsell (2016:120); Creswell and Poth (2016:281), are those that are open-ended questions and yield descriptive data, even stories about the phenomenon.	• What are your experience, challenges and coping strategies for caring for your children without family support?
• Through phenomenological interviews, researchers generate detailed descriptions of participants' experiences about a phenomenon by asking open questions concerning the participants' feelings, perceptions, and understandings (Flick 2018:235).	• How are you taking care of your children?
• The researcher asked open-ended questions to allow the participants to respond from their frame of reference.	• What are your means for survival?

Table 2: Probing questions

PROBING QUESTIONS	EXAMPLE OF THE QUESTIONS
• A probe is a kind of follow-up question that takes the discussion into still deeper territory, with or without specific reference to the topic (Tolley et al 2016:106). • Probing can come in the form of asking for more details, for clarification (Merriam & Tidsell 2016:123). • Probes frequently ask subjects to elaborate on what they have already answered in response to a given question (Lune & Berg 2017:74). • The researcher also used probes by 'nodding head' and ''mmmm'' to encourage the participants to elaborate on their responses.	• What else did you experience? Please tell me more. • What else was/still a challenge? Please clarify. • What are your coping strategies? Please tell me more. • Was it helpful? Please explain.

Table 3: Follow-up questions

FOLLOW-UP QUESTIONS	EXAMPLE OF THE QUESTIONS
• A follow-up question moves the interview or discussion to a deeper level by asking for more detail. (Tolley et al 2016:106). • The researcher used follow-up questions to seek clarity from the participants. • Follow-up questions are a natural part of any conversation. They suggest to the speaker that the listener is interested enough in what the speaker has just said to want more information (Tolley et al 2016:106). • This type of question enabled the participants to elaborate on their responses.	• How did you experience the absence of your family support? • How did that disturb you/make you feel? • How can you describe the experience, challenges, and coping strategies? • How did you manage to care for your children without family support?

The use of questions as elaborated above enabled the researcher to take notes and record what transpired in the research context, particularly the participants' verbal and non-verbal communication.

- **Recording of data**

Before entering the field, qualitative researchers plan their approach to data recording. The proposal should identify what data the researcher will record and the procedures for recording data (Creswell 2014:244). Some researchers take notes in the field or use recording devices for data collection (Taylor et al 2016:82). Researchers record

information from interviews by making handwritten notes, audiotaping, or videotaping (Creswell & Creswell 2018:312).

In this research, recordings of interviews were critical to generating good quality transcriptions. The researcher used audio recordings and notes to collect data. The researcher transcribed recordings after the interviews and then used the transcripts for data analysis.

- **Conclusion of the interviews**

A good way to close the interview is by expressing gratitude and reassuring the respondent of confidentiality. This is also the time to let the participants know that their data will be kept safe and confidential. Quite a few questions are common at the close of the interview. Catch-all questions can effectively capture and tie together loose ends or unfinished stories (Tracy et al 2013:151).

Thereafter, the researcher thanked the participants and provided the opportunity for them to ask questions about the interview. Some of the participants explained that they were initially nervous due to recording, but as the interview proceeded, they were at ease and more relaxed. Two participants needed to verify the issue of confidentiality as well as their real names. The researchers assured the participants that their real names would not be used and reminded them about the informed consent and confidentiality form. The participants explained that they only needed the researcher to reassure them after the interview.

Stage 3: After the interviews

2.5.3 Support for the participants

It is not unusual in face-to-face interviews or focus-group interviews to observe when a person is becoming sad, disturbed, or otherwise uncomfortable (Lune & Berg 2017:61). The researcher ensured that all the participants got the support they needed after the interview by arranging with the social worker attached to Need Forum to pro-vide debriefing to the participants. In addition, the researcher kept the contacts of the participants to do a follow-up. After a week, the researcher contacted the participants to check if they have used the debriefing services, but four participants mentioned they will plan while others indicated that they are doing well and that they do not need

debriefing. The social worker confirmed that none of the participants availed themselves of debriefing. The researcher also provided her contact to the participants to contact her in case they had any concerns after the interviews.

- **Data storage, protection, and management**

Creswell and Poth (2018:294) assert that some principles about data storage and handling that are especially well suited for qualitative research include the following:

- Always develop backup copies of computer files
- Use high-quality tapes or recording devices for audio recording information during interviews.
- Develop a master list of types of information gathered.
- Protect the anonymity of participants by masking their names in the data, and if a master list is needed, be sure to store it separately.

As soon as recording data, hard copies or an electronic backup should be made (Taylor et al 2016:85). Strong and effective storage, as well as recovery technique, are important if one expects to keep track of the reams of data that have been collected, flexibly access and use the data, and ensure systematic analysis and documentation of the data. In this way, the study can, in principle, be verified through replication (Lune & Berg 2017:40). It is typically prudent to use false names for persons and places in written studies (Taylor et al 2016:102). Lune and Berg (2017:49) highlight that investigators must take deliberate safety measures to protect data from unintentionally falling into the wrong hands or becoming public. Before transcribing the data, the researcher changed the names of participants to 'Participant A' and 'Participant B' etcetera and made copies of field notes and electronic backups. All data was kept safe in a cupboard inside a locked room accessed only by the researcher.

- **Data transcription**

After the interviews, researchers transcribe audio recordings (Flick et al 2018:239). Transcription facilitates the close examination of data, which is so imperative for interpretation (Tracy et al 2013:178). Immediately after the interviews, the researcher transcribed and prepared the data of each interview session. The researcher transformed audiotaped interviews and field notes under each research question into written text before data analysis. Finally, the transcripts were reviewed for editing.

2.6   PILOT TESTING

Pilot studies help to test and refine one or more aspects of a final study, for example, its design, fieldwork procedure, data collection instruments or analysis plans. The pilot study provides another opportunity to practice (Yin et al 2016:39). It is vital to pilot test the interview schedule on a few respondents and revise it accordingly (Barker et al 2016:103).   During and after the pilot test, the researcher looks for potential flaws, mishaps, or misunderstandings (Neuman et al 2014:304). The pilot test also helps researchers determine how long each self-report will take to complete (Brough, 2019:163). The participants in a pilot study need to know that they are participating in the pilot study (Yin et al 2016:39).

The researcher conducted a pilot test with two participants who did not form part of the research. Furthermore, collaborating with the gatekeeper, two individuals were identified who met the criteria for inclusion within the register of the Need Forum to participate in the pilot study. Subsequently, the researcher explained the purpose of this pilot study, the sensitivity and importance of the participants' confidentiality and requested permission from the identified participants to participate in this pilot study. This was agreed upon, and participants voluntarily contracted by signing the informed consent form. This was to affirm the purpose of this study and its confidentiality. Before signing the consent forms, the researcher explained and clarified the content of the consent forms and informed participants they were only taking part in the pilot study, and this did not form the full study to avoid data contamination. After this, they agreed to participate by signing the consent forms.

In pilot testing, the researcher had the chance to use informed interviewing skills to ensure that these skills were correctly applied. It also assisted the researcher to ex-pand her competency in interviewing skills. As a result, the initial research questions were improved to prepare for the actual data collection (Addendum E). The information from the pilot study also gave an idea about the level of willingness from participants and attitude towards the research questions as well as the duration of the interview. Participants involved in this pilot testing were not included in the actual sample for the full study in which the data was subsequently collected.
The subsequent section focuses on the methods of data analysis.

2.7   METHODS OF DATA ANALYSIS

In the previous section, the researcher concentrated on pilot testing and methods of data collection; this section focuses on the method of data analysis. Data analysis is a process that involves making sense of the collected data (Creswell 2013:183). Qualitative data analysis is a search for a general statement about relationships and underlying themes (Marshall & Rossman 2016:214).

The researcher used thematic analysis of data to make meaning of the collected data. Thematic analysis refers to the process of finding themes in the data which capture meaning that is related to the research question and perhaps also making links between such themes (Flick 2014:147). Thematic analysis is one of the most commonly used methods of qualitative analysis (Howitt & Cramer, 2017:396). Thematic analysis is a method of analysing qualitative data that involves searching for recurring ideas (referred to as themes) in a data set (Jason & Glenwick 2016:33).In writing about thematic analysis, Brough (2019:212) writes: "thematic analysis assumes that the recorded messages themselves are data, and codes are developed by the investigator during the close examination of the text as salient themes emerge inductively from the text".

From the researcher's interpretation, data analysis involves the researcher's skill to analyse, interpret, and make sense of research findings. The first step in qualitative analysis is to prepare the data. In interview studies or studies using recorded interactions, this involves transcribing the recording which is usually laborious and time-consuming (Barker 2016:220). The analysis makes sense of the information accessed during the data-gathering phase. Analysis converts information into data (Lune & Berg 2017:66). Barker et al (2016:220) mention that before beginning the analysis, it is vital to check the transcripts for accuracy, and also to ensure that participants' anonymity is preserved by removing or disguising names and other identifying information.

In thematic analysis, information scrutiny does not commence until all information is composed (Jason & Glenwick 2016:34). The procedure typically involves using the themes from each study as the raw data to conduct an overarching thematic analysis (Barker et al 2016:41). The researcher used six phases as proposed by Clarke and Braun (2013:60) as the foundation for conducting a thematic analysis of the qualitative generated data. The six phases are as discussed below:

- ***Phase one: becoming familiar with the data.*** Transcribing is a time-consuming process but may be useful to become familiar with the data and offers the opportunity to begin to think about possible codes (Jason & Glenwick 2016:35). In this phase, the researcher became familiar with the data by repeatedly reading the field notes and listening to the recorded interviews. Furthermore, the data was typed word by word into a new document to identify various concepts expressed by participants and errors were checked. This provided the researcher with the opportunity to check errors and understand the meaning of the data.

- ***Phase two: generate primary code.*** Once researchers are familiar with the data an initial list of codes can be identified (Jason & Glenwick 2016:35). The researcher reflects and re-reads data, and identifies similarities in various responses provided by participants from each question to generate primary codes. The similarities were based on the challenges, experiences and coping strategies of Zimbabwean mothers caring for their m children without family support. These codes provided the interpretation and meaning of the data.

- ***Phase three: search for themes****.* After the data has been coded and information falling in the same codes has been brought together, a search for themes may begin (Jason & Glenwick 2016:35). The researcher used this phase to review the coded data. Codes with common features focusing on challenges, experiences, and coping strategies of participants caring for their children without family support were clustered together. Thereafter, themes were constructed using various codes relating to challenges, experience, coping strategies, relationships, means of survival and emotions. The researcher further explored the relationships between constructed themes. This allowed the researcher to develop the whole meaning of the information as well as to answer the research question.

- ***Phase four: review themes.*** Once a set of potential themes is identified, they need to be reviewed and refined (Jason & Glenwick 2016:35). The researcher organised information and extracted what applied to respective themes. Each theme was re-read, and data was extracted while checking for consistency. Thereafter all themes were reviewed, and data extracted linked to the research question. Once the themes apprehended the sense of the entire data the researcher proceeded to the next phase.

- ***Phase five: describe and tag themes.*** Once a thematic plan of the data exists, further refinement of the themes may occur. The crucial task here is to find the main concept in each theme and provide a name that concisely describes that idea (Jason & Glenwick 2016:35). Each theme and sub-themes explored and described participants' expression of their challenges, experiences, and coping strategies for caring for their children without family support whilst in South Africa. In this phase, the researcher selected extracts from the data and assigned them to each relevant theme. This provided a clear interpretation of the data and its meaning for the research question. As a result, the researcher continued to produce the report.

- ***Phase six: producing the report.*** Once themes and their interrelationships are fully identified, a research report may be written. The report should present the analysis in a way that the researcher sees as trustworthy (Jason & Glenwick 2016:35). Finally, the researcher presents the structure of themes and sub-themes. Each theme was discussed using research questions, extracts from data and literature to produce the report.

2.8 METHODS OF DATA VERIFICATION

It was deliberated in Chapter 1 section 4.7 that method of data verification embraces validity and reliability (Bless et al 2013:395). Researchers need to convey the steps they will take in their studies to check for the accuracy and credibility of their findings (Creswell & Creswell 2018:323). In this study, the researcher implemented Guba's methods cited in Bryman (2016:302) to evaluate the trustworthiness of the research data. The following criteria for credibility, transferability, dependability, and confirmability were applied to guarantee trustworthiness:

2.8.1 Credibility

In writing about credibility, Lichtman (2014:386) writes: "credibility is the interpretation as well as evaluation of the research findings as being credible from the point of view of the participant". The concept 'credibility' is defined by Silverman (2013:444) as follows: "credibility is the level to which study discoveries can be established to be founded on actual evidence as expressed by participants". In explaining the aspect of credibility, Creswell & Creswell (2018:323) state the following: "researchers required

to explain the stages they would take to validate the correctness and credibility of their results."

To enhance the credibility of the research, the researcher used purposive and snowball sampling to find and choose appropriate participants. The researcher established a trusting relationship with the participants. She accepted the participants and had the confidence that they were reliable to provide data that would respond to the research question. Participants granted the researcher consent to audio record the semi-structured interviews. An interview guide was compiled after pilot testing and used during the study to confirm consistency across interviews with participants. Semi-structured interviews using open-ended questions were used to gather data. Participants were allowed to respond to open-ended questions, sharing their experiences, challenges, and coping strategies without a judgemental attitude. Communication and interviewing skills aided the researcher to make fieldnotes and perceiving participants' non-verbal behaviour in the setting of the research during interviews. Therefore, credibility was reflected from the recruitment stage to data collection.

2.8.2 Transferability

Transferability refers to different ways of extending qualitative research findings to other life settings (Lichtman et al 2014:387; Yin et al 2016:1). The researcher should present a rich and thick word-based description of the informants and the research context to enable the reader to assess the findings' capability of being transferable (Creswell 2013:252; Flick 2014:252).

To ensure transferability, the researcher implemented qualitative methods by providing research questions, goals, and objectives. Participants were purposively selected to provide a thick description of the data. The biographic information and the role of participants, criteria for selection, the context of data collection, methods of data collection and data analysis were explained. Furthermore, data recordings and field notes were stored and saved for verification and ensuring the availability of raw data whenever needed.

2.8.3 Dependability

Dependability, as stated by Du-Plooy-Cilliers, Davis & Bezuidenhout (2014:259), reports the value of integration amongst methods of data collection, data analysis and

the concept created from facts. Dependability can be enhanced through the use of overlapping methods, stepwise replications, and inquiry(dependability)audits (the use of well-informed subjects) (Flick 2014:582). Dependability as explained by Bless et al. (2013:237), will "demand the thorough demonstration of how information was collected, recorded, coded, and analysed along with examples to justify this process to further enhance dependability".

To ensure dependability, the researcher made a recording of participants' responses during interviews. The researcher ensured that transcribed interviews were available for review. Furthermore, dependability was ensured through a comprehensive account of how the qualitative research process was implemented, as well as ethical considerations.

2.8.4 Confirmability

Confirmability refers to the researcher's ability to show that the data represents the participants' responses and not the researcher's biases or point of view (Cope 2014:89-90). Confirmability also relates to the stage at which the study results could be founded or validated to explain actual reality (Lichtman 2014:387). In writing about confirmability, Marshall and Rossman (2016:263) write: "confirmability permits the researcher to demonstrate the transparency of their studies that others will use to confirm their discoveries".

To ensure confirmability, the researcher tried to be unbiased, honest, and accurately represent the participant's experience, challenges, and coping strategies. During the interview sessions, the researcher tried not to ask leading questions, as that would undermine the value of the results. The researcher adopted the bracketing method to prevent prejudice. Bracketing is an attempt to set aside one's assumptions and expectations, as far as is humanly possible (Barker et al 2016:787). Moreover, confirmability was built on trails of field notes and interview recordings to document research findings which were checked by a peer who was not part of the research to verify the reality of the research findings.

The subsequent section discusses the application of ethical principles.

2.9 APPLICATION OF ETHICAL CONSIDERATIONS

Ethics have shaped our field, as well as our work, as academics (Lever & Poama 2019:17). Kocher and Spiegel (2013:23) assert that the ethical codes of professional

organisations aspire to create the basis of ethical practice. The researcher obtained formal approval from Unisa: Social Work Ethics Committee. The researcher also sought permission to recruit and conduct interviews with the clients from the Mokopane Need Forum before the commencement of the data collection phase.

Ethical principles adhered to are discussed in detail below.

2.9.1 Informed Consent

Informed consent forms are those that participants sign before they engage in research. This form acknowledges that participants' rights will be protected during data collection (Creswell 2014:292). One significant element that embodies ethical codes in data collection tools is the use of an informed consent form (Dobrick, Fischer & Hagen 2018:102). An Informed consent form recognises that participants' rights will be protected during data collection (Creswell 2016:103).

Before obtaining informed consent, the researcher offered a thorough clarification of the aim of the research, participants' role in the research and confidentiality and contents of the consent form (Addendum C). The researcher also discussed the research questions stipulated in the interview guide, the time frame for the interviews and that their participation was voluntary, and no one would be coerced to participate. The participants were also informed that the research is for academic purposes therefore there would be no compensation.

The informed consent form and the letter were read to the participants, and they were asked if they understood or sought clarity. The aim is to ensure that the participants can decide whether to participate or not. Once they shared their understanding and willingness to participate, they signed the informed consent form to indicate their agreement to participate.

2.9.2 Confidentiality and anonymity

Ethical codes require that participants be afforded (realistic) rights to anonymity and confidentiality (Flick et al 2018.316). Researchers care about protecting the confidentiality, anonymity, and basic "rights" (such as privacy and freedom of thought) of the people who agree to be part of their studies (Roller & Lavrakas 2015:9). Anonymity and confidentiality are classic promises made to research participants in social research, and they are often contemplated together, although their focus is slightly different (Flick 2018:501).

Confidentiality means that recognisable data relating to people that were gathered during the course of the study will not be revealed (Wiles 2013:47). Flick et al (2018:283) state that in individual interviews, confidentiality and safe spaces are more easily controlled. In the first instance, anonymity can be seen as a way to intensify privacy (Dobrick et al 2018:122). Confidentiality is when the researcher knows the participants but chooses to protect their identity (Babbie 2013). In explaining the aspect of anonymity, Tolich (2016:34) states the following: "anonymity represents the data which individuals provided to the investigator, not the names identity of who participated in the study". To ensure anonymity, the assurance is given to participants that their identity will remain unknown (Babbie 2014:289).

In adhering to the ethical principle of confidentiality and anonymity, the researcher ensured that no person would connect any research participants with the individual represented in the research report. Confidentiality and anonymity were discussed in the introductory letter (Addendum D). Participants' real names were replaced with Participant A or Participant B to protect their identities. Research data remained strictly confidential and anonymous. The researcher is required to systematically change each subject's real name to a pseudonym or case number when reporting data (Lune & Berg 2017:48). The data was kept safe and protected from any unauthorised person, meaning that only the researcher, the supervisor as well as the editor had access to the data. All research records and field notes were kept safe in a cupboard inside a locked room only accessed by the researcher.

2.9.3 Compensation

The concept "compensation" was elaborated on in Chapter one section 1.13.3. The researcher was honest and informed all the participants about non-remuneration for participating in the study. The participants were told that participation was voluntary, and the research is for academic purposes. Therefore, there was no compensation offered to the participants. The researcher thanked and appreciated the time, willingness and information provided by the participants in the study.

2.9.4 Management of information

The management of information refers to how existing data is identified, how it will be saved, and who will have access to it (Lichtman et al 2014:57). As a principled requirement, Remenyi (2014:45) asserts that: "it is anticipated of academic researchers to safeguard their data".

The researcher ensured the protection of research data by keeping field notes and hard copies of transcripts safe in the researcher's cupboard at her home inside a locked room. The researcher created an electronic file on the computer with a password to minimise the risk of data being accessible. The audio recordings were transferred to a file on a phone and personal laptop which has a password. Each participant's name was replaced with a unique code such as participant A to maintain anonymity.

2.9.5 Debriefing

In writing about debriefing, Howitt and Cramer (2017:198) write: "as soon as the research finishes (or crucial phases are complete), debriefing should be carried out". The concept 'debriefing' is defined by Rubin and Babbie (2013:71) as follows: "debriefing is speaking to participants after the study, to determine any issues produced through the research, so that those challenges created through the research, so that those problems or matters can be attended". Debriefing provides an opportunity to elicit feedback from the participants about their experience (Leavy 2017:60). Webster, Lewis and Brown (2013:98) emphasise that: "researcher is recommended to make essential provisions for additional expert intervention".

The researcher arranged with the social worker at the Need Forum to refer the participants for debriefing (Addendum F) after the interviews. This was to ensure that all participants' minds were at rest after sharing personal information. None of the participants utilised the debriefing service. The social worker also confirmed that none of the participants availed themselves of debriefing.

2.10   LIMITATION OF THE STUDY

The following are highlighted as limitations of the study:

The study was limited to Mokopane Town, and this does not allow for the generalisation of the research findings.

Although the researcher explained and assured confidentiality, two participants needed further assurance due to the recording of the interviews. Additionally, four participants did not feel comfortable being recorded. The researcher relied on listening and attending skills as well as her notes to gather information.

Covid-19 protocol especially wearing of a mask and social distancing limited hearing as the researcher and the participant had to speak louder or keep on repeating the question or responses.

2.11 CONCLUSION OF THE CHAPTER

Chapter 3 detailed the implementation of the qualitative research process as planned in Chapter 1. The researcher provided a comprehensive application of the research approach and research design. In addition, it described the application of research methods; data collection methods; methods of data analysis; methods of data verification. The implementation of ethical considerations was thorough by describing how the researcher adhered to the principle of informed consent, confidentiality, and anonymity; not compensating participants; management of information as well as a potential debriefing of the participants.

The research findings will now be presented in the next chapter.

CHAPTER 3: RESEARCH FINDINGS

3.1   INTRODUCTION

Chapter four focuses on the study findings on the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Arica. Thematic analysis was utilised to process, discuss, as well as describe the themes, sub-themes, and categories that emanated from research interviews with the participants. The objective of these actions is to increase the trustworthiness of the study and the reliability of its findings (Creswell 2014:202). These findings are deliberated and linked with the existing literature associated with the research subject.

Eleven participants were involved in the study. To uphold confidentiality and anonymity, pseudonyms were used to identify each participant. For the protection of participants, researchers must facade participants' identities to evade the inclusion of distinguishable information in the analysis files (Creswell & Poth 2018:304). In writing about pseudonyms, Saunders, Kitzinger and Kitzinger (2015) write: "the usage of pseudonyms in the qualitative study is recognised as an instrument to safeguard participant's identity''.

The following is deliberated next: firstly, a biographical profile of the participants, followed by the themes, and subthemes.

3.2   BIOGRAPHICAL DETAILS OF PARTICIPANTS

Biographical details of participants are explained and described. In explaining the aspect of biographic details, Creswell (2016:110) states the following: "the biographical details of such participants, without revealing their identities and the mentioned aspects related to the context must be introduced to provide a foundation, which positions the research findings". The biographical information of the participants focuses on the following: their ethnicity, age, marital status; children in South Africa and Zimbabwe; years residing in South Africa; country of origin; family members in South Africa and Zimbabwe; educational qualification and employment status. Tables 4.1 to 4.5 present the demographic data of 10 participants.

3.2.1 Ethnicity, age, and marital status

Table 4: Participants' profile

PARTICIPANTS	ETHNICITY	AGE	MARITAL STATUS
Participant B	African: black Zimbabwean	32	Single
Participant C	African: black Zimbabwean	28	Single
Participant D	African: black Zimbabwean	32	Single
Participant F	African: black Zimbabwean	41	Divorcee
Participant G	African: black Zimbabwean	34	Single
Participant H	African: black Zimbabwean	45	Widow
Participant I	African: black Zimbabwean	43	Married
Participant J	African: black Zimbabwean	48	Separated
Participant K	African: black Zimbabwean	36	Cohabiting
Participant L	African: black Zimbabwean	42	Married

All the participants were from a similar ethnic group. They identified themselves as black Africans from Zimbabwe. No other ethnic groups participated in the study. The concept "ethnicity" is defined by Fitzgerald (2017:10) as follows: "ethnicity refers to a group of individuals who share a culture, nationality, ancestry and/or language".

The age of the participants ranged from 28 to 51, in other words from young adults to older adults. The participants had a certain level of maturity. Participants between the ages of 28 and 35 fit in Erikson's development stage 6: Young adulthood. Through this period, Loue (2017:67) states the following: "persons can develop intimacy with and care about others. The challenge is to be able to bind oneself to a relationship that may expand, compromise and sacrifice. In contrast to this intimacy is isolation, which may be allied with a fear of losing one's identity in a relationship. Individuals who successfully resolve this conflict acquire the ability to love and exhibit healthy patterns of cooperation and competition in their relations with others".

Participants aged between 36 and 51 fit into Erikson's development stage 7: adulthood. This stage, according to Erikson (1997:68) replicates the crisis of generativity versus self-absorption and stagnation. Generativity includes creativity and accompanying new beings (children) and/ or new ideas and products. In contrast, those who stagnate continue to focus on their wants and desires, resulting in what Erikson has called 'generative frustration'. The virtue or strength that is derived from the successful resolution of this conflict is 'care', meaning a wider assurance to care

for persons, products, and ideas. The aspect of virtue or strength, according to Loue (2017:67) might spread to the feeling of global attention, including upkeep for the well-being of families.

Four participants were single, two were married, one was separated, one was a divorcee, one was a widow, and one was cohabiting.

3.2.2 Children in South Africa and Zimbabwe

Table 5: Age group of participants' children

PARTICIPANTS	CHILDREN	
	IN SOUTH AFRICA	**IN ZIMBABWE**
Participant B	3 children (13-,10- and 7-years-old)	1 child (17-years-old)
Participant C	1 child (3-years-old and expecting the 3rd child)	1 child (10- years old)
Participant D	1 child (5-years-old)	None
Participant F	1 child (10-years-old)	None
Participant G	3 children (11 -,8- and 4-years-old)	4 children (22-,16- and 13-years-old twins)
Participant H	2 children (9- and 14-years-old)	24 and 20-year-old
Participant I	2 children (16- and 11-years-old)	20-year-old
Participant J	2 children (11-and 5-years-old)	16-year-old
Participant K	2 children (15- and 6-years-old)	None
Participant L	3 children (17-,14 and 9-years-old)	None

From the above table, participants have children in South Africa and Zimbabwe. A child is anyone under the age of 18 (Children's Act No.38 of 2005). Four participants do not have children back in Zimbabwe and the other four participants have children who are over the age of 18 years. Also, six participants have children who live in Zimbabwe.

3.2.3 Country of origin and number of years residing in South Africa

Table 6: Participant's country of origin and years residing in South Africa.

PARTICIPANTS	COUNTRY OF ORIGIN		NUMBER OF YEARS RESIDING IN SOUTH AFRICA
	COUNTRY	**PROVINCE/AREA**	
Participant B	Zimbabwe	Masvingo	Since 2009: 11 years
Participant C	Zimbabwe	Masvingo	Since 2012: 8 years

Participant D	Zimbabwe	Chivhu	Since 2015: 5 years
Participant F	Zimbabwe	Masvingo	since 2012: 8 years
Participant G	Zimbabwe	Harare	Since 2014: 5 years
Participant H	Zimbabwe	Gweru	Since 2011: 9 years
Participant I	Zimbabwe	Chivhu	Since 2008: 12 years
Participant J	Zimbabwe	Masvingo	Since 2013: 7 years
Participant K	Zimbabwe	Harare	Since 2015: 5 years
Participant L	Zimbabwe	Masvingo	Since 2011: 9 years

The participants originated from various topographical regions in Zimbabwe. Five participants are from Masvingo; two from Harare; two from Chivhu; and one from Gweru.

From table 3.3, it becomes clear that all participants have lived in South Africa for more than three years. On average, the number of years participants have cared for their children without family support whilst in South Africa ranges from four to twelve years. The participants met the standards for inclusion in this research (See Chapter one, section 1.8). The inclusion required that the participants reside in South Africa for three years or more. The period in which members lived in South Africa was vital as the participants have more experience relating to the research question.

3.2.4 Family members in South Africa and Zimbabwe

The family members of the participants residing in South Africa and Zimbabwe are indicated in table 7.

Table 7: Participants' family members.

PARTICIPANTS	FAMILY MEMBERS IN	
	SOUTH AFRICA	**ZIMBABWE**
Participant B	1	4 (parent and 3 siblings)
Participant C	2 siblings	8 (Parents and 6 siblings)
Participant D	None	4 (Parents and 2 siblings)
Participant F	None	3 (Parents and 1 sibling)
Participant G	None	3 (Parent and 2 siblings)
Participant H	None	4 (Parent and sibling with their 2 children)
Participant I	1	None (Parents deceased)
Participant J	2	6 (Parents and 4 siblings)
Participant K	1	3 (Parent and 2 siblings)
Participant L	None	3 (3 siblings and Parents deceased)

The above table provided information about the participants' family members living in South Africa and Zimbabwe. Most of the participants have two or no family members in South Africa and they have most of their family members including their parents and siblings in Zimbabwe.

3.2.5 Educational qualification and employment status

Table 8 presents the educational qualification and employment status of the participants.

Table 8: Participant's level of education and employment status.

PARTICIPANTS	EDUCATIONAL QUALIFICATION	EMPLOYMENT STATUS
Participant B	Grade 12	Self-employed (selling second-hand clothes)
Participant C	Grade 9	Hairdresser and selling second-hand clothes
Participant D	Grade 8	Shop assistant
Participant F	Grade 12	Domestic worker and selling second-hand clothes
Participant G	Grade 9	Domestic worker and selling second-hand clothes
Participant H	Grade 11	Selling clothes new and second hand
Participant I	Cosmetology Diploma	Self-employed
Participant J	Grade 6	Hairdresser
Participant K	Grade 9	Domestic worker
Participant L	Grade 8	Domestic worker and selling second-hand clothes

The participants' educational level differs and ranges from Grade 6 to a diploma. Most of the participants have secondary education, and only one has a tertiary qualification. The majority of the participants can access unqualified and semi-skilled employment in the South African work market.

The following section gives the themes, sub-themes as well as categories supported with storylines from the interviews and literature control.

3.3 PRESENTATION OF THEMES AND A LITERATURE CONTROL

This section offers research findings on the study of Zimbabwean mothers' experiences, challenges, and coping strategies. These themes act as focal findings in qualitative studies and are frequently utilised by way of titles in the findings' segment of study (Creswell 2014:249). In qualitative research, the influence of analysis is to combine the information into four to eight themes (Creswell 2014:245). After this, it is

the discussion of themes, sub-themes, and categories through extracts from interviews and the themes are compared to relevant literature and other similar studies.

The following table presents an overview of the themes, sub-themes, and categories.

Table 9: Themes, sub-themes and categories of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa.

Title: Experiences, challenges, and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa	
Theme 1: Zimbabwean mothers' understanding of family support	
Theme 2: Family relationships and relationships with community members	
Sub-themes	
2.1 Relationship with family members in Zimbabwe	
2.2 Relationship with community members in South Africa	
Theme 3: Zimbabwean mother's means for survival whilst raising children in South Africa	
Theme 4: Experiences of Zimbabwean mothers about lack of family support	
Sub-themes	**Categories**
4.1 Challenges regarding lack of support from family members	
4.2 Financially supporting family members	
4.3 Basic needs	4.4.1 Physiological needs
4.4 Psychological needs	4.4.2 Belongingness and love
Theme 5: Challenges encountered without family support	
Sub-themes	
5.1 Financial challenges	
5.2 Challenges regarding lack of support from family members	
Theme 6: Emotional feelings from experiences and challenges due to lack of family support	
Sub-themes	**Categories**
6.1 Participants' emotional reactions and feelings relating to lack of family support	6.1.1 Feeling angry, in pain and crying.
	6.1.2 Feeling guilt
	6.1.3 Feeling strong
	6.1.4 Expressions of frustrations
Theme 7: Adopted strategies to cope with challenges and experiences	
Subthemes	
7.1 Social support	
7.2 Professional counselling	
7.3 Self-efficacy	

The next section is the discussion of the themes separately including sub-themes and categories. All themes, sub-themes and categories are presented with supporting transcripts and compared with the literature.

3.3.1 Theme 1: Zimbabwean mothers' understanding of family support

The theme explores the participants' understanding of family support. The participants answered the question "what is your understanding of family support?". Various views emerged and the following excerpts represent the Zimbabwean mother's understanding of family support:

"family support is for the parents to take care of the children and the parents especially when they are old and sick. But I do not get support from anyone the father of the children also does not support the children".

"it is supporting one another. It can be helping one another with money or anything you need like finding a job for another family and to help one another".

"family support, when you support your family you must have the job and buy things for the family".

Family support for me is not easy because the father of the children does not support the children. I am the mother I must support the children alone and buy everything for the children.

"family support is difficult because I am not working now. My husband tries to support me so is difficult"

"to take care of the children, buy food, pay school fees, and buy clothes and if you do not have a job you cannot support the family".

"if there is no money you cannot support the family. My children want many things and if I am not working I fail to buy anything. And if I am working I cannot support the family because the money I make is not enough"

Family support is a problem, I am here, and my family and my children are in Zimbabwe. They do not support me. They want me to support them and send them money. So, it is a problem. And everybody wants food, money clothes.

Based on the above excerpts, participants' opinion view of family support relates to caring, employment and financial support. Family support is the support that people receive from other family members (Uddin and Byuiyan 2019:17). The concept 'family support' refers to the provision of timely and continuous psychosocial support, guidance, and social protection services for mothers and other caregivers by the service provider through social protection services (2021:143).

3.3.2 Theme 2: Family relationships and relationships with community members

Theme 2 addresses the relationship between Zimbabwean mothers and their family members in Zimbabwe and with the community members in South Africa. The family relationships of Zimbabwean mothers involve the following: parents, relatives' children, siblings, grandmother, nephew, niece, and deceased parents. Family in the African perspective refers to what in Western terms would be the extended family. A family is generally established by three processes, which are bloodline relations, sexual unions, or adoption (Makiwana & Kaunda 2018:2)

The struggle to support family, unemployed parents, siblings, ill-health and need for medication and food and communication form part of how participants view the relationship with their families. Moreover, it also involves overcrowded accommodation, welcoming neighbours from the community, and relationships with fellow Zimbabweans.

The following figure 3.1 illustrates how participants describe their relationships with family members in Zimbabwe and their relationship with the community members in South Africa:

Figure 2: Relationships of Zimbabwean mothers with their family and neighbours.
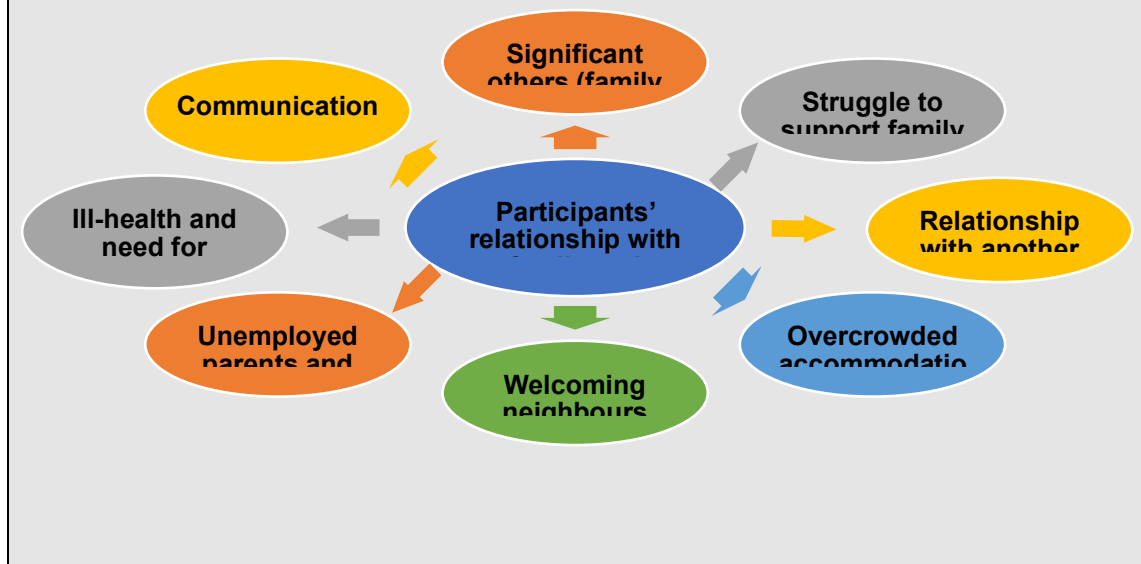
Most participants highlighted having a good relationship with their families. They shared about their significant others, their parents' ill-health, their unemployment, and their struggle to support them. The excerpts below support this:

"My relationship with my family is good. I have my parents. My mother is sick. They are staying with my child who is 16 years old."

"…My parents are there in Zimbabwe, they are not working, my father is sick because he lives with HIV, and AIDS… even my mother both are not working …... They are just depending on farming, and they are there."

"My relationship is fine, is fine with my relatives in Zimbabwe but the problem is now I am thinking of them how can I support them because the life is difficult to me here so I am struggling to support them .so like me when the time that I was growing up, I was growing up with my grandma, now she is old, she is 76 years and she is not feeling well now she is sick she wants the money to buy medication and to buy food..."

Another participant described her family composition and their roles*: "Ja, in Zimbabwe, there I have my parents. My father and my mother. And some of them are my sisters and brothers and some of them are my sisters' children who stay with my mother because she passed away. They have two sisters who passed away in 2015. So, my mother is the one who stays with them."*

Based on the above excerpts it is apparent that participants value and maintain their relationships with their significant others despite the challenges they have expressed. In African communities, same as the participants, family is not limited to space and time, it cuts across generations, relatives living far and near and those who have joined the ancestors themselves who continue to play a role in the lives of the living (Makiwana & Kaunda, 2018:2).

The following participants hold the perception that their relationship with their family members is good. One elaborated that she keeps in touch with her family members. The statements below confirm the participants' perceptions:

"My family we are fine. Everything is ok. Sometimes I make calls and WhatsApp."

 "My relationship is fine, is fine with my relatives in Zimbabwe..."

 "I have a good relationship with everyone in my family"

The storylines are consistent with Bremer's (2017:345) contention that communication is the core of maintaining family relationships. Its frequency, as well as its quality, is the main condition to sustain families and relationships.

Three of the participants expressed that they do not have a relationship with their family members. The following responses illustrate this:

"I can say, I do not have a relationship. Because of the way, I was raised."

"*Very good with two kids but with the first one No, the first one, 1997 one. She is in Zimbabwe. She decided to stay with her father. No, we were staying together here, so I travelled to China, that is why I asked her to join me in China, so I come back to look after these two kids. So, she called the father. Mama calls me to China like this, then the father said No. You do not have to go to China. Like this, you know bad things. From then she hated me. Then I said no it is fine. You can go to your father decide whether you want to stay with me or to go to your father's. To go to China or Zimbabwe, then she decided to go to Zimbabwe. I said no it is fine that is what you have decided, just go. But from if you know you cross the border you go to Zimbabwe; I am disowning you. So that is what happened.*"

"My mother passed on. My father married another woman, so I do not have a relationship with him."

"I don't know what to say because I have not seen my family since I came here. But I sometimes call them."

Reflecting on the statements of the participants, relationships are crucial, and the above responses reveal that there is a good relationship between many of the participants and their families in Zimbabwe. On the other hand, some indicated that they do not have a good relationship. For better or worse, family relationships play a central role in shaping an individual's well-being; are enduring and significant across the life course. Furthermore, these relationships are an important source of social connection and are socially influenced throughout their lives (Thomas, Lui & Umberson 2017:1). Whether the participants have a relationship with their family or not, their relationships form part of their existence.

According to the participants, they have a good relationship with community members, namely their neighbours in South Africa. They express that their neighbours are welcoming, and they also get along with their fellow Zimbabweans. In agreement with the above, the participants presented the ensuing responses:

"It is fine. I do not have problems with my neighbours."

"I can say it's good. Excellent. Because to me is like, I am home. I do not have a problem. Since I came to Mokopane, I think most of the time was just happy moments. Because the people are welcoming with open hands."

"My relationship is fine, is 500 is 100% fine I do not have problems with my neighbours."

"I can say I have a good relationship with my neighbours. I never had any problems with them."

"(laughing). I come from Zimbabwe then I find a place to stay. Ja because some of them are from Zimbabwe."

"I live with other people from Zimbabwe, and it is good. And where I stay, I also have a good relationship with them."

However, one participant had a different experience with her relationship with the neighbours,

"here we stay like with the Malawian, Zimbabwean we don't stay like nicely we just stay because the place is like small, we don't have I stay in a one-room. We share a toilet maybe we are sixteen there so, eish! it's like sometimes you talk we fight because of overpopulation".

According to Rogers' proposition nine, Grobler et al. (2013:9) state the following: "the outcome of interacting with individuals, and predominantly as a result of evaluation contact with others, the self is formed – and arranged, but a dependable conceptual form of perceptions of features and relations of the "I" or the "me", composed with principles involved to those concepts". In other words, this suggests that the participants are shaped as a result of the interaction with individuals (neighbours and other Zimbabweans) and the environment. Given this, as a result of interaction between participants and their families and neighbours in the community, the self of the participant is formed. This implies that participants though without family support whilst caring for their minor children, are not living in isolation, they formed relationships with neighbours and maintain existing relationships with their family members in Zimbabwe.

The next theme presents Zimbabwean mothers' source of income.

3.3.3 Theme 3: Zimbabwean mother's means of survival whilst raising children in South Africa

Theme two explores the participants' employment status, domestic work, and self-employment. Currently, migration to South Africa has converted gender relations essentially in the sense that women who would normally take care of families in Zimbabwe are now breadwinners who come to look for work in South Africa (Hlatswayo et al 2016:10). The question here was: what are your means for survival? How do you care for your children without family support?. Participants elaborated that domestic work and self-employment are the main means of survival. In terms of the Basic Conditions of Employment Act 75 (1997) 'a domestic worker' means an employee who performs work in the home of his or her employer. Self-employment can be classified as a work opportunity.

The statements below demonstrate the participants' source of income as domestic workers and self-employment.

"I do piece job, domestic work. I also sell second-hand clothes. I do door to door when I sell the clothes otherwise, I will not find customers."

"Now I am working just two days it's tough mos., only two days I am just working as a domestic worker. They pay R200 two days."

"I am selling unless I get someone who says can you come and wash for me, I can go there. I am just selling."

"I do everything, especially buying old clothes and selling them. And sometimes I go rainbow-like. I am taking the meat and taking it to the fridge and selling it. I am selling unless I get someone say can you come, and wash do laundry for me then I can go there. I am just selling."

"I do laundry and wash windows. But not every day. I work two days in one house, and I also work one day for another woman. And my boyfriend is also working piece jobs."

"Sometimes I work, sometimes I don't. And my husband also has job piece jobs. I also sell hair extensions. And my friend sometimes calls me to her job, it is a clothing shop. When they have stock, I go and help them to pack."

Unlike some of the female migrants who work as better-paid professionals in South Africa, these women can be regarded as precarious workers employed as domestic workers and earning low wages, having no job security or benefits like medical aid or pension fund (Hlatswayo et al 2016:2). Their responses confirm that most of the participants rely on domestic work for survival while others rely on self-employment for survival.

After failing to find a job in the South African marketplace, most Zimbabwean migrants resort to self-employment and casual jobs as an alternative way of survival (Kupakuwana 2017). The participants use their strengths, knowledge, talents, and experience to find domestic work and other work opportunities. This is in line with the principles of strengths-based theories, principle 1: every individual has strengths (Saleebey 2013:93). The participants in terms of principle two of the strengths-based approach, also use their struggle and lack of family support; and convert it into a source of power to find jobs to survive (Saleebey 2013:18). On-ground study research by Hungwe (2013) states the following: "instances of self-owned trades they engage in range from computer technology and services, children's day-care services, security

welding, electrical engineering, motor mechanic, human resource management, hairdressing salons and petty job". Theodore (2018) states the following: "low remuneration duties and employment unsteadiness result in regular weekly incomes from day labour of just ZAR 198.31".

Moreover, it was evident that the participants, though they are self-employed and some of them are domestic workers, their income is very low. In Africa, migrant women are mostly employed in informal sectors, at the bottom of the occupational hierarchy and in low-paying jobs (Jamie, 2013).

The next theme presents the experiences of Zimbabwean mothers caring for their minor children without family support.

3.3.4 Theme 4: Experiences of Zimbabwean mothers about lack of family support

This theme addresses Zimbabwean mothers' experience of lack of family support. The experiences highlight no other form of support from family members. Instead, most participants support their families financially, with the minimum income received from domestic work and self-employment. The participants expressed their emotions and frustrations. They also highlighted their basic and psychological needs. Despite the above challenging experiences, they seem to show resilience to survive. Zimbabwean mothers demonstrate resilience when they can call for their inner strength to effectively manage daily life despite personal adversity, problems with caring for their children without family support or the challenging circumstances of their families (Shapiro & Browne 2016:9). This is in line with Saleebey (2013:18) that one of the strengths-based approach principles suggests that human beings can emerge as conquerors from individual difficulties and trials. Moreover, this is also consistent with the strengths-based theory as it recognises that individuals and families do survive by overcoming adversity (Davies 2013:484).

The following sub-themes emerged: lack of family support, financially supporting family members; emotional expressions and frustrations, basic needs and psychological needs which are discussed in detail below.

3.3.4.1 Sub-theme 4.1: Challenges regarding lack of support from family members

This sub-theme addresses the lack of family support as expressed by the participants. Participants asserted that they do not have support from their family members. The ensuing answers confirm this view:

"No, I do not have support from my family. They are doing nothing for me.''

"They do not support me because they do not have like my brothers and sisters, they are still young me I am the firstborn them they are still young. They just depend on me."

"No. I am the one who supports them. I have my sister with three children and my mother. I also have two children who stay with my mother."

"Those people there in Zimbabwe need support from me. That is the problem. They need also support from me. You see like my mother she is sick. I must be the one taking care of herself but now I am here because of the situation if I stay at home which means I cannot afford to look after them even my kid."

Family support is considered important because individuals rely on or benefit from family support in various ways. Family support is another component of empowerment for individuals. The more family support individuals receive, the greater the chances they will actualise their capabilities and talents (Zastrow 2017:530). However, Zimbabwean mothers shared that they do not receive support from their families instead they are the ones who support their family members in Zimbabwe.

3.3.4.2   Sub-theme 4.2: Financially supporting family members

The above-mentioned sub-theme addresses the experience of participants financially supporting their family members. The storyline below shows how they expressed their experiences:

"I send him money to take care of my mother and my child. I do not have any support from them. It is not easy. They rely on me."

"Now they are taking care of the boy. Sometimes they wait for me to send school fees and clothes because they do not have a job. They only care for him by giving him food."

"I left my mother and father and my sister and two brothers. I know my father is working on the farm, but I do not have support from them. I never find a good job with good money here. But If I have enough money, I also send it home. They also struggle."

*"No, me I support them not the other. They are waiting for me. Sometimes I send clothes, and money because there is not enough food in Zimbabwe. And people are struggling so I struggle very hard too."*

The main costs experienced by migrants that do not relate to others are payments of money and merchandise back to family in Zimbabwe. In addition, roughly half of the immigrants send cash to Zimbabwe for medical expenses, school fees and to buy clothes (Crush, Chikanda & Tawodzera 2016:36). In addition, Ratha (2011) cited in Kapakuwana (2017:11) states the following: "like Zimbabwean mothers, when immigrants receive cash, they send it back to their home country to pay for education, health cover, income-generating ventures and constructing homes".

3.3.4.3   Sub-theme 4.3: Basic needs

The majority of the participants highlighted that they are constantly struggling to get stable employment and as a result, they struggle to buy food, clothes, and medication. These resemble the basic needs in Maslow's hierarchy of needs. Maslow as a prominent researcher in the study of human needs and motivation came up with his hierarchy of needs theory with a proposal that people are motivated by five levels of needs namely: Physiological; safety; belonging; esteem and self-actualisation needs. This sub-theme is categorised under physiological needs and discussed below (Maslow 1943).

Figure 3. Abraham Maslow's Hierarchy of needs.
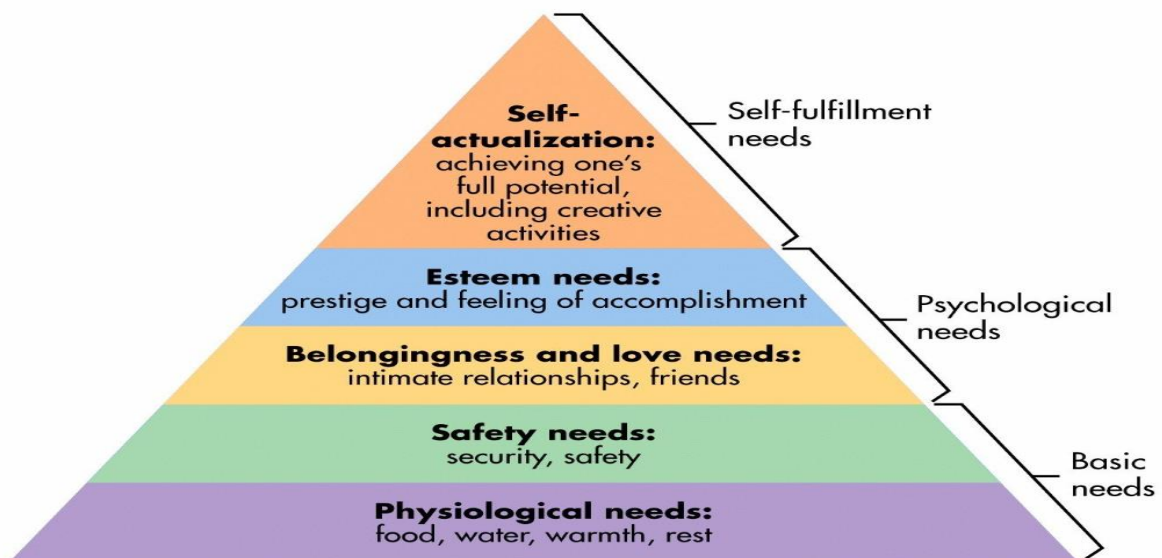
3.3.4.3.1 Category 4.3.1: Physiological needs

In writing about physiological needs, Maslow (1943) writes: "Physiological needs are human basic needs that are critical for humans living in various participating communities in the society. Physiological needs are such human basic needs as food, water, clothing, shelter (accommodation or housing), sleep as well as procreation".

The statements below are participants' applicable responses to their experiences:

"It is painful my children need food my parents also need food and medication for my mother."

"The father they do not want to support anything is very tough. Everything even the school fees, the food the clothes."

"It is not easy, because everyone is looking at you. The need to support is not easy and the money is not enough at the end of the month. Even the food is not going to be enough at home because of the money."

"Money even the food sometimes we are struggling because now life is tough to buy food. If you buy food you are supposed to make sure that you're going to survive with that food until the month-end."

"My experience is that I am supposed to work hard, to take care of my children but now the problems because of Coronavirus we cannot work even if you want to work hard but is no jobs there is no something to do to take care of the children."

"You know when I came to South Africa. I was thinking I will find a job and I will take care of my children and my mother. It was not easy because selling stuff like broomsticks does not have a lot of profit. Even when I send food to Zimbabwe, I cannot send it every month."

"It is difficult since I do not have a proper job. And sometimes I get sick. So, it is difficult. I cannot even have proper food every day. Sometimes I struggle with the rent money."

"You know it is not easy. Sometimes I want to go home to see my family, but I cannot because if I take the money to go home, we will not have food and if I go home, we will not have food even at home. We must also pay rent. It's very hard."

The participants expressed their needs that are not met due to jobs. An elevated increase percentage and high joblessness mean that very few Zimbabweans have sufficient money to take care of their basic needs (Dube 2017). The majority of Zimbabwean immigrants in South Africa troubled as they are to make ends meets do not have disposable funds on which to draw. They feel a solid necessity to send to their family in Zimbabwe but, to do so, they must make choices and compromises because of their inadequate and changeable income. Food is one of the first things to be sacrificed (Crush et al 2016:37). According to a study by Theodore (2018), with low incomes, many Zimbabwean day workers frequently face struggles meeting their daily necessities for food. In addition, these events of extreme food uncertainty are a strong pointer to insufficient income from daily work and other sources, and they mirror conclusions of comprehensive food insecurity among Zimbabwean immigrants residing in South African cities (Crush et al 2016). The study by Kapakuwana (2017) reveals that without formal employment, Zimbabweans are incapable of having a stable salary to care for themselves. Subsequently, without steady pay, they are also incapable of sending their children to school to access better education, and food security becomes a problem.

3.3.3.5 Sub-theme 4.2: Psychological needs

This subtheme addresses the psychological needs expressed by participants. The concept 'psychological needs' is defined by Passmore (2017:83) as follows: "psychological needs are demarcated as innate psychological nutriments that are vital for ongoing psychological growth, integrity, and well-being". Psychological needs

articulated by the participants are those of belongingness and love and are discussed below.

3.3.4.4.1 Category 4.2.1: Belongingness and love

When individuals in various societies feel secure in an environment, the tendency is that they sense the need to identify and belong. Maslow proposes that these needs may be more insignificant than physiological and safety needs. According to Fikse theory in Allen and Kern (2017:6), belonging is one of the five essential needs together with thoughtful, controlling, enhancing self, and trusting.

It is an undeniable fact that participants require love and belonging. The following statements are the participants' responses:

"I experience a lot of things because when I came here, I came with my husband. But when we are here my husband, started to cheat on me but I will go to ask for a job, piece jobs. As you can see, I am pregnant, I was using depo (contraceptive), I do not know what happened. I got another boyfriend then he impregnated me. By then I did not know he has a wife. He went back to his wife. Now I am single again. He knows about my pregnancy, but he did not support it. He does not want to know what I do with this pregnancy."

"To me, it's tough because you see the time, I was there in Zimbabwe neh, it was better, but because sometimes my mom. She goes farming and brings me. He brings like maize like what he gives me. Now I am here I do not have even. If I am struggling, I do not have someone who helps me with even peanut or what. I just survive like… someone who does not have even a relative. So eish it's tough."

Belonging is essential to connect with other people. In explaining the aspect of belonging, Allen, and Kern (2017:6) state the following: "a sense of belonging is not dependant on involvement with or proximity to others. Rather, it relies on perception about the quality of social interaction". Based on the participants' responses, it is evident that the need for love and belonging is important. Participants are confronted with various challenges of caring for their children without family support. Therefore, the absence of love and belonging may result in experiencing further challenges. The love and belonging needs, according to Aruma and Hanachor (2017:26) continuously remind persons of the crucial need for love, affection, belonging, self, and association for every human being.

3.3.5 Theme 5: Challenges encountered without family support

This theme focuses on the participants' explanations of the challenges they meet without any family support. Family support is about acknowledging and reacting to the needs of families, especially during times of difficulty (Devaney & Cavanan 2016:12). The participants are confronted by various challenges which they face as mothers, caring for their children without their family's support. Their challenges include financial challenges and a lack of support from family members which are deliberated below.

3.3.5.1 Sub-theme 5.1: Financial challenges

The participants pointed out that due to financial challenges they find it difficult to meet daily basic needs. Wages facilitate the buying of food, payment of rent, and sending remittance back to Zimbabwe (Hlatswayo, 2016:4). The subsequent extracts are the challenges mentioned by the participants:

"When I sell clothes. Some people take on credit and some deposits. And the problem is that some do not pay, and we fight because I need the money…So, you find I make a profit of R1 000 to R1 500. With this money, I must buy stuff for me and my children here and send my father another money. And I must pay rent. You can try to sell a lot of staff, but people are not paying but they take the stuff."

"No money for food. Sometimes you pay rent. You just have money to pay rent but for the kids to eat especially my one in Zimbabwe he is suffering because I do not send money especially now, I do not send money. They just call me, we do not have food; we do not have money to buy medicine, because my father is always sick. After all, sometimes, they want to go to the doctor, but they don't have money."

"The challenges are sometimes my children they want to go to school. Sometimes I am struggling to find the money for them to go to school. Because here in South Africa even if they are going to school, they are supposed to go by transport they need nice things for… sometimes I do not have money to buy those things so it's my challenge. If you do not have money to buy those things the children, are feeling guilty at school."

"These days people don't have money. We are selling but at the end of the day sometimes, I get nothing. I can be there at Shoprite the whole day, I will sell maybe R50, R20 and that money I can only use for food you see."

Later this participant added: *"You know sometimes we don't have money for stock, to get the stock. So, if you do not have the stock, it means you are not selling. Because sometimes you get that small money. You need to send home my mother she needs medication every month. My kids, they need to eat also. They need school fees as we pay school fees. They pay every term, but you can pay every month up to the end of the year."*

"The problem is if I cannot work hard. it means I cannot send anything home. And the profit is not good. When I send money home like in Zimbabwe, they use dollars and here in South Africa, we use rand. So, $50 is equal to R980."

"We struggle to get the job and work every day. So, it is difficult to buy food, pay rent and get some other stuff. So, if we can work every day, we can have money to buy the stuff we need and to pay rent."

"I know at the end of the day the food is on the table. How? I do not know. Sometimes I can find one client like, I want cornrows. At that time I am ok. I did not have any money that I can save. The money I am getting is from hand to mouth."

From the above statements, it was confirmed that due to a lack of job and the financial income it is a challenge for the participants to meet the basic needs of their children. Hlatswayo et al (2016:5) concur and state: "low wages earned by migrant women workers makes it extremely difficult to support their families at home and even themselves."

Like local families, Zimbabweans must pay rent, transportation expenses and other daily necessities (Crush et al 2016:36). Despite families expressing they were well off after moving from Zimbabwe, many were struggling to get by. The mean monthly income of the household was extremely low at ZAR 1,433 per month, with a minimum of ZAR 100. Moreover, they stated that they starve and are without hygienic water, medication, electricity, and cooking oil (Crush et al 2016:16).

3.3.5.2 Subtheme 5.2: Challenges regarding lack of support from family members

This sub-theme addresses how participants have expressed how they need family support other than merely financial challenges. The participants indicated that it is a

challenge not to have family support. The following summarises excerpts from participants' stories:

"When maybe I am sick, I do not have someone who comforts me or someone who likes to come to the hospital and see me."

"You see if your family is not here it's difficult sometimes. I was pregnant with my second child when I go to the clinic. The nurse tests me and she said I have HIV and I must take treatment. So, I was sick because I stopped taking the pills. Eish, it's difficult because my mother passed away and my sister has her own family. My father does not care and when I go to my grandmother, she always tells me I must go back to my father. So, I left, and my grandmother also passed away. So, nobody cares."

The above expressions by participants signify the lack of family support. In South Africa, the White Paper on Families advocates for family support structures that emphasize the building of suitable and acceptable structures of support for healthy growth that incorporates health care, childcare, education, and other vital components of solid families (DSD, 2013:37). Family support is a significant aspect of sustaining and improving family functioning (Wetchler & Hecker 2015:386).

The following theme focuses on the emotional feelings of the participants.

3.3.6 Theme 6: Emotional feelings from the experiences and challenges due to lack of family support

This theme focuses on the participants' emotional reactions and feelings relating to their experiences and challenges of caring for their children without family support. Emotions are explicit responses to events; emotions are multifaceted and are composed of several elements. Emotions have an unrestrained role towards oneself and others: emotions encourage and regulate the actions of others; they authenticate a person's observations and interpretations (Haeyen 2018: 176).

3.3.6.1 Sub-theme 6.1: Participants' emotional reactions and feelings

The participants expressed various emotional reactions and feelings about their experiences and challenges. Emotional reactions and feelings such as anger, hardship, pain, crying, guilt, and being strong emerged during the interviews. Emotional responses are reinforced under the effect of physical stress or arising from

one's environment (Haeyen et al 2018:177). From the narratives of the participants, categories emerged and are presented below:

3.3.6.1.1 Category 6.1.1: Feeling anger, pain and crying

The lack of family support; being unable to find a stable job and provide for their children have a great impact on the participant's emotions. Participants expressed feelings of anger, pain and crying relating to the challenges they encounter. The storylines below serve as illustrations:

"It makes me feel angry, sometimes I even cry because the life I am living is not nice, and I feel pain inside my heart most of the time because I am suffering. When you see me walking you see like she is fine but inside, even if when I am sleeping, I feel pain."

The above statements of the participant are in line with strength-based theory Principle 2: Trauma, abuse, illness, and struggle can be injurious, but they can also be a source of challenge and opportunity. The principle implies that Zimbabwean mothers can emerge as heroes and heroines from respective difficulties and challenges (Saleebey, 2013:18). The researcher does not view them as victims in their circumstances.

Anger is the feeling that notifies us that something unfair has happened. It is a sign that something about the self could be hurt, and that a reaction to the offending party is required (Lambert, Eadon & Hanson 2019:105). Anger is aroused by perceived frustrations attributed to intentional and controllable factors which come close to the implication that eliciting an event is perceived as wrong by the frustrated person (Miceli and Castelfranchi 2019:14). Moreover, Miceli et al 2019:14 emphasised that Anger is indeed a powerful signal that one feels hurt. Emotions such as anger tend to limit people's reactive capabilities to those that have adopted survival (Holland and Nelson 2020:48). The Zimbabwean mothers, they angry due to a lack of family support and the challenges they experience raising their minor children.

Furthermore, crying is often accompanied by vocalization, sobbing, and certain facial expressions.it represents an emotional expression and emotions enter the scene when psychological needs are frustrated or satisfied (Barthelmäs, Kesberg, Hermann and Keller 2022:409). When the Zimbabwean mothers experience challenges caring for their minor children, this frustrates their needs for family support which may be accompanied by tears of sadness. Crying as defined by Matise (2015:1) is ''a response that all people have in common and one of the most powerful demonstrations of

emotional expressions in humans''. Matise et al (2015:29) further emphasised that crying is a function of the body to maintain homeostasis by helping to relieve emotional stress.

"it's hard, it is painful. But I cannot go back home unless I have another job. And I cannot see my other children."

"It is painful. And the father of my children is in Mpumalanga. Sometimes we talk sometimes we do not. It's like he does not care."

"It is painful. Even if I cry it does not change anything."

"No one can help you the way you want. It is painful because you do not know when it will end."

"It is painful. But I cannot sit and do nothing. Everybody is looking at me. My other sister is married, and she is with her husband and children. I cannot expect anything from her. She also has her problems."

"It is painful, but I cannot expect anything from them. It is difficult. I never have support from my family."

"It is difficult. Some of my family and relative passed away. And if my parent passed away, I do not know what I will do. I have not seen my family for 5 years."

From the above statements, the participants expressed how painful it is concerning their experiences and challenges without family support**.** The pain that is described by the participants is not physical pain but emotional or psychological pain. This is due to a lack of family support. In explaining the concept of mental pain, Shelef, Fruchter, Hassidim & Zalsman (2014:766) states the following: "mental pain is instigated by the basic psychological needs of the individual (love, closeness, appreciation, independence) not being sufficiently satisfied". Lack of family support can be classified under psychological needs. Psychological needs that are violated or not responded to bring the experience of emotional pain clustered around (1) the need to be loved, understood, and connected and (2) the need to be respected, acknowledged, appreciated, and validated in what the person does and who they are and (3) the need for safety and security (Timulak 2015:8).

Like Zimbabwean mothers, it is hard to imagine human life without its continuous involvement with emotions and exposure to emotional situations. There is no escape from and no turning back on experiencing emotions at almost any time (De Gelder 2016:51). Through all this, they still show resilience, and this can be linked to strengths-based theory. In a strengths-based approach, individuals recuperate a sense of empowerment and control over their lives. This aids people to advance a win-win rather than a win-lose mindset. As a result, this reinforces their ability to rebuild trust and confidence that may have been damaged by previous loss and hurt (Tsey, 2017:24).

3.3.6.1.2 Category 6.1.2 Feeling guilty

Guilt, like anxiety, has both positive and negative qualities. It inspires people to act in thoughtful and conscientious ways (Sommers-Flanagan 2015:128). Guilt is another feeling that was expressed by one of the participants. She said:

"Sometimes I am feeling that my children say I do not care for them because sometimes I am struggling to give them the things that they want. As a mother, you want to do things for them, but it is difficult".

When individuals sense isolation, abandonment or insignificance, the related feelings are mostly those of distress, disgrace, guilt, or grief (Greenberg, 2015: 108). This is what the participant felt as she was experiencing challenges caring for her children without family support. Normal guilt is like a sensor, when functioning well, it alarms us about what is ethically correct and guides us toward morally acceptable behaviour (Sommers-Flanagan 2015:128). The participant expressed the need to care for and provide for her children. However, the challenges of lacking family support and her struggles make it difficult to do so.

3.3.6.1.3 Category 6.1.3: Feeling strong

Some expressed that despite the challenges they need to be strong. Participants said the following:

"It is hard. You just need to be strong. But it is hard."

"I am used to it. Sometimes you are used to your situation. Because it has nothing to do with anyone at the end of the day it is yours."

"It's hard but nothing I can do. There is nothing I can do. You just have to be strong and work extra hard."

Zimbabwean mothers not only have basic feelings of grief, rage, distress, and disgrace but also have many more difficult emotions, such as love, guilt, humiliation, kindness, greed, and ecstasy (Greenberg, 2015:80). Basic emotions are the person's utmost essential and original response to a situation. Basic emotions signify individual's fundamental needs are not being met (Roedigier, Stevens & Brockman, 2018:44). When people (Zimbabwean mothers) confront difficulties daily, they typically experience emotional responses to those difficulties. Communal reactions to problematic circumstances are apprehension, distress, bitterness, hurt, terror and feeling overwhelmed, powerless, or pessimistic (Hepworth et al 2013:209).

3.3.6.1.4 Category 6.1.4: Expressions of frustrations

This category focuses on the frustrations expressed by participants relating to their experience of lack of family support while caring for their children. Issues such as suffering, no support, no family, no job, no man, sick parents, fear of informing the family about unacceptable pregnancy and fear of dying, need for counselling and thinking of abortion frustrate participants. Below are the storylines that demonstrate the frustrations of the participants:

"Eish at the beginning it was difficult to accept the situation that I am alone, I do not have a man, I do not have a family. I began to be sick; I departed to the clinic, I got counselling, and I was told not to worry too much because I am pregnant. This thing happens in life. Then I started to accept. I do not have a family and I do not have a man. I thought it is better to live my life to be able to take care of my children. I do not go for counselling anymore but sometimes I think I need that counselling. In the beginning, I wanted to do an abortion with this pregnancy. I thought let me do an abortion then I thought eish if I do an abortion and die, it means my two children will have no mother because of one child, then I thought eish I do not know where I will take this baby. I went to the clinic to explain my situation. I fell pregnant but I was not able to accept that I am pregnant because my two children need my support and now there is one on the way. That is why I am stressing that I cannot work anymore, I cannot stand for long. Even the people would not want a person for piece job if I were pregnant."

"My firstborn stays with them. My last born is here with me. Now they do not know that I am pregnant, I am also afraid to tell them I am pregnant because when I had the firstborn, they told me not to have another baby. I did not know things would be complicated."

"Me also I am suffering because now I am not working. I just rely on my husband and my husband now is working but not every day sometimes they call him. Sometimes they just go for construction so eish we are suffering. My mother and my father cannot help me because they are not working, they are sick, especially my father he is always sick I do not know maybe because of this disease or what I do not know. So, they cannot help me and also, they stay in a rural area. They just depend on farming they do not have even money they are suffering also."

Zimbabwean mothers encounter various challenges that frustrate them, and it is apparent that some of these challenges are not easy to overcome. Suffering is the negative emotion largely echoed by individuals at the commencement of their migration (Bremer 2017:239). All of us at times become frustrated when we are unable to achieve or obtain something we desire (Zastrow 2017:394). According to Frustration-Aggression theory, the concept of frustration-aggression is the discernment that you are being disallowed from accomplishing a goal (Beuer & Elson, 2017; Baron & Branscombe 2012). Frustration is the main undesirable feeling that originates in disappointment and is defined as irritable distress after a wish collided with an unyielding reality (Jeronimus & Laceulle 2017:1).

While Zimbabwean mothers experience challenges without family support, they find strength and ways to cope. The next theme focuses on coping strategies.

The question asked under this theme was as follows: ''What has helped you to deal/cope with these challenges? or how did you deal/cope with these challenges?''. Despite various challenges and experiences encountered by participants, it was found that the Zimbabwean mothers have capacities, skills and strengths which allow them to develop various strategies to cope with their challenges and experiences. They have adopted various methods to cope with their challenges and experiences while caring for their children. The following coping strategies emerged as the sub-themes: social support, professional counselling, self-efficacy, belief, and faith in God.

3.3.7.1 Sub-theme 7.1 Social support

Social support is a key feature of life and generally refers to the acts we perform to get help. Furthermore, social support is accessed through informal social support naturally occurring relationships with family and friends (Devaney and Canavan 2016:19).

Women, in this study Zimbabwean mothers, are more able than males to gain access to social support (Landy & Conte 2013:401). Five participants use social support from various individuals, including their friends, employer, neighbours, customers, churchmates, and their husbands to cope. This is confirmed by the storyline below:

"The friends from church. We talk about our problems. But you cannot talk about all your problems. Sometimes I want to talk to my mother but is not easy because she is sick. She had a car accident in 2014 and she is always sick. She cannot do anything".

"Aaah it is hard Shem because the landlord wants money at the end of the month, sometimes I talk to my boss they help me. Sometimes they say they don't have money. Sometimes I am going to my friends and say my friends give me the money then I will bring you back when I get it. Sometimes I get a loan even from my boss for a loan".

"I am used to it. Even if I talk there is nothing I can do. My friends help me sometimes. My husband, also I talk to him. But sometimes I do not want him to feel bad, so I talk to my friends."

"We have soldiers at the church they are helping one two three. So, it is not difficult... people they are if you do something selling, they are thinking you are right. And you know yourself I am like this. is difficult to say someone can you help."

Another participant relies on her neighbours and customers for support.
"It's difficult. Is very difficult but you cannot do anything. Because that is the situation."

"Some of the neighbours and my customers help me. The people I am staying with they are white people. They offered me a place to stay I do not pay rent. So sometimes they also give me food. I do not pay rent because I sometimes clean their yard and clean their house. They do not pay me money."

The above statements demonstrate other ways of coping for Zimbabwean mothers including the communal being and finding social support from one's friends and family (Baron & Branscombe 2012:416). Participants' statements reveal that they find social support through interaction with other people. In explaining the aspects of social support, Hepworth et al (2013:389) states the following: "social supports may include

friends, relatives, and in some circumstances established curricula caring and providing relief and empathy to clients". Social support, according to Landy and Conte (2013:425), is a coping strategy that assists individuals to deal with the trials they encounter caring for their children without family support. Moreover, in explaining the aspect of social support, Landy et al (2013:425) state the following: "social support refers to the comfort, aid, or material an individual obtains through official or familiar associates with persons".

Social support means the portrayal of the emotional resources offered by others as a means of coping (Baron and Branscombe 2012:414). This form of coping can be regarded as emotion-focused coping, which comprises reducing the emotional response to the problem, which can mean evading, lessening, and isolating oneself from the problem. Furthermore, emotion-focused coping might include finding social support from one's kin and networks to aid in diminishing the effects of demanding challenges (Landy et al 2013:398).

3.3.7.2 Sub-theme 7.2: Professional counselling

A couple of participants mentioned a social worker and a nurse as a basis of support to cope with their challenges. The quotes below illustrate how participants use professional counselling as a coping strategy:

''I see the social worker so that I don't think too much. Eish, my children, I think they are too many it's difficult especially when you don't have care of their father. And I am now pregnant''.

"Sometimes I talk to my friends. I was talking to the nurse, and she was understanding, and she told me not to stress. And I must continue to take the treatment."

Social support covers emergency intervention, problem-solving, solution-focused, and perceptive behavioural effort, including working with children, families, adults, and communities (Beckett and Horner 2016:9).   The concept 'counselling' is defined by Zastrow (2017:161-162) as follows: "counselling is expert guidance of persons and families to support individuals in coping with life encounters through such practices as problem-solving, recognising substitutes, pronouncing goals, and affording required information''. Although people seek social work services in times of difficulty, they possess abilities, resources, and experiences that serve as a foundation for change

(Hepworth et al 2013:215). Similarly, participants have strengths and abilities that need to be explored to allow them to be aware of how to use these abilities to cope with their challenges. This resonates with the principles of the strengths-based approach by Saleebey (in Zastrow et al 2017:93) that each person has strengths and resources. In addition, counselling for the participants, greatly increases the opportunity for the optimal outcome for participants, maximising quality of life using coping and adjustment (Holland & Nelson 2020:1).

Making use of counselling can be considered problem-focused coping. Problem-focused is engaged in handling the problem that is triggering the stress. Such coping may incorporate defining the problem, making diverse resolutions, evaluating their rate and benefits, and acting to resolve the problem (Landy & Conte 2013:398). Participants find comfort and strength to cope with their difficult situations. They use their strength to approach their challenges rather than to escape or avoid them (Passmore 2017:35).

3.3.6.3 Sub-theme: 7.3 Self-efficacy

Believing in one's abilities to cope can be regarded as self-efficacy. The concept 'self-efficacy' is defined by Roediger, Stevens and Brockman (2018:260); Schimitt, Highhouse and Weiner (2013:339) as follows: "self-efficacy is an individual's belief in his or her capabilities to participate in courses of deed that will lead to anticipated results". Self-efficacy is the fancy word for trusting yourself, knowing your strength and how you can use them to cope with adversity and solve problems (Holland et al 2020:330). Self-efficacy is defined by Sommers-Flanagan & Sommers -Flanagan (2015:99) as the level of belief in the ability to overcome challenges and anticipate success.

Two participants trust they believe in their ability to handle the challenges of caring for their minor children without family support. One is determined and hopeful that finding a job is the solution to her challenges. The other one expresses that her challenges made her stronger. Their experiences illustrate:

"I am looking for a job…. maybe if I find a job, I will start to, maybe things are going to be better for me. Because the problem is I have my brother here, he is not working also. He is looking for a job. My sister, she is there, she is suffering also she just sits she doesn't have a job. They have everything but they don't have money there in the

house for them to go to school……Aaaah! I do not know if maybe I find a job is going to be better for me. I find something or my brother if he also finds something like a job maybe he can help there because now my brother the other one is a vendor there in Harare he just …even if you call he tell you I am struggling''.

This participant, her belief of finding a job is her goal and her way of coping with the challenges of caring for her minor children without family support. Employment   is positively associated with the well-being in ways that extend far beyond the earned income (Nieuwenhuis and Maldonado 2018:9)

Though she experiences challenges in caring for her minor children without family support she is determined and believes in herself. This demonstrates she adopts prob-lem-focused coping to face challenges directly (Kamble et al 2017:57).

Another participant believes she is stronger as she has had many challenges since childhood. The following statement demonstrates why the participants believe her challenges in life gave her the strength to deal and cope with challenges:

''Actually, I can say I am strong. It made me even stronger because if I look the way I was raised to me it's nothing is nothing. So sometimes I can be emotional neh…crying. I am sorry. This challenge is nothing. Anywhere I was raised by my mom, she passed away when I was 14 years. Then my father took me and my brother to stay with my father and my stepmom. Eeeerrr…I can say it started when my mom passed away. The young sisters of my mom did not like us. They just told us you know that now you are orphans because your mom passed away you have to go to your father. I did not know my father then. My father was a policeman. They used to tell us when we were growing up that if you see any policeman you have to run away. We used to do that when growing up any policeman, police van we used ran away. When my mom was alive, my mom was looking after the whole family. So, when my mom passed away I think they could see that we are going to be a burden to them. You understand. so (clapping hands) …I had to stay with our father. We went to stay with my father in a police camp. We were staying there. So, staying with a stepmom was not easy. But what I like about my stepmom when it comes to food she did not mind. When come to send us to school she did not mind. That way she was so good. But the problem is verbal. Verbally she was not good. She did not talk nice words. My father agrees with my stepmom for everything So sometimes she can lie about me, and my father will

just say I think you need a whip. And i did not have anything to say. We only say good morning, good afternoon, and goodnight, apart from that we deserve a whip. We did not have a relationship. Then from there, I was about 19…20 years. When she forced me to get married. That is why my marriage did not last. I was forced into marriage. I was forced into marriage my father would say I tried to refuse. I tried but still, I did not have the strength. I went to my mom's young sister. She told me, you know what, get married and start your own home. Then I said you know what? I am not ready for this. I am not ready I am 20. I am not ready. So now my stepmother was telling me OK if you do not want it means you are sleeping with other men. So, I wanted to prove to her that you know what, I am 20 still I am a virgin, so let me just go. I just wanted to satisfy her. I just wanted to make them happy, so I stayed in that marriage for 13 years of which I was not happy. I was not happy not at all. My father passed away. So, I went to Botswana from 2002 to 2015. So, in Botswana, i was staying Kgophong district when I was trying to run away from my husband. Oooh, my stepmother would tell me if you don't go back to that husband of yours I do not want to see you back home. Let me go and go back to the village. Then I went to South Africa. Then I came here to South Africa. No before coming to South Africa I went to Bulawayo. I came to South Africa i started to work. Then I could see I can do this by myself. What do I need a husband for? Eee..! What is marriage? To me if …it does not make sense. Even my kids I told them if you want to get married it's your choice. To me marriage…. aaaaaii. I grew up before my time, I was 20, and I gave birth at 21. At 22 I was looking after 8 people and kids in that house just imagine.so I had to wake up my in-laws…I had to work very hard so that I can support them, and cook breakfast, lunch, and supper. Since I was young I was strong and now I do not expect anything from my family, they never support me''.

From the above statements, the participant demonstrates that the challenges of raising minor children without family support are not her first experience of challenges. According to the strength-based theory, principle one, the participant indicates that she has strength and possesses a treasure of inner resources to deal with challenges (Saleebey 2013:17). Furthermore, the participants' experience of challenges from childhood has been unfavourable however she emerged as a heroine from her respective past and current challenges, this is the second principle of the strength-based theory. (Saleebey 2013:18).

The goal of coping theory is to examine how individuals react to and cope with disruptive events. The participant has the following capacity to cope as identified by Skinner et al (2016:4). The participant can recall and learn from past stressful challenges as a result she can act more effectively in coping with current challenges.

The participants demonstrated that they believe in their ability to cope with their challenges. The participants' higher self-efficacy can be associated with their persistence, greater effort and willingness to face difficulties (Sommer-Flanagon et al 2015:270) Individual coping strategies may be effective in combating stressful challenges if they increase an individual's self-efficacy for coping (Riggio et al 2013:270).

3.3.7.4 Sub-theme 7.4: Belief and faith in God

Participants highlighted their faith and belief in God as their coping strategies. Persons rely on scriptures as their faith and support depend on a Deity as well as religious conviction (Loue 2017:182). The following statements illustrate how participants use their belief and faith in God as a coping strategy:

"Every day I am praying to God that maybe one day God is gonna hear our prayers, is gonna doing something better so I gonna take care of my children provide them to give them what they want."

The participant's ability to cope can be related to strength-based theory *principle 1*: that she has strengths and possesses a treasure of inner resources (Saleebey 2013:17).

In writing about prayer, Loue (2017:183) writes: "prayer is pronounced by way of the private crux of faith" and "an effort to form a meaningful connection with God" (Loue 2017:183). Prayer is considered one of the emotion-focus coping. The participant adopts emotion-focused coping in an attempt to accomplish thoughts or feelings openly (Schmitt et al 2013:573).

Coping as described by Loue (2017:180) is an exertion in the direction of 'accomplishing' (control, endure, diminish) ecological plus inner anxieties. The employment of coping strategies can be seen as ''conscious volitional efforts to regulate emotion, thought, behaviour, physiology, and environment in response to stressful events or circumstances'' (Zastrow 2017:229). In addition, this relates to one

of the strengths-based principles highlighted by Saleebey (2013:17) stating that every individual has strengths and holds a treasure of internal assets. One of the mechanisms of the strengths-based perspective is that life goes on and individuals move forward, even if there is ache, distress, anguish, and disgrace (Blundo, 2013:41).

The participants' storylines substantiate how they use various coping strategies. The findings revealed that some of the participants use problem focus coping while others use emotion-focus coping, to cope with their challenges and experiences of caring for their children without family support.

3.4 CONCLUSION OF THE CHAPTER

Chapter three concentrates on the exposition and discussion of research findings associated with the experience, challenges, and coping strategies of Zimbabwean mothers caring for their minor children without family support. Thematic scrutiny of information was initiated with the presentation of biographical information of participants, followed by the description of themes, sub-themes, as well as categories. These themes were established using sub-themes, which were strengthened by the participants' replies and corroborated by literature.

Theme one highlighted participants' understanding of family support.

Theme two highlighted the relationship of Zimbabwean mothers with family members in Zimbabwe and the community members in South Africa.

Theme three focused on the Zimbabwean mothers' means of survival whilst raising children in South Africa without family support.

Theme four focuses on the experiences of Zimbabwean mothers regarding the lack of family support. This theme was presented under subthemes lack of support from family members, financially supporting family members, basic needs and psychological needs. Psychological needs were further elaborated under the category of physiological needs and belongingness and love.

Theme five, challenges encountered without family support by Zimbabwean mothers were discussed under two sub-themes financial challenges and challenges regarding lack of support from family members.

The focus of theme six was on emotional feelings from experiences and challenges due to lack of family support and was discussed under one sub-theme participants' emotional reactions and feelings relating to lack of family support. This sub-theme was further discussed under four categories feeling anger, pain and crying, feeling guilty and feeling strong as well as expression of frustration.

The last theme, theme seven addressed the adopted strategies to cope with challenges and experiences of caring for children without family support. These were presented under four sub-themes: social support; professional counselling; self-efficacy; and belief and faith in God.

The following chapter presents the summaries, conclusions, and recommendations of the study.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This qualitative research study aimed to advance insight into participants' experiences, challenges and coping strategies they encountered as Zimbabwean mothers in caring for their children without family support whilst in South Africa. This concluding chapter presents the following: a summary of previous chapters, and a summary and conclusions relating to the research process and research findings. In addition, this chapter is completed by presenting recommendations for social work with Zimbabwean mothers; education and continued professional development; further and future research.

4.2 SUMMARY OF CHAPTERS

This section encapsulates a summary of the chapters in this report.

Chapter one provided the outline of the study. The focus was on the introduction and background of the study. The problem statement and rationale for the study were detailed and described. The research questions were developed, and the formulated goals and objectives provided direction to the study. The theoretical framework comprising strengths-based theory and coping theory was detailed. Research methods were described. In addition, a qualitative research approach applying phenomenological, explorative, descriptive, and contextual designs was introduced to address the research topic. A pilot test was well-defined. Ethical considerations which guided the researcher's conduct were introduced. Finally, key concepts were clarified.

Chapter two outlined an inclusive account of the implementation of the qualitative research process to explore and comprehend the research questions. The researcher followed a qualitative research method as the path to exploring the research subject. The application of phenomenological, explorative, descriptive, and contextual designs was thorough. The researcher also provided a comprehensive explanation of how the research methods were implemented. This included purposive and snowball sampling to choose a sample from a larger population. The implementation of the criteria for inclusion of participants was also detailed.

Application of the information assemblage methods, pilot testing, methods of data analysis and verification were also presented. The researcher further described the

pilot test using open-ended questions with three participants meeting the inclusion criterion.

A description of the data collection process was also presented. Subsequently, the data analysis method and data verification were presented. In reflection on the ethical consideration (Covid-19 regulations, obtaining informed consent, upholding confidentiality and anonymity, compensation, the management, and protection of information) the researcher explained how these were adopted and implemented.

Chapter three presented research findings. In addition, biographical information of the participants was delivered. Data were thematically presented and scrutinised by the researcher. From the data analysis emerged themes, sub-themes and categories which were documented. Subsequently, the researcher presented the conclusions using a verbatim quotation from the participants and each theme as compared to the relevant literature and similar studies.

Chapter four focuses on a summary of the foregoing chapters and conclusions relating to the research process and findings. Recommendations for social work with Zimbabwean mothers; education and continued professional development; as well as further and future research, are proposed.

4.3 SUMMARY AND CONCLUSIONS

In this section, the researcher summarises the general introduction and orientation of the study relating to the themes as presented in Chapter 3, the literature review; the research methodology designed in Chapter 1 and employed in Chapter 3 to achieve the goal of the study. Subsequently, a summary of the research findings and conclusions.

4.3.1 General introduction, the orientation of the study relating to the themes

The introduction is the part of the paper that provides readers with the background information for the research reported in the paper (Creswell & Creswell 2018:184). Chapter one offered an introduction and background to the study. The rationale for the study was highlighted. A theoretical framework was espoused to support this study.

4.3.2. Literature review

The researcher embarked on the research journey to explore the experience, challenges and coping strategies of Zimbabwean mothers caring for their minor

children without family support whilst in South Africa. The aim of the literature review was for the researcher to familiarise herself with the current state of knowledge on the research topic. There is a fairly large amount of research about Zimbabweans on various issues in South Africa and globally. Nevertheless, the researcher concluded that there is a lack of comprehensive knowledge specific to practical service rendering and referral services for Zimbabwean mothers from local social services to international social services.

4.3.3 Research methodology employed in the study

The emphasis was on the question, goal, and objective of the study. This also included the qualitative approach and design, population, and sampling. The method of data collection, piloting, method of data analysis and verification, as well as ethical considerations, were fully explored.

4.3.3.1 Research question

The researcher reiterates the research question; goal and objectives to reflect on the purpose of the study and to authenticate if they were effectively adopted to achieve the purpose of the study. The following was the formulated question:

- What are the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa?

Responses to the question were achieved from the research findings reflecting on the research topic. It was therefore determined that a quest for replies to the study enquiry offered a path aiding the researcher to explore and attain an in-depth insight into the research topic.

4.3.3.2 Research goal and objectives

The researcher was well-versed through the research goal, supplemented by objectives to reply to the study enquiry. The main goal was to:

- To advance an in-depth understanding of the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

Research objectives implemented:

- To find a sample of Zimbabwean mothers caring for their minor children without family support.
- To discover and pronounce experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.
- To conceptualise the experience, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support
- To facilitate semi-structured interviews guided by open-ended questions, to explore the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.
- To scrutinise and examine information attained using thematic analysis conferring on the six phases of qualitative analysis created by Clarke and Braun (2013:60).
- To execute a literature control and authenticate results.
- Conclude and enhance the knowledge of Zimbabwean mothers' experiences and challenges about caring for their children without family support and the coping strategies they adopt to address these challenges.

The sample was drawn purposively using snowball selection. Inclusion standards were mandatory that participants had to be Zimbabwean mothers caring for their minor children and without family support. The participants were from the age of twenty-two years and above. They had lived in South Africa for three and more years. They could speak English and be available and willing to take part in the study. The participants were allowed to express their understandings. Their experience, challenges, and coping strategies for caring for their children without family support were explored and described in the context of coping theory and the strengths-based approach.

Data was assembled through face-to-face interviews. Open-ended, probing and follow-up questions were utilised to explore the research topic and obtain the required data for research. The interviews were audio-recorded. Applying thematic analysis was demonstrated to be beneficial in scrutinising information attained. This process provided a meaningful interpretation of the research findings. Coded data were

clustered, themes were constructed, and sub-themes and categories were explored and described to produce a report.

The strengths-based theory and coping theory were applied to interpret the research findings. Data were verified using Guba's methods cited in Bryman (2016:302) to evaluate the trustworthiness of the data. Furthermore, credibility, transferability, dependability, and conformability were applied to guarantee the trustworthiness of qualitative data. Conclusions were drawn from the data obtained and recommendations were made.

The researcher concludes that the research question provided a finer focus on the research activities to be executed relating to exploring the research topic. Furthermore, the research goal and objectives were accomplished by implementing the method of data collection. The application of a strengths-based approach and coping theory enabled the researcher to develop an understanding of the participants' experiences, challenges and coping strategies concerning lack of family support.

4.3.3.3 Qualitative research approach

In applying the qualitative method, the researcher was able to assemble the necessary information to gain insight into the research topic. Furthermore, the qualitative method permitted the assemblage of data at the usual location where the interviewees encountered the subject under study. Therefore, it is concluded that the qualitative method was fit for exploring the study question and accomplishing the study goal and objective. This method assisted in comprehension of the topic under study.

4.3.3.4 Research design used

The researcher utilised the phenomenological, explorative, descriptive, and contextual study designs to map the research process.

Phenomenology's purposes are to obtain an understanding of what we make sense of in our daily encounters (Saldana 2013:177). Leavy et al (2017:129) emphasise that a phenomenologist is "concerned with human perception to recognize social reality, mainly how one 'thinks' about the experience; in other words, how realization is experienced''. The study was reliable in terms of the purpose of phenomenological strategy since it permitted an advanced insight into how participants experienced caring for their children without family support, the challenges they encountered and coping strategies they adopted to cope.

Applying the explorative design allowed the researcher to discover the research topic by conducting semi-structured interviews to produce more information from participants about the experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst in South Africa. The researcher concludes that the exploratory design was consistent with the research, as little is known about this topic.

The descriptive design was a suitable design to explore and describe various aspects of the research topic. Applying descriptive design aided the researcher in describing the collected data (the "Who, What, Where and How") after the participants (Zimbabwean mothers) had the opportunity to describe in detail their experiences, challenges, and coping strategies for caring for their children without family support whilst residing in South Africa (Salazar et al 2015:85; Babbie 2014:95).

A contextual research strategy emphasises actions at their usual location. To achieve the vital information, the researcher visited the participants in their usual context namely Mokopane, to facilitate interviews and define their circumstances. A contextual research design enabled the researcher to recognise in what way the context of the participants can influence their experiences, challenges as well as coping strategies relating to caring for their children without family support whilst in South Africa.

These research designs applied significantly assisted the researcher in acquiring precise and comprehensive data about the research topic. The researcher concludes that the research design used was suitable as it facilitated the exploration, description, and understanding of the experiences, challenges as well as coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa.

4.3.3.5 Population and sampling

Qualitative research utilised small samples that are chosen purposefully on the basis that they are information-rich (Gray et al 2014:217). The research population included accessible Zimbabwean mothers in South Africa narrowed down to Mokopane. The population for this study was a sample representation of Zimbabwean mothers who are caring for their children without any family support whilst in South Africa. The research sample was selected using non-probability methods, that is purposive and snowball sampling techniques.

The sample comprised ten participants who met the criteria for inclusion. This was consistent with Gray et al (2014:230) stating the following: "in practice, the sample size must not be bulky to draw thick descriptions and not too small that it becomes difficult to accomplish data saturation". The criteria for inclusion applied for the research participants included Zimbabwean mothers who are: caring for their children between and without family support, are twenty-two years and above, who had resided in South Africa for more than two years, can speak English, and are willing and accessible to take part in the research.

Non-probability sampling through purposive and snowball sampling was a suitable method to recruit participants who met the criteria for inclusion. Applying purposive and snowball sampling allowed the collection of primary information. The participants were willing to deliver first-hand information on the research topic. Thus, the researcher achieved the research goal.

In conclusion, the implementation of the above-mentioned methods allowed the researcher to achieve the objective of the research study.

4.3.3.6 Methods of data collection

The preparation for data collection was imperative and assisted the research to flow accordingly. This permitted the researcher to gain permission to conduct interviews. Firstly, to get approval from the social work ethical committee, the organisation and permission from the participants to be interviewed. The preparation for data collection allowed the researcher to begin a working relationship with participants and the gatekeeper and also clarify the purpose of the research before interviewing. This assisted the participants to make an informed decision.

The researcher prepared open-ended questions to facilitate semi-structured interviews to gather information. The researcher used audio recordings which were transcribed verbatim and made notes for further information. The interviews offered the establishment of shared relations with the participants and perceive non-verbal communication that improved the value of the information attained. The researcher used simple language that the participants could effortlessly recognise to pose research questions. The researcher was the key instrument in the information accumulation course, and employed open-ended questions, probing and follow-up questions. The researcher concludes that open-ended questions allowed the

participants to elaborate on their responses. In addition, a safe environment displayed respect, acceptance, and a non-judgmental approach thereby, affording the researcher with the essential data to answer the study question. Furthermore, generating good quality transcriptions assisted the researcher in analysing collected data. In conclusion, the method of data collection employed was appropriate to accomplish the research goal by exploring and obtaining an in-depth understanding of the central phenomenon for the research study.

4.3.3.7 Piloting

Pilot testing was completed by interviewing two individuals meeting the criteria for inclusion similar to the primary study. As a result, some of the initial research questions were revised and reformulated to prepare for the actual data collection. This proved to be valuable as the participants understood the research questions. Pilot testing allowed the researcher to ensure that informed interview skills were correctly applied. The willingness to participate and duration of interviews was determined through pilot testing. The researcher, therefore, concludes the pilot test was necessary to prepare for the actual interviews.

4.3.3.8 Method of data analysis

Thematic analysis was implemented to make meaning of the collected data. This method was suitable as it permitted the researcher to pursue six phases of qualitative data analysis proposed by Clarke and Braun (2013: 60). In addition, this aided the researcher to compile information analytically and construe it in a meaningful way to be presented in this report. The researcher described how data analysis was employed to classify themes, sub-themes, and categories. In conclusion, based on the data analysed for this research, it is evident that thematic analysis was a suitable method to analyse data and to achieve the extraction of appropriate themes and subthemes.

4.3.3.9 Data verification

The researcher successfully verified the data utilising the following criteria for credibility, transferability, dependability, and confirmability (as elaborated on in Chapter three) to guarantee the trustworthiness of this study. These methods aided the researcher to validate the validity and reliability of the research. Credibility was achieved by purposively recruiting participants who provided information that answered the research question and presented the population sampled for research.

Transferability was ensured by implementing qualitative methods by providing research questions, goals, and objectives. The biographical information and the role of participants, criteria for selection, the context of data collection, methods of data collection and data analysis were presented. Furthermore, recordings and field notes were kept in a safe place for verification and to ensure the availability of raw data whenever needed. Dependability was achieved by recording interviews. Dependability was also achieved by detailing how the research design, sampling methods, methods of data collection, data analysis, data verification as well as ethical considerations were implemented. The researcher achieved confirmability by being unbiased and adopting the bracketing method to prevent prejudice. Moreover, trails of field notes and interview recordings were checked by a peer who was not part of the study to verify the reality of the study conclusions. The researcher concluded that the validity of the research could be enhanced by Guba's methods cited in Bryman (2016:302) to evaluate the trustworthiness of the research data that ensures credibility, transferability, and dependability.

4.3.3.10 Ethical considerations

The researcher adhered to the ethical considerations of research throughout the study. These ethical considerations were informed consent, confidentiality and anonymity, compensation, management and protection of information, and debriefing. Firstly, the researcher obtained formal approval from Unisa: Social Work Ethics Committee. The researcher also sought permission to recruit and conduct interviews with the clients from the Mokopane Need Forum before the commencement of the data collection phase. The ethical principles adhered to in this study are further elaborated on in Chapters 1 and Chapter 2.

The ethical considerations were successfully adhered to. Informed consent was obtained from participants who voluntarily decided to take part in the study. In adhering to the ethical considerations of confidentiality and anonymity, the researcher ensured that the participants' real names were removed and replaced with a unique code such as participant A for reporting research results to maintain anonymity.

To ensure that the participants were aware of non-payment for contributing to this study, they were honestly told about non-remuneration for participating in the study before data collection. They were aware that their participation was voluntary, and that

the research was for academic purposes. Therefore, there was no compensation offered to the participants.

All research records and notes were kept safe at the researcher's home in a cupboard inside a locked room. A password to minimize the risk of electronic data being accessible. The researcher recognises the vulnerability of participants in sharing their experiences, challenges, and coping strategies during the interviews. As a result, she arranged with the social worker at the Need Forum to refer the participants for debriefing. The researcher thanked and appreciated the time, willingness and information provided by the participants in the study. In conclusion, adherence to the ethics outlined in Chapter 2 was necessary and afforded the research process to flow smoothly with respect for the participants' integrity. Lastly, no participants were harmed.

The following section is a summary of the research findings and conclusions on the themes, sub-themes, and categories.

4.3.4 Research findings and conclusions

The discoveries representing the Zimbabwean mothers caring for their minor children without family support whilst in South Africa resulted in themes, sub-themes, and categories. Conclusions based on each theme will be discussed below.

- **Theme 1: Zimbabwean mothers' understanding of family support**

The study revealed that most of the participants view family support as caring for their children and family members, helping one another, having a job, having money to buy food, paying school fees, buying clothes, and financial support. These findings directed the researcher to the conclusion that Zimbabwean mothers' understanding of family support is based on caring, employment and financial support.

- **Theme 2: Family relationships and relationships with community members**

The participants described a variety of relationships with their families in Zimbabwe and the community where they live in South Africa. Their description of their relationship with family members involved their parents' ill-health, their unemployment, their struggle to support them, buy medication and food, and how they maintain communication with their family members. However, three participants mentioned they

do not have a relationship with their family members. Furthermore, the findings reveal that participants' relationships with the community or neighbours are welcoming and they get along. It was also revealed that their accommodation is overcrowded, but they have a good relationship with other Zimbabweans. Through their descriptions, it can be concluded that the majority of the participants have a good relationship with their families in Zimbabwe and the community in South Africa. On the other hand, a few participants portrayed an image that they do not have a good relationship. It can also be concluded that they try by all means to maintain the relationship they have irrespective of their challenges.

- **Theme 3: Zimbabwean mother's means of survival whilst raising children in South Africa**

This theme represents the varied responses of the participants after exploring their employment status. They described that their main source of income to survive financially is domestic work and self-employment. In addition, their income is very low. These findings directed the researcher to the conclusion that Zimbabwean mothers rely only on domestic work and self-employment to survive as well as to support their family members back in Zimbabwe.

- **Theme 4: Experiences of Zimbabwean mothers about lack of family support**

The findings reveal that Zimbabwean mothers encountered a variety of experiences. They described the lack of support from family members and their experience of financially supporting their families with the minimum income from domestic work and self-employment. The researcher made conclusions that despite lack of support from family and the challenge of financially supporting their family, the participants seem responsible and show resilience to survive.

Lack of family support and financially supporting their family members led to the expression of emotions, frustrations, and basic and psychological needs. The findings revealed various issues described by participants which are frustrating to them. This includes suffering, no support, no family, no job, no man, sick parents, fear of informing the family about unacceptable pregnancy and fear of dying, need for counselling and thinking of abortion. It was further revealed that the participants are constantly struggling to get stable employment and as a result, they struggle to meet their daily

basic needs. This includes buying food, clothes, and medication. The participants described their psychological needs for belongingness and love. The researcher concludes that participants' expression of their experiences of lack of support and financially supporting their family has negatively affected them. The participants are also craving to be loved by their partners and to belong and connect with their families. The presence of love and belonging could minimise the challenges of caring for their children without family support.

- **Theme 5: Challenges encountered without family support**

The Zimbabwean mothers expressed the challenges they have encountered, including financial challenges and lack of support from family members. The financial challenges confronted by the participants have been expressed as not being limited only to difficulty to find a daily job, but also to find clients, making a profit from their business and saving money. As a result, the participants further encountered the challenges of being unable to buy food, pay rent, buy medication and buy stock.

The researcher concluded that participants are faced with financial challenges because of a lack of stable employment and their income is too low to meet all their basic needs. In addition, it was found that the participants also need family support. The participants indicated that it is a challenge not to have family support. The researcher concluded that participants' expression of lack of support is due to the passing of some of their family members, their illness and the distance between the participants and their families in Zimbabwe.

- **Theme 6: Emotional feelings from experiences and challenges due to lack of family support**

Participants shared the emotional reactions and feelings they have experienced. They expressed anger, hardship, pain, crying, guilt and being strong. These emotional reactions and feelings stemmed from the lack of support from their family members and the inability to find a stable job to provide for their families. The researcher concluded that these emotions contribute further to their difficulty meeting their basic needs.

- **Theme 7: Adopted strategies to cope with challenges and experiences of caring for children without family support**

The findings demonstrate that participants have capacities, skills and strengths which allow them to develop various strategies to cope with their challenges and experiences while caring for their children without family support.

- **Social support**

The participants' responses demonstrate the use of varied individuals including their friends, employer, neighbour, customers, churchmates, and their husbands. They talk to these individuals to express their challenges, and this assists the participants to cope. Participants' statements reveal that they find social support through interaction with other people. Therefore, it was concluded that social support as a coping strategy assists them to deal with the challenges, they encounter caring for their children without family support. The concept "social support" is defined by Landy and Conte (2013:425) as follows: 'social support' is the comfort, aid, or information an individual obtains through formal or informal contacts with individuals or groups". Social support is a central feature of life and generally refers to the acts we perform to get or give help (Devaney & Canavan 2016:19).

- **Professional counselling**

The study discovered that some participants rely on counselling from a social worker and a nurse as a source of support to cope. And it was concluded that participants demonstrate their use of strengths and abilities to deal with their challenges and experiences. This reveals that the participants adopt problem-focused coping.

- **Self-efficacy**

From the participants' responses, they believe in their ability to cope with their challenges. It is concluded that participants demonstrate they believe in themselves and can use their capabilities to cope with various challenges and experiences of caring for their children without family support.

- **Belief and faith in God**

Participants described that they use prayer as a way to cope. They demonstrated how they use their beliefs and faith. Individuals may look to scriptures of their faith for support in their reliance on God and religion as a means of coping (Loue 2017:182). This reveals that participants adopt emotion-focus coping. Participants' coping

strategies are both formal and informal. They focus and use available resources to cope with the challenges encountered in caring for their children without family support. Participants' use of coping strategies according to Zastrow (2017:229) can be seen as cognisant volitional efforts to regulate emotion, thought, behaviour, physiology, and environment in response to stressful events or circumstances. In addition, this relates to one of the strengths-based principles of Saleebey (2013:17) stating that every individual has strengths and human beings possess a treasure of inner resources. The findings revealed that some of the participants use problem focus coping while other participants use emotional focus coping, to cope with their challenges and experiences of caring for their children without family support.

4.4   RECOMMENDATIONS

Based on the research study, the following recommendations are made, and the focus will be on social work practice, social work education and continued professional development as well as further and future study.

4.4.1 Recommendations for social work practice

- **Recommendation on theme 1: Zimbabwean mothers' understating of family support**

It was found in this research that the participants' understanding of family support is about caring for their children and parents, employment, and financial support. It is recommended that these understandings be categorized as social issues during the intervention.

- **Recommendation on theme 2: Family relationships and relationships with community members**

The study found that most of the participant's relationships with their family members vary. The majority of the participants have a good relationship with their families in Zimbabwe and the community in South Africa. On the other hand, a few participants do not have a good relationship with their family members in Zimbabwe. It is recommended that, as part of social work intervention that social workers assist to support and encourage individuals to maintain and strengthen their relationships and maintain communication with their significant others. One of the objectives of the White Paper on Families (DSD 2013:7) is to promote strong and equitable intra-family relationships within safe, supportive, and nurturing communities.

- **Recommendation on theme 3: Zimbabwean mother's means for survival whilst raising children in South Africa**

The study found that the participants rely on low-income jobs; domestic work and self-employment to survive and support their family members in Zimbabwe. It is recommended that social workers make a comprehensive assessment to determine how the participant can be empowered based on their abilities and capabilities. The aim of employing Zimbabwean mothers, like other foreign nationals for needed foreign labour is to stimulate economic growth as stated in the Immigration Act (2013).

- **Recommendation on theme 4: experiences of Zimbabwean mothers about lack of family support**

Reflecting on a variety of experiences about lack of family support from family members and financially supporting their families with the minimum income from domestic work and self-employment. Moreover, the expressions of emotions, frustrations, and basic and psychological needs. This is an indication that the experiences of the participants cannot be separated from their emotions attached. Social support services are recommended. The focus should be on emotional support as it is provided to enhance people's capacity to deal with feelings attached to the problem for which they are seeking help (DSD 2011b:34).

- **Recommendations on theme 5: challenges encountered without family support**

The research findings discovered that most of the participants are unable to meet their basic needs due to low-income paying jobs. The participants also indicated the need for family support, but this is a challenge due to the late family members, their illness and the distance between the participants and their families in Zimbabwe.

It is recommended that financial challenges and lack of family support can be addressed in a support group context. This can be accessed through social work services. A social support group is one of the methods to facilitate such support where participants will be able to use their strengths and capabilities to function in their daily activities. It is recommended that participants seek social support services. Social support services aim to enhance, strengthen, and stabilise individual, family and community life by assisting individuals and families to identify and act on their own

social needs (DSD 2011b:33). Furthermore, Informational support service could be relevant which includes advice, suggestions, or directives that assist the persons to respond to personal or situational demands (DSD 2011b:33).

- **Recommendation on theme 6: Emotional feelings from experiences and challenges due to lack of family support**

Reflecting on the emotional reactions and feelings of anger, pain and crying, guilt and strength, Zimbabwean mothers can be classified as individuals and families living under stressful situations. It is recommended that social workers promote support to improve people's strengths in instances of heightened stress by increasing access to counselling, and mental health support for individuals and families including social work, psychological services including religious organisations (DSD,2021:290).

- **Recommendation on theme 7: Adopted strategies to cope with challenges and experiences of caring for children without family support**

It was found in this research that Zimbabwean mothers adopted various strategies such as social support, professional counselling, self-efficacy, belief, and faith in God, to cope with the challenges of caring for their minor children without family support. It is recommended that these coping strategies be maintained through informal or formal support. Furthermore, in terms of formal support, continuing care services are recommended. Continuing care services are aimed at improving the independence and quality of life of individuals who for a variety of reasons are not able to fully care for themselves. These services maintain or improve the physical, social, and psychological well-being of individuals (DSD 2011b:34). Furthermore, it is recommended that prevention services can be rendered as the level of service delivery focusing on strengthening and building the capacity, self-reliance, and resilience of service beneficiaries, whilst addressing individual, environmental and societal factors to create conditions that enhance or support wellness (DSD 2011b:33).

4.4.2 Recommendations for education and continued professional development
Based on the background of the study and emergent findings above, the following recommendations for education and continued professional development are made:

- Facilitate sessions to develop intervention strategies for rendering services and referral processes to international social work services for Zimbabwean mothers caring for their minor children without family support.

- Department of Social Development in collaboration with International Social Services to establish train the trainer programmes for social workers to strengthen their skills and knowledge about rendering social service intervention to Zimbabwean mothers and other non-South African citizens.

- Department of Higher Education and Universities to include a course about International Social Services intervention in the Bachelor of Social Work curriculum.

- Maximise awareness and educate individuals and beneficiaries about International Social Services and the processes and accessibility.

4.4.3 Recommendations for further and future research

Future studies could consider or aim to:

- Discover and explore the experiences of social workers who render amenities to Zimbabwean mothers caring for children without family support.

- Conduct similar research in other geographical areas (since this study focused on a sample in Limpopo province only) to determine similarities and differences in the experiences and challenges of Zimbabwean mothers caring for their minor children without family support.

- Discover and define the experiences and challenges encountered by Zimbabwean fathers caring for their children without family support.

- Research the advantages of the services received by, and referral made for Zimbabwean mothers caring for their minor children to International Social Services.

4.5 CONCLUSION OF THE CHAPTER

Chapter five presented the summaries and conclusions of the general introduction; literature review; the research methodology employed in the study; research findings and conclusions. Furthermore, recommendations were outlined focusing on social work with Zimbabwean mothers caring for their minor children without family support;

social work education and continued professional development as well as further and future research.

Based on the above discussions, the researcher is confident that the research findings will contribute to rendering services to and making referral services for Zimbabwean mothers needed services. It will also contribute to education in the proposed directions recommended for future research.

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ADDENDA

ADDENDUM A: RESEARCHER ACKNOWLEDGEMENT LETTER

RESEARCHER ACKNOWLEDGEMENT

Research title: Experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa

Researcher: Kekana Jela

37363573

Hereby, I Jela Prudans Kekana, ID number 8308060525085 in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

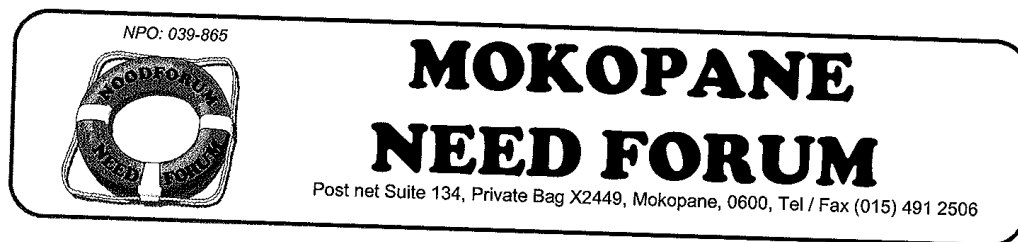- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

And that I shall conform to and abide by these policy requirements

Signature:

Date: 2020-01-13

ADDENDUM B: PERMISSION LETTER TO ORGANISATION

NPO: 039-865

MOKOPANE
NEED FORUM

Post net Suite 134, Private Bag X2449, Mokopane, 0600, Tel / Fax (015) 491 2506
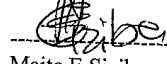
Date: 29 January 2019

Dear Sir/Madam

Re: PERMISSION FOR MS J.P. KEKANA

This letter serves to inform you and your institution that Ms J.P.Kekana has been granted permission to interview clients from Mokopane Need forum when she is doing her data collection.

Hope you will find everything in order,

Maite E.Siziba
Project Manager/ Social Worker

Mokopane Nood Forum
Thabo Mbeki Str 136
Mokopane 0600
NPO: 039-865
Tel/Fax: (015) 491 2506

ADDENDUM C: INVITATION LETTER TO PARTICIPATE IN THE STUDY

Dear research participant

I, Jela Prudans Kekana invite you to participate in a research project to be conducted at the University of South Africa, titled: Experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa

The goal of this research project is to develop an in-depth understanding of the experiences, challenges and coping strategies of Zimbabweans mothers caring for their children without family support whilst in South Africa.

Should you agree to participate in this research project, I would like to have an interview with you at a time and place that would suit you. This interview will not take longer than 60 minutes. As I might forget some of the valuable information that you will share with me, I would kindly like (with your permission) to record the interview(s) using a digital recorder. During the interview, the following biographical questions and interview guide questions will be asked.

The researcher will ask the following at the beginning of the interview:

- Please confirm that you were born and grew up in Zimbabwe

- Indicate from which area in Zimbabwe you are from

- How old are you and how long have you been residing in Mokopane?

- Do you have family members here in South Africa?

- Do you have children?

- How old are your children and what is their gender?

- Where did you live before coming to South Africa?

- What is your main or home language?

- Do you speak English?

- Are you prepared, willing and available to take part in the research?

The subsequent questions focus on the research topic are as follows:

- What is your understanding of family support?

- What is your relationship with your family members back in Zimbabwe?

- What is your interaction and relationship with your neighbours or South Africans in Mokopane?

- How are you taking care of your children?

- What are your means for survival?

- Do you receive any support from your family?

- How do you experience the absence of your family members?

- How does that disturb you?

- Can you share or explain the challenges you have encountered without family support?

- What has helped you to deal with these challenges?

Please note that your participation in this research is voluntary. In case, I notice that the information you have shared has opened emotional wounds, I am required to refer you to a counsellor for debriefing or counselling (if you agree). Ultimately, the findings of the research will be published in a professional journal. I wish to emphasise that pseudonyms will be used to protect your confidentiality and anonymity. Please do not hesitate to ask for clarification on any matter relating to the study. My contact details are Kekana JP 0729672146.

Sincerely,

Kekana Jela

ADDENDUM D: CONSENT FORM

Research title:
Experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa

Researcher: J KEKANA (37363573)

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.
I have had sufficient opportunity to ask questions and am prepared to participate in the study.
I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.
I agree to the digital recording of the interview
I have received a signed copy of the informed consent agreement.

Participant Name & Surname……………………………………… (please print)

Participant Signature…………………………………………...Date…………………

Researcher's Name & Surname…………………………………… (Please print)

Researcher's signature…………………………………..Date…………………

ADDENDUM E: DATA COLLECTION INSTRUMENT

Title of research: Experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa

Researcher: Kekana Jela (37363573)

All the potential participants will be asked the following kind of questions at the beginning of the interview, to attain their biographical information. The researcher will ask the following at the beginning of the interview:

- Please confirm that you were born and grew up in Zimbabwe

- Indicate from which area in Zimbabwe you are from

- How old are you and how long have you been residing in Mokopane?

- Do you have family members here in South Africa?

- Do you have children?

- How old are your children and what is their gender?

- Where did you live before coming to South Africa?

- What is your main or home language?

- Do you speak English?

- Are you prepared, willing and available to take part in the research?

The subsequent questions focus on the research topic are as follows:

- What is your understanding of family support?

- What is your relationship with your family members back in Zimbabwe?

- What is your interaction and relationship with your neighbours or South Africans in Mokopane?

- How are you taking care of your children?

- What are your means for survival?

- Do you receive any support from your family?

- How do you experience the absence of your family members?

- How does that disturb you?

- Can you share or explain the challenges you have encountered without family support?

- What has helped you to deal with these challenges?

ADDENDUM F: DEBRIEFING LETTER
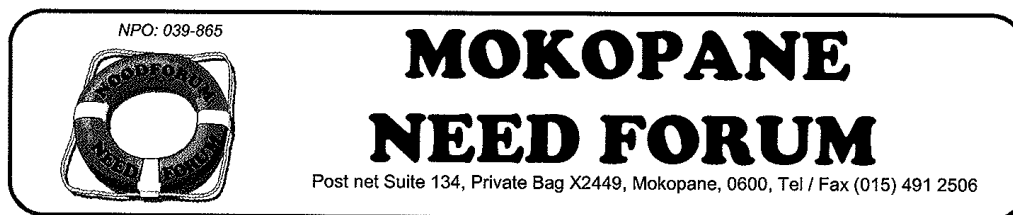
MOKOPANE
NEED FORUM

Post net Suite 134, Private Bag X2449, Mokopane, 0600, Tel / Fax (015) 491 2506

Date: 29 January 2019

Dear Sir/Madam

Re: PERMISSION FOR MS J.P. KEKANA

This letter serves to inform you and your institution that Ms J.P.Kekana has been granted permission to refer participants to our office during her data collection process or when a need arise during her interaction with participants at any stage of her study. Office hours are from Monday to Friday 08h00 until 16h00.

The project manager is a qualified social worker with registration number 10-24028.

Hope you will find everything in order,

Maite E.Siziba
Project Manager/ Social Worker

ADDENDUM G: LETTER FROM THE EDITOR

Margaret Grobbelaar
Die Opstal 589 Opstal Street
The Willows Pretoria 0041
Tel: (012) 807 1249
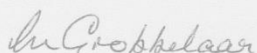*E Mail: mwmrg@iafrica.com*

JELA PRUDANS KEKANA

At the request of Ms J P Kekana (Student number 37363573) I have edited her Master of Social Work dissertation entitled: *Experiences, challenges, and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa*

This entailed editing the language, making sure it was correct and clear, querying aspects that were unclear, correcting the spelling, punctuation and referencing where necessary. Layout was also considered and corrected, as needed. The author's content was not altered but amended to ensure clarity and consistency. I did not check for plagiarism.

I was born in England, came to South Africa when I was at school and have edited many official and organisational documents since I acquired my BA (Social Work) degree from the University of the Witwatersrand more than 50 years ago. I have been editing proposals for research, MA dissertations and DPhil theses for the past 10 years for students at various universities such as Unisa, University of Pretoria, University of the Western Cape and University of the Free State.

Whilst I have edited this thesis to the best of my ability, the responsibility to do the corrections and implement my comments and suggestions correctly and consistently, remains that of the student.

Yours sincerely

M Grobbelaar

M Grobbelaar
19 February 2022

ADDENDUM H: ACCEPTANCE LETTER FROM ETHICS COMMITTEE

SOCIAL WORK RESEARCH ETHICS COMMITTEE (SWREC)

Date: 3 August 2020

Dear Ms JP Kekana

DECISION: Ethics approval from 3 August 2020 to 31 August 2021	SWREC Reference #: 2020-SWREC-37363573 Name: Ms JP Kekana Student #: 37363573 Staff #:

Researcher(s):   Name: Ms JP Kekana
Contact details: 37363573@mylife.unisa.ac.za; 0729672146

Supervisor(s):   Name: Prof HM Williams
Contact details: willihm@unisa.ac.za, 012 429 4269

Title of research:

Experiences, challenges and coping strategies of Zimbabwean mothers caring for their minor children without family support whilst residing in South Africa
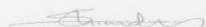
Qualification: Master of Social Work (MSW)

Thank you for the application for research ethics clearance by the Social Work Research Ethics Committee (SWREC) for the above mentioned research. Ethics approval has been granted effective from **3 August 2020.**

The following are standards requirements attached to all approval of all studies:

1. Approval will be for a period of **twelve months** from of the date of issue of the certificate. At the end of this period, if the study has been completed, abandoned, discontinued or not completed for any reason you are required to submit a report on the project. If you complete the work earlier that you had planned, you must submit a report as soon as the work is completed. Reporting template can be requested from the SWREC administrator on radebn1@unisa.ac.za
2. However, at the **end of twelve months' period** if the study is still current, you should instead submit an application for renewal of the approval.
3. Please remember that you must notify the committee in writing regarding any amendments to the study.
4. You must notify the committee immediately in the event of any adverse effects on participants or any unforeseen event that might affect continued ethical acceptability of the study.
5. At all times you are responsible for the ethical conduct of your research in accordance with the SWREC standard operating procedures, terms of references, National Health Research Council (NHREC) and university guidelines.
6. During data collection, ensure that you adhere to the UNISA COVIC-19 regulations.

Yours sincerely

....
Dr KJ Malesa: Chairperson of SWREC
Email: maleskj@unisa.ac.za
Tel No.: (012) 429 4780

37363573 JP KEKANA 3

by KEKANA Jela

Submission date: 21-Feb-2022 11:31PM (UTC+0200)
Submission ID: 1767794837
File name: 37363573_JP_KEKANA_3.docx (948.69K)
Word count: 45087
Character count: 258152

EXPERIENCES, CHALLENGES, AND COPING STRATEGIES OF ZIMBABWEAN MOTHERS CARING FOR THEIR CHILDREN WITHOUT FAMILY SUPPORT WHILST RESIDING IN SOUTH AFRICA

by

JELA PRUDANS KEKANA

submitted in accordance with the requirements for

the degree of

MASTER OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR HM WILLIAMS

I

37363573 JP KEKANA 3

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