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SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT

MASTERS IN EDUCATIONAL PSYCHOLOGY

RESEARCH REPORT

Title: The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

A research project submitted in partial fulfilment of the requirement for the degree of Masters in Education (Educational Psychology) in the Discipline of Psychology in the school of Human and Community Development, University of the Witwatersrand, Johannesburg

By Matimba Ndove

Supervisor: Dr. Simangele Mayisela

TITLE

The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

PLAGIARISM DECLARATION

I, Matimba Vusi Terry Jnr Ndove (student number: 2702232) am a student registered

For MASTERS IN EDUCATION (EDUCATIONAL PSYCHOLOGY)

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- I have adhered to the required conventions in referencing the ideas and contributions of others.
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- The in-text citations and reference list follow APA 7 guidelines.

T. Ndove

Signature: Date: 12 March 2025

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ABSTRACT

The transition from secondary to higher education presents significant challenges, particularly for students from rural backgrounds. This study explores the role of nurturing care in enabling rural students in South Africa to successfully navigate this transition. Using the Nurturing Care Framework (NCF) and Cultural-Historical Activity Theory (CHAT) as guiding frameworks, the study examines how key nurturing care components, good health, adequate nutrition, responsive caregiving, opportunities for early learning, security and safety shaped students' development from early childhood to higher education. A qualitative approach was used, involving semi-structured interviews with six first-year university students from rural areas and their caregivers, recruited through snowball sampling. Thematic analysis was applied to interpret the data. A key finding is that while rural caregiving practices align with NCF principles, they are offered in culturally specific ways that are often overlooked in global frameworks. The study identifies contradictions between NCF assumptions and rural realities, particularly regarding formal healthcare access, structured food security programmes, and nuclear-family-based caregiving models. Additionally, it underscores the interconnected nature of nurturing care components, where early learning, responsive caregiving, and community collaboration collectively support children's academic success. The findings contribute to the existing knowledge by demonstrating the importance of culturally informed policies that acknowledge indigenous caregiving practices, communal child-rearing approaches, and alternative educational support systems. Therefore, the study recommends policy reforms that enhance healthcare accessibility, school nutrition programmes, early childhood education, and rural caregiver support initiatives. Future studies should further explore this work by examining nurturing care dynamics across diverse rural contexts to develop more inclusive and contextually relevant interventions for supporting rural students' educational transitions.

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CHAPTER ONE: OVERVIEW OF THE STUDY

This chapter provides the introduction and the background of the study. It also outlines the study's rationale.

1.1. Introduction and background

The transition from school to higher education (HE) institutions is currently regarded as a prolonged and intricate process (Brooman & Darwent, 2013). Moving from one educational stage to another is often one of the most challenging phases in a student's life. The education system has three key phases of transition; firstly is when they start primary education, the transition to secondary education, and finally the transition from secondary education (Denny, 2020). Moving from secondary to higher education is a period filled with rapid and intensive change, which is more evident with rural students. Rural students in most times encounter academic challenges when transitioning to higher education (Nonglait & Myrthong, 2021).

In addition, majority of rural students are often less academically prepared for higher education. Hence, they find that the academic demands of higher education are more challenging than high school (Nonglait, 2021). Existing literature suggests that when students transition from high school to HE they often experience challenges that can be categorised into three, namely: (1) academic challenges. These are challenges related to academic demands of the new environment. (2) Social challenges, which relates to the social aspect of the new environment, such as making new friends, building relationships with faculty, and navigating the campus culture (Mbeve & Mhlanga, 2022; Mbeve et al., 2023). Finally (3), course-specific challenges; they are related to specific requirements and expectations of individuals' courses or programmes (Mbeve & Mhlanga, 2022; Mbeve et al., 2023). This includes adjusting to new instructional methods or understanding course content (Denny, 2020).

The NCF provides strategic directions for supporting the holistic development, of children to enable them to progress well to early adulthood. The primary aim of the NCF is to inspire multiple sectors such as health, nutrition, education, and labour to adopt new ways of addressing children's needs (World Health Organization, 2018). The framework is designed to improve childhood development. Moreover, the framework emphasises that for a country to have improved prosperity, economic growth, equitable opportunities and reduced social

inequalities, there should be an investment in early childhood development (ECD). The components of NFC include: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, as well as (5) security and safety (Pierce, 2020).

South Africa has relatively few studies on the factors contributing to student success in higher education, especially for those from rural communities. The significance of the current study lies in contributing towards bridging this knowledge gap by exploring the challenges faced by rural students during their transition to higher education. It further examines the specific elements of the NCF that these students relied on from early childhood through to the adolescent period.

Within the scope of this study, early childhood nurturing care provided to first-year students from rural areas is examined. The primary focus is on understanding the child's experience across different developmental phases, recognising that nurturing care is a continuous process from early childhood to adolescence. The study examines the support systems that ensured the transition of the students, particularly exploring how caregivers or educators facilitated their adjustment and academic progress.

1.2. Rationale for the study

Studies on student transition to HE have recently significantly increased (Gale & Parker, 2012; Mbeve & Mhlanga, 2022; Mbeve et al., 2023). However, a lot more needs to be understood about the development of rural students. The current study investigates the nurturing care received by students from rural communities during ECD and adolescence, which enabled them to successfully transition to HE. Although there is little literature on this regard, transitioning to HE is a challenge for many students, especially those from rural areas (Nonglait & Myrthong, 2021). To support this view, Gale and Parker (2012) observed that studies on transition mostly remain under-theorised. While several studies document the challenges rural students face in accessing and succeeding in higher education, few explore the developmental factors that contribute to their success. There is limited understanding of how early experiences, particularly those grounded in the Nurturing Care Framework (NFC), influence educational trajectories. This creates a gap in literature regarding what enables, rather than hinders, rural students' transitions.

The current study is significant since there are several studies on challenges faced by students on their transition to HE. However, there is limited knowledge on how rural students

successfully transition from ECD to HE. By focusing on the five components of nurturing care; good health; adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. This study offers a developmental perspective that is often overlooked in transitional literature. It aims to trace the pathway from early childhood to higher education; emphasising the strengths and support systems that make such transitions possible. The significance of this study is that it addresses the knowledge gap regarding how rural students succeed in their transition from ECD to HE. It also responds to the call by Gale & Parker (2012) for more theoretically grounded studies on student transitions, particulary those that consider cpntextual and developmental influences. The study further informs policy makers, government, organisations and members of the community on NFC elements, with potential for change, and which elements strengthen the nurturing care for rural children's development.

1.3. Aim and objectives of the study

The primary aim of this study is to gain a better understanding of the nurturing care elements that enable students from rural communities to successfully transition to HE. To achieve this, the study identifies the key nurturing care components that contribute to students' successful transition from ECD to HE. It also examines how caregivers support students' development and academic readiness for future transitions to HE.

1.4. Research questions

The below research questions were designed to explore the role of nurturing care for the transition of rural students to HE. These questions examine the specific nurturing care components that influenced students' development from early childhood to HE, enabling successful transitioning.

1.4.1. Primary research question

- What is the nature of nurturing care provided to the rural students from early childhood to adolescence in relation to the NCF?

1.4.2. Secondary research question

- What forms of nurturing care are identified in the students' development processes?
- How are these forms of nurturing care expressed in the NCF?

- Which components of NCF are evident in the student's development and education attainment?

1.5. Conclusion

Chapter 1 introduces the study by outlining its background, rationale, and objectives. It highlights the significance of investigating nurturing care received by rural students during early childhood and adolescence. This chapter also presents the research questions guiding the study. The significance of the study lies in its focus on the NCF elements received by rural students during their ECD and adolescent stages.

This dissertation is structured as follows: Chapter 2 reviews the existing literature which is relevant to the current study, examining key concepts related to nurturing care and child development. It explores factors that influence nurturing care and educational transition, particularly in a rural setting. The chapter also introduces the theoretical framework underpinning the study, offering a structured approach to analysing the interplay between various factors influencing students' educational journey.

Chapter 3 provides a detailed outline of the study's research design, methodology, and data collection process. It explains the qualitative approach and constructivist paradigm used to explore nurturing care and its role in rural students' transition to HE. The chapter also describes the selection criteria of participants, data collection methods, and thematic analysis techniques used to interpret the findings. Ethical considerations and strategies for ensuring trustworthiness are also discussed, ensuring that the study adhered to rigorous academic and ethical standards.

Chapter 4 presents and discusses the study's findings, offering an in-depth analysis of the nurturing care experiences of rural students. Additionally, this chapter critically engages with existing literature and theoretical frameworks to provide a comprehensive interpretation of the results. Chapter five reflects on the study's key findings, emphasising the interconnected nature of nurturing care components in shaping rural students' development and transition to HE. The chapter also considers the study's implications to policy and caregiving interventions, outlines the study's limitations, and provides recommendations for strengthening nurturing care in rural communities.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter provides a structured analysis of the existing body of literature, informing the exploration of nurturing care for children and how it is expressed in rural settings. With reference to the NCF, the reviewed literature focuses on rural students' transition from early childhood to HE. Additionally, the chapter introduces the theoretical framework, which is Cultural-Historical Activity Theory (CHAT). The theoretical framework guides the study, and provides a basis for understanding how caregivers, educational environments, and broader systems interact to shape children's experiences.

2.2. Nurturing care in early childhood development

Nurturing care refers to the essential support and conditions required by children from their environment to grow and reach their developmental potential. According to the World Health Organization (WHO), nurturing care involves five interconnected components: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning. Together, these elements foster a child's physical, emotional, cognitive, and social development, particularly during the critical early years from pregnancy to the age of three (UNICEF, 2020; WHO, 2018). The concept of nurturing care is especially important in the context of ECD for addressing the needs of approximately 250 million children under five

in low- and middle-income countries at risk of not achieving their developmental potential. Introduced by The Lancet series on ECD, nurturing care takes a holistic approach that integrates several key aspects: providing a stable environment, ensuring health and nutrition, protecting children from threats, creating opportunities for early learning, and fostering emotionally supportive, responsive interactions (Wertlieb, 2019).

Nurturing care emphasises the importance of a stable, safe, and engaging environment where children can thrive. It acknowledges that caregivers, primarily parents, extended family, and childcare providers play a critical role in offering consistent and responsive interactions that help build emotional security and resilience in children. Also, effective nurturing care require caregivers to have access to the necessary resources and support to create such environments, across various social contexts, including the home, childcare, schooling, and broader community settings (Britto et al., 2017; WHO, 2018). Furthermore, nurturing care includes providing adequate nutrition and health services to promote physical growth, as well as early learning opportunities to stimulate brain development and cognitive skills (WHO, 2018).

The NCF is a global strategy developed to support ECD by ensuring that children have the necessary environment to thrive. Launched by the WHO, UNICEF, and the World Bank in 2018, the framework provides a comprehensive approach for caregivers, communities, and governments to enhance the health, development, and well-being of children, particularly during the critical period from pregnancy to the age of three (World Bank, 2018; WHO, 2018). The framework emphasises that early childhood is a crucial time for brain development, where nurturing care can significantly impact a child's future health, learning abilities, and emotional well-being. It advocates for an integrated approach that supports all aspects of a child's development through consistent and responsive early life experiences. These components contribute to creating a supportive environment for children's holistic development, particularly in the early years (Wertlieb, 2019; WHO, 2018).

Good Health refers to ensuring children have access to essential healthcare services, from prenatal care through childhood. This includes maternal health care, immunisations, routine check-ups, and treatment of illnesses. Good health also emphasises maternal well-being during pregnancy and after childbirth, recognising that the mother's health is associated with the child's health (Britto et al., 2017; WHO, 2018). Effective healthcare services and practices

promote physical growth and help in preventing diseases, contributing to overall child development.

Adequate Nutrition involves providing essential nutrients from the prenatal stage to infancy and early childhood. It includes practices such as exclusive breastfeeding for the first six months, followed by safe and nutritious complementary foods, with continued breastfeeding up to two years or beyond. Proper nutrition is fundamental for brain development, physical growth, and overall health. The NCF highlights the importance of addressing undernutrition, micronutrient deficiencies, and overnutrition (for example, obesity) to support balanced development (UNICEF, 2020; World Bank, 2018).

Safety and security is about protecting children from physical harm, abuse, neglect, and environmental dangers. It is essential for children to grow in stable environments free from violence or harmful conditions. Safe environments foster emotional stability and healthy psychological development. It enables children to have a sense of security and trust in their caregivers. This component also covers broader safety measures such as clean-living conditions and protection from environmental risks, including pollution and unsafe housing (Black et al., 2017; WHO, 2018).

Responsive caregiving is the caregivers' ability to understand and respond to a child's signals, needs, and emotions in a loving and consistent manner. It involves creating strong, secure attachments essential for a child's social, emotional, and cognitive development. In addition, responsive caregiving supports children in learning to regulate their emotions and confidently explore their surroundings. This element also involves bi-directional communication, enjoyable interactions, and mutual engagement between children and caregivers, including activities such as play, songs, and storytelling (Britto et al., 2017; Pierce, 2019).

Opportunities for early learning are environments that stimulate children's curiosity and cognitive development through play, exploration, and interaction. The NCF emphasises that learning begins at birth and that early learning opportunities should be integrated into daily life, both at home and in community settings such as preschools. Early learning activities range from reading and playing with toys to engaging in simple games and activities that build skills in problem-solving, communication, and social interaction. These experiences lay a foundation for later academic and life success (Black et al., 2017; Pierce, 2019; WHO, 2018).

The NCF encourages integrating the its framework's components into national policies, health systems, and community programmes to ensure children can survive, thrive, and reach their full potential. It calls for collaboration across various sectors including health, education, social protection, and childcare. This emphasises that effective nurturing care relies on the support from various stakeholders, including policymakers, caregivers, and community leaders. Through coordinated efforts, nurturing care can address challenges posed by poverty, stress, and adversity, thus helping children to holistically develop (Wertlieb, 2019; WHO, 2018). The NCF provides a detailed roadmap for implementing and supporting nurturing care practices, highlighting the importance of a comprehensive approach to ECD. By focusing on the five core components and ensuring that caregivers have the necessary support, communities can enhance the development of children and address the impacts of adversity (Black et al., 2021; Britto et al., 2017).

2.3. Relevance of nurturing care in third world countries

Nurturing care is critical for child development in Africa, as in other parts of the world. The concept of nurturing care is based on the understanding that children's development is shaped by multiple factors, including the quality of care they receive, their physical and emotional health, their interactions with caregivers, as well as the surrounding environment. In most African countries, children encounter numerous challenges that impact their development, such as poverty, malnutrition, poor health, lack of access to education, and exposure to violence and conflict. Nurturing care can help mitigate the negative effects of these challenges, thus supporting healthy development in children (Pierce, 2019).

The WHO's NCF emphasises importance of comprehensive early support as foundation for children's long-term well-being and educational success. Early interventions in low- and middle-income countries yield substantial returns on investment, with every dollar invested potentially generating up to $13 in social and economic gains (World Health Organization, 2018). In South Africa, historical inequalities and ongoing socio-economic challenges makes it difficult for many families to meet their children's developmental needs. Therefore, South Africa has taken steps to institutionalise nurturing care through policies and frameworks aimed at supporting vulnerable children.

According to Slemming (n.d.), South Africa has adhered to WHO guidelines, recommending eight antenatal visits and one routine early ultrasound for pregnant women. These visits present timely opportunities to integrate nurturing care interventions into existing

health platforms. Moreover, they support a child's developmental potential in a cost-effective way, especially in societies where poverty, inequality, violence, and other social pressures can impede growth. The National Integrated Early Childhood Development Policy (2015) exemplifies this commitment, representing a collaboration across the Departments of Social Development (DSD), Health, and Education to ensure all South African children have access to basic services, healthcare, education, and nutrition. This approach highlights that nurturing care is more than a health intervention. It is an integrated developmental framework essential for creating equitable opportunities for children, particularly those from marginalised backgrounds.

In rural areas, nurturing care addresses educational and social divides which begin early in life. Children in these communities often lack access to quality ECD programmes, which perpetuates cycles of poverty and limited educational achievement. By focusing on early learning and responsive caregiving, nurturing care helps children to develop the cognitive and social skills essential for later academic success (Richter et al., 2017). Programmes aligned with NCF effectively prepare children for social and academic demands as they transition to HE, where cultural and systemic disparities could hinder their success (Mbeve & Mhlanga, 2022; Mbeve et al., 2023).

According to Timmis et al. (2021), students from rural South Africa with access to nurturing care demonstrate resilience and adaptability when transitioning to urban universities. However, they still encounter challenges in environments lacking cultural sensitivity and support systems for integrating those from rural backgrounds. Implementing nurturing care principles in university transition programmes could enhance inclusivity, providing social and emotional support necessary for success. For instance, by fostering a sense of belonging and peer support, nurturing care-informed programmes can reduce feelings of isolation, a barrier to academic success among rural students (Mbeve & Mhlanga, 2022; Mbeve et al., 2023; Timmis et al., 2021).

However, a critical challenge is that the NCF was developed primarily in global health and development contexts dominated by Western ideals, which may not fully align with the cultural and systemic realities of third-world countries. For instance, the framework presumes that caregivers can implement consistent responsive care and early learning activities, yet in rural South Africa many parents struggle with challenges such as poverty, food insecurity, migrant labour, and unequal caregiving responsibilities. These conditions make it difficult to

put the NCF's recommendations into practice. While the framework provides a useful guide, its application must be critiques for overlooking contextual barriers such as colonial histories, limited resources, and the influence of local cultural practices on caregiving (Pearson & Degotardi, 2024; Nsamenang, 2009).

Without sufficient nurturing care, support, and intervention, children may struggle to achieve their full potential. Thus, nurturing care is critical in the early stages of development and throughout the educational journey, addressing the unique needs of populations in third world countries. In this regard, the critique of the NCF is that it cannot be implemented in a one-size-fits all model. Rather, it needs to be adapted to reflect the complex social, cultural, and economic realities of South Africa and other similar contexts (Pearson & Degotardi, 2024; Nsamenang, 2009). By investing in NCFs, countries such as South Africa can reduce inequalities, improve educational outcomes, and foster a more equitable society.

2.4. Early childhood development (ECD)

ECD refers to the physical, cognitive, social, and emotional growth in children from birth to eight years of age. This period is recognised as a critical phase of a child's life, marked by rapid brain development that lays the foundation for lifelong learning, behaviour, and overall well-being. The WHO emphasises that ECD begins during pregnancy and extends through the early years. It highlights that children need a safe, secure, and nurturing environment for healthy brain development. Appropriate nutrition, responsive care, and early learning experiences are essential for child's development. Their benefits last throughout their lifetime, positively impacting future generations (UNICEF, 2017; WHO, 2022).

The significance of early childhood is underscored by that over one million neural connections are formed every second during the first few years of life. Positive early interactions, nutrition, and a supportive environment are vital for creating these neural pathways, which are foundational for intellectual, emotional, and social functioning. Conversely, adverse conditions such as neglect, malnutrition, and exposure to violence can disrupt this development, leading to long-term cognitive and emotional challenges (Center on the Developing Child, 2007; WHO, 2020). WHO (2022) identifies the biggest threats to ECD as extreme poverty, environmental toxins, insecurity, inequality, and violence. These conditions often reduce caregivers' abilities to engage effectively with children, thereby limiting their potential for growth. UNICEF (2015) asserts that children's access to healthcare,

nutrition, protection, early learning opportunities, and responsive caregiving is essential for ensuring they reach their full potential, framing this as a fundamental human right.

2.5. Access to quality ECD programmes in South Africa

In South Africa, ECD remains a significant focus for social policy, particularly given the disparities stemming from the apartheid. Many children experience socio-economic challenges, such as poverty, lack of access to healthcare, and inadequate educational resources. These issues are compounded by structural inequalities, limiting access to essential services across different regions. According to the South African Early Childhood Review (2017), significant disparities exist based on geographical location, affecting children's access to healthcare, social security, and education.

Vulnerable communities, where high-quality ECD programmes are crucial, often face the most barriers to accessing these services (Ashley-Cooper et al., 2019; Hall et al., 2017). International studies support the notion that access to high-quality ECD programmes can mitigate the effects of poverty by offering them support during their early years. Studies demonstrate that children who participate in high-quality ECD programmes exhibit significant improvements in cognitive abilities, language skills, numeracy, health, and socio-emotional development. This is particularly important in South Africa, where inequalities have historically disadvantaged a large portion of the population. Additionally, effective ECD interventions might reduce repeating grades and dropout rates, improving academic performance, as well as ensuring better long-term outcomes (Ashley-Cooper et al., 2019).

However, the apartheid legacy include enduring structural challenges. Issues such as inadequate training for ECD practitioners, funding delays, and limited resources in rural and informal urban areas hinder the effective implementation of ECD programmes. Mbarathi et al. (2016) note that while there are 20, 442 registered ECD centres in South Africa, many communities, especially those in impoverished settings, lack access to registered facilities, leading to reliance on unregistered and under-resourced centres.

2.5.1. Government policies on ECD

The South African government has taken steps to expand ECD through various policy initiatives. Key developments include the National Integrated Plan for ECD (2005–2010) and the National Integrated ECD Policy (2015), which aim to promote equitable access to quality ECD services. The bill of rights enshrines children's rights to life, education, healthcare, and

social services, providing a legal framework for the implementation of ECD programmes. Moreover, efforts such as the White Paper on Education and Training (1995) and the White Paper for Social Welfare (1997) demonstrate the government's commitment to addressing the educational and social disparities rooted in apartheid policies (Makhubele & Baloyi, 2021; Republic of South Africa, 2015).

Despite the above policies, challenges persist. Structural issues like funding delays, limited training for practitioners, and infrastructure deficiencies continue to hinder the implementation of comprehensive ECD programmes. In 2014, a national audit on ECD centres reveals that most facilities were not registered with the DSD, due to their inability to meet infrastructural and operational standards. Addressing these challenges requires strategic investments to ensure safe facilities, well-equipped, and staffed with trained professionals (Ashley-Cooper et al., 2019; Mbarathi et al., 2016).

2.5.1.1. The role of nurturing care in ECD

The NCF, developed by WHO, UNICEF, and the World Bank, outlines five key elements essential for ECD, namely: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning. These components are interdependent and contribute to the holistic development of children. For example, good health and nutrition are critical for physical and brain development, while responsive caregiving and safe environments foster social and emotional growth. The framework emphasises that multi-sectoral collaboration among caregivers, educators, health professionals, and policymakers is essential for addressing the diverse needs of children and ensuring their holistic development (WHO, 2018; UNICEF, 2017).

ECD is a critical phase that sets the trajectory for a child's future health, behaviour, and learning. In South Africa, addressing the inequalities in access to quality ECD services is crucial for reducing poverty and fostering a more equitable society. Effective ECD programmes, guided by nurturing care, offer a pathway to improved academic outcomes, better health, and enhanced socio-emotional skills, ultimately leading to high productivity and prosperity. Furthermore, continued investments and policy interventions are needed to ensure that children, regardless of their socio-economic background, could thrive (Ashley-Cooper et al., 2019; Britto et al., 2017; WHO, 2022).

2.5.1.2. The Bela Act on ECD

The **Basic Education Laws Amendment (BELA) Act of 2024** introduced notable changes to South Africa's education system, particularly concerning ECD. One of the most significant changes is the **compulsory inclusion of Grade R** as the official starting point of BE. **(Sobuwa, 2024). This policy mandates that all children must enrol in an accredited Grade R programme, ensuring that formal education now begins at the age of 5 or 6 years. To accommodate this change, the Department of Basic Education (DBE) will integrate Grade R into all public primary schools and extend existing support services to these learners (Government of South Africa, 2024; Sobuwa, 2024).**

For example, the National School Nutrition Programme (NSNP), currently providing meals for over nine million school children, should be expanded to accommodate Grade R learners (Sobuwa, 2024). This adjustment aims to address food insecurity and malnutrition among children who were previously outside the formal schooling system. By making **Grade R a compulsory part of primary education**, the BELA Act seeks to ensure **early learning opportunities,** while providing essential resources such as **school meals** to support child development (Sobuwa, 2024).

Beyond making Grade R compulsory, the BELA Act primarily amends South African Schools Act to improve school governance and administration. However, it does not directly legislate services for children younger than Grade R. In South Africa's legal framework, **the Schools Act (now amended by BELA) governs education from Grade R through Grade 12, whereas the Children's Act covers early childhood programmes for younger ages (often referred to as "Grade 00" or below)** (Grow ECD, 2024). Consequently, **ECD centres catering for children aged 0–4 years** will continue to operate under **social development regulations**, unless they provide **Grade R classes**, whereby they must comply with **both the Schools Act and the Children's Act** (Grow ECD, 2024).

2.5.1.3. Nurturing care and the Bela act's approach to ECD

Early childhood specialists emphasise that **young children need more than just access to early schooling,** they require **holistic nurturing care** to support their growth and development. The elements form the NCF as endorsed by the **WHO and UNICEF**, are considered foundational for childhood development. The BELA Act supports some aspects of nurturing care, but **primarily focusing on early learning**. One of the Act's key provisions is the **mandatory inclusion of Grade R**, ensuring that all children receive at least **one year of**

structured, play-based learning prior to starting Grade 1 (Government of South Africa, 2024, Sobuwa, 2024).

Studies underscore the **importance of early experiences in shaping a child's cognitive, emotional, and social development**. By making Grade R compulsory, the BELA Act supports the **evidence showing that investment in early education leads to long-term developmental benefits** (Ilifa Labantwana, 2024; Sobuwa, 2004). While the BELA Act does not directly address **health and nutrition**, its **indirect effects are substantial**. Integrating **Grade R into public schools** means younger children will now be eligible for **school-based meal programmes and other health-related interventions. For example, the NSNP,** providing meals to millions of schoolchildren, will now include Grade R learners. This policy change is important because many private ECD centres do not offer structured nutrition programmes, leaving some children without access to adequate daily meals. Expanding school meals to an additional year of early childhood should improve dietary quality, reduce stunting, and support brain development (Sobuwa, 2024).

The BELA Act introduce measures to foster safer and more inclusive school environments, which contribute to a more nurturing educational experience. For example, the Act prohibits corporal punishment and harmful initiation practices in schools, reinforcing age-appropriate and child-centred disciplinary approaches (Government of South Africa, 2024). Additionally, it requires school codes of conduct to accommodate learners' cultural and medical needs, ensuring that school policies reflect diverse student backgrounds, promoting well-being (Government of South Africa, 2024). Another notable inclusion in the BELA Act is the recognition of South African Sign Language (SASL) as an official language of instruction. This provision enables schools to offer multiple language options, fostering inclusivity for children with disabilities and those from diverse linguistical backgrounds (Government of South Africa, 2024). Expanding language accessibility in education aligns with broader nurturing care principles, ensuring that all children, regardless of linguistic background or disability, have access to early learning in a supportive environment (Government of South Africa, 2024).

2.6. Rurality

Rurality in South Africa is a complex and multifaceted concept, especially in the post-apartheid era. It refers to areas characterised by low population density, limited infrastructure, and reliance on agriculture or natural resources for economic activities. Unlike urban areas,

rural spaces are marked by smaller settlements and few services, which affect residents' access to healthcare, education, and employment opportunities (Atkinson, 2014). The restructuring of local government after the end of apartheid, led to significant changes in municipal boundaries, which then altered the classification of rural areas. This shift emerged from a growing recognition of the interconnections between towns and the surrounding countryside. However, it also introduced considerable complexity in defining what constitutes a rural area (National Treasury, 2011). Despite these efforts, rural areas in South Africa continue to encounter significant socio-economic challenges, compounded by historical legacies and ongoing structural inequalities (Nkambule et al., 2011).

During the apartheid era, policies such as forced removals, and the establishment of homelands (Bantustans) contributed to the underdevelopment and socio-economic challenges faced in these regions (Westaway, 2012). Many rural areas in South Africa are located within former homelands, where traditional leadership and communal land tenure systems remain significant (Beinart & Dubow, 1995). One of the primary challenges in defining rurality is the blurred distinction between urban and rural areas. According to Van Schalkwyk et al. (2014), many households in South Africa depend on resources from both urban and rural settings. This interdependence is a result of the apartheid system, which created a complex dichotomy between urban and rural spaces. However, the rural spaces are the ones who suffer from a decline in services, access to amenities, and job opportunities. These challenges have left rural residents particularly disadvantaged, struggling to access basic necessities, and opportunities (Nkambule et al., 2011).

Rural areas are often characterised by their remoteness and underdevelopment. According to Du Plessis and Mestry (2019), these environments typically lack essential physical resources and infrastructure such as sanitation, water, roads, transport, electricity, as well as information and communication technology. The socio-economic status of individuals in these areas often disadvantage children, further entrenching cycles of poverty. The 1997 Rural Development Framework provides a definition of rural areas, highlighting their reliance on natural resources and farming, as well as their dependence on migratory labour, remittances, and government social grants for survival (National Treasury, 2011).

Hlalele (2014) expands on the National Treasury's (2011) definition of rural areas by including a broader range of geographic locations within the concept of rurality, including traditional communal lands, farmland, peri-urban zones, informal settlements, and small rural

towns. Despite the progress made in South Africa's democracy, rural communities remain marginalised compared to their urban counterparts. These challenges are not unique to South Africa but are common in many developing as well as some developed countries.

The classification of municipalities in South Africa adds another layer of complexity to the understanding of rurality. The constitutional classification does not explicitly distinguish between rural and urban areas. However, areas outside metropolitan municipalities are categorised into local (Category B) and district (Category C). Additionally, the Department of Cooperative Governance uses a methodology that considers factors such as household's access to services like water, sanitation, and electricity to define rural municipalities. These municipalities are further classified as B3 (small towns) and B4 (mostly rural), aligning with the Rural Development Framework's definition (National Treasury, 2011).

Education in rural areas reflects the broader challenges associated with rurality. Dube (2020) highlights that in 2019, South Africa had 11, 252 schools in rural areas, with the majority located in the predominantly rural provinces of Eastern Cape, KwaZulu-Natal, and Limpopo. These regions account for approximately 72% of all rural children in South Africa, but still face significant barriers to quality education. The diverse geographic locations of schools, various backgrounds of learners, and the range of learning styles further complicate the educational landscape in these areas (Nkambule et al., 2011). Despite the end of apartheid and numerous initiatives aimed at improving conditions, there is still a lack of development in the education sector. Moletsane (2012) notes that 17 years after apartheid, South Africa's education system continues to face significant challenges, particularly in rural, informal, and marginalised communities. The failure of national education policies is starkly evident in these regions, where poverty, lack of infrastructure, and limited access to social services exacerbate existing inequalities (Balfour et al., 2011).

The intensity of rurality, as characterised by Balfour et al. (2011), highlights the profound differences between rural and urban poverty. Urban areas may benefit from better support, infrastructure, and access to social services. Conversely, rural areas often suffer from inadequate transportation, lack of support, and neglect. This lack of access extends to essential services such as education and healthcare, which many rural communities lack access to, further entrenching their marginalisation. Rural areas in South Africa face higher rates of poverty and unemployment, with limited access to essential services compared to urban centres.

Issues such as under-resourced schools, inadequate healthcare facilities, and poor infrastructure create substantial barriers to socio-economic development (Van Schalkwyk, 2015). Moreso, a lack of economic opportunities often leads to migration to urban areas, disrupting family structures, and further straining rural communities (Du Plessis & Landman, 2020). Access to quality education is another critical issue, as rural schools typically have few resources, poorly trained teachers, and located at far from the students' residential areas. These factors contribute to lower academic performance and hinder the ability of learners to transition to HE (Van der Berg, 2020). Nevertheless, some students exhibit resilience, succeeding against the odds and progressing to tertiary education (Spaull, 2015).

In rural South Africa, there is a strong sense of cultural and social cohesion. Rural communities often maintain a deep connection to their land, culture, and traditions, receiving social support from extended family members (Hammond, 2020). However, traditional norms sometimes can pose challenges such as gender inequality rooted in cultural expectations can limit educational opportunities for girls (Matshe, 2015). Therefore, rurality in South Africa is shaped by a combination of geographical, socio-economic, and historical elements, including the enduring legacy of apartheid. Although rural communities face numerous challenges such as poverty, underdevelopment, and limited access to essential services, they also demonstrate cultural strength and resilience. Understanding rurality is crucial in exploring how nurturing care within these contexts supported students' transition from early childhood to HE.

2.7. The Sustainable Development Goals

The Sustainable Development Goals (SDGs) comprise of 17 global objectives established by the United Nations in 2015, aimed at addressing various social, economic, and environmental challenges. The SDGs seek to promote sustainable development globally by 2030. Mostly focusing on creating a balance between economic growth, environmental protection, and social inclusion. They build upon the earlier Millennium Development Goals (MDGs), which were primarily aimed at poverty reduction. However, they took a more comprehensive approach by addressing issues affecting the individual's well-being and the sustainability of the planet. The SDGs emphasise collaboration among nations, encouraging global partnerships to achieve these goals (United Nations, 2015; Hak, Janouskova, & Moldan, 2014).

The journey towards establishing the SDGs began with earlier international efforts. It started with the Earth Summit in 1992, where Agenda 21 was adopted to foster sustainable

development. In addition, the Millennium Summit in 2000 followed, with world leaders endorsing the Millennium Declaration, which laid the groundwork for the eight MDGs aimed at reducing extreme poverty by 2015. Building on these foundational efforts, the concept of the SDGs emerged during the Rio+20 Conference in 2012. Thus, extensive consultations led to the adoption of the 2030 Agenda for Sustainable Development at the UN Sustainable Development Summit in New York, September 2015. This agenda calls for coordinated action across all nations to address pressing global challenges, demonstrating the universal and inclusive nature of the SDGs (United Nations General Assembly, 2015).

The SDGs are particularly significant in the context of nurturing care, as they closely align with the core components of the NCF. These elements resonate with several SDGs focused on health, education, and reducing inequalities. Nurturing care addresses children's developmental needs, emphasising that early childhood development must be supported through integrated care and support systems, aligning with the broader goals of the SDGs (WHO, 2018).

Addressing poverty, as outlined in the first goal of the SDGs, ensures that families have the necessary resources to provide nurturing care. This goal focuses on reducing the poverty and ensuring access to basic needs, such as healthcare, nutrition, and education, which directly impact children's well-being (UN, 2015; WHO, 2018). Adequate nutrition, a fundamental component of nurturing care, is emphasised in Goal 2, which aims to eradicate hunger and achieve food security.

Proper nutrition during early childhood is critical for physical and cognitive development, thus, the SDGs highlight the need to address malnutrition to ensure healthy growth (UNICEF, 2020; World Bank, 2018). Ensuring good health is a key aspect of nurturing care and is central to Goal 3 of the SDGs, which seeks to reduce maternal and child mortality, provide access to healthcare, as well as improving mental health services. Good health practices, including prenatal and postnatal care, immunizations, and regular health check-ups, are essential for the well-being of children and their caregivers (WHO, 2018; Morton et al., 2017). Quality education, highlighted in Goal 4, is crucial for early learning opportunities, a fundamental part of nurturing care. Therefore, early childhood education can help break cycles of poverty and equip children with the skills needed to succeed, thereby promoting cognitive and social development during critical early years (Britto et al., 2017; UNESCO, 2016).

The promotion of gender equality, as stated in Goal 5, is essential in ensuring that girls have equal access to education, health services, and other resources. This goal seeks to eliminate discrimination and harmful practices, fostering an environment where children can grow without bias or unequal treatment (UN, 2015; Morton et al., 2017). Access to clean water and sanitation, as addressed in Goal 6, is fundamental for maintaining good health. The goal aims to ensure that families have safe drinking water, sanitation facilities, and hygiene practices, to prevent diseases and create a safe environment for children (WHO, 2018; Black et al., 2017). Reducing inequalities, as outlined in Goal 10, ensures that all children, regardless of background, have equal access to nurturing care. The goal promotes inclusive social, economic, and educational policies to accommodate disadvantaged communities, ensuring that every child can develop to their full potential (Wertlieb, 2019).

Both the NCF and the SDGs emphasise a multi-sectoral approach, which closely aligns with the current study. The NCF advocates for collaboration across various sectors, such as health, education, social protection, and childcare, to ensure comprehensive development for children. Similarly, the SDGs encourage integrated actions across different fields to achieve sustainable development, recognising that progress in one sector, such as health, can have positive effects on others, including education and poverty reduction (WHO, 2018; World Bank, 2018). The alignment between nurturing care and the SDGs demonstrates a shared commitment to improving children's health, development, and well-being. By ensuring caregivers, communities, and governments work collaboratively, both the NCF and the SDGs promote environments where children can survive, thrive, and reach their full potential. The focus on good health, nutrition, early education, and safety underscores the need for a supportive framework that nurtures children from the earliest stages of life, paving the way for more equitable and sustainable communities (Britto et al., 2017; UN, 2015; Baena-Morales et al., 2022).

2.8. Transition in education: early childhood to higher education

Transitioning through the phases of education is a process that significantly influences students' developmental trajectories and long-term success. Each educational phase is foundational for the next, and the final transition to HE is often marked by profound psychological, social, and academic shifts (Nonglait & Myrthong, 2021). Nonglait and Myrthong (2021) categorised these transitions into three primary stages: the initial entry into primary education, the transition to secondary education, and the ultimate shift to HE.

According to Denny (2020), the last phase requires considerable adaptation and is especially challenging for students from marginalised communities, where educational access has historically been limited.

The importance of establishing a strong foundation through ECD is underscored globally by international frameworks, such as the United Nations' Convention on the Rights of the Child (1989) and the Education for All (EFA) initiative (Makhubele & Baloyi, 2021). ECD programs are pivotal in providing children with developmentally appropriate care, early learning opportunities, and critical socialisation, which cumulatively form the foundation of their educational journey (Makhubele & Baloyi, 2021). In South Africa, these programs are recognised as crucial for addressing the lingering educational inequities stemming from apartheid policies. These policies historically marginalised certain groups and deprived them of quality early education (Makhubele & Baloyi, 2021). The South African government's commitment is evident in the National Integrated ECD Policy (2015), which coordinates efforts across social, health, and educational sectors to ensure all children receive the necessary support for successful developmental transitions.

For students from rural areas in South Africa, these foundational supports become particularly important when encountering the final transition to HE. Young (2016) highlights the need for vertically integrated transition programs in HE, which structure support to align with students' evolving developmental needs at every educational level. This vertical integration promotes continuity, providing a safety net that eases the adjustment of each new phase, particularly for those from rural or disadvantaged backgrounds who might feel isolated when attending urban university environments. Young's approach emphasises that educational institutions should continuously adapt their support systems to foster student engagement and minimise alienation, especially during significant transitions (Young, 2016).

The necessity for culturally responsive and inclusive support is further emphasised by Timmis et al. (2022), who approach the transition to HE through a decolonial lens. Timmis et al. (2022) further argued that rural students, bring valuable knowledge, community ties, and resilience that enrich academic environments. However, traditional university settings may unintentionally marginalise these students by not acknowledging or integrating their unique cultural backgrounds. Therefore, Timmis et al. advocate for educational practices that respect and draw upon the backgrounds of rural students, ensuring these individuals feel valued and understood in their new academic settings (Timmis et al., 2022).

Programs designed to enhance social connectedness and build resilience play a significant role in addressing these transitional challenges. For instance, the JuniorTukkie program at the University of Pretoria, as discussed by Lombard (2020), was established to support first-generation and low-income students navigating the shift from high school to university. This program prioritises social connectedness and belonging, crucial for students' psychological well-being and academic success. Lombard's findings demonstrate that initiatives like JuniorTukkie provide students with a sense of community, helping them rise to the demands of HE and reducing the feelings of alienation often experienced by students from underrepresented backgrounds (Lombard, 2020).

2.9. Food security in South Africa

Food security is a multi-dimensional concept that means people always have enough safe and nutritious food that suits their needs and preferences to live a healthy life. According to the World Bank (2022), food security depends on physical, social, and economic access to food. This definition, originated from the 1996 World Food Summit, highlights that food security is not only about having enough food but also ensuring its quality and availability (FAO, 1996; World Bank, 2022). Food security is influenced by four key dimensions, this includes availability, access, utilisation, and stability. First, availability refers to the physical supply of food, which depends on food production levels, stockpiles, and trade. A country or region must produce and distribute enough food to ensure its availability. In addition, access involves having the resources to obtain food for a nutritious diet. Although, food is available nationally, households must have adequate income, purchasing power, land entitlements to procure it. Thus, access is tied to incomes, food prices, markets, and infrastructure. Moreover, utilisation focuses on how effectively food is used for nutrition, depending on food safety, dietary diversity, feeding practices, and health conditions. Proper sanitation and healthcare are essential to ensure consumed nutrients contribute to overall well-being. Furthermore, stability ensures that availability, access, and utilisation remain consistent over time. However, food security can be disrupted by various shocks, including extreme weather, political instability, or economic crises, which may temporarily or permanently threaten access to adequate food (Boatemaa et al., 2018; Belsky et al., 2010)

2.9.1. Food security from an international perspective

In recent years, global security has deteriorated, reversing decades of progress. Since approximately 2015, hunger levels have increased due to multiple interrelated factors. By 2022, an estimated 691 to 783 million people globally experienced chronic hunger, with a midpoint estimate of 735 million individuals, representing about 9.2% of global population, an increase of 122 million from 2019 (SDGS, 2022). Additionally, approximately 2.4 billion people faced moderate or severe food insecurity. This means they lacked consistent access to sufficient, safe, and nutritious food (SDGS, 2022). These rising hunger levels have been exacerbated by global crises, such as COVID-19 pandemic, which caused a sharp increase in food insecurity in the beginning of 2020. Since then, global hunger has remained persistently high for three consecutive years (WHO, 2024).

Several complex factors contribute to food insecurity on an international scale. First, conflict and political instability are primary drivers of acute hunger, which disrupts food production, displaces population, and limits access to markets and humanitarian aid (World Food Programme (WFP), n.d.). in addition, wars and violence make it difficult for affected regions to sustain agricultural activities, leading to widespread hunger. Economic instability further exacerbates food insecurity by increasing food prices due to inflation, and supply chain disruptions. When there is a rise in cost of food, low-income households struggle to afford basic nutrition, limiting their access to essential dietary needs (SDGS, 2022; WFP, n.d). Moreover, poverty and inequality continue to play a significant role, as many people lack the financial means to purchase nutritious food even when it is available. Thus, affordability issues are severe particularly in low-income countries, where a healthy diet remains out of reach for large portions of the population (WHO, 2024).

2.10. Theoretical framework

This study employed Engeström's (2001) version of CHAT, particularly his model of an activity system, as the framework. This approach served as lens to examine the various roles played by different participants in this study's context.

The CHAT originated from Lev Vygotsky's work during the 1920s and early 1930s. The theory was further developed by Alexei Leont'ev, Vygotsky's colleague and disciple (Engeström, 2001). Foot (2014) mentioned that each word in the CHAT is significant. Furthermore, it is assumed that humans are encultured, their actions and activities are

influenced by and drawn from their cultural values and resources. The terms historical and cultural are used together to show that, since culture is embedded in history, they develop over time. Therefore, the analysis of what people do should be perceived in reference to historical trajectories in which action takes place. The term activity refers to the collective nature of the tasks conducted by people together, modified by culture and history, demonstrating their situatedness. The term theory is used to indicate a conceptual framework for understanding and explaining human activity (Foot, 2014).

The activity theory has developed through three generations. The first generation originated from Vygotsky's work and was used to understand individual actions by examining how these actions are culturally mediated through tools (Beatty & Feldman, 2009). However, its limitation was focusing on the individual as the unit of analysis. To address this limitation, the second generation was developed (Engeström, 2001). Leont'ev expanded the theory to include collective activity systems, comprising the subject, the object of action, and the community involved. Leont'ev assumed that human action only makes sense when understood within the context of collective activity, where individuals adopt different roles according to the division of labour (Beatty & Feldman, 2009). This collective approach enabled a deeper understanding of how activities are distributed and mediated within a community.

When CHAT gained international attention, questions about diversity and inter-dialogue between traditions were raised, leading to a third generation of activity theory (Engeström, 2001). Engeström advanced CHAT to address the interplay between multiple activity systems. This generation emphasised interactions, dialogues, and collaboration across systems, allowing for multiple perspectives and collective solutions (Igira & Gregory, 2009). This expansion was particularly critical for understanding complex social systems and interactions in diverse cultural settings, such as rural South Africa. Mentz and De Beer (2017) highlighted that CHAT has been successfully applied in South Africa to analyse systemic educational challenges, particularly within the context of post-apartheid educational reforms. Mentz and De Beer (2017) further emphasised that CHAT provides a lens to examine the structural contradictions emerging as new policies interact with long-established cultural practices. This aligns with Mayisela's (2017) assertion that contradictions within an activity system serve as catalysts for transformation, enabling researchers to understand the factors influencing rural students' experiences of nurturing care.

According to Foot (2014), the activity system comprises six fundamental elements, each with cultural and historical significance. These elements are:

1. **Subject**: The individual or group whose actions are analysed
2. **Object**: The desired outcome or purpose of the activity
3. **Tools**: The physical, cognitive, or symbolic means used by the subject to act on the object
4. **Community**: The broader group engaged in the activity alongside the subject (Beatty & Feldman, 2009).
5. **Division of Labor**: The allocation of tasks among community members.
6. **Rules**: The formal or informal regulations that govern actions within the system

In this study, students were the subjects, as they were examined concerning the nurturing care received during their ECD and adolescence. The object was the exploration of nurturing care components, enabling students to successfully transition from matric to HE. The tools were the nurturing care components outlined in the NCF, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, as well as security and safety. The division of labour included the roles of parents, community members, and teachers in providing nurturing care. These rules encompassed the norms and beliefs of the community, household regulations set by parents, and South African policies on Early Childhood Care, Education, and Development. Gretschel, Mbekenga, and Lugina (2015) applied CHAT to analyse how caregiving practices are shaped by systemic factors, emphasising the importance of understanding intergenerational cultural tools. This supports Mayisela's (2017) argument that the transformation of cultural tools, such as disciplinary strategies or educational interventions, occur through their repeated use and adaptation within an activity system. In rural South Africa, where traditional caregiving norms may contrast with contemporary educational policies, CHAT offers an effective framework for examining how new approaches to nurturing care are integrated or resisted.

CHAT is particularly efficient for identifying contradictions that arise within educational and caregiving activity systems. Mayisela (2017) emphasised that contradictions occur when elements of an activity system are misaligned, leading to tensions that may either drive transformation or reinforce existing practices. In the context of rural nurturing care, contradictions may emerge between community beliefs about caregiving and state policies on ECD. For instance, caregivers may recognise the importance of structured early learning

(object), but systemic barriers such as poverty, limited infrastructure, and inadequate educational resources (rules and tools) may hinder implementation. These contradictions do not necessarily indicate failure but rather serve as opportunities for transformation (Mayisela, 2017). CHAT provides an analytical tool to explore how rural communities navigate these tensions, offering insights into how activity systems change over time to adapt to new conditions. In the context of nurturing care, these contradictions may lead to gradual shifts in caregiving practices, influenced by policy interventions, educational advancements, and changing socio-economic conditions (Mentz & De Beer, 2017).

The study's purpose is to explore how nurturing care, as articulated in the NCF, enabled students from rural backgrounds to succeed from ECD to HE. CHAT is appropriate because it emphasises the mediation of human activity by tools and the cultural and historical contexts shaping this activity. By analysing nurturing care components as tools, this study highlights how social, cultural, and historical factors influenced students' developmental outcomes.

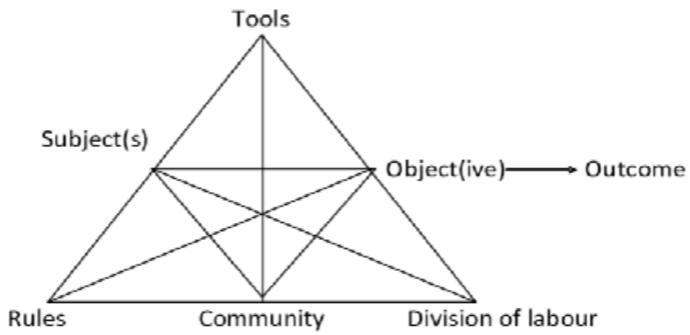

Figure 1: CHAT theory overview

Another theoretical framework considered for this study was Urie Bronfenbrenner's Theory of Human Development: Its Evolution from Ecology to Bioecology. Bronfenbrenner's ecological systems theory, evolving into bioecological theory, provides a framework for understanding human development as a dynamic interaction between the individual and multiple environmental systems (Rosa & Tudge, 2013). This theory examines the importance of

considering multiple levels of context and the bidirectional nature of these interactions, particularly in rural settings with profound environmental influences. This complementary framework enriched the study's focus on the complex interactions shaping nurturing care in rural contexts.

2.11. Conclusion

The literature reviewed in this chapter emphasises the significance of nurturing care in fostering holistic development and facilitating successful educational transitions for children in rural settings. The NCF highlights five interconnected components, including good health, adequate nutrition, responsive caregiving, safety and security, and opportunities for early learning, as essential for supporting physical, cognitive, and socio-emotional growth. However, the relevance of NCF in the South African context has not been fully established. Thus, this study seeks to address this gap by exploring how these components contribute to the resilience and adaptability of children, enabling them to overcome barriers such as poverty, limited access to education, and systematic inequalities. By investigating the applicability of the NCF, the study aims to provide evidence that confirms or challenges its relevance in facilitating educational transition for children in rural South Africa. The theoretical frameworks underpinning the study provide further depth to this understanding. Additionally, CHAT offers a comprehensive perspective on the interplay of subjects, tools, and community within culturally and historically situated activity systems, while Bronfenbrenner's ecological systems theory identifies development within broader environmental contexts. Together, these frameworks underscore the dynamic interactions shaping nurturing care practices and their outcomes. This chapter establishes a strong foundation for the study by exploring the critical role of nurturing care across various domains, providing both theoretical and contextual insights to understand its impact on rural students' transition from early childhood to HE. The next chapter will outline the methodological approach used to examine these dynamics in depth.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlines the research design and research methodology employed to achieve the study objectives. Aligned to the research questions, it details the method and process of data collection, the tools used, and the approach to data analysis. Also, ethical considerations are provided, followed by the researcher's reflexivity.

3.2. Research design

The study aimed to explore the nurturing care provided to students from rural areas, enabling them to transition successfully from early childhood education to matriculation and HE. Given the exploratory nature of this investigation, the study adopted an exploratory research design situated within the qualitative paradigm. The study employed a qualitative approach, using semi-structured interviews. According to Pathak et al. (2013), qualitative research aims to answer research questions in a humanistic way, gaining an understanding of individuals' beliefs, experiences, attitudes, behaviours, and interactions. Qualitative research examines issues and gathers data in natural settings, being cognisant of the individuals and places being studied. Furthermore, it employs methods of data analysis that are both intuitive and reasoned, revealing patterns and themes (Bolick & Manfra, 2017). Denzin and Lincoln (2005) defined qualitative research as a study occurring in natural settings, where phenomena are studied and interpreted based on people's experiences and meanings. It involves a series of interpretative and material acts making the world visible, by employing diverse methods such as case studies, personal experiences, introspection, life stories, interviews, artifacts, and cultural texts (Denzin & Lincoln, 2008). This approach was relevant especially for understanding the nurturing care received by students from rural areas. According to Haradhan (2018), the purpose of qualitative research is to provide answers to questions regarding individuals' perspectives, experiences, and social processes within specific contexts.

In qualitative research, it is important to distinguish between the methodology and the methods used. Methodology refers to the philosophical lens or theoretical orientation that underpins the research, whereas methods refers to the specific tools and techniques used to collect and analyse data (Creswell, 2013; Denzin & Lincoln, 2011). In this study, the methodology is constructivist, and the method employed is semi-structured interviews. Mills et al. (2006) describe a constructivist approach as a qualitative methodology that seeks to

understand and depict the subjective experiences and perspectives of individuals related to a particular phenomenon. McMillan and Schumacher (2006) emphasised that qualitative exploration is grounded in constructionism, acknowledging that multiple realities are socially constructed through individual and collective interpretations of shared experiences. Cohen et al. (2002) further elaborated that qualitative research seeks to uncover the "why" underlying behavioural patterns, often revealing insights into societal and cultural contexts. This constructivist methodology was appropriate for this study because the aim was to understand how rural students and their caregivers made sense of their experiences of nurturing care in diverse and context specific ways. The study sought not to generalise but explore how meanings was formed and shaped within cultural and historical contexts.

As stated above, the exploratory research design supported his philosophical orientation by allowing the researcher to probe experience in depth and within naturalistic settings. The study adopted a qualitative research design due to its exploratory nature, which enables researchers to investigate social phenomena in depth and within their natural contexts (Polkinghorne, 2005). This was critical for understanding the experiences of nurturing care received by rural students during their development and educational transitions. Creswell (2009) emphasised that such an approach enables researchers to develop detailed insights into participants' lived experiences and the meanings attached to those experiences. Qualitative methods also allow participants to articulate their encounters and perspectives in their own words (Liamputtong, 2007). Therefore, this methodology enabled students and caregivers to express their opinions and reflections about their upbringing openly, offering comprehensive data that enriched the study's findings. As highlighted by Lune and Berg (2017), qualitative methods are often applied when exploring opinions and practices on complex issues such as nurturing care, particularly in the context of teaching and supporting learners with unique challenges. The qualitative approach is well-suited for understanding experiences and the broader social and cultural factors influencing those experiences. Willig (2013) highlighted that qualitative research enables a deeper exploration of participants' views and the discovery of new insights, which was integral to this study. Similarly, Mack (2005) noted that qualitative research facilitates the acquisition of complex, audio-rich representations of participants' lived experiences, adding depth and texture to the analysis. By focusing on meaning-making, this methodology provided allowed participants to share their nuanced perspectives (van Rensburg, 2010).

This study found the qualitative approach appropriate for investigating the nurturing care received by students, as it emphasises understanding participants' experiences within their specific social, cultural, and historical contexts. This approach allows the researcher to gain insights, offering a deeper understanding of the role of nurturing care in shaping the educational trajectories of rural students in South Africa.

3.3. Participants

The study was conducted at a HE institution located in Gauteng province, specifically Johannesburg. The study focused on public universities offering full-time programmes, with the University of the Witwatersrand being the selected institution. The study identified and approached students coming from rural areas in their first year, and their next of kin, guardians, or parents involved in their lives from early childhood to adolescence, for participation. The first-year students were selected to participate in the study because they had recently left the school system and their rural environment. This enabled them to openly share their experiences from early childhood to adolescence. Additionally, first-year students' experiences had not been influenced by the shift in environment, compared to those in their second or third year. By including their next of kin, guardians, or parents provided triangulation of the data, as they had been present throughout both stages of the participants' lives.

Inclusion and exclusion criteria were used to select the participants. Participants must have been enrolled as first-year students at the University of the Witwatersrand, aged between 18 and 21 years, have a parent or caregiver actively involved in their life from ECD to adolescence, and their parents or caregivers should be able to speak English, Tsonga, or Northern Sotho. Conversely, the exclusion criteria specified that students not in their first year of studies at the University of the Witwatersrand were excluded. Additionally, participants below the age of 18 or above 21 years, students without an active parent or caregiver, students whose parents or caregivers were unavailable to participate in the study, and those whose parents or caregivers did not have the required language proficiency were also excluded from the study.

The study employed a snowball sampling technique, also known as chain or referral sampling (Naderifar et al., 2017), to identify and recruit participants. The Snowball sampling technique is considered a sophisticated approach, particularly valuable for locating individuals who may not be listed or challenging to find. This method involved initial identification of a small number of participants and relying on them to refer the researcher to potential additional

participants (Bless et al., 2013). The process involved the researcher's request to the University to send emails to first-year students, inviting them to participate in the study, and outlining the criteria for the participants sought. Moreover, the researcher held meetings with those who responded to the email and requested their assistance in referring other students who met the criteria for participation. Participants were asked to inform others who might be interested in participating in the study to contact the researcher directly. The researcher was not provided with any personal details of potential participants, as this could be seen as invading their privacy. The snowball sampling technique continued until a total of six participants were identified.

3.4. Data collection methods and tools

Data collection was collected through face-to-face semi-structured interviews with students and telephonic semi-structured interviews with their caregivers. All interviews were audio-recorded and transcribed verbatim. In semi-structured interviews, the researcher conducted the interviews using prepared open-ended questions (Fouche, 2021). According to Bless et al. (2013), the interview process involved direct personal interaction between the researcher and the participant. Telephonic interviews, employing the same semi-structured approach, were also used to gather life history data. These methods were chosen to investigate the nurturing care received by first-year students from rural environments. In addition, The data from the caregivers was also collected using semi-structured interviews.

Semi-structured interviews include a series of important questions designed to guide the topics being explored while allowing flexibility for the interviewer to explore responses in greater depth (Gill et al., 2008). This approach enables the researcher to revisit and evaluate previously overlooked or unanticipated information, making it particularly suitable for this study (Gill et al., 2008). However, combining the structured and unstructured elements of data collection, as well as semi-structured interviews, rely on a pre-arranged thematic framework to explore complex social phenomena (Saunders et al., 2009). Semi-structured interviews offer several advantages, including the ability to explore participants' reasoning, attitudes, emotions, and interpretations of their lived experiences (Nieuwenhuis, 2007). The conversational format fosters rapport and dialogue, encouraging participants to share their insights in a supportive environment (Keller & Conradin, 2019). . The semi-structured format, due to its flexibility, enabled the researcher to probe further into responses, uncovering valuable insights that may

not have emerged through rigid method (Willig, 2013). This method provided a balance between guided inquiry, enabling the collection of rich, descriptive data essential for the study.

An interview schedule (see Appendix E) was used to systematically guide the interviews. The schedule was divided into two sections: Section A included biographic and demographic questions to provide contextual background, such as age, gender, and family structure. Section B comprised of open-ended question aligned with the components of the NCF, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, as well as safety and security (Gill et al., 2008).

Face-to-Face interviews with students lasted between 30 to 60 minutes, allowing for an in-depth exploration of their experiences. Telephonic interviews with caregivers complemented these, offering additional perspectives on caregiving and resources provided during the students' upbringing. By combining the structured framework of semi-structured interviews with open-ended questions, the study achieved a comprehensive understanding of nurturing care and its role in shaping educational trajectories. All interviews were recorded using a smartphone to document participants' responses verbatim. These recordings were transcribed to preserve the authenticity and richness of the data, ensuring a nuanced analysis (Keller & Conradin, 2019). Semi-structured interviews as a tool for data collection, assess participants' observations, interpretations, and representations of their experiences (Punch, 2014). They create a two-way conversation, enabling respondents to verbally express their reasoning, attitudes, emotions, and understanding of the phenomenon under investigation (Nieuwenhuis, 2007). This conversational format provided the researcher with an opportunity to develop a deep understanding of participants' perspectives, including the meanings attached to nurturing care.

In this study context, semi-structured interviews facilitated the collection of rich, descriptive data that was critical for understanding the nurturing care received by students and their caregivers. Keller and Conradin (2019) highlighted that open-ended questions in such interviews encourage the development of rapport and dialogue, fostering a conducive environment for in-depth discussions. To ensure participants' comfort, face-to-face interviews were conducted within the university premises, at times convenient for the interviewees (Keller & Conradin, 2019). Telephonic interviews were similarly structured to maintain the depth and engagement of face-to-face interactions. The interview process also used an interview guide to ensure the systematic collection of data while allowing flexibility in exploring unanticipated

responses (Saunders et al., 2009). This approach ensured that participants' perspectives were captured accurately and comprehensively. Data were recorded using a smartphone and later transcribed verbatim. This method preserved the authenticity and richness of the data, enabling a nuanced analysis.

The interviews were conducted face-to-face for students and telephonic for parents or caregivers. These interviews were guided by a set of pre-prepared questions and compiled into a structured document known as the interview schedule or guide (see Appendix E). The interview schedule provided a framework for conducting the interviews, ensuring consistency across all participants while allowing flexibility for deeper exploration. The primary method for data collection involved open-ended, semi-structured interviews, enabling participants to provide comprehensive responses to the research question. This approach facilitated an in-depth exploration of participants' perceptions, experiences, and interpretations of their circumstances, enhancing the richness of data. The biographic questions were incorporated as part of data collection process to provide a deeper contextual understanding of the participants' lived experiences. These questions were designed to capture essential participants' demographic and background information, such as their age, gender, family structure. Each interview session lasted between 30 and 60 minutes, and held at the University of the Witwatersrand, Emthojeni Centre Building. Additionally, telephonic interviews were arranged with parents or caregivers for additional information. The interview questions were organised into two main sections. Section A focused on demographic data, while Section B comprised of research questions aligned with the key components of the NCF.

The second data collection tool involved telephonic interviews with caregivers. These calls were conducted in a private room with the researcher alone and closed doors. Two devices were used for making the calls and recording the conversations. The researcher used the loudspeaker function during the calls to ensure accurate recording. The recorded information was transferred to the researcher's password-protected laptop, which was kept safe at the researcher's place of residence.

3.5. Data analysis

Data analysis refers to the process of organising the order, structure, and meaning to the collected data. The process can be challenging, ambiguous, and time-consuming. However, it can also be creative and fascinating (Fouche et al., 2021). After data collection, the analysis

was conducted through thematic analysis (TA) to extract meaning in relation to research questions and the aim of the study. The data obtained in qualitative research is often subjective, rich, extensive, and presented in form of words. Analysing this data involves reading transcripts, identifying similarities and differences, and developing themes and categories (Wong, 2008).

This study used TA, a widely used method for identifying, organising, and offering insights into patterns of meaning (themes) within the data. According to Braun and Clarke (2006), TA is a foundational qualitative approach that provides essential skills for many analytical techniques. It is unique in its flexibility and theoretical neutrality, making it highly adaptable to different research questions, sampling constituencies, and methods of data collection (Clarke & Braun, 2017). This adaptability made TA the most appropriate technique for analysing the data in this study, allowing for a detailed description and interpretation of various aspects under study. Additionally, TA provides a simple yet rigorous approach for creating codes and themes from qualitative data. Codes represent the smallest analytic units, incorporating significant properties of data relevant to the research problem. These codes serve as the foundation for themes, which are patterns of meaning supported by a fundamental core concept. Moreover, themes offer a framework for organising and summarising the researcher's analytic findings (Braun & Clarke, 2006). The thematic analysis' goal is to summarise the data content and to identify and interpret essential elements of the data, driven by the research question.

TA was chosen for its ability to provide a rich description of the dataset while focusing on shared or collective meanings and experiences (Braun & Clarke, 2012). This method enables researchers to identify, make sense of patterns, and interpret meaning across a dataset, delivering insights that align with the aims of qualitative inquiry. TA ensured a rigorous process of identifying, analysing, and reporting themes within the data, highlighting their significance in relation to the research questions. This study followed the six-stage process outlined by Braun and Clarke (2006): (1) familiarising with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes, and (6) producing the report. This systematic process allowed for a structured and comprehensive analysis of the qualitative data. By focusing on themes that represent regular or typical responses within the data, the researcher was able to ensure a rich and detailed presentation of the information.

The flexibility and accessibility of thematic analysis made it an ideal approach for this study. It allowed the researcher to explore the phenomena of nurturing care in depth and to interpret the shared experiences and meanings conveyed by participants. This method provided a robust framework for organising and analysing the data while ensuring the results were meaningful and directly aligned to the study's objectives.

At first, the researcher familiarised themselves with the data by transcribing audio recordings from the interviews with the participants, and reading through the transcripts to gain an initial understanding of the information. This immersion helped the researcher decode the data, align it with the study's objectives, and allowed to understand how participants articulated their experiences and the assumptions underlying their interpretations. As highlighted by De Vos et al. (2005), repeated reading encourages familiarity with the data, enabling the researcher to identify significant details and understanding how participants' narratives relate to the research questions. The researcher also made initial notes and impressions after each interview. Second, initial codes were generated based on the understanding gained from the first step. This involved systematically marking and summarising the data to identify recurring patterns, using various techniques such as abbreviating key terms, numbering, color-coding, and using symbols to differentiate codes (De Vos et al., 2005 & Saldana, 2016). Third, this step includes searching for themes by using the codes to identify key ideas and responses relating to the study's objectives and the broader topic. Themes were developed by grouping similar responses and recurring concepts reflecting nurturing care experiences. Themes represent patterned responses, identified through a review of the coded data to identify similarities and overlap between codes. These codes were then organised into broader themes that encapsulated unique insights about the research topic and addressed the research questions.

Fourth, the researcher reviewed the themes, assessing their relevance and considering alternative meanings to ensure a comprehensive understanding of the data. During this step, the researcher revised and expanded on the preliminary themes identified in the previous phase. All relevant data associated with each theme was consolidated to ensure consistency within themes and clear distinctions between them. This process helped to create a coherent and accurate representation of the participants' experiences.

Fifth, the researcher defined the themes, ensuring they addressed the research questions and captured the essence of the nurturing care provided to rural students as they progressed from early childhood to adolescence. This phase involved a deep analysis of each theme,

clearly identifying their unique characteristics. The researcher selected key extracts for analysis and used each theme to construct a narrative around these extracts. It was to gain a clear understanding of what the themes represented, the meanings they conveyed, and, where applicable, how subthemes related to the main themes. Additionally, the relationships between the themes was examined to provide a coherent and comprehensive depiction of the findings (Braun & Clarke, 2012).

Finally, the sixth step involved producing the report. The researcher organised the themes into a clear presentation for readers, summarising the findings in a structured and interpretable manner. This stage involved transforming the analysis into a compelling report by employing vivid and captivating extract examples linked directly to the research topic, research questions, and literature. According to De Vos et al. (2005), this is the stage where the researcher "packages" the data, presenting it in a way that effectively communicates to the study's insights. Beyond summarising the themes, the report included an in-depth analysis supported by actual data, answering the research questions and persuading the reader about the research's significance and validity (Braun & Clarke, 2012).

3.6. Researcher reflexivity

Reflexivity refers to the researcher's awareness of their role in the research process and how they influence the study's outcomes (Haynes, 2012). This involves a conscious effort to critically reflect on the knowledge constructed during the research process and to acknowledge the researcher's influence on the data and findings. Reflexivity is an ongoing process that permeates every stage of the research. It requires the researcher to examine how their personal and professional background, values, and assumptions interact with the research process and outcomes (Guillemin & Gillam, 2004).

In this study, reflexivity has been integral to maintaining transparency and integrity. As the researcher, I acknowledge my background of growing up in a rural area and transitioning to an urban environment during high school. This experience provided me with a unique perspective on the challenges and opportunities associated with both rural and urban settings. Although my background allowed me to empathise with participants, I was also mindful of potential biases stemming from my transition to an urban setting, as my experiences might differ from the participants' who remain rooted in rural contexts.

To address these potential biases, I ensured that the research design and tools, such as semi-structured interviews and biographical questions, were structured to elicit participants' diverse and authentic perspectives. I consciously avoided projecting my personal experiences onto the participants' narratives and focused on their lived experiences of nurturing care. This was achieved through an iterative process of self-reflection and adaptation during data collection and analysis. Moreover, I recognised the potential for selection bias in participant recruitment. To mitigate this, I implemented a rigorous selection process, ensuring that only participants who met the study's criteria were included. By doing so, I maintained the study's validity to ensure that the findings accurately reflected the experiences of rural students who successfully transitioned to HE.

Reflexivity also involved critically engaging with the literature on nurturing care. In addition, the existing literature informed the study's framework, and I remained cautious to not let it shape my assumptions about the participants' experiences. However, I allowed the data collected during the study to guide the analysis and interpretation, ensuring that the findings emerged organically from the participants' narratives.

3.6.1. Positional reflexivity

Positional reflexivity involves examining how a researcher's background, beliefs, and positionality influence the research process (Berger, 2015). In my study, reflexivity played a central role in ensuring transparency and integrity.

As a researcher, my educational background and professional experience in psychology and education, provided me with a deep understanding of the NCF and its significance. Additionally, as someone who grew up in rural areas and transitioned to an urban setting during high school, I brought a unique perspective to this study. My personal experiences of navigating the challenges and opportunities associated with both rural and urban environments further shaped my understanding of the NCF. This dual perspective enabled me to empathise with participants' experiences, while also acknowledging that their realities might differ from mine. However, I acknowledged that my familiarity with the framework and my transition to urban areas could predispose me to focus on its benefits rather than the potential limitations or lead to biases in interpreting the challenges faced by rural students who had not experienced similar transitions. To mitigate these biases, I deliberately structured my research tools, including semi-structured interviews and questionnaires, to encourage participants to share diverse perspectives, including challenges they faced when receiving nurturing care. This

approach ensured that the study captured a comprehensive and balanced view of participants' experiences (Berger, 2015).

Sharing a rural background with my participants helped me to build rapport and foster trust. Participants were more open in sharing their experiences, as they perceived me as someone who understand their context. Nevertheless, I was careful to not let my shared background lead to assumptions about their experiences. I encouraged participants to articulate their unique perspectives and refrained from projecting my own experiences onto their narratives. Although my rural background facilitated a connection with participants, my current position as a researcher from an urban setting introduced potential power dynamics. I was aware that participants might perceive me as an authority figure or as someone removed from their current realities. To address this, I adopted a culturally sensitive and inclusive approach, ensuring that participants felt respected and valued. Furthermore, translating the participant information sheet into caregivers' home languages and emphasising the voluntary nature of participation were deliberate steps to minimise these power dynamics.

During data analysis, I remained conscious of how my dual rural-urban perspectives might influence the interpretation of findings. My background allowed me to recognise the importance of nurturing care components like responsive caregiving and early learning opportunities. However, I actively sought to validate my interpretations through triangulation. By comparing data from biographical questions, interviews, and questionnaires, I ensured that the findings reflected the participants' realities rather than my assumptions.

3.7. Trustworthiness of the study

Trustworthiness, also referred to as the rigor of a study, pertains to the level of confidence in the data, interpretation, and the methods employed to ensure quality research (Connelly, 2016). Establishing trustworthiness is particularly essential in qualitative research. It ensures that findings are dependable, credible, confirmable, and transferable (Ferero et al., 2018). Additionally, researchers must establish robust protocols and procedures to make their study credible and worthy of consideration. Trustworthiness in qualitative research is associated with transparency and consistency in the analysis, enhancing the reliability and integrity of the findings (Korstjens & Moser, 2018). Moreover, the researcher is responsible for respecting respondents' rights, interests, values, and beliefs throughout the study. This respect promotes openness and flexibility, allowing for the probing of participants' perceptions of the nurturing care received. The advantages of this approach include the ability to acquire

sincere, rich, and detailed evidence that illuminates patterns of activity and significance from the participants' perspectives..

To address trustworthiness, qualitative researchers typically follow specific criteria: credibility, dependability, confirmability, and transferability (Gunawan, 2015). Leung (2015) highlights that the validity of qualitative research lies in the "appropriateness" of the tools, processes, and data for achieving meaningful outcomes. Trustworthiness of qualitative research and the transparency of the analysis are crucial for the expediency and integrity of the findings (Korstjens & Moser, 2018). The credibility of the researcher is further reinforced through transparent practices that invite scrutiny, rendering the study auditable.

In this study, trustworthiness was carefully addressed by adhering to a clearly outlined methodology, ensuring consistency and transparency at each stage. De Vos et al. (2012), building on the framework by Lincoln and Guba (1999), identified four key elements in establishing trustworthiness in qualitative research: credibility, dependability, transferability, and confirmability. Each of these criteria were rigorously considered to strengthen the study's overall quality and reliability.

3.7.1. Credibility

In research, credibility corresponds closely with the positivist concept of internal validity (Gunawan, 2015). It is one of the most crucial criteria in a study, reflecting the level of confidence in its accuracy and truthfulness, as well as findings (Connelly, 2016). Credibility relates to how the study findings align with reality or are congruent with the observed phenomena (Shenton, 2004). This is established by ensuring that the findings reflect the participants' perspectives and can be trusted as an accurate representation of their viewpoints. Stahl & King (2020) mention that exploring the congruence of findings in a study aims to demonstrate how these findings interrelate. However, unlike quantitative research, there is no expectation that all interpretations of coherence and credibility will yield the same answer. In this study, I pursued credibility by employing semi-structured interviews to gather data rooted in participants' responses and unique perspectives, thus maintaining data authenticity. Additionally, I established clarity in the research design and methodology by providing its comprehensive and detailed descriptions as well as data collection procedures, allowing others to assess the study's credibility. The findings and interpretations were presented in a way that maintained consistency, coherence, and alignment with the research questions and objectives. It ensured they were logical, accurate, and reflective of the participants' experiences.

3.7.2. Dependability

Dependability is closely associated with reliability (Gunawan, 2015). In research, it refers to the stability and consistency of data over time and under varying conditions, ensuring that findings remain robust in similar contexts (Connelly, 2016). Dependability also pertains to how the study is conducted, emphasising that the study should remain dependable across time. Additionally, a detailed and structured process of research design and methodology strengthens the dependability of a qualitative study (Shenton, 2004). Stahl and King (2020) highlighted that in qualitative research, where researchers are actively involved in producing and interpreting data as events unfold, specific practices promotes trust and dependability when rigorously applied. Examples include peer debriefing or scrutiny and effective communication habits that build trust and reinforce reliability. In this study, the researcher provided a detailed research design and methodology process, ensuring that all information and responses obtained were protected and kept confidential. Feedback and reviews from supervisors were sought to ensure the study's consistency. Moreover, an audit trail was established by meticulously recording data collection, analysis, and decision-making processes. Furthermore, triangulation through caregiver interviews enabled cross-verification from multiple data sources, further contributing to the study's dependability (Carter et al., 2014; Stahl & King, 2020).

3.7.3. Transferability

Transferability was considered a form of external validity (Gunawan, 2015). It refers to how findings from subjective research might be relevant and applicable among individuals in different settings or diverse groups (Lincoln & Guba, 1985). The term transferability refers to the degree which study findings could be relevant and meaningful across various settings. Unlike other elements of research, transferability relies on readers to determine if the findings apply to their specific situation (Connelly, 2016). In this study, I established transferability by conducting a detailed comparison of my study findings with existing literature sharing similar contexts or populations. I encouraged readers' ability to assess transferability by providing in-depth descriptions of the research environment. Also, by examining and comparing conditions, and asking participants probing questions on similar practical situations. Since only one university was included in the study, and six students along with their caregivers were interviewed, I ensured the research instrument remained consistent to cover all areas as intended. Additionally, I critically reflected on any potential biases or influences that may have

impacted the findings and provided a thorough description of participant characteristics, including demographics, backgrounds, and context. This information enabled readers to effectively assess the potential transferability of findings to similar populations in other settings (Connelly, 2016; Stahl & King, 2020).

3.7.4. Confirmability

Confirmability primarily pertains to how information was presented, making it an important aspect to consider (Gunawan, 2015). It refers to the degree of neutrality and consistency in research findings, allowing for replication, similar to the concept of objectivity in qualitative research (Connelly, 2016). Recognising that complete impartiality in research may be unattainable, confirmability focuses on verifying the accuracy of the study's findings and appropriateness (Morrow, 2005; Creswell & Clark, 2017). According to Stahl & King (2020), subjecting a research to auditing, the presence of an objective reality was necessary. Researchers who emphasise objectivity rely on constructs such as precision and accuracy, rather than constructing reality in their findings. In this study, to establish confirmability, I employed similar measures as used for dependability, such as maintaining an audit trail, rechecking data, seeking confirmation from my supervisor, and using triangulation through multiple data sources. Additionally, I incorporated reflexivity, akin to the approach used for transferability, by critically examining potential biases that could have impacted the research findings. By employing these practices, I aimed to ensure the research findings were consistent, reliable, and free from personal biases, thereby enhancing the confirmability of the study.

Confirmability will be employed to ensure the study results can be verified for appropriateness by other researchers (Creswell & Clark, 2017). The researcher will perform this through inspecting and rechecking the data, in addition to engaging the assigned Supervisor's confirmation.

3.7.5. Triangulation

In this study, triangulation was employed to enhance the validity and credibility of the findings. The study used data triangulation, methodological triangulation, and biographical questions to ensure the results were robust and reflecting participants' lived experiences. Triangulation is a method used in research to enhance the credibility and validity of findings by combining multiple perspectives, methods, data sources, or theories. Triangulation aims to reduce bias and improve the robustness of the results by ensuring the conclusions are consistent across

different approaches. There are several types of triangulations, including data, methodological, investigator, and theoretical triangulation (Denzin, 2012; Flick, 2018).

In this study, data triangulation was achieved by collecting information from multiple sources, including first-year university students from rural areas and their caregivers. This approach provided diverse perspectives on the nurturing care components. By comparing these perspectives, the study identified recurring themes and ensured a holistic understanding of participants' experiences. Methodological triangulation involved using a combination of semi-structured interviews, open-ended questionnaire questions, and biographical questions. The semi-structured interviews allowed for an in-depth exploration of participants' narratives, while the open-ended questions provided structured qualitative data for thematic analysis. This combination ensured that the findings were supported by multiple data collection methods, reducing bias and enhancing reliability. Biographical questions were included to gather contextual information about the participants' backgrounds. These questions explored factors such as family structure and socioeconomic conditions during early childhood. This biographical data was essential for understanding how different nurturing care components influenced their educational transitions.

During the analysis phase, data from different sources and methods were examined to ensure consistency. For example, students' recollections of responsive caregiving were compared with caregivers' accounts of their nurturing practices. In addition, biographical data provided additional context for interpreting these findings. This process ensured the results were grounded in multiple data points and enriched by diverse perspectives. By integrating triangulation into the research design, I was able to produce credible and contextualised findings. This rigorous approach aligns with the principles of triangulation as outlined by Denzin (2012) and Flick (2018), ensuring that the study contributed valuable insights to educational transitions.

3.8. Pilot study

Van Teijlingen and Hundley (2013) describe a "pilot study" as a preliminary, smaller-scale version of a main study, often referred to as a "feasibility" study. It can also serve as a pre-test for research instruments, such as questionnaires or interview guides. Conducting a pilot study does not guarantee the success of the main study. However, it plays a critical role in improving its design and increasing the chances of successful implementation (Morin, 2013).

Additionally, pilot studies provide researchers with valuable insights, helping to refine the research approach and prepare for the main study.

In this study, a pilot study was conducted to assess the interview schedule's ability to effectively capture data relevant to the research questions. The data collection involved one-time, semi-structured interviews lasting approximately 30 to 60 minutes. These interviews were conducted during the second semester of 2024 and designed to ensure rich and detailed data appropriate for addressing the study's objectives. To evaluate the efficacy of the interview schedule, the pilot study included two participants from the relevant population who closely represented the target group of the main study. Their responses were recorded and analysed to identify any challenges or gaps in the interview schedule.

Feedback from participants was carefully explored to refine the interview schedule by identifying unclear or redundant questions. The preliminary investigation allowed the researcher to adjust and improve the interview guide, ensuring that the questions were dynamic and adaptable to the needs of the study and individual participants (Cartwright, 2004). These pilot interviews, although not included in the final sample, were instrumental in enhancing the researcher's interviewing skills and ensuring that participants would feel encouraged to respond truthfully during the main study.

3.9. Procedure

The research proposal was prepared and subsequently approved, leading to the application of ethics. Ethics approval was granted by the University of the Witwatersrand Human Research Non-Medical Ethics Committee in September 2023. The Ethics clearance certificate number MEd 23/03. Additionally, permission to proceed with the study was obtained from the University's registrars (Appendix F). To recruit participants, the researcher developed a pamphlet that was distributed through various university groups on platforms such as WhatsApp, Facebook, and Instagram. Interested individuals contacted the researcher via WhatsApp or email and were provided with an information sheet and consent form via email. These documents outlined the research's purpose and informed the participants about the participation process.

Arrangements were made for semi-structured interviews at mutually convenient times and locations. Before the main data collection, a pilot study was conducted to refine the semi-structured interview questions. The interview schedule was tested with two participants during

the pilot study. One participant suggested adding more direct questions, as some were deemed too vague. Based on this feedback, the questions were revised to be clearer and more focused. Therefore, the updated interview schedule was used to collect data from six additional students and their caregivers. In total, 12 semi-structured interviews were conducted to gather data for the study.

Before each interview, the researcher provided participants with a detailed explanation of the study's purpose. Participants were given an information sheet and a consent form to review. Consent was obtained for both the interview and audio recording, and any questions related to the consent form were thoroughly addressed. Furthermore, there were no benefits for participation nor any foreseeable harm intended. However, there were measures in place in case any harm may occur. The interviews were then conducted one at a time at a campus location that was most convenient for each participant. Each session lasted approximately 30 to 60 minutes and was audio recorded.

Following the interviews, a debriefing session was held, allowing participants to ask questions about the research or the rationale behind the interview questions. The researcher conducted a total of 12 interviews, each characterised by unique interactions. After completion, the interviews were transcribed verbatim, and the transcripts were subsequently analysed using TA. To ensure confidentiality, participants' transcripts and audio recordings were stored digitally after removing all identifying information.

3.10. Ethical considerations

The term "ethic" refers to an individual's character or disposition (Fouche et al., 2021). It is related to morality, which means an individual's manner or character. Ethical issues were concerned with behaviour regarding a particular code or set of principles. The ethical codes of science were not based on values or rules of a particular religion or society. Rather, they were based on the principle of reciprocity, which meant people should be treated in the same manner that an individual would want to be treated by others. The core concept of the term was, all individuals were afforded the same rights and protection (Bless et al., 2013).

Research ethics were rooted in the history of medical research (Wiles, 2014). Research ethics were consequential to professional training and anchored on principles that safeguarded the well-being of the individuals being served. Research ethics guidelines set out the standards for what was considered acceptable behaviour in studies (Fouche et al., 2021). Therefore, this

study adhered to the following ethical principles: informed consent, voluntary participation and the right to withdraw, anonymity, and confidentiality. In any study, safeguarding the well-being of participants by adhering to suitable ethical principles was extremely important. The expression of ethical considerations holds a significance in qualitative research due to the detailed and thorough nature of the study process (Arifin, 2018).

During the research process, the researcher had direct access to the participants, and this may have been influenced by the nature of the study. Institutional procedures educated the researcher about ethical research behaviours and principles. However, it was the researcher's responsibility to implement the principles. The researcher was expected to treat participants with respect and dignity and not as mere subjects of the study. The researcher could show participants respect by affording them an opportunity to make informed decisions if they wanted to participate in the research project (Mayisela, 2016).

3.10.1. Informed consent

Informed consent refers to the participants' rights to know what the study entails, how it would affect them, and the risks and benefits associated with their participation (Bless et al., 2013). In this study, the researcher provided participants with full detailed information about the study, disclosing the aims, objectives, and what was expected of their involvement. To ensure better understanding and informed consent, the participant information sheet was translated into the parents'/caregivers' home language. The participants' consent was in writing, and they were required to sign the document.

3.10.2. Voluntary participation

Good ethical research required voluntary participation, which refers to the participant's decision to participate in the study voluntarily and unforced decision (Fouche et al., 2021). The participants' decision to take part in the study was theirs, and they were not coerced in any form by the researcher. If they required support or counselling services following the interview, they were given information on accessing these services free of charge through Open Counselling. They could contact the counselling services at 086 132 2322, and additional resources were available at https://blog.opencounseling.com/hotlines-za/.

3.10.3. Confidentiality and anonymity

According to Mayisela (2016), ethical research demanded that participants' identity and confidentiality be protected. Confidentiality is an ethical requirement stating that the information provided by the participants, especially sensitive and personal one should be protected (Bless et al., 2013). This means if a participant did not want their identity to be revealed, the researcher had to respect their decision and ensure their identity or any distinctive information that could identify them was not revealed (Mayisela, 2016). In this study data collected from participants was kept on the researcher's password-protected laptop. Only the researcher and the supervisor had access to the information. The principle of confidentiality was linked with anonymity (Bless et al., 2013). Anonymity refers to the practice of not asking participants questions that could lead to recognising them (Fouche, 2021). To mitigate the risk of participant identification, the researcher did not ask questions that required participants to disclose their identity. In this study, anonymity could not be assured because the participants were known to the researcher. However, numbers were assigned to the participants' data to ensure that it could not be traced back to them. Due to the snowballing technique employed for selecting participants, maintaining complete anonymity was a challenge. However, participants were required to sign a confidentiality form and explicitly informed about the need to keep the identities of other participants confidential.

3.10.4. Nonmaleficence

The researcher adhered to the ethical principle of nonmaleficence and beneficence throughout the study. Nonmaleficence refers to the obligation to avoid causing harm to participants. This principle emphasises the importance of minimising risks and ensuring that the potential harm does not outweigh the potential benefits of the study. For instance, researchers must carefully assess and mitigate any physical, psychological, or social risks involved in their study, to protect participants from harm (Resnik, 2018). To fulfil the principle of nonmaleficence, I carefully evaluated potential risks before the commencement of the study. Since my study involved exploring participants' early life experiences, I recognised the possibility of triggering emotional distress. To address this, I ensured to create a supportive and respectful interview environment where participants felt comfortable sharing their stories. I emphasised the voluntary nature of participation, ensuring that they knew they could withdraw at any time without any negative consequences. I also anonymised all participants data and securely stored

it, ensuring confidentiality, safeguarding it from any potential harm arising from unauthorised access.

3.10.5. Beneficence

Beneficence is defined as the moral obligation to act for the benefit of others, promoting their well-being and ensuring that their rights and interests are prioritised in the research process (Beauchamp & Childress, 2013). This principle require researchers to minimise risks and strive to maximise the potential benefits of their study. It also ensures that their work contributes positively to participants and society as a whole. For beneficence, I designed my research to provide meaningful benefits for both the participants and the broader community. The aim was to generate insights that could inform policies and interventions supporting rural students in their educational journeys. At the same time, I wanted the research experience to be positive for the participants. I achieved this by approaching the interviews as reflective conversations, where participants could openly share their experiences and gain a deeper understanding of their personal resilience and achievements.

Ensuring the integrity of the study also requires the researcher to uphold the rights and dignity of all participants. Ethical principles were strictly followed during the research process. A total of 12 participants were recruited, and the study received ethical clearance from the University of the Witwatersrand Ethics Committee: Non-Medical. Permission to conduct the research was properly obtained, and every participant was given a participant information sheet along with a consent form. This ensured that participants were fully informed about the study and provided explicit consent to be interviewed and have their responses audio recorded. In addition, the researcher engaged with participants to explain the main objectives of the study, clarifying why they had been selected, and highlighting the importance of their contributions. Participation was entirely voluntary, and consent forms were signed to confirm their willingness to take part. Data was gathered through semi-structured interviews, each lasting approximately 45 to 60 minutes. The data collection was conducted at the Emthojeni Centre on campus, and at times where it was convenient for the participants. Participants were informed that their responses would be recorded, transcribed, and analysed for the research.

To maintain privacy, each participant was assigned a pseudonym during the data collection phase. These pseudonyms were used consistently in the discussion and findings sections to ensure confidentiality. Moreover, interview transcripts and audio recordings were kept securely, with access restricted to the researcher and supervisor. They were only used

strictly for academic purposes. Although the face-to-face nature of the interviews meant that the researcher knew the identities of the participants, partial anonymity was maintained by using pseudonyms in all written documentation. Thus, complete confidentiality was upheld during the report writing, ensuring participants' privacy was respected throughout the study.

3.11. Conclusion

This chapter provided an overview of the research methodology employed to explore the nurturing care provided to rural students, focusing on their transitions from early childhood to HE. By adopting a qualitative research design with a constructivist approach, the study captured the nuanced experiences of participants and offered insights into the multifaceted nature of nurturing care. Semi-structured interviews, enriched with biographic questions, allowed for a contextual understanding of participants' backgrounds, revealing the interplay between cultural, social, and systemic factors shaping their developmental trajectories.

The chapter further presented how the thematic analysis ensured a rigorous and systematic exploration of data, enabling the identification of patterns and themes relevant to the research objectives. Reflexivity, trustworthiness, and ethical considerations were integral in maintaining the study's integrity, ensuring that findings accurately reflected participants' lived experiences while safeguarding their rights and dignity. By integrating diverse perspectives from both students and caregivers, the study provided a robust foundation for understanding the role of nurturing care in supporting educational transitions, ultimately contributing valuable knowledge to rural education and development.

CHAPTER FOUR: DATA ANALYSIS and FINDINGS

4.1. Introduction

This chapter presents the process of analysing the qualitative data collected through interviews with students and their caregivers. It focuses on the five components of the NCF: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. This analysis was conducted using the six phase framework for TA by Braun & Clark (2006). The framework offered a structured approach in identifying patterns and themes within the dataset. This framework ensured a systematic and rigorous exploration of participants' experiences, aligning findings with the research objectives and the theoretical foundation of CHAT. The initial phase of analysing includes familiarising myself with the data, this was attained through a repeated process of reading the interview transcripts and detailed note taking. This process made it possible to engage deeply with the dataset and to identify the preliminary ideas and patterns related to the research question. The chapter explains the step-by-step process of coding, identifying themes, and refining them, highlighting the importance of maintaining accuracy and consistency throughout. The aim was to ensure the analysis accurately represented participants' experiences while addressing the overarching research questions. The integration of the student/child and caregiver perspectives ensured a holistic understanding of the data, as they shared helpful insights that worked together to build a clear understanding of nurturing care and its different components.

4.2. Participants' biographic information

Table 1: Biographical details of the participants

Participant Pseudonym	**Age (Years)**	**Gender**	**Relationship with Participant**	**Province**	**Village or township area**
Participant 1	19 years old	Female	Mother	Limpopo	Village
Caregiver 1	53 years	Female			
Participant 2	20 years	Female	Mother	Limpopo	Township
Caregiver 2	51 years	Female			
Participant 3	18 years	Female	Mother	Mpumalanga	Township
Caregiver 3	59 years	Female			
Participant 4	19 years old	Male	Grandmother		

Caregiver 4	64 years	Female		Limpopo	Township
Participant 5	21 years old	Female	Aunt	Mpumalanga	Village
Caregiver 5	39 years	Female			
Participant 6	19 years	Male	Father	Limpopo	Village
Caregiver 6	49 years	Male			
Total number of Participants: 6	18 years old- 1 participant 19 years old- 2 participants 20 years old- 1 participant	Female Participants- 4 Male Participants- 2	Mother- 3 Father- 1 Grandmother- 1 Aunt- 1	Limpopo-3 Mpumalanga- 3	Village- 3 Township- 3
Total number of Caregivers: 6	53 years old- 1 participant	Female Participants - 5 Male Participant - 1 caregiver			

The study participants included six young individuals, aged between 18 and 21 years, who successfully transitioned from rural ECD to HE. These participants came from diverse rural settings in South Africa, spanning the Limpopo and Mpumalanga provinces, including both village and township environments. The participants consisted of four females and two males, with caregiving figures who played pivotal roles in their upbringing. The caregiving relationships varied, with participants being raised by mothers, grandmothers, aunts, and fathers. The caregivers were aged between 39 to 64 years, and included both genders, demonstrating the diversity of caregiving dynamics in these rural communities.

4.3. Familiarisation with data and transcription process

The initial step in the analytical process involved developing a deep understanding of the dataset. This was attained through carefully reading the interview transcripts, paired with systematic notetaking to highlight the important observations and potential areas of focus. Each transcript was read multiple times to obtain thorough familiarity with the content. This repeated

process, as recommended by Braun & Clarke (2006), allowed for a comprehensive understanding of the data. To guarantee accuracy, transcriptions were cross-checked against the audio recordings. This step was essential for preserving the nuances of participants' speech, including tone and emphasis. Preliminary observations were noted in the transcript margins, focusing on initial impression, recurring ideas, and significant statements. These formed the basis for subsequent coding. The transcription process was important for converting spoken/verbal data into written format for systematic analysis. Additionally, it assisted in identifying initial patterns.

4.4. Generating initial codes

The next phase of the analysis involved systematically coding the data. According to Braun & Clarke (2013), a code is a meaningful segment of data that highlights an element relevant to the research questions. This phase is followed by a structured approach of segmenting the data. This is where each transcript was divided into smaller, manageable units of meaning. The data was divided into different components of nurturing care, with a document created for each component for all participants. For example, all segments related to "Good Health" across participants were grouped together. This organisation helped in maintaining a focused approach while identifying patterns within each component. Relevant segments were then assigned descriptive codes that captured their code meaning. For example: The statement *"They provided me with food clothes and safe shelter (Participant 1)"* was coded as "Access to Basic Necessities"

As the coding process progressed, codes were continuously reviewed and improved. New codes were added when needed and existing ones were adjusted to guarantee consistency and accuracy. During this phase, semantic coding was considered. Semantic coding focused on explicit statements embedded in the participants' responses (Braun & Clarke, 2006; Braun & Clarke, 2013).

4.5. Searching for themes

Following the generation of initial codes, the next step involved identifying broader themes. Hence, a theme refers to patterns of meaningful ideas significant to the research questions and capture the essence of participants' experiences (Braun & Clarke, 2006). This phase of the TA was conducted systematically and meticulously to ensure the resulting themes were both meaningful and analytically sound. The process began with grouping codes with

shared meanings to form initial themes. Each code was assessed for its relevance to potential overarching themes, reflecting the research objectives and participants' lived experience. For example: Codes such as "home security measures" and "community safety and collective measures" were grouped under the theme "home and community safety measures".

By the end of this phase, potential themes and sub-themes were finalised. Consequently, it provided a structured framework for a deeper analysis. The finalised themes were clearly defined to guarantee that they captured the nuances and complexities of the dataset. The themes are not only aligned with the research question, but they also provided a comprehensive lens to interpret the participants' narratives. The process of searching for themes was guided by the systematic principles of TA. Employing this structured process guaranteed that the resulting themes were reflective of the data and analytical sound, which in return layered the foundation for further analysis and interpretation in the following chapters.

4.6. Reviewing and refining themes

Once the themes were identified, the process of defining and naming was initiated. This process was important to ensure each theme captured the essence of the participants' lived experiences, while also addressing the research question comprehensively. According to Braun & Clarke (2006), defining themes requires an understanding of their focus and the aspects of data it aims to capture. Thus, it guarantees that they are analytically sound and different from each other. This aligns with Vaismoradi et al. (2013), emphasising the importance of clear theme definition in enhancing the interpretative depth of qualitative research. Defining themes involved a systematic process of refining their boundaries and core meanings. This guarantees that they are both distinct and comprehensive. Therefore, this process made it possible for nuanced representation of the participants' narratives while also maintaining an alignment with the research objective. Drawing from Patton's (1990) dual criteria of internal homogeneity and external heterogeneity, each theme was rigorously analysed to ensure coherence and distinctions within themes (Schreier, (2018). This methodology of rigor was further supported by Lincoln & Guba (1985) principles of attaining trustworthiness in qualitative research, emphasising on the need for consistency and credibility in defining themes.

The first step of the process was to provide each theme with a clear definition that captured its core idea. In this study, the core ideas were guided by the NCF principles. Each of these components were explored through distinct themes and sub-themes, ensuring a structured and in-depth analysis of the nurturing care experience of rural students. The

following sections outline the thematic components in detail, demonstrating how they were refined and analysed to provide meaningful insights into the participants' lived experiences.

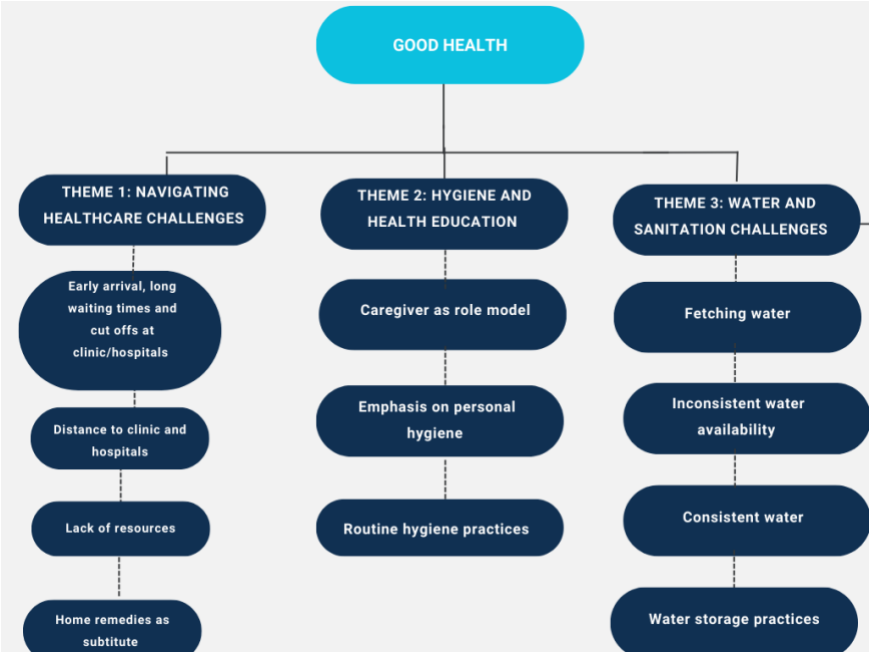

Figure 2: Good health component

The good health component was defined based on participants' experiences of maintaining well-being in rural communities. To ensure a structured and detailed analysis, themes and sub-themes were developed to reflect various aspects of healthcare access, hygiene practices, and environment health. The theme "Navigating Healthcare Challenges" focused on systemic barriers such as early arrivals to avoid long queues , distance to healthcare facilities, and lack of resources. These sub-themes highlighted the difficulties faced by participants when accessing healthcare facilities , with many caregivers resorting to home remedies and traditional medicine as alternative solutions. Similarly, the theme "Hygiene and Health Education" captured the caregivers' role in teaching and reinforcing hygiene practices. The theme was further divided into sub-themes such as routine hygiene practices, environmental cleanliness, and caregivers as role models. This demonstrates how caregivers **modelled and instilled personal and household hygiene habits**, ensuring children adopted healthy lifestyles. Furthermore, the theme **"Water and Sanitation Challenges"** explored **fetching water, inconsistent water availability, and water storage practices**. These sub-themes revealed the **daily struggles encountered by families in securing clean water** and the **strategies they employed, such as collecting and storing water in large containers**, to maintain hygiene and sanitation. The use of **sub-themes allowed for a more detailed and**

nuanced analysis, breaking down broader themes into **specific aspects of participants' experiences** while ensuring the richness and complexity of the data was preserved.

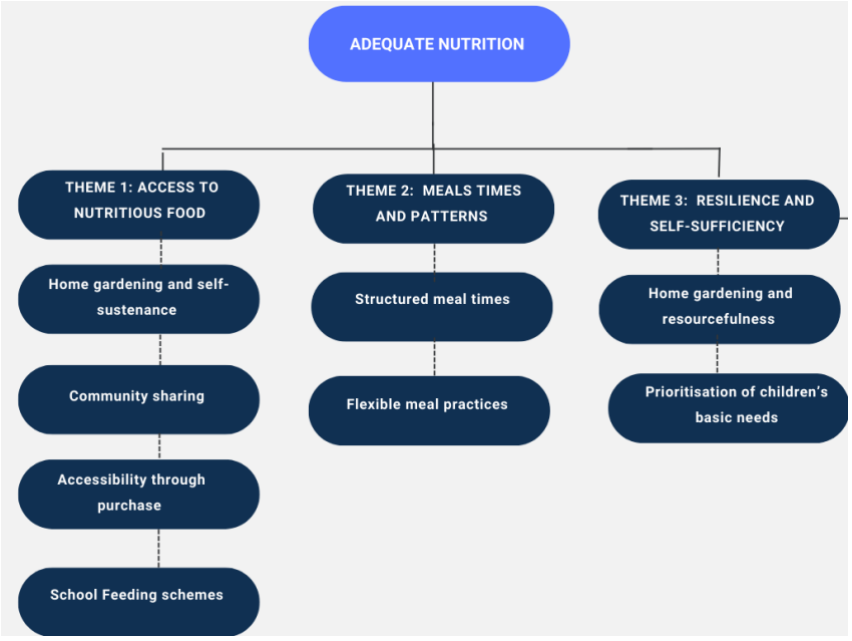

Figure 3: Adequate nutrition

Adequate nutrition was explored as a fundamental component of nurturing care, with themes that captured how families ensured children had access to nutritious food despite financial and systemic challenges. The theme "Access to Nutritious Food" highlighted strategies such as home gardening, community sharing, and food purchases, demonstrating how rural families balanced self-sustenance with external food sources. The theme "Meal Times and Patterns" focused on structured and flexible meal routines, showing the adaptability of families in maintaining consistent nutrition. The final theme, "Resilience and Self-Sufficiency," illustrated how caregivers prioritized children's basic needs despite financial constraints, relying on homegrown produce and communal support to ensure no child went hungry. These themes functioned independently to provide a clear analytical stance while capturing the nuanced ways rural families sustained adequate nutrition for their children. The incorporation of sub-themes, such as financial hardships and adaptive strategies, further refined the analysis, ensuring that the findings remained contextually rich and reflective of lived experiences.

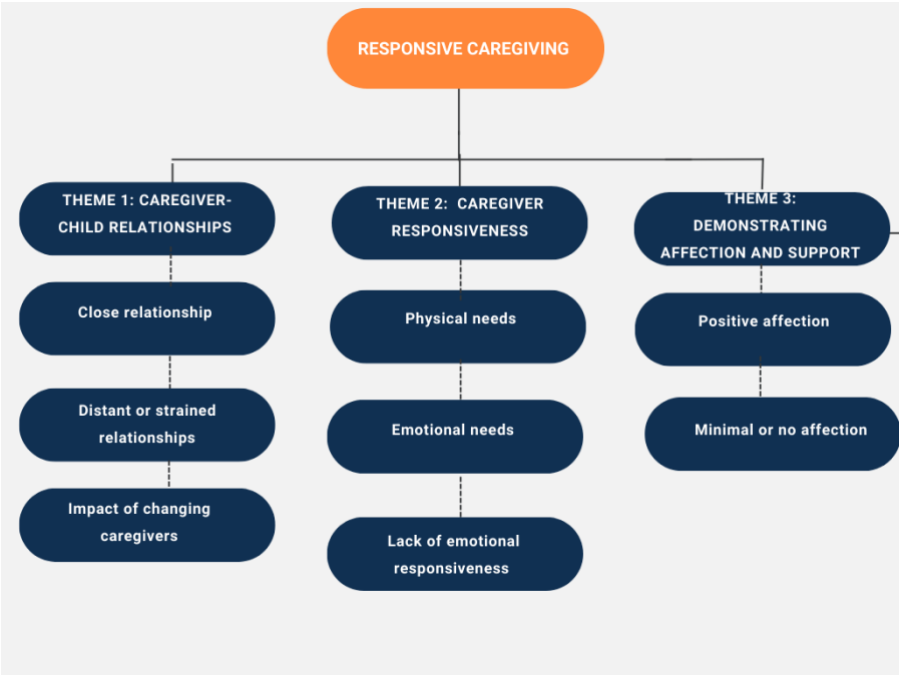

Figure 4: Responsive caregiving

Responsive caregiving was examined through three key themes: caregiver-child relationships, caregiver responsiveness, and demonstrating affection and support. These themes captured the varying levels of emotional connection and support received by participants in their upbringing. Caregiver-child relationships ranged from close and supportive to distant or strained. In addition, some participants formed strong bonds with their caregivers while others faced challenges due to emotional distance or changing caregivers. Caregiver responsiveness focused on how they met both physical and emotional needs, with some ensuring children had necessities including food and clothing. Moreover, others provided emotional encouragement and attentiveness. However, not all participants were emotionally supported, demonstrating the cultural and contextual variations in emotional responsiveness. Demonstrating affection and support reflected how caregivers expressed love and encouragement. Some participants demonstrated affection through hugs and verbal affirmations, while others had minimal expressions of care. These themes ensured that different aspects of responsive caregiving were analysed distinctly, providing clarity in understanding the role of emotional support in shaping children's development. The sub-themes enabled a deeper exploration of how these caregiving dynamics influenced the participants' emotional resilience and social interactions.

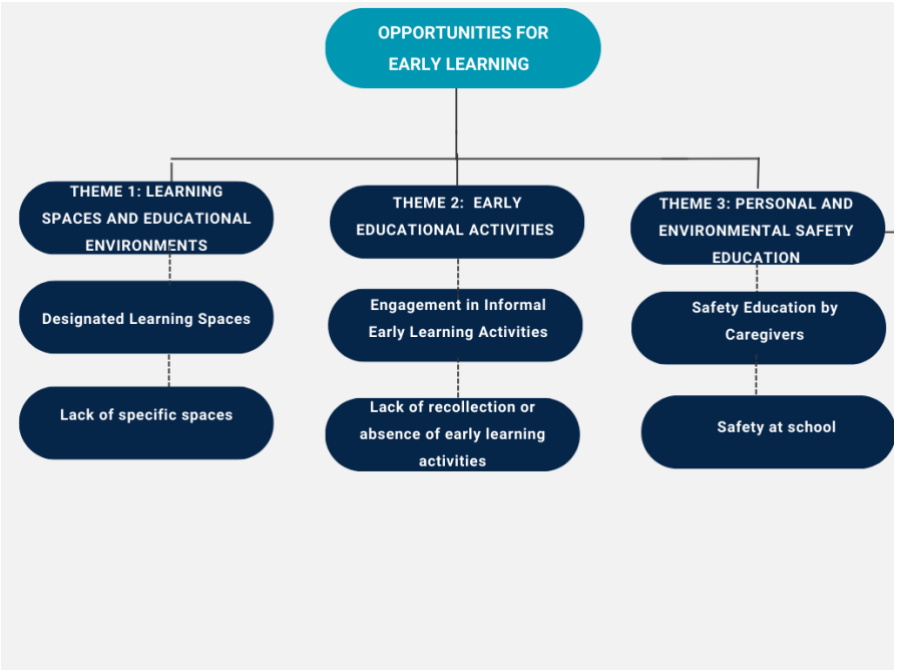

Figure 5: Opportunities for early learning

Opportunities for early learning were examined through themes that highlighted how children engaged in learning activities within their environments. The theme "Learning Spaces and Educational Environments" explored where children studied, showing a contrast between those with designated study areas and those who adapted by studying in communal or outdoor spaces. Due to lack of structured learning spaces, some participants used classrooms left open after school for studying, while others studied in their bedrooms or under trees. Early Educational Activities captured informal learning methods such as counting games, storytelling, and basic numeracy skills taught at home, illustrating the role of caregivers in facilitating foundational learning. However, some participants did not recall engaging in early learning activities, suggesting variations in exposure. Finally, "Personal and Environmental Safety Education" reflected how caregivers and schools played a role in teaching children about safety. Caregivers emphasised the importance of staying away from dangerous areas, while schools implemented rules and security measures to create a safe learning environment. These findings demonstrate how early learning opportunities were shaped by both home and school environments, with caregivers playing a crucial role in preparing children for formal education despite limited resources.

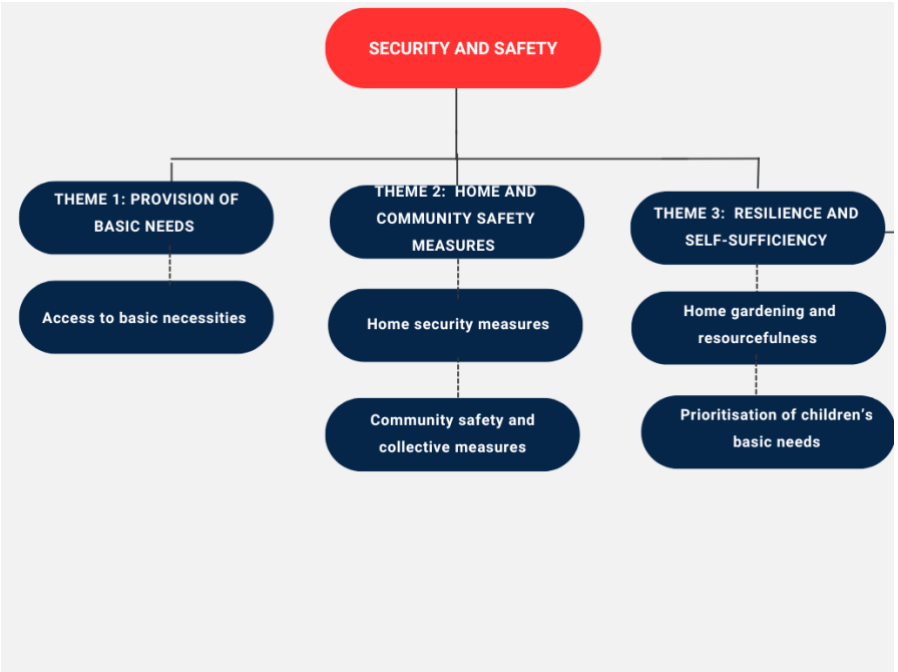

Figure 6: Security and safety

Security and safety were examined through themes focusing on basic needs, home and community safety, as well as resilience. "Provision of Basic Needs" emphasised caregivers' efforts in ensuring food, shelter, and clothing as foundational aspects of security. "Home and Community Safety Measures" captured strategies such as locked gates, burglar-proofing, and community-based safety practices like neighbourhood watch systems. Moreover, "Resilience and Self-Sufficiency" highlighted how families prioritised children's well-being through adaptive strategies, such as home gardening and community vigilance. These themes illustrated how rural communities worked collectively to create secure environments for children. Each of these components were broken into specific themes and sub-themes to provide a structured and nuanced understanding of the data, ensuring that themes remained distinct while capturing the interconnected nature of nurturing care.

4.7. Findings

This phase is the final step of the TA process, with this section providing an analytical narrative of the thematic findings while remaining grounded in the participants' voices. To achieve this, the study explored five key components of nurturing care as outlined in the NCF: Good Health, Adequate Nutrition, Responsive Caregiving, Early Learning Opportunities, and Security and Safety. Each component was analysed, as themes and sub-themes attained from participants' narratives, ensuring alignment with the research questions.

This section will begin with an in-depth analysis of the different components, with good health being the first, followed by detailed discussion of the remaining components.

4.7.1. Good health

Good health is one of the crucial components of nurturing care. In this component, themes such as navigating health care challenges, water and sanitation issues, and the role of caregivers in promoting hygiene and health education were presented. These themes revealed systemic, environmental, and interpersonal factors that influenced participants' experiences of health and well-being.

4.7.2. Navigating healthcare challenges

Participants reported significant barriers to accessing healthcare services in rural areas. This included long waiting times, limited availability of healthcare professionals, and the distance to healthcare facilities . For example, Participant 1 shared, "*We have to go there by 4am so that the line does not cut us... there is a time in which nurses like to cut the line*." This reflects the systematic inequalities faced by rural communities, where limited resources compel individuals to arrive early and endure long waiting time to access services. Supporting this, Participant 3 emphasised the long hours required to access healthcare "*If you needed to go, you really need to be there in the morning, like your 3am, you have to be out of the door, and that time it opens at 8am... Sometimes you can even make it to 4pm*". These experiences highlight the significant time investment and challenges involved in accessing basic healthcare services in these areas. In addition to early arrival, participants highlighted the distance to healthcare facilities as a critical barrier. Participant 4 explained that, "*The hospital you had to travel a bit because it was not directly in the area I stayed at*" this was similar to Participant 5 who noted that "*Sometimes we travelled to a hospital a bit far away*". The lack of nearby healthcare facilities often exacerbated the challenges faced by families, particularly when there is lack of transportation, further restricting access to the service. Participants also shared encountering resource shortages at clinics and hospitals. Participant 5 shared, " *There was always a shortage of medication. Sometimes you would even go there to be given Panado because they did not have anything else.*". Similarly, Participant 4 noted that "*it did not have enough resources because you can go and not get help*". These shortages meant that even when families managed to overcome the logistical challenges, they often found healthcare facilities unequipped to address their needs, further compounding their needs.

To address these challenges, families often relied on alternative strategies such as using home remedies to maintain their health. Participant 1 shared, *"We would rarely go there because my mother would provide natural herbs to assist with minor illnesses,".* Similarly, Participant 4 emphasised the same practices, stating, "*Most things were taken care of at home using remedies*". This reflects how caregivers adapted to resource limitations to ensure the health and well-being of their children. This theme highlights the resilience and adaptability of rural families in overcoming systemic barriers to healthcare access by leveraging local knowledge and resources.

4.7.3. Hygiene and health education

Caregivers played a crucial role in fostering hygiene practices and health awareness in children. Participants highlighted how caregivers modelled these behaviours, which shaped their perception and practices from an early age, creating a foundation for lifelong habits. Both caregivers and students/children reported that they modelled their behaviours related to personal hygiene, health maintenance, and environmental cleanliness. This dynamic reflects the intergenerational transmission of health practices. Caregiver 1 stated *"What your child sees you do they copy… they did what we did… We encouraged that a child takes care of themselves*". This demonstrates the caregivers' influence as a role model in fostering self-care, demonstrating how children's health practices were directed and shaped by what they observed. Caregiver 2 reinforced this idea, stating that, *"The same way I was taught when I was young that the first thing you do when you wake up is brush your teeth and bath... you were not allowed to go outside without doing that."* Similarly, Caregiver 4 shared *"I taught them to always wash their hands before eating, brush their teeth in the morning and at night, and bathe every day, especially before leaving the house."* These examples highlight structured routines centred on personal hygiene, emphasising the transmission of consistent health behaviours across generations.

Environmental cleanliness emerged as another key aspect emphasised by participants. Participant 2 shared, "*she taught us about cleaning and stuff, looking after the environment that you live in and picking up after yourself* ". Similarly Participant 3 reiterated, *"My dad was strict about having a clean house and making sure the water we drink is also clean, also the things you use to cook or eat."* This reflects that it extended beyond personal hygiene to include maintaining clean living environments, promoting a more holistic approach to health education. By modelling and reinforcing these practices, caregivers ensured

that children internalised them as essential aspects of daily life. These findings reflect the critical role of caregiver influence in cultivating health awareness, aligning with the NCF's emphasis on responsive caregiving in ensuring good health.

4.7.4. Water and sanitation challenges

Access to clean and consistent water supply emerged as a crucial determinant of good health. Participants described how water scarcity often required significant effort to secure adequate supplies. Participant 6 shared, "*There was an area in the village that had a tap, and everyone would use a wheelbarrow and go there to collect water.*" Similarly, Participant 2 mentioned that "*There was a water pump not far from the house so we would go get water there*". This highlights the physical labour involved in fetching water, which often fell on children. Inconsistent water availability further disrupted routines. Participant 3 noted that "*We did not have running water all the time... possible to spend like three months without water*." Caregiver 4 shared, "*We had access to clean water but not always consistent.*" Such irregular access compromised daily hygiene practices, making it challenging to maintain basic standards of health and sanitation.

Despite these challenges, families developed strategies for water storage and conservation to mitigate water scarcity. Caregiver 1 shared, *"The municipality would open water for us in the yard like in the tap once a week, and we would be able to store water in water tanks.* Participant 2 similarly explained that "*We had to fill buckets when we had water for the days that we did not*". These strategies reflect the resilience and resourcefulness of rural communities in navigating structural constraints in basic infrastructure, ensuring some level of stability in their access to water.

4.7.5. Adequate nutrition

Adequate nutrition was another key component of nurturing care, playing a crucial role in children's physical growth, cognitive development, and overall well-being. This component included themes such as access to nutritious food, meal patterns, and the impact of financial challenges on dietary practices. Participants' experiences with nutrition demonstrate how caregivers combined traditional practices, self-sufficiency, and community collaboration to ensure children had access to balanced meals.

4.7.6. Access to nutritious food

Participants reported that maintaining adequate nutrition often depended on home gardening and self-sustenance practices. Participant 1 noted, "*We planted vegetables… we also have sections where we have fruit. We have oranges, grapes, guavas, mangoes.*" Similarly, Caregiver 1 shared, "*We rely a lot on the garden when it comes to vegetables... fruits like grapes, oranges, and mangoes depend on the season…. We have a chicken shack that we get eggs from and sometimes slaughter them*". These practices were common across households, as elaborated by Participant 6 , "*We had a big yard, so we would work on the side dedicated to actually growing vegetables. We had spinach, cabbage, and other things.*" Such subsistence farming practices ensured that families had continuous access to fresh produce and proteins like eggs and chicken. Additionally, community sharing played a significant role in enhancing access to nutritious food. Participant 1 shared that "Even shared with our neighbours; they would share with us what they had… morogo [leafy greens], onions, guavas, and oranges.". This sentiment was reinforced by Participant 4, who expressed that "My neighbours also had their own fruits that they grew, and sometimes we even share". These collaborative practices highlighted the communal resilience and mutual support within rural communities, ensuring that no family faced nutritional deficits alone.

For items which cannot be accessed through home gardening, families would purchase them. Caregiver 3 shared, *"if I do not have something.. or meat my husband provided money to buy them [groceries]."* This statement was supported by Participant 3, " *my dad would provide money and my mother would buy them*" Caregiver 5 also supported this notion by stating that, *"We got fruits, vegetables from grocery shops that we frequented… things like meat we would buy them in a local butchery."* The participants' assertions highlight the reliance on local grocery stores as a critical aspect of maintaining balanced diets. These accounts illustrate the interplay between self-sufficiency through home gardening and external dependency on purchased items. This demonstrates how families strategically combined resources to ensure nutritional adequacy.

4.7.7. Mealtimes and patterns

Participants highlighted the importance of having structured mealtimes to promote consistent nutrition. Participant 1 shared that, "*Yes, in the morning we had soft porridge, and then during the day I ate at school, and then I eat dinner.*" Similarly, Caregiver 1 said, "*In the morning, we would make soft porridge and then cook for lunch. Leftovers would be for dinner.*"

Structured mealtimes helped to ensure that children received three meals a day, as Caregiver 4 explained "*Yes, we ate at the same time every day—breakfast in the morning, lunch in the afternoon, and dinner in the evening.*"

However, some families described more flexible meal routines depending on their circumstances. Participant 5 noted, *"Yes, we did for dinner, but the other meals you ate when you wanted to eat."* Caregiver 5 added, *"We ate dinner together, but other times you could eat at any time."* This flexibility shows how families adjusted their meal practices to ensure the availability of food, although facing financial or logistical difficulties.

4.7.8. Financial challenges and adaptive strategies

Participants highlighted how financial hardships significantly influenced their access to nutritious food, necessitating adaptive strategies**.** Participant 3 shared, "*Yes, there was a time where my dad did not have a job… we had less access to meat and increased purchases of canned meals.*" This was reinforced by Caregiver 3 stating that, "*Yes, there were times when we did not have money. My husband became sick and lost his job… It became harder to provide meals. We had to rely on more affordable such as vegetable meals and your pilchards (canned food)*" These aligned narratives demonstrate how families adjusted their diets to prioritise affordability while ensuring the availability of meals. Participant 6 confirmed this, by stating, "*Pap and vegetables were always there, even when money wasn't.*" This was further supported by Caregiver 4 who mentioned that "*The constant money we had was grants… but I made sure my child never went to bed hungry*". This further shows the resourcefulness of families in ensuring that basic nutritious needs were met despite financial hardships. The shared experience between participants and caregivers reflect the efforts to maintain consistent food availability within these households.

Additionally, participants highlighted the emotional resilience of caregivers when faced with financial constraints. Participant 2 reflected, "*My caregiver made sure that we ate every day; I would not go to sleep hungry*." This perspective was shared by Caregiver 4 by stating that "*We had money problems…. I made sure my child never went to bed hungry. Worst days they would even eat pap and just vegetables."* These accounts emphasise that children's basic needs were met, even with scarce resources. Thus, demonstrating a shared understanding of the importance of consistent nutrition for children's well-being.

4.7.9. Recognised benefits of balanced nutrition

Participants highlighted the cognitive and physical benefits of balanced nutrition. Caregiver 2 noted, "I believe the balanced meals gave them the energy and focus they needed for school." Participant 3 added, "Yes, because of all the balanced diet, it helped physically and allowed my body to grow… I was told that it helps with concentration and focus and those are the two things that I think I excel with when it comes to studying". These perspectives highlight the perceived long-term benefits of proper nutrition on children's academic performance and physical development. Participants also acknowledged the lasting impact of early nutritional practices, with Participant 4 reflecting that, "I feel like I am an active individual, and it is because of what I was eating earlier." Similarly, Participant 5 noted, "Yes, I think I am the way I am because of what I was eating earlier… it had a good effect on my body." These reflections illustrate the enduring influence of early nutritional practices on participants' health and well-being.

4.7.10. Responsive caregiving

Responsive caregiving emerged as a significant component of the NCF, reflecting the relationship dynamics, emotional responsiveness, and support provided by caregivers to participants during their early development. This section explored the themes and sub-themes derived from the data, highlighting their significance and implications of the nurturing care experienced by rural students.

4.7.11. Caregiver-child relationship

Participants shared insights into the nature of their relationships. Many caregivers were pivotal figures who provided consistent support and a foundation of love. Participant 4 emphasised the nature of their relationship, by stating that, "I would say that she was very supportive. She was always there for me… I believe she showed me a type of love and care that no other person has shown me." This was mirrored by Caregiver 4, who confirmed, "We were very close. I was always there for them when they needed me." Similarly, Participant 5 reflected on the supportive nature of their caregiver, stating, "With my current caregiver, she really tries her best and she had made it easy for me to open up to her." Caregiver 5 corroborated this, saying, "I think she is free with me and she is able to talk to me about anything and if she ever needs advice, she is able to come." Other participants described similar nurturing relationships, with Participant 6 sharing, "I could talk to them about anything that

was appropriate for a mother and son to talk about," while Caregiver 6 stated, "I feel like he was more close to his mother."

However, some participants experienced distant or strained relationships. Participant 3 shared, *"We had our challenges, and I think we still do now… I felt like she favoured my siblings over me."* Caregiver 2 described a more formal dynamic, stating, *"I did not make them my friend. I am their parent." Participant 1 noted, "I feel like I was more close to my grandmother than my mother growing up,"* which Caregiver 1 corroborated, saying, *"When she was still young, she was more raised by my mother than me."* These responses reflected different experiences in caregiver-child relationships. This is because some caregivers formed nurturing bonds while others struggled to bridge emotional gaps with their children.

4.7.12. Caregiver responsiveness

The responsiveness of caregivers to both physical and emotional needs was a recurring theme, demonstrating their role in nurturing children's development despite broader challenges. Many caregivers highlighted the importance of meeting their children's basic needs as a priority. For physical needs, Participant 1 shared, "*They would try their best to support me… such as clothing and school needs*." This was reinforced by Caregiver 1, who stated, "*I buy her clothes…I make sure there is food*" Similarly, Participant 4 noted, "*She would make sure I also have everything I needed, such as uniform or clothes… a meal to eat.*" This proactive provision of material needs reflects a foundational aspect of responsive caregiving, by ensuring children's physical well-being.

In contrast, emotional responsiveness varied, with Participant 4 sharing that, *"My grandmother really paid attention to my feelings… she offered to even listen as I talked about it,"* highlighting a caregiver attuned to emotional cues. This aligns with Caregiver 4's statement, *"They could come to me with anything that was troubling them."* Such caregiving fosters emotional security, essential for resilience, and mental health, as supported by Lobo et al. (2023), who emphasised that responsive caregiving plays a significant role in child neurodevelopment and mental well-being across diverse global populations. However, not all caregivers could respond to emotional needs effectively. Like participant 1, expressed unmet emotional needs *"Emotionally I do not think they supported me… my feelings were overlooked".* This was also shared by Caregiver 3, stating "*Emotionally, I do not know."* These sentiments illustrate how cultural and contextual factors, particularly in rural areas, do not

emphasise emotional expression, with survival needs often taking precedence over emotional nurturing.

4.7.13. Demonstrating affection and support

Caregivers demonstrated affection through various physical and verbal expressions of love and encouragement. Participant 5 shared, "*She would encourage me… when I doubted myself, she would tell me I can do whatever*." This was reinforced by Caregiver 4, who shared, '*I would hug them, tell them I love them, and show up for everything they needed me for.*" These gestures foster a sense of emotional safety and confidence in children, helping them navigate challenges with a greater sense of support, as highlighted by Lobo et al. (2023), who emphasised that responsive caregiving significantly contributes to emotional security and resilience. However, other participants noted limited expressions of affection. Participant 3 reflected, "*It was 2012; my mother accompanied me to my award ceremony, and this was the first time I experienced support from her.*" This demonstrates how in some families, affection was expressed occasionally or in certain situations. This is potentially influenced by cultural norms or caregivers' personal experiences. These sentiments indicate various ways of demonstrating affection or withholding it within families, offering insight into the emotional dynamics influencing caregiver-child relationships.

4.7.14. Celebrating achievements

Participants demonstrated that celebrating achievements was less emphasised in most families. Participant 6 shared, *"They would only tell you congratulations verbally, but besides that, no."* Caregiver 6 concurred, stating, *"There was no celebration."* However, some participants reported that their caregivers tried when resources allowed. Participant 5 shared "*If it was something big, such as passing really well, they would get you something small, and only if they have money*." This aligns with Caregiver 5's sentiments *"I congratulated them and sometimes bought them small treats, like sweets."* These efforts, though modest, highlight the intention to support and motivate children, even amidst financial constraints. Celebration, although minimal, may reflect cultural norms that prioritise verbal acknowledgement over material or formal recognition.

4.7.15. Academic involvement

Caregivers' involvement in education varied, with some taking active roles and others providing only financial support. Participant 4 shared, *"My grandmother taught me English and how to write… in matric, she told me to focus on studying and not do any chores."* Caregiver 4 corroborated this, stating, "*I helped them with reading when they were young and gave them space to focus during exams."* These statements highlight caregivers' efforts to create supportive academic environments. Additionally, financial and indirect support was common. Participant 3 shared, *"They provided me with school uniform, books, stationery, and also paid for school trips,"* while Caregiver 3 explained, *"I made sure she had the necessary things needed for school… such as uniform, food, and stationery."* This reflects caregivers' recognition of education as a pathway to success, even direct involvement was limited.

However, limited involvement was reported by some participants. For example, Participant 6 shared, *"They were really not involved… besides during enrolment, you were really on your own."* Caregiver 6 admitted, *"I was not involved."* Participant 2 added, *"She was not involved… I learned while young that I need to be good with my work."* These differences highlight the variation in academic involvement. Interestingly, some caregivers who could not provide direct support sought alternatives. Caregiver 5 shared, "*If I couldn't help, I would find someone who could, like the boy next door."* This reflects a willingness to ensure children had access to academic assistance, even if it was sourced externally. Therefore, these views demonstrate how caregivers' roles in education differ, from directly helping with schoolwork to providing financial or other support. However, some are not involved at all. This variety shows the different ways caregivers support education despite challenges.

4.7.16. Parental availability and resilience in child development

The role of play and shared activities was highlighted as central aspects of nurturing care. However, participants revealed a complex relationship between caregiving, work responsibilities, and the provision of quality engagement. A recurring theme among participants was the acknowledging that parents had to work to support their families, which often limited opportunities for engaging in play or other bonding activities with their children. Caregiver 1 shared that "*When she was still young she was raised by my mother more than me, because I needed to find work, so it was tough… in an emotional aspect she may have not considered me as her mother during that time because I was never really available for her*". This account underscores the difficult balance between work obligations and the emotional

cost of reduced caregiver availability. Despite the essential nature of work in sustaining the family's physical wellbeing, the absence of time spent together limit opportunities for emotional bonding, an important dimension of nurturing care. Furthermore, Participant 5 mentioned that "With my biological mother I think I was very close but when she passed I think I was very close but when she passed I think i distanced myself from people because I would even play alone". This account illustrated how the absence of regular caregiver presence impacted their social relationships.

Participants also recounted distant relationships, with Participant 1 sharing that "I feel like I was closer to my grandmother than my mother growing up." It highlights the role played by alternative caregivers in their upbringing. Similarly, participant 3 described a relationship with their caregiver as being primarily functional rather than emotionally supportive, stating "*It was just your typical mother and daughter relationship. We did not have that relationship where we would sit down and talk about feelings*.". These accounts highlight how parental absence often resulted in emotionally distant relationships.

In contrast, some participants reported more positive relationships, even in the absence of direct parental involvement. Participant 4, for example, expressed a strong connection with their grandmother, she stated, *"She was always there for me… I believe she showed me a type of love and care that no other person has shown me."*

4.7.17. Opportunities for early learning

This section explores how participants facilitated opportunities for early learning during childhood. Drawing from the NCF, opportunities for early learning are critical in promoting cognitive and social development (WHO,2018). In addition, participants highlighted both the strengths and challenges of their learning environments, activities, and resources.

4.7.18. Learning spaces and educational environments

Participants described various learning spaces, both formal and informal. They highlighted that classrooms were made available for after-school studies. Participant 1 shared, *"At school, yes. We would use the classrooms; that is where everyone would go."* Similarly, Participant 4 noted, *"The school we were allowed to stay and study there."* These accounts emphasise the role of schools in providing structured environments conducive to learning beyond the regular school hours. In contrast, home environments varied significantly. Several participants used their bedrooms as study spaces. Participant 3

shared, *"At home, I would use my bedroom; that was the only room available."* Caregiver 5 supported this sentiment, mentioning that the child also used their bedroom, *"She also had the bedroom for studying."* Participant 6 highlighted creative adaptations when conventional spaces were unavailable, *"If I was working at home, I would find a tree with a nice shade, usually in the field, and study there."*

However, not all participants had access to dedicated learning spaces. Participant 2 shared, *"At home, I just had to find free space to study; sometimes I would even take a blanket to go study outside."* This was reinforced by participant 6 who shared "if I was working at home I would find a tree with nice shade… and study there" and Caregiver 4 shared "*At home, it was just any space available at the time*." These accounts show the disparities in learning environments, shaped by socioeconomic constraints.

4.7.19. Early educational activities

Participants and caregivers reported engaging in informal learning activities during early childhood. Caregiver 1 shared, "*When it comes to how we taught her, in terms of responsibility, maths, she would help us sell, so she needed to know how to count. Even reading, we would try to teach just so that she knows basic things*." Participant 4 reflected on how games facilitated learning: "*My grandmother taught me a few things such as counting, and also the games we played helped with counting, such as hide and seek because you first had to count while others hid*." Caregiver 4 also noted, "*I taught them basic counting, and we played games that involved numbers*." Similarly, Participant 5 shared, "*They would teach me how to count*." These examples demonstrate the use of informal learning opportunities within households, reinforcing foundational skills in preparation for formal education.

4.7.20. Access to education material

Access to educational materials varied among participants, with some relying on alternatives, others having a wide range of resources, and some having no access. Caregiver 1 described the role of magazines in sparking curiosity: "*My father loved magazines that taught us about animals and agricultural things… before she could read, she would just be interested in the pictures, and it made her very curious*." Participants 2 and 5 mentioned that they had a wide range of resources. Participant 2 shared "*yes I did... I had storybooks and colouring books. I had this thing that you move around for maths and it used for counting*" and Participant

5 " *yes I did... I had storybooks and colouring books. I had this thing that you move around for maths and it used for counting*"

However, some participants reported a lack of access to such materials, with Participant 3 stating, *"No, I did not have any toys at home."* Caregiver 3 confirmed, *"I never bought any reading books… we did not have money to buy them toys."* Similarly, Participant 4 stated " *I did not have any toys of my own. I remember we used to play with bricks and pretend that it was cars*". These accounts show the critical role of socioeconomic factors in shaping access to educational tools, with some participants relying on creative adaptations to fill the gaps.

4.7.21. Social and emotional development in early childhood

Social skills were highlighted as a key aspect of early learning, with all participants highlighting lessons on respecting elders and interacting with peers. For example, Participant 1 shared, *"They taught me about respecting elders and other people."* Similarly, Participant 4 reflected, *"We were taught to respect our elders, help each other, and share what we had."* Participant 6 added, *"We were taught that we should respect everyone in the community especially elders"* These accounts were supported by Caregivers. Caregiver 4 shared *"I encouraged them to play with other children, share, and respect their elders."* While Caregiver 3 mentioned *"I let her play with other children and taught her to respect adults."* Although social skills were nurtured, emotional support appeared limited for most participants. Participant 3 shared that *"Emotionally, I do not think that there was any support… actually, there was no support."* Caregiver 3 corroborated, *"I didn't do much to support her emotionally."* This notion was also expressed by Participant 6 *"Emotionally like I mentioned before there was no emotions showed."*

4.7.22. Security and safety

Security and safety provide the foundation for children's overall well-being and development. In the context of rural families, ensuring security and safety involves not providing basic necessities including food, shelter, and clothing, as well as implementing physical and community-based measures to protect children from harm. This section examines how caregivers and participants described their experiences of fostering safety within their homes and communities, emphasising the provision of basic needs, home security measures, community safety practices, and safety education. These elements reflect the holistic efforts made to create environments where children could thrive emotionally and physically.

4.7.23. Access to basic necessities

Participants emphasised the provision of food, clothing, and safe shelter as essential components of ensuring security and safety for children. Participant 1 shared, "*They provided me with food, clothes, and safe shelter*," while Participant 5 confirmed by stating that, "*I had access to shelter, food, clothing, healthcare.*" Similarly, Caregiver 4 added, "*I provided food, clothes, and a roof over their head*." These accounts indicate a shared commitment among caregivers to address fundamental needs, fostering a secure environment for their children. Participant 3 further emphasised this by stating, "Food, a home, and clothes… also education." Caregiver 3 reinforced this sentiment by ensuring, "*They had food, something to wear, and a place to sleep at that was warm.*" These accounts align with the NFC, which identifies basic necessities as critical for fostering a secure environment where children can thrive (WHO, 2018).

4.7.24. Home and community safety measures

Most participants described physical measures implemented at home to enhance safety. Participant 1 mentioned, *"We had dogs and a fence around the house with a gate that locked. We also have burglar windows."* This sentiment was shared by Participant 4 who noted, *"We had a fence which had a chain that locked. We also had a burglar door and lights outside the house which were turned on during the evening."* Caregiver 4 supported these observations, stating, "*We had a locked gate, burglar bars on the windows, and lights outside the house.*" These physical security provisions illustrate the practical steps taken by families to protect their households, contributing to a sense of safety. Caregiver 6 emphasised similar measures, noting, "*We had doors that locked.*" Despite variations in security infrastructure, a common thread across participants' narratives is the prioritisation of physical safety through tangible measures such as locks, fences, and burglar-proofing. These measures reflect the efforts made by families to mitigate potential risks and create a protective environment for their children.

4.7.25. Community safety and collective measures

In addition to home-level security, community-based strategies played a role in fostering safety. Participant 1 highlighted the community's vigilance, sharing, "*If maybe like a thief gets caught stealing, they will blow the whistle so that neighbours from far and anyone can come… with torches at night to deal with the matter.*" This was also shared by Participant 3 "*it was safe when one of the community members was in trouble the whole street would come*

out to help that person" However, Participant 2 presented a contrasting view, stating, "*It was not safe… people would get mugged outside, and housebreaking was a weekly or monthly thing.*" This was also reinforced by Caregiver 2 *"It was not totally safe especially moving away from our street. You would hear about muggings and house breakings happening around the area."* These differing perspectives underline the varied experiences of community safety, shaped by local dynamics.

4.7.26. Safety education by caregivers

Caregivers played an essential role in teaching children about personal safety and environmental awareness. Participant 1 emphasised this by stating, *"They taught me my body is mine and I should not let anyone take advantage of me."* This was reinforced by Caregiver 1, who explained, *"I taught her body is hers and no one should touch her inappropriately."* Such guidance highlights caregivers' efforts to empower children with an understanding of personal boundaries and protection. Participant 2 shared practical advice given by caregivers, saying, *"They just told me to stay away from dangerous places and be indoors before dark."* Caregiver 2 echoed this sentiment, stating, *"I taught them to avoid dangerous places and stay in groups when walking far."* These statements reflected the caregivers' emphasis on situational awareness and minimising risks by adopting cautious behaviours. Participant 4 noted, *"She told me not to walk at night or engage with strangers."* Caregiver 4 confirmed this by explaining, *"I taught him to stay close to home, avoid dangerous places, and never walk alone at night."* Together, these examples illustrate a consistent narrative of caregivers instilling safety practices in children to help them navigate potential hazardous environments.

4.7.27. Safety at school

Schools were perceived critical spaces for ensuring children's safety and fostering a secure learning environment. Participant 1 reflected, *"I felt safe because teachers were strict, and bullying was punished."* Caregiver 1 supported this perspective, noting, *"The school had an anti-bullying policy and educated learners about safety."* Participant 2 added, *"I felt safe because the school had security and teachers were there to help."* Similarly, Caregiver 2 elaborated, *"The school had security guards and a high wall, so I didn't worry."* These accounts reveal that both caregivers and children valued the protective measures implemented by schools. This helped in reducing concerns about bullying or external threats. Participant 4

shared, *"The gate was locked, and there was a security man,"* highlighting the physical measures schools took to ensure safety. Caregiver 4 affirmed this, saying, *"The school had a security guard and locked gates."* These insights indicate that secure infrastructure and attentive staff contributed significantly to children's sense of safety in educational settings.

4.8. Discussion

This study sought to explore the nature of childhood nurturing care provided to rural students in South Africa. It focused on how components such as good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety influenced their development. Findings revealed the interplay between systemic challenges, caregiver resilience, and the role of community support in fostering nurturing environments. Therefore, each component will be discussed in relation to the research objectives, existing literature, and CHAT principles.

4.8.1. Systematic barriers for realising nurturing care

One of the primary systemic barriers to nurturing care in rural contexts is limited access to healthcare. Participants highlighted structural deficiencies such as resource shortages, long waiting times, and geographical constraints. This contradicts the NCF, which assumes that healthcare services are universally accessible. However, they fail to account for the disparities faced in rural settings. These barriers forced caregivers to adopt strategic approaches to ensure their children's well-being. These experiences align with Wertlieb's (2019) analysis of healthcare inequalities in rural settings, where inadequate infrastructure creates systemic barriers which affect children's health outcomes.

In response to these limitations, caregivers often relied on alternative health strategies, including traditional remedies, highlighting contradictions within the NCF. Many caregivers adopted the use of natural herbs as an alternative to formal healthcare due to difficulties in accessing medical facilities. The use of indigenous knowledge for healthcare aligns with WHO's (2018) recognition of traditional medicine as a vital tool in resource-limited settings. However, the NCF does not integrate indigenous knowledge in its global recommendations, treating it as secondary rather than complementary. Within the framework of CHAT, these tools mediated caregiver actions, enabling them to achieve the objective of maintaining child health despite systemic constraints (Engeström, 2001; Foot, 2014).

Financial instability is another significant barrier to nurturing care, directly affecting access to adequate nutrition. Many families struggled to secure consistent meals due to economic hardships, often relying on more affordable food alternatives such as vegetable meals and canned food. This aligns with studies on food insecurity, where rural households frequently develop adaptive strategies to sustain nutritional adequacy (Ndlovu & Akinyemi, 2020). However, the NCF assumes structured food security mechanisms, often overlooking the informal food sharing networks and subsistence farming practices essential for sustaining many rural households. Subsistence farming emerged as a key response to food insecurity, with many families cultivating home gardens, growing vegetables, and maintaining orchards to supplement their diets. These findings resonate with Ashley-Cooper et al. (2019), who emphasise the role of local agricultural practices in mitigating food insecurity. Furthermore, the collective nature of food sharing within communities highlights the role of informal support networks in overcoming structural deficiencies. This communal approach to food security reflects the principles of Ubuntu, where collective responsibility ensures that no child is left behind. However, the NCF ignores these informal food sharing practices in its emphasis on structured food security programs.

An additional contradiction in food security relates to the quality of food consumed by children. Rural families often rely on subsistence farming for fresh and homegrown food. However, many low-income families in urban and peri-urban areas depend on inexpensive, highly processed foods that offer little nutritional value. Recent reports highlight a rise in food safety concerns in South Africa, particularly in informal markets like spaza shops. A tragic incident in Soweto resulted in the death of six children from pesticide poisoning after consuming food from an informal vendor (Reuters, 2024). Similarly, food-borne illnesses have been linked to unsafe food handling, with 23 deaths reported in Gauteng province (SA News, 2024). This highlights the concern about food poisoning from spaza shops, where unregulated food items pose health risk to children. Additionally, it further indicates that food-borne illnesses are a growing concern, particularly as economic constraints push parents to opt for cheaper, potentially unsafe food products. Studies have demonstrated that lack of stringent food safety regulations in informal markets increases the likelihood of food contamination, particularly among low-income consumers who rely on these vendors for affordable meals (Thornton, 2016; Dlamini et al., 2023). Many families opt for low-cost food due to financial constraints, inadvertently compromising the long-term health and cognitive development of children. Unlike the study participants, who had access to homegrown food, many children in

South Africa face food insecurity exacerbated by low-quality diets, an aspect often overlooked in global frameworks such as the NCF.

Beyond health and nutrition, systemic educational barriers also limited children's developmental opportunities. Financial constraints often hinder school attendance, as families struggle to afford the transportation, uniforms, and learning materials. The financial burden of schooling often led to educational disruptions, affecting long-term outcomes. These constraints are consistent with studies highlighting the intersection of poverty and limited educational access as key determinants of economic mobility (Richter et al., 2017). However, the NCF is based on a nuclear-family model, where parents are viewed as the primary figures responsible for ensuring children's educational access. This perspective overlooks the significant role of communal support systems, which often serve as essential pillars in bridging educational gaps.

Despite these systemic challenges, caregivers and communities mobilised resources to support children's education. Schools, teachers, and extended family members played instrumental roles in ensuring continuity in learning. This reflects CHAT's emphasis on the division of labour, with multiple actors contributing to overcoming systemic constraints (Daniels, 2016). However, it is critical to note that these communal strategies are often overlooked in global frameworks including the NCF, which predominantly emphasise parental responsibility within a nuclear family structure.

From a CHAT perspective, caregivers' actions were mediated by tools such as traditional remedies and indigenous healthcare knowledge, enabling them to maintain children's health despite systemic constraints (Engeström, 2001; Daniels, 2016). The contradiction between the NCF's emphasis on formal healthcare and the reality of rural caregivers using indigenous knowledge demonstrates a disconnection between policy and lived experience (Patel & Midgley, 2013). CHAT emphasises how cultural tools mediate caregiver actions, demonstrating that traditional remedies are not merely substitutes but integral components of health maintenance in these communities (Foot, 2014). Furthermore, hygiene education was highlighted as a preventative health measure, with caregivers passing down intergenerational knowledge. Additionally, many caregivers instilled daily hygiene habits in their children, ensuring that preventative health measures were ingrained in routine practice. This contradicts the NCF's assumption that rural caregivers require external intervention for health education, as many already integrate preventative measures into daily routines (WHO,

2018). In CHAT terms, these practices reflect rules and norms mediating activity systems, illustrating how cultural knowledge is transmitted across generations (Daniels, 2016).

Another contradiction arises in the NCF's assumption of structured food security mechanisms, which do not align with rural realities. Most rural families rely on subsistence farming and communal food-sharing networks to sustain their food supply. Home gardening serves as a key strategy for ensuring food security, allowing families to grow vegetables and fruits to supplement their diets (Ndlovu & Akinyemi, 2020). the study participants described how they cultivated various crops, including vegetables such as spinach and cabbage, while fruit trees bear oranges, grapes, and guavas. These practices ensured continuous access to fresh produce and reduced the financial burden of purchasing food. However, financial hardships created contradictions in caregivers' ability to maintain balanced nutrition, leading them to prioritise more affordable options. Caregivers explained that during financial hardships, they often had to cope with the available resources, relying on canned foods and simple vegetable-based meals to ensure their children had something to eat. Within CHAT, this adaptation reflects how tools (home gardens, community food-sharing), rules (cultural norms around food-sharing), and division of labour (caregiver and community collaboration) mediate access to nutrition despite financial constraints (Foot, 2014). The NCF emphasises external interventions, while in reality, community-based solutions sustain nutritional adequacy (Richter et al., 2017). Participants described how neighbours supported each other by sharing homegrown produce. This reflects a contradiction: the NCF frames nutrition as an individual household responsibility, whereas rural communities operate within a collective, demonstrating an effective alternative approach to food security.

The NCF reflects an implicit assumption that families in non-western societies require external intervention to provide adequate nurturing care, overlooking their existing knowledge, capacity, and desire to care for children (Engle et al., 2021; Richter et al., 2017). This deficit-based perspective disregards the deeply rooted caregiving practices that sustained children's survival and development for generations. However, the study findings challenge this notion, illustrating that caregivers in rural African communities already engage in practices aligned with the core principles of the NCF. Parents and extended family members foster responsive caregiving by ensuring children's emotional and social development through traditional child-rearing methods. Additionally, communities provide safety and security through informal neighbourhood networks, while early learning opportunities emerge naturally through home-

based teaching, storytelling, and play even without formal schooling. Another major contradiction within the NCF lies in its emphasis on nuclear family-based child-rearing, which contrast with the collective caregiving models prevalent in African and other non-Western societies (Mkhize, 2018). By prioritising parents, particularly biological parents as primary caregivers, the framework overlooks the significant role played by extended family and community networks. However, the study findings revealed that caregiving in rural African communities is inherently communal rather than an individual parental responsibility. Grandparents, aunts, uncles, and older siblings actively contribute to raising children, ensuring their physical, emotional, and educational needs are met despite economic hardships. Furthermore, neighbours and community members offer mutual support, by assisting with caregiving responsibilities. This highlights a key divergence from the NCF's individualistic approach, reinforcing the idea that child-rearing is a shared responsibility (Mugumbate & Chereni, 2020; Moyo & Muhuro, 2022).

These contradictions highlight the limitations of applying a standardised, Western-centric framework to diverse caregiving contexts. Although the NCF aims to promote nurturing care, it does not fully account for indigenous caregiving models, community-based health strategies, and collective food security mechanisms that sustain children in rural African settings. Applying a CHAT perspective reveals that caregivers in these communities navigate systemic challenges using cultural tools, adaptive strategies, and communal networks, challenging the assumption that formal interventions are the sole means of ensuring child well-being.

4.8.2. Caregiver resilience

Caregivers in rural African communities demonstrated remarkable resilience in navigating systemic barriers. They often make difficult decisions and personal sacrifices for their children's well-being. Despite significant financial and infrastructural challenges, they employed resourceful strategies to sustain a supportive and enriching environment for their children. Studies on parenting in poverty highlighted that caregivers manage limited resources by making strategic decisions, often balancing immediate survival with long-term developmental needs. The study findings aligns with existing literature, demonstrating how caregivers strategically sacrificed and employed resourceful approaches to maintain the care given to their children.

One significant way caregivers exhibited resilience was through their proactive approach to accessing health care despite systemic constraints. Participants highlighted waking up at dawn to secure a place in long queues at the clinic and hospital facilities to maximise limited resources. These strategic decisions ensured that children received medical attention despite inefficiencies**.** The participants experiences' align with the findings of Asadi et al. (2024), emphasising that parents in resource constrained settings frequently adopt income generating strategies to support their household. This proactive approach ensured that their children received necessary medical attention despite systemic inefficiencies. Due to healthcare being severely limited, caregivers turned to traditional medicine as an alternative. Many relied on natural herbs to treat minor illnesses, demonstrating a pragmatic adaptation to systematic barriers. This practice aligns with WHO's (2018) emphasis on the use of indigenous knowledge for managing healthcare in low-resource settings. According to CHAT, these tools enabled caregivers to maintain child health despite systemic barriers (Engeström, 2001). Foot (2014) emphasises that such adaptive strategies highlight the dynamic interplay between cultural tools and systemic constraints in achieving developmental outcomes.

In terms of food security, caregivers made difficult but strategic choices to ensure their children had consistent meals. Many families relied on subsistence farming and communal food-sharing networks as coping mechanisms. Households often cultivated vegetables, fruits, and raised poultry as means of ensuring food security amid financial hardship. These findings align with studies highlighting gardening as a sustainable farming practice that mitigates food security (Santos et al., 2022). During financial difficulties, caregivers managed by buying affordable and accessible food options for their children. Some caregivers emphasised that they had to rely on more affordable options such as canned food when faced with financial challenges . These findings align with studies on decision-making in poverty, emphasising how caregivers continuously assess and adjust their choices to navigate financial constraints (Berry & Malek, 2017; Richter, 2022; Santos et al., 2022; Ward et al., 2015). They highlighted adopting adaptive strategies, such as modifying meal plans to sustain their children's well-being and overall household stability.

Furthermore, caregivers leveraged social networks to support their caregiving roles, highlighting the collective nature of child-rearing within their communities. Extended family members, neighbours and the broader community played an integral part in ensuring their children's well-being. Participants emphasised how caregiving was not only limited to biological parents, but it was a shared responsibility, fostering a sense of security and

belonging. Community members provided support in various ways, to support families facing difficulties. Intergenerational caregiving was a common practice, with grandparents and older siblings often taking on primary caregiving roles when parents were unavailable. These accounts demonstrate how caregiving responsibilities were distributed across families and community members, ensuring that children received consistent support.

4.8.3. Collective community support in advancing nurturing care

Nurturing care is widely recognised as essential for child's healthy development (WHO, 2018). However, NFC primarily reflects a Western, nuclear family model, which does not acknowledge the role of extended families and communities in child rearing. Conversely, in African societies, childcare has traditionally been a shared responsibility, deeply rooted in the philosophy of Ubuntu. The philosophy states that it takes a village to raise a child, demonstrating the communal approach where caregivers, extended family, neighbours, and community elders play a role in a child's upbringing (Tutu, 2000; Dolamo, 2013). In most African communities, grandparents, aunts, uncles, and older siblings take on caregivers' roles, providing emotional and material support (Leonard et al., 2022). These extended family members contribute to responsive caregiving, emphasised in the NCF. This setting is mainly conceptualised within the western parent-child dyad rather than within the African family context. Beyond the extended family, neighbours also play a crucial role in providing care and guidance. Particularly in rural villages, where raising children is a communal effort and not a sole responsibility of the biological parents. This collective accountability reinforces and instils social norms, ensuring that children receive discipline, protection, and encouragement as they develop (Nsamenang, 1992; LeVine et al., 1994).

Education in an African perspective has always been a collective responsibility that includes teachers, elders, community leaders, and members actively shaping intellectual and moral development. In addition, learning is not confined to the classroom, it extends beyond formal schooling to include communal practices such as storytelling and mentorship from elders, thus, fostering a holistic growth (Nsamenang, 1992). Teachers play a crucial role in fostering nurturing care, they often serve as second caregivers who recognise and address children's needs, offer academic support and cultural identity. Studies in rural South Africa indicate that when teachers engage with students outside the academic instruction, it contributes positively to their self-esteem, social development, and motivation to learn (Hlalele, 2014; Nkambule et al., 2011). Furthermore, school meal programs backed by

community efforts proved to be effective in combating food insecurity, ensuring that children receive proper nutrition. This is an important factor influencing both cognitive and physical growth (Jomaa et al., 2011; Kristjansson et al., 2016). Feeding schemes at school play an important role in ensuring that children receive daily meals. These initiatives go beyond educational responsibilities, highlighting the importance of community-driven approaches in addressing food insecurity and promoting well-being (Devereux, et al., 2018). By integrating nutrition support within schools, such programs contribute to both cognitive and physical development (Black et al., 2015). Therefore, it reinforces the relationship between proper nourishment and academic success. These collective initiatives demonstrate how African educational systems inherently incorporate the elements of NCF, even if the framework does not recognise communal caregiving as a foundational principle.

4.8.4. The role of nurturing care in students' progression to HE

Nurturing care plays an important role in shaping children's development and their progression to HE. This role is acknowledged particularly in rural contexts where systemic barriers often hinder access to essential resources (Black et al., 2017; Wertlieb, 2019). Caregivers employed adaptive strategies to overcome these challenges and foster resilience. This also includes promoting health and nutrition, as well as ensuring a supportive environment that promotes students' success. These caregiving practices, shaped by cultural and social influences, demonstrate the association between health, nutrition, and community support in shaping educational outcomes (Richter et al., 2017; Szinovacz & Davey, 2007).

One of the critical components of nurturing care is health, particularly in rural areas where access to healthcare services is often challenging due to long waiting times and resource shortages (Wertlieb, 2019). Nonetheless, caregivers mitigated these challenges through resilience and resourcefulness. They prioritised health through traditional remedies and hygiene education to ensure children remained physically fit to attend school. The intergenerational transmission of hygiene practices further contributed to children's ability to succeed academically. Caregivers instilled important routines, such as handwashing and dental care, reinforcing preventative health measures. These practices helped in reducing illness related school absences. CHAT offers insights into how caregivers used traditional remedies as tools to navigate systemic barriers (Engeström, 2001). Using indigenous knowledge in health management highlights the importance of traditional medicine as a key healthcare resource in areas with limited access to formal medical services (Patel & Midgley, 2013).

Preventive health measures, such as hygiene education, play an essential role in fostering long-term health resilience. Caregivers instil hygiene habits in children, helping them develop self-care habits and an understanding of disease prevention. Studies indicate that early health education plays a crucial role in reducing health disparities in marginalised communities (Zajacova & Elizabeth, 2018; WHO, 2018).

Adequate nutrition is essential in influencing children's physical and cognitive development. Thus, it impacts their academic performance and progression to HE (Ronaasen et al., 2017; Richter et al., 2017). In rural areas, many families depend on subsistence farming to maintain food security, demonstrating both cultural knowledge and economic resilience. Relying on subsistence farming and community food sharing practices ensured food supply, while also reducing the impact of financial hardships on the family and their children's ability to learn. Additionally, studies suggest that home gardening helps families faced with financial difficulties by providing a sustainable source of food. Moreover, children's cognitive development is particularly sensitive to nutrition, as deficiencies in essential nutrients such as iodine, iron, and zinc have been linked to impaired neurodevelopment, reduced memory function, and lower academic performance (Bryan et al., 2004). Therefore, poor nutrition can affect a child's concentration, problem-solving abilities, and overall school engagement, leading to long-term consequences on their academic trajectory (Taras, 2005). Inadequate early-life nutrition can have persistent effects, with studies showing that malnourished children are more likely to experience difficulties in learning and lower educational attainment compared to well-nourished peers (Drewnowski & Specter, 2004).

In response to these challenges, many rural communities rely on locally available resources to maintain food security. A study in rural China found that community-based support for young children improved their development, reinforcing the notion on the importance of food security in child development (Zhou et al., 2019). In South Africa, subsistence farming and local food sharing systems play a crucial role in reducing food insecurity and ensuring their children receive the nutrients needed for their growth and development (Ndlovu & Akinyemi, 2020). CHAT explains how caregivers use available community resources to meet children's nutritional needs despite economic challenges (Foot, 2014). Studies indicate that government grants, community food sharing systems, and local agricultural activities collectively mitigate the effects of financial hardships on children's nutrition (UNICEF, 2020). CHAT explains how caregivers use community resources to provide for children's nutritional needs despite financial difficulties (Foot, 2014). In rural areas,

food production and distribution are shared responsibilities among caregivers, extended family, and neighbours, demonstrating the social structures supporting children's well-being.

Community support systems play an essential role in mitigating food insecurity and providing additional caregiving assistance in rural contexts. Rural communities often function as collective caregiving networks, where shared resources and extended family structures ensure children's well-being (Patel et al., 2021). These networks are critical especially in low-income rural settings, where families face financial instability and limited access to formal childcare services. The NCF highlights that strong community networks protect children from negative effects of poverty and enhance their ability to succeed (UNICEF, 2020). Extended family members play a key role in caregiving, offering emotional security and stability for children. Studies have indicated that strong connections with extended members, especially grandparents, provide social and emotional support, especially when primary caregivers face financial difficulties. This form of caregiving is relevant in contexts where parents migrate for work, leaving children in care of their relatives. In sub-Saharan Africa, kinship networks serve as safety nets for children, offering food, shelter, guidance, discipline, and cultural transmission to ensure continuity in child development (Richer et al., 2017). Additionally, family relationships, including intergenerational and sibling ties influence well-being in various ways (Thomas et al., 2017; Wertlieb, 2019). Moreover, community kitchens, food-sharing programs, and school meal initiatives provide nutritional security, ensuring that children receive adequate food for healthy physical and cognitive development (UNICEF, 2020). Studies also suggests that intergenerational caregiving enhances children’s ability to cope with adversity, thus improving their emotional regulation and resilience, which are essential for their progression to HE (Thomas et al., 2017).

Hence, a secure environment is foundational for children's well-being and academic focus. Caregivers prioritised basic needs to create stable environments, providing food, clothing, and shelter. This aligns with NFC emphasis on safety and stability as prerequisites for development (WHO, 2018). Its availability is crucial for creating a stable foundation that enables children to have meaningful engagement in education. Children who feel safe in their homes, experience lower stress and anxiety. Resultantly, it helps with brain development and better school performance (Shonkoff et al., 2012). A stable home environment can be understood within CHAT as a mediating tool, shaping children's ability to engage in education by removing barriers to learning (Engeström, 2001). Physical safety measures at home are also important for children’s development, as exposure to unsafe environments can lead to

psychological distress and reduced academic engagement (Shonkoff et al., 2012). Many caregivers reported the implementation of security strategies such as locked gates and burglar-proofing, as common practices to mitigate risks and ensure a safe living environment. These measures help children feel secure, allowing them to focus on learning instead of survival. Studies highlight that children who are exposed to violence and instability, are more likely to experience difficulties in concentration, emotional regulation, and academic performance (Shonkoff et al., 2012). Within CHAT, these security measures work as external tools that mediate children's experiences, illustrating how environmental factors shape cognitive and emotional development while creating secure living conditions (Foot, 2014). In addition, community safety practices also play a crucial role in creating a secure environment for children. Community-based security mechanisms such as collective vigilance, neighbourhood watch programs, and further enhanced security, reflect the role of social networks in fostering safety Richter et al. (2017). Safety education equipped children with essential skills to navigate risks, demonstrate the mediating role of cultural norms in shaping safety behaviours. CHAT contextualises these lessons as rule-mediated activities that empower children to navigate complex environments (Engeström, 2001).

4.9. Consideration for the expression of the nurturing care in South African rural marginalised communities

The five components of nurturing care were intricately linked and influencing each other. For example, good health and adequate nutrition were foundational to physical and cognitive development, enabling children to engage fully in opportunities for early learning. Similarly, responsive caregiving facilitated emotional security, which enhanced children's ability to benefit from educational opportunities and navigate systemic challenges. Caregivers often employed a holistic approach, addressing multiple components simultaneously. For instance, caregivers who prioritised hygiene education to mitigate health risks also acknowledged the importance of a balanced diet, recognising the relationship between nutrition and immunity. These interconnections align with CHAT's principle of mediated action, where tools, rules, and division of labour interact within activity systems to achieve developmental objectives (Engeström, 2001).

Systemic challenges such as limited healthcare access, financial constraints, and resource inequities were pervasive across all components. However, caregivers demonstrated resilience and adaptability, employing strategies that bridged these gaps. For example, relying

on traditional remedies for health challenges was mirrored in the use of home gardening to address nutritional deficits. These adaptive strategies demonstrate the importance of cultural tools and community resources in mediating systemic barriers. Additionally, they are consistent with CHAT's focus on the role of tools in activity systems (Daniels, 2016). Communal practices further highlighted the interconnectedness of nurturing care components. Moreso, shared resources, such as food and educational materials, reflect the collective nature of rural caregiving systems. The division of labour extended beyond individual families to include community networks, demonstrating the collaborative efforts required to support children's well-being.

Responsive caregiving emerged as a cornerstone of nurturing care, influencing and being influenced by other components. Emotional support provided by caregivers fostered resilience and a sense of security, enabling children to navigate health, nutritional, and educational challenges. For example, caregivers who actively participated in their children's academic journey often instilled a sense of self-efficacy, which enhanced their engagement with early learning opportunities. Conversely, disparities in caregiving responsiveness often amplified the effects of systemic barriers. Hence, children who lacked emotional support faced greater challenges in accessing and benefiting from health and educational resources. CHAT contextualises these dynamics as tensions within caregiving systems, where systemic constraints and cultural norms mediate caregiving practices (Foot, 2014).

Opportunities for early learning acted as a bridge between other components, reinforcing their collective impact. For instance, well-nourished children were better equipped to engage in educational activities, while safe and secure environments provided the stability necessary for cognitive and social development. Also, schools served as critical hubs, offering both formal and informal spaces for learning, while caregivers supplemented these efforts through home-based activities and resourceful strategies. Thus, CHAT frames early learning opportunities as rule-mediated activities, where cultural norms and expectations guide educational practices. The collaborative nature of rural caregiving systems, involving both families and communities, further reflects the role of division of labour in fostering learning outcomes.

Security and safety provided the foundation for all other components, creating the stability required for children's physical, emotional, and cognitive well-being. Physical safety measures, community vigilance, and safety education collectively ensured that children could

thrive in their environments. These practices were closely linked to other components. For example, secure environments facilitated access to health and nutritional resources, while safety education empowered children to navigate risks in their daily lives. Within CHAT, the integration of tools (e.g., physical safety measures), rules (e.g., community norms), and division of labour (e.g., collective vigilance) highlights the multifaceted nature of safety in rural contexts. These elements worked together to create stable environments that supported children's development across all components.

4.10. Conclusion

This chapter explored the nurturing care provided to rural students, emphasising the interdependent relationships among its components: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. Through the systematic application of Braun and Clarke's (2006) six-phase TA, the study provided a structured and nuanced exploration of the participants' narratives. It revealed how systematic challenges, cultural norms, and caregiving practices interact to shape developmental outcomes. The inclusion of both students and caregivers perspectives offered a holistic understanding of how nurturing care shaped the participants' developmental trajectories and educational transitions.

Using CHAT as a lens, the discussion highlights how systemic challenges, cultural norms, and caregiving practices interact to shape developmental outcomes. Caregivers in rural contexts demonstrated remarkable resilience and adaptability, employing cultural tools such as traditional remedies, home gardening, and community collaboration to bridge systemic gaps. These findings demonstrate the interplay between tools, rules, and division of labour within caregiving systems, illustrating how collective efforts within families and communities mediate the barriers faced by rural children.

The interconnectedness of nurturing care components was evident, as each element reinforced others to create a holistic caregiving system. Good health and adequate nutrition provided the foundation for cognitive and physical development, enabling children to thrive in educational settings. In addition, responsive caregiving fostered emotional security, which supported resilience and academic engagement, while security and safety created stable environments essential for overall well-being. These findings emphasise the critical role of community networks and collaborative efforts in supporting children's growth. By integrating

the principles of CHAT, the study offers insights into the multifaceted nature of nurturing care, providing a foundation for policies and interventions that address systemic barriers and empower rural caregivers to foster environments where children can thrive.

CHAPTER FIVE: SUMMARY AND CONCLUSION

5.1. Summary

This study explored the nature of nurturing care provided to rural students in South Africa. It focused on the five key components of nurturing care: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. The study retrospectively looks at how the current NCF of the WHO (2018) was reflected in the child rearing practices of families and communities of the current first-year university students. The aim was to establish how this nurturing care, if any, has shaped their development and transition from early childhood to HE.

To address this aim, the study was guided by the primary research question; what is the nature of nurturing care that was provided to rural students from early childhood through adolescence in relation to NFC. The findings revealed that both formal and informal caregiving played a key role in shaping their experiences. Caregivers played a central role in ensuring the children's well-being despite facing systemic challenges. Additionally, participants described how their caregivers combined traditional knowledge, community support, and available formal structures to provide nurturing care. The study also found that caregiving in rural areas is a shared responsibility, with extended family members, neighbours, and community networks partaking in these responsibilities. Although the NCF was not in place during the participants' childhood, most of its principles, such as responsive caregiving, safety, and early learning, were reflected in their experiences. Therefore, although caregivers were not explicitly following the NCF guidelines, they were already practicing most of the framework's core principles through culturally embedded caregiving strategies. For example, responsive caregiving was evident in how caregivers ensured children's emotional and physical needs were met, although the level of emotional connection varied among participants. These findings suggest that rural caregivers inherently implemented nurturing care practices that align with the NCF's principles, even before the framework was formally established.

However, the study also identified contradictions between the NCF's assumptions and rural realities, particularly in areas such as healthcare access, food security, and formal education support.

The study also aimed to answer three secondary research questions: the first question being, what forms of nurturing care are identified in the students' development processes? The findings highlighted that caregivers played a key role in several areas. In terms of good health, the NCF assumes universal healthcare access. However, participants reported that rural caregivers often relied on home remedies and preventive hygiene practices due to limited access to formal healthcare. Adequate nutrition was also prioritised, with families relying on subsistence farming and community food-sharing to ensure children had enough to eat. In addition, responsive caregiving was evident in how caregivers ensured children's needs were met. However, emotional and social support varied, as some participants were closer to their caregivers while others experienced less emotional connection. Early learning opportunities were present but mainly informal, occurring through storytelling, counting games, and learning responsibilities through chores rather than structured early childhood education programs. Security and safety were ensured through family and community-based measures, such as locked gates, and neighbourhood watch efforts, reflecting how rural communities adapted to protect their children. These findings suggest that rural caregiving practices align with the NCF principles. However, they do so in culturally and contextually specific ways that are not always acknowledged in global frameworks. Caregiving in rural communities is often a shared responsibility, with extended family members, neighbours, and the broader community playing a crucial role in raising children. Unlike the NCF's emphasis on individual parental responsibility, caregiving in these contexts follows an intergenerational model, where grandparents and older siblings often take on caregiving roles in the absence of their parents. This collective approach ensures that children receive continuous support, even in households facing economic hardships. Another culturally specific feature is the reliance on indigenous health practices and traditional medicine to maintain children's well-being. Due to limited access to healthcare facilities, many caregivers use home remedies and herbal treatments, passing down knowledge from older generations.

The secondary research question investigated the components of NCF which were evident in the student's development and education attainment. The findings revealed that all five components of nurturing care played a role in shaping participants' developmental and academic trajectories. Good health and proper nutrition were crucial for physical development

and cognitive function, which helped students to perform well in school. Those with consistent access to nutritious food and healthcare reported better focus and well-being. Responsive caregiving, particularly in form of emotional encouragement and academic motivation, helped students build resilience and navigate challenges in their educational journeys. According to the participants, early learning opportunities played a foundational role. Those who were introduced to literacy and numeracy skills informally at home found it easier to transition into formal schooling. Finally, security and safety were significant in ensuring children had stable environments where they could focus on their education without fear or disruption. These findings imply that nurturing care played a critical role in shaping children's immediate well-being and in their long-term educational success. The cognitive, emotional, physical, and social development fostered by nurturing care practices provided a strong foundation that enabled students to progress through different educational stages, culminating in their transition to HE. The presence of good health and adequate nutrition during childhood contributed to their ability to concentrate in class, retain information, and stay engaged in academic activities, crucial for progressing to university-level education. Responsive caregiving fostered emotional security, enabling students to develop self-confidence and resilience, helping them to overcome the academic and social challenges associated with HE. Early learning opportunities, in informal settings, equipped students with essential skills that eased their transition into structured education, allowing them to build strong academic foundations that supported their success in later years. Furthermore, security and safety ensured that students could focus on their education without the disruptions of violence, instability, or fear, factors known to negatively impact academic achievement.

Through semi-structured interviews with students and their caregivers, the study examined systemic barriers, caregiving strategies, and community support mechanisms that influenced the participants' experiences. Findings revealed that these five components are deeply interconnected. Good health and adequate nutrition provided a strong foundation for physical growth, cognitive function, and school engagement. Moreover, responsive caregiving ensured emotional security and social support, which helped children to navigate challenges in education, health, and safety. Opportunities for early learning played a significant role in cognitive and social development, with caregivers employing creative teaching methods and community networks to supplement formal education. Security and safety emerged as central to child well-being, with caregivers and communities working collectively to ensure children were protected from harm.

By using CHAT as a theoretical framework, the study contextualised caregiving practices within systemic, cultural, and historical factors. The findings highlighted the role of cultural tools, societal norms, and the division of labour in shaping child development. Community collaboration emerged as a defining feature of rural caregiving, demonstrating that caregiving systems include extended relatives, neighbours, and local support networks. Despite systemic challenges such as limited healthcare access, financial constraints, educational disparities, and safety concerns, caregivers exhibited remarkable resilience, by using traditional knowledge, communal resources, and informal caregiving strategies to ensure their children's well-being. The NCF emphasises what parents can do to provide nurturing care. However, it often overlooks that parents, alongside their communities, are already making significant efforts to support their children. The findings reveal that caregivers work hard to provide health care, education, and emotional support despite structural limitations. Nonetheless, their efforts are consistently compromised by systemic barriers that fall beyond their control. A key contradiction between the NCF and the lived realities of rural caregivers, is the framework assumes that parents need guidance to provide nurturing care, while the findings indicate that parents and communities are already committed to ensuring their children's well-being. Caregivers instil hygiene practices, encourage early learning, and provide emotional and social support. However, they remain constrained by barriers such as limited access to healthcare facilities, inconsistent water supply, and economic hardships that affect food security.

The findings highlighted that caregivers often compensate for these limitations through home gardening for food security, home remedies for healthcare, and traditional knowledge to pass down skills and education to children. These informal caregiving strategies reflect a strong commitment to a child's well-being, but they are not fully accounted for in the NCF. The NCF focuses more on structured interventions rather than the adaptability and resourcefulness demonstrated by rural families. The contradiction lies in how the NCF frames nurturing care as a responsibility that parents can enhance through improved knowledge and resources. In reality, caregivers and communities are already providing nurturing care despite systemic barriers. Their challenges are due to lack of systemic support in key areas such as healthcare accessibility, economic stability, and infrastructure for basic services. This highlights the need for a contextualised understanding of nurturing care, which does not assume rural parents require external intervention to care for their children,. However, it acknowledges and strengthens their existing efforts by addressing the structural limitations hindering them.

5.2. Implications of this study

This study has important implications. It demonstrates how caregivers in rural areas address challenges using cultural traditions, social norms, and community collaborations. The study highlighted the different aspects of nurturing care are deeply connected. These elements do not function separately but work together to shape children's development. The study also adds to the understanding of caregiving as a shared responsibility rather than an individual effort. It shows that rural communities, extended families, and neighbours all contribute to raising children, reinforcing the idea that caregiving is a community driven process. However, this has implications for the NCF, which focuses more on parents, excluding the extended family members and neighbours in considering nurturing care.

From a practical standpoint, the study highlights the urgent need for policies designed specifically for rural communities. Many rural areas lack essential services such as healthcare, education, and child protection programs, making it a challenge for caregivers to provide support to children. Expanding healthcare services, particularly by increasing mobile clinics, telehealth programs, and community health workers, would improve access to medical care and ensure children receive regular check-ups and treatment. Although South Africa's National Integrated Early Childhood Development Policy (Department of Social Development, 2015)/ (DSD, 2015), aims to ensure equitable access to comprehensive ECD services, this study suggests that the policy should be redefined to strengthen healthcare provisions specifically for rural communities. The policy should incorporate clearer guidelines for the deployment of mobile clinics and telehealth services, ensuring consistent healthcare access in remote areas. Similarly, introducing or promoting school meal programs would ensure that children have access to nutritious food, essential for their growth and ability to concentrate in school. While the National School Nutrition Programme (NSNP), currently provides meals to millions of children, the study findings indicate that the program requires refinement to better meet the needs of children living in rural areas (Department of Basic Education, 2014). The NSNP should extend its reach to ensure meals are provided even during school holidays, as food insecurity persists during these periods.

5.3. Limitations of this study

Although this study offers valuable insights, it has its limitations. These limitations include the sample size being small, with participants drawn from only two provinces, Limpopo

and Mpumalanga. This geographic limitation means the findings may not be fully generalisable to other rural areas in South Africa or beyond. Therefore, expanding the study to include a larger, more diverse sample would provide a broader perspective on nurturing care in different rural contexts. Rural communities across South Africa are highly diverse, with different infrastructural challenges, educational systems, and healthcare availability. Consequently, the limited geographic scope of the study means the findings may not be fully generalisable to other rural contexts or to urban settings where caregiving practices may differ significantly

Another limitation of this study is that it relies on self-reported information from students and caregivers. When people describe their own experiences, there is always a risk of bias. They may not remember things accurately and try to give answers that seem more acceptable. In addition, they may focus on certain details while leaving others out. Caregivers might have described their role in a more positive way by highlighting their efforts more than their struggles. As a result, the study may have captured mostly positive caregiving experiences while missing cases of neglect, mistreatment, or other challenges children may have faced.

Moreover, some interviews were conducted in participants' home languages and had to be translated into English during transcription. This process may have led to the loss of subtle meanings, emotions, or culturally specific expressions. Some words or phrases may not have had direct equivalents in English, which could have altered t]how participants' experiences were presented. Despite careful efforts to ensure accurate translation, certain nuances may have been lost, making it difficult to fully capture the depth and richness of their narratives.

5.4. Recommendations

Based on the findings, several steps may be implemented to improve nurturing care in rural communities. It is important to strengthen community support systems. Many caregivers in rural areas rely on help from family members and neighbours. Therefore, training programs should be offered to educate them about child development, health, and safety. Older caregivers, such as grandparents, would benefit from learning both traditional and modern ways of caring for children. Passing down knowledge from one generation to the next will help maintain cultural traditions while ensuring that children receive best possible care. Healthcare and nutrition need to be improved for children to grow up healthy. Many families in this study struggled accessing healthcare due to long distances, limited resources, and long waiting times at clinics. Mobile health clinics, telehealth services, and community health workers could help with providing more healthcare workers, making it more accessible. Schools should also invest

in providing healthy meals for children, as many families struggle to afford nutritious food. Supporting home gardening and community food programs would help families to grow their own food, making them less dependent on expensive store-bought food.

Early learning opportunities should also be expanded. Many caregivers in this study taught their children through everyday activities including storytelling, counting games, and chores. These traditional learning methods should be included in early childhood education programs for children to learn in a way that feels natural to them. Since many families lack access to books or toys, mobile libraries and digital learning tools could help bring more learning resources to children. Training caregivers on how to support early learning at home would help children to develop important skills from a young age. Children's emotional well-being is important as their physical health. However, many caregivers in this study focused more on providing food and clothes than on emotional support. Therefore, caregivers should be encouraged to show affection, celebrate children's achievements, and listen to their concerns. Furthermore, mental health support should also be available to caregivers and children. Feeling safe and supported is essential for a child's growth and confidence.

Keeping children safe at home, in school, and in the community is another priority. In this study, many families used fences, locked gates, and kept dogs for protection. However, safety programs should be set up in communities to prevent crime. Additionally, schools should teach children about personal safety, such as how to avoid dangerous situations and when to ask for help. Improving school security by adding proper fencing, good lighting, and access control would also make learning environments safer for children.

Furthermore, NCF was established after participants were born, during the developmental period of this generation. However, its impact on children should be assessed to ensure its effectiveness in promoting health, early learning, responsive caregiving, and protection. The study findings suggest that the NCF has overlooked the pre-existing nurturing care practices implemented by caregivers and communities in rural South Africa. Rural caregivers have historically provided nurturing care through intergenerational caregiving, community-based safety strategies, subsistence farming for nutrition, and informal early learning practices, aligning with NCF principles, However, they were not fully incorporated into the framework. This omission raises concerns about the applicability of the universalised NCF in the South African context. Resultantly, South Africa may need to critically evaluate the implementation of the NCF, ensuring that it recognises and integrates the indigenous and

community-driven caregiving strategies that have sustained child development in rural areas for generations. The DBE and the DSD should collaborate to integrate NCF principles into early childhood programs and school curricula. Additionally, national policies on ECD, such as the National Integrated Early Childhood Development Policy, should be reinforced through community-based interventions to make services more accessible for rural caregivers. Regular evaluations of these policies should be conducted to determine if they meet the children's needs in rural communities and to identify areas for improvement. Strengthening the alignment between national policies and community practices will ensure nurturing care principles are effectively translated into real-life support for children and families in rural areas.

5.5. Conclusion

This study provided an in-depth analysis of nurturing care in rural South Africa, highlighting the crucial role of caregivers, communities, and institutions in shaping child development. Using CHAT as a framework, the study examined systemic challenges, caregiving practices, and adaptive strategies employed by caregivers to ensure children's well-being. Findings emphasised the deep interconnection among good health, adequate nutrition, responsive caregiving, early learning, and security. These components influenced and reinforced each other, demonstrating that child development is shaped by a complex interactions between caregivers, social structures, and systemic challenges. However, caregivers played multifaceted roles, drawing from traditional knowledge, informal teaching, and communal collaboration to address structural inequalities.

This research employed a qualitative methodology with semi-structured interviews to capture the lived experiences of first-year university students from rural backgrounds and their caregivers. A snowball sampling approach was used to identify and recruit participants, ensuring diverse perspectives on nurturing care and its influence on educational transitions. Despite significant barriers, rural caregivers displayed remarkable resilience, adapting to resource constraints and using social networks to foster nurturing environments. However, the study also identified gaps in formal support systems, highlighting the need for targeted interventions to improve access to healthcare, education, and child safety programs. Addressing these issues requires a multi-sectoral approach, integrating government policies, community-led initiatives, and caregiver training programs to create sustainable solutions for rural children. Although the NCF was developed after the participants' early years, its principles

align with the experiences shared in this study, offering an effective framework for evaluating and improving existing policies.

REFERENCE LIST

Arifin, S. R. M. (2018). Ethical Considerations in Qualitative Study. *International Journal of Care Scholars,* 1(2), 30-33

Ashley-Cooper, M., Van Niekerk, L., & Atmore, E. (2019). Early childhood development in South Africa: Inequality and opportunity. *South African Journal of Childhood Education, 9*(1), 1-8.

Atkinson, D. (2014). Rural-urban linkages and sustainable development in South Africa. *Development Southern Africa*, 31(4), 634-645.

Balfour, R. J., Mitchell, C., & Moletsane, R. (2011). Understanding rurality in the troubling context: Prospects and challenges. *Partnerships for hope: A school–university collaboration for educational change in rural South Africa. New York: Edwin Mellen*.

Beatty, I. D., & Feldman, A. (2009). Illuminating Teacher Change and Professional Development With Chat.

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). Oxford University Press

Beinart, W., & Dubow, S. (Eds.). (1995). *Segregation and apartheid in twentieth-century South Africa*. Psychology Press.

Belsky, J., Moffitt, T. E., Arseneault, L., Melchior, M., Caspi, A., & Maughan, B. (2010). *Food insecurity in children's development: Longitudinal study findings*. PMC.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Berry, L., & Malek, E. (2017). Caring for children: Relationships matter. *ChildGauge*, 201751.

Black, M. M., et al. (2017). Early childhood development coming of age: Science through the life course. *The Lancet*, *389*(10064), 77–90.

Black, M. M., Behrman, J. R., Daelmans, B., Prado, E. L., Richter, L., Tomlinson, M., Trude A. C. B., Wertlieb, D., Wuermli, A. J., & Yoshikawa, H. (2021). The principles of Nurturing Care promote human capital and mitigate adversities from preconception through adolescence. *BMJ Global Health*, 1-9, DOI:10.1136/bmjgh-2020-004436

Bless, C., Higson-Smith, C., Sithole, C. L. (2013). Fundamentals of Social Research Methods: An African Perspective (5th ed.). JUTA

Boatemaa, W., Drimie, S., & Pereira, L. (2018). *South African food policy analysis: Addressing food security and inequality*. PMC.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, 77-101.Connelly, L.M. (2016). Trustworthiness in Qualitative Research. *Understanding Research*, 25(6), 435-436

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage Publications.

Britto, P.R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., Perez-Escamilla, R., Rao, N., Fernald, L. C. H., MacMillan, H., Hanson, M., Wachs, T. D., Yao, H., Yoshikawa, H., Cerezo, A., Leckman, J F, & Bhutta, Z. A. (2017). Nurturing Care: promoting early childhood development. Early Chilhood development Internventions Review Group. doi: 10.1016/S0140-6736(16)31390-3.

Brooman, S., & Dartwent, S. (2013). Measuring the beginning: a quantitative study of transition to higher education. Studies in Higher Education, 1523-1541, DOI:10.1080/03075079.2013.801428

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg nursing*, *25*(6), 435.

Daniels, H. (2016). Learning in cultures of social interaction. *Revista de Investigación Educativa*, *34*(2), 315-328.

Denny, E., (2020). Students view on transition to higher education in Ireland: Challenges, Impacts and suggestions. *Higher Education Quarterly*, 113-145, DOI:10.1111/hequ.12273

Denzin, N. K. (2017). *The research act: A theoretical introduction to sociological methods*. Routledge.

Du Plessis, P. & Mestry, R. (2019). Teachers for rural schools – a challenge for South Africa. *South African Journal of Education*, 39(1). https://doi.org/10.15700/saje.v39ns1a1774

Engeström, Y. (2001). Expansive learning work: Toward an activity theoretical reconceptualization, Journal of Education and Work, 133-157, DOI: 1080/13639080020028747

Flick, U. (2018). *An introduction to qualitative research* (6th ed.). SAGE Publications.

Food and Agriculture Organization. (2023b). *Africa regional overview – Hunger trends*. FAO. Retrieved from https://www.openknowledge.fao.org

Foot, K. A. (2014). Cultural-Historical Activity Theory: Exploring a Theory to Inform Practice and Research. *Journal of Human Behavior in the Social Environment*, 329-347, DOI: 10.1080/10911.359.2013.831011

Fouche, C. B., Strydom, H., Roestenburg, W. J. H. (2021). Research At Grass Roots: For the social science and human service professions (5th ed). Van Schaik Publishers

Gale, T., & Parker, S. (2012). Navigating change: a typology of student transition in higher education. Studies in Higher Education, 734-753, DOI:10.1080/03075079.2012.721351.

Government of South Africa**.** (2024). *Basic Education Laws Amendment Act: Summary of key amendments.*Government Gazette. Retrieved from https://www.gov.za

Grow ECD. (2024). *FAQs: The BELA Act – Clarification on how BELA affects ECD centres and the split between the Schools Act (Grade R–12) and Children's Act (0–Grade RR).* Grow ECD. Retrieved from https://www.growecd.org.za

Guillemin, M., & Gillam, L. (2004). Ethics, Reflexivity, and "Ethically Important Moments" in Research. Qualitative Inquiry, 10(2), 261-280. https://doi.org/10.1177/1077800403262360

Gunawan, J. (2015). Ensuring Trustworthiness in Qualitative Research. *Belitung Nursing Journal*, 1(1), 10-11

Hak, T., Janouskova, S., & Moldan, B. (2014). Sustainable Development Goals: A need for Relevant Indicators. *Ecological Indicators*, 565-573

Haynes, K. (2012). Reflexivity in qualitative research. Qualitative Organization Research: Core Methods and Current Challenges, 72-89.

Hlalele, D. (2014). Rural Education in South Africa: Concepts and Practices. Mediterranean Journal of Social Science. 5(4), 462-469. DOI:10.5901/mjss.2014.v5n4p462

Igira, F.T., & Gregory, J. (2009). Chapter XXV Cultural Historical Activity Theory. In Contemporary Theoretical Models in Information Systems, 434-454. DOI: 10.4018/978-1-60566-659-4.ch025

Ilifa Labantwana & Partners**.** (2024). *South African early childhood review 2024: State of young children and ECD access.* Ilifa Labantwana. Retrieved from https://www.ilifalabantwana.co.za

Lobo, E., Mahapatra, S., Babu, G. R., van Schayck, O. C. P., Srinivas, P. N., & Mukherjee, D. (2023). Practices and outcomes of responsive caregiving on child neurodevelopment and mental health across diverse global populations: A scoping review protocol. *BMJ Open, 14*(4). https://doi.org/10.1136/bmjopen-2022-078712

Lombard, P. (2020). Factors that influence transition from high school to higher education: A case of the JuniorTukkie programme. *African Journal of Career Development*, *2*(1), 1-14.

Makhubele, J. C., & Baloyi, T. V. (2018). Challenges impeding the successful implementation of early childhood development programmes in South Africa: Implications for practice. *Gender and Behaviour*, *16*(1), 10773-10783.

Mayisela, S. G. (2016). Research Ethics and Ethical Dilemmas in South African Context. In F. L. Matshoane., C. McMaster., & C. Murphy (Eds), Postgraduate Study in South Africa. (pp. 39-49). DOI:10.18820/9781928357247/03

Mayisela, S. G. (2017). Corporal punishment: Cultural-Historical and Socio-cultural practices of Teachers in a South African Primary School.

Mbarathi, N., Mthembu, M. E., & Diga, K. (2016). Early childhood development and South Africa: A literature review. *Pretoria, South Africa: Department of Planning, Monitoring and Evaluation*.

Mbeve, O., & Mhlanga, S. (2022). Tutor-student relationship and its role in promoting first-year students' adaptation to university. *International Journal of Higher Education and Sustainability*, *4*(2), 134-151.

Mbeve, O., Mhlanga, S., Ngidi, S. N., Ngwenya, L. N., Khumalo, G., Makongoza, M., ... & Malatji, H. (2023). Considerations for higher education to enhance economic security and sustainability in South Africa and beyond. *International Journal of Higher Education and Sustainability*, *4*(3-4), 153-176.

Mills, J., Bonner, A., & Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *International journal of nursing practice*, *12*(1), 8-13.

Moletsane, R. (2012). Repositioning educational research on rurality and rural education in South Africa: Beyond deficit paradigms. *Perspectives in education*, *30*(1), 1-8.

Morin, K. H. (2013). Value of a Pilot Study. *Journal of Nursing Education*, 52(10), 547-548. https://doi.org/10.3928/01484834-20130920-10.

Morton, S., Pencheon, D., & Squires, N. (2017). Sustainable Development Goals (SDGs), and their implementation: A national global framework for health, development and equity needs a systems approach at every level. *British medical bulletin*, *124*(1), 81-90.

National Treasury, (2011). 12 Delivering municipal services in rural areas. Retrieved from

https://www.treasury.gov.za/publications/igfr/2011/lg/15.%20rural%20services%202011%20lgber%20-%20final%20-%209%20sept%202011.pdf

Nkambule, T., Balfour, R. J., Pillay, G., & Moletsane, R. (2011). Rurality and rural education: Discourses underpinning rurality and rural education research in South African postgraduate education research 1994-2004. *South African Journal of Higher Education*, *25*(2), 341-357.

Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative Research. *Perspective in Clinical Research*, 4(3), 192-193. DOI:10.4103/2229-3485.115389

Patton, M. Q. (1990). *Qualitative evaluation and research methods.* Sage Publications.

Patel, L., Pillay, J., Henning, E., Telukdarie, A., Norris, S., Graham, L., ... & Rhamasodi, R. (2021). Community of Practice for Social Systems Strengthening to Improve Child Well-Being Outcomes.

Patel, L., Kaseke, E., & Midgley, J. (2013). Indigenous welfare and community-based social development: Lessons from African innovations. In *Social Development and Social Work*(pp. 12-31). Routledge.

Pierce, H., (2020). Nurturing Care Early Childhood Development: Path to Improving Child outcomes Africa. Population Research and Policy Review, Doi: 10.1007/s11113-020-09581-z

Republic of South Africa. (2015). *National Integrated ECD Policy*. Pretoria: Government Printers.

Richter, L. M. (2002). Parenting in poverty: Young children and their families in South Africa. In Effective Early Childhood Education (pp. 201-222). Routledge.

Richter, L. M., et al. (2017). Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. *The Lancet*, *389*(10064), 103–118.

Resnik, D. B. (2018). *The ethics of research with human subjects: Protecting people, advancing science, promoting trust* (Vol. 74). Springer.

Ronaasen, J. E., Steenkamp, L., Wilson, T. M., Venter, D., & Elkonin, D. (2017). ECD indicators and nutritional status of grade R children: An interest to social

workers. *Southern African Journal of Social Work and Social Development*, *29*(2), 13-pages.

Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's Theory of Human Development: Its Evolution from Ecology to Bioecology. Journal of Family Theory & Review, 243-258. DOI:10.1111/jftr.12022

Santos, M., Moreira, H., Cabral, J. A., Gabriel, R., Teixeira, A., Bastos, R., & Aires, A. (2022). Contribution of home gardens to sustainable development: perspectives from a supported opinion essay. *International Journal of Environmental Research and Public Health*, *19*(20), 13715.

Schreier, M. (2018). Sampling and generalization. *The SAGE handbook of qualitative data collection*, 84-97.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75. DOI:10.3233/EFI-2004-22201.

Sobuwa, Y. (2024). *Early schooling protects children from violence, abuse and malnutrition.* Health-e News – Discussion of BELA Act impact on ECD, Grade R compulsory and nutrition benefits. Retrieved March 12, 2025 from: https://health-e.org.za/2024/10/09/early-schooling-protects-children-from-violence-abuse-and malnutrition/#:~:text=One%20of%20the%20changes%20in,extended%20to%20include%20Grade%20R.

Stahl, N. A., & King, J. R. (2020). Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research. *Journal of Development*, 44(1), 26-28

Spaull, N. (2015). Schooling in South Africa: How low-quality education becomes a poverty trap. *South African child gauge*, *12*(1), 34-41.

Szinovacz, M. E., & Davey, A. (Eds.). (2007). *Caregiving contexts: Cultural, familial, and societal implications*. Springer Publishing Company.

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in aging*, *1*(3)

Timmis, S., De Wet, T., Naidoo, K., Trahar, S., Lucas, L., Mgqwashu, E. M., ... & Wisker, G. (2021). *Rural transitions to higher education in South Africa: Decolonial perspectives*. Routledge.

Van Schalkwyk, B. B. (2015). Challenges in realising sustainable community development in rural South Africa. *Agriculture, forestry and fisheries*, *4*(4-1), 73-79.

Ward, C., Makusha, T., & Bray, R. (2015). Parenting, poverty and you people in South Africa: What are the connections. South African child gauge, 1(1), 69-74.

Van Teijlingen, E. & Hundley, V. (2013). The importance of pilot studies. *Nursing Standard*, 16(40), 33-36

Wertlieb, D. (2019). Nurturing care framework for inclusive early childhood develop: opptunities and challenges. Development Medicine & Child Nuerology, 1-6, DOI:10.1111/dmcn.14234

Westaway, A. (2012). Rural poverty in the Eastern Cape Province: Legacy of apartheid or consequence of contemporary segregationism?. *Development Southern Africa*, *29*(1), 115-125.

Wiles, R. (2014). References. In *What are Qualitative Research Ethics?* (The 'What is?' Research Methods Series, pp. 97–108). London: Bloomsbury Academic. Retrieved April 11, 2023, from http://www.bloomsburycollections.com/what-are-qualitative-research-ethics/references

World Bank. (2018). The Nurturing Care Framework. Retrieved from [World Bank] (https://www.worldbank.org/en/news/press-release/2018/05/23/nurturing-care-framework-for-early-childhood-development-launched-at-71st-world-health-assembly)

World Bank. (2022). *What is food security? There are four dimensions*. World Bank. Retrieved from https://www.worldbank.org

World Food Programme. (2023). *A global food crisis: WFP hunger facts*. WFP. Retrieved from https://www.wfp.org

World Health Organization. (2018). *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and*

human potential. World Health Organization. Retrieved from https://iris.who.int/handle/10665/272603.

World Health Organization. (2024). *Joint UN report on food security and nutrition*. WHO. Retrieved from https://www.who.int

Wong, L. P. (2008). Data analysis in qualitative research: a brief quide of using nvivo. *Malays Fam Physician*, 3(1) 14-20

UNESCO. (2016). Learning through play: Benefits for early childhood education. *UNESCO Education for All Report*.

UNICEF. (2020). Early Childhood Development and the Importance of Nurturing Care. Retrieved from [UNICEF](https://www.unicef.org/early-childhood-development)

United Nations (UN). (2015). Transforming our world: the 2030 Agenda for Sustainable Development. Retrieved from [UN](https://sdgs.un.org/2030agenda

Van der Berg, S. (2020). Improving education quality in South Africa. *Development Southern Africa*, *37*(4), 529–550.

Young, D. G. (2016). The case for an integrated approach to transition programmes at South Africa's higher education institutions. *Journal of Student Affairs in Africa*, *4*(1), 17-32.

Zhou, S., Zhao, C., Huang, X., Li, Z., Ye, R., Shi, H., ... & Scherpbier, R. W. (2019). The effect of a community-based, integrated and nurturing care intervention on early childhood development in rural China. *Public Health*, *167*, 125-135.

APPENDIX A: PARTICIPANT INFORMATION SHEET

Date: 22-02-2024

Dear Student

My name is **Matimba Ndove.** I am a Masters student in the **Psychology Department** at the University of the Witwatersrand, Johannesburg. My supervisor is **Dr Simangele Mayisela**. I am conducting a research study about Nurturing Care. The study title is The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

I am inviting you to take part in an **interview**. If you decide to take part, your part in this research study will last about **45-60 minutes** for the individual interview. The interview will take place at the University of the Witswatersrand, Emthojeni Building.

With your permission, I would like to audio record the interview. This data will be stored in a password protected laptop at my place of residence for 5years. Only the researcher, Matimba Ndove, and the research supervisor, Dr. Simangela Mayisela, will have access to this data.

During the research activity, I will need to ask for personal information regarding your early childhood development and adolescence.

The interview will be confidential. When I share the results of the research study, I will not include your name or anything that could identify you. In the current study anonymity cannot be assured because the researcher would have interacted with the participant. With your permission, other researchers may use the data collected from this research study, but your name or any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services; benefits or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study. the selection criteria for participation includes requesting you as the participant to communicate with your parents/caregivers about their potential participation. As part of this process, you will be encouraged to discuss the research aims, procedures, and their role in the study with their parents/caregivers. This ensures that the parents/caregivers have the opportunity to make an informed decision about their involvement in the research.

The potential risks associated with this research study are not greater than those encountered in everyday life. It is possible that certain questions asked during the interview may evoke feelings of sadness or distress. If you experience such emotions, I will immediately halt the interview and schedule a continuation at a later time. In the event that you require support or counselling services following the interview, please be aware that **Open Counseling** offers free assistance. You can reach them at 086 132 2322 or visit their website at https://blog.opencounseling.com/hotlines-za/ for more information on available counselling services.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Matimba Ndove

Researcher:

Matimba Vusi Terry Jnr Ndove, email: 2702232@students.wits.ac.za, Cell no. 0662991871

Supervisor:

Dr Simangele Mayisela, email simangele.mayisela@wits.ac.za, Contact No: 0117174529

APPENDIX B: PARTICIPANT INFORMATION INTERVIEW

Date: 10-04-2023

Dear Caregiver/Parent/s

My name is **Matimba Ndove.** I am a Masters student in the **Psychology Department** at the University of the Witwatersrand, Johannesburg. My supervisor is **Dr Simangele Mayisela**. I am conducting a research study about Nurturing Care. The study title is The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

I am inviting you to take part in an **interview**. If you decide to take part, your part in this research study will last about **45-60 minutes** for the individual interview. The interview will take place at the University of the Witswatersrand, Emthojeni Building.

With your permission, I would like to audio record the interview. This data will be stored in a password protected laptop at my place of residence for 5 years Only the researcher, Matimba Ndove, will have access to this data.

During the research activity, I will require certain personal information regarding your child's early childhood development and adolescence.

The interview will be confidential. When I share the results of the research study, I will not include your name or anything that could identify you. In the current study anonymity cannot be assured because the researcher would have interacted with the participant. With your permission, other researchers may use the data collected from

this research study, but your name or any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services; benefits or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study

If you need some support or counselling services following the interview, these are available free of charge at **OpenCounselling** and the contact details for the following counselling services are 086 132 2322, https://blog.opencounseling.com/hotlines-za/

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Matimba Ndove

Researcher:
Matimba Vusi Terry Jnr Ndove, email: 2702232@students.wits.ac.za, Cell no. 0662991871

Supervisor:

Dr Simangele Mayisela, email simangele.mayisela@wits.ac.za, Contact No:

APPENDIX C: CONSENT FORM

Title of Research project: The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

Name of researcher: Matimba Ndove

I, ……..., agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is all about.	YES	NO
I agree that direct quotations from my interview or focus group may be used by the researcher in their research report	YES	NO
I agree that the interview or focus group may be audio recorded	YES	NO
I agree that other researchers may use the information I provide in my interview or focus group (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on	YES	NO

_____ Signature

_____ Name of participant

_____ Date

_____ Signature

_____ Name of researcher

_____ Date

APPENDIX D: CONFIDENTIALITY AGREEMENT

Title of Research Project: The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.

The Researcher: Matimba Ndove

As a participant of the study I may have access to confidential information about the research study. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about the research study and other participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about the study or participants obtained or accessed by me as a participant of the study is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information.
- I agree to notify the researcher immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

Signature of the participant	Date	Printed name
Signature of the researcher	Date	Printed name

APPENDIX E: INTERVIEW GUIDE

Biographic questions

1. How old are you?
2. What is your gender identity?
3. What is your home language?
4. Where did you grow up?
5. How would you describe the community that you spent your childhood?
6. Can you tell me about your family structure and composition? Including how many siblings you have, and what are their ages?
7. How would you describe the socioeconomic status of your family when you were growing up?
8. Did your family socioeconomic status impact your access to resources such as healthcare, nutrition and early learning opportunities?
9. How many rooms are there in your home?
10. What is the highest level of education completed by your primary caregiver?
11. What were your primary caregivers' occupations when you were growing up?
12. Did your caregiver's occupation influence their availability and involvement? How
13. Did the occupation of your caregivers impact their caregiving support you received during your childhood?

Interview Schedule for students

Good health

1. How would you describe your overall health and well-being growing up
2. What kind of health services did you have access to?
3. Were there any health-related challenges your family faced?
4. Did you have access to clean water or sanitation?
5. How often did you visit a healthcare service, and what were those visits like?
6. How did your caregivers handle any illnesses or injuries you experienced?
7. How did your caregivers educate you about maintaining good health and hygiene?
8. How was your dental health managed during your childhood?

Adequate nutrition

1. Did you have access to safe and clean water?
2. How easily accessible were nutritious food such as fruits, vegetables and proteins in your household?
3. Did you have regular meals times and eating patterns during your childhood?
4. Were you provided with age-appropriate food that were suitable for your developmental stage and nutrition needs?
5. Did your family have any financial constraints or barriers that affected your access to adequate nutrition
6. Looking back, would you say that your diet and nutrition received during childhood influenced your physical and cognitive development?
7. Were there community programs or resources that supported your family in providing adequate nutrition?

Responsive Caregiving

1. Can you describe
2. Were there any changes in caregivers during your childhood? If any, how did this impact you
3. Can you describe the relationship you had with your primary caregiver during your early years?
4. How would you characterize the way in which your caregiver responded to your needs, physically and emotionally?
5. Can you share an example of how your caregiver showed affection or support?
6. Can you describe how your achievements were celebrated.
7. How was your caregiver involved in your academic development?

Opportunities for early learning

1. Can you describe the environment in which you spent your early childhood years?
2. Were there designated spaces for learning in your home or community?
3. Can you describe any early educational activities you were involved in before formal schooling?
4. Did you have access to toys, books or other educational materials that encouraged learning at home?
5. How were your social and emotional skills nurtured during your early childhood?
6. What role did your caregivers play in supporting your early learning journey?
7. How did your caregivers integrate learning into daily routines and activities?
8. How did your caregivers prepare you for formal schooling and educational success?

Security and Safety

1. Which basic needs did you have access to when growing up?
2. Can you describe the safety measures and precautions that were in place in your home during your childhood?
3. Participant: we had burglar windows and even door. We had a gate in my house
4. How would you describe the safety of your neighborhood or community when you were a child?
5. Were there specific times or places where you felt particularly safe or unsafe?
6. Did you feel safe playing outside or interacting with neighbours and peers?
7. Did you feel safe and secure in your school environment?
8. Did you experience any bullying, harassment or other safety concerns at school?
9. Were there measures in place to address bullying, harassment or other safety concerns at school?
10. How did your caregivers educate you about personal safety?

Interview Schedule for Parents/Caregivers

Good Health

1. How would you describe your child's overall health and well-being during their early years?

2. What kind of health services were available to your child, and how often did you access them?
3. Did your family face any health-related challenges while raising your child?
4. Did your household have access to clean water and proper sanitation during your child's upbringing?
5. How often did you take your child to healthcare services, and what was the experience like?
6. How did you handle any illnesses or injuries your child experienced?
7. How did you educate your child about maintaining good health and hygiene?
8. How did you manage your child's dental health during their early years?

Adequate Nutrition

1. Did your family have consistent access to safe and clean water for your child?
2. How did you ensure that nutritious foods like fruits, vegetables, and proteins were available for your child?
3. Did you establish regular meal times and consistent eating patterns for your child?
4. How did you ensure your child received age-appropriate food that met their developmental stage and nutritional needs?
5. Did your family face any financial constraints that affected your ability to provide adequate nutrition for your child?
6. Do you believe the diet and nutrition you provided to your child influenced their physical and cognitive development?
7. Were there any community programs or resources that helped you provide adequate nutrition for your child?

Responsive Caregiving

1. How would you describe the relationship you had with your child during their early years?
2. Were there any changes in who cared for your child? If so, how do you think this impacted them?
3. How did you respond to your child’s physical and emotional needs?
4. Can you share an example of how you showed affection or support to your child?
5. How did you celebrate your child’s achievements?
6. How did you involve yourself in your child’s academic development?

Opportunities for Early Learning

1. Can you describe the environment in which your child spent their early childhood years?
2. Were there designated spaces for learning in your home or community for your child?
3. Can you describe any early educational activities your child was involved in before formal schooling?
4. Did your child have access to toys, books, or other educational materials that encouraged learning at home?
5. How did you nurture your child's social and emotional skills during their early childhood?
6. What role did you play in supporting your child's early learning journey?
7. How did you integrate learning into your child's daily routines and activities?

Security and Safety

1. How did you ensure your child had access to basic needs during their upbringing?
2. What safety measures and precautions did you put in place in your home to protect your child?
3. How would you describe the safety of your neighborhood or community while raising your child?
4. Were there specific times or places where you were particularly concerned about your child's safety?
5. Did you feel that your child was safe playing outside or interacting with neighbours and peers
6. Did you feel that your child was safe and secure in their school environment?
7. Was your child affected by bullying, harassment, or other safety concerns at school?
8. Were there measures in place at school to address any bullying, harassment, or other safety concerns that affected your child?
9. How did you educate your child about personal safety?

APPENDIX F: APPROVAL LETTERS

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MEd/23/03**
PROJECT TITLE:	The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.
INVESTIGATOR	Ndove Matimba (2702232)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	10 June 2023
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2025

ISSUE DATE OF CERTIFICATE 28 August 2023 **CHAIRPERSON** Aline Ferreira Correia
(Dr Aline Ferreira Correia)

cc: Dr Simangele Mayisela (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved, I/we undertake to submit an amendment of the protocol to the Committee.

T. Ndove

Signature **Date** **28 / 08 / 2025**

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

06 September 2023

Matimba Ndove
Student Number (2702232)
Master of Education (in Educational Psychology)
School of Human and Community Development

TO WHOM IT MAY CONCERN

"The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education."

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

Ethical clearance has been obtained. (Protocol number: MED/23/03)

Research Expiration: (31 August 2025)

Nicoleen Potgieter
University Deputy Registrar

Private Bag 3, WITS, 2050, South Africa | **T** +27 11 717 1204/8 | **E** nicoleen.potgieter@wits.ac.za | www.wits.ac.za
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APPENDIX G: EDITOR'S LETTER

ONCE'S RESEARCH SOLUTIONS
COPY EDITING & COACHING

The tenacity and innovation in our clients' research work keeps us humble and strongly dedicated to excellence as well as professionalism!

28/02/2025

To Whom it May Concern

RE: Confirmation of editing

This letter serves to confirm that I have edited a master's dissertation authored by **Matimba Ndove**.

The **title of the dissertation** is: *The exploration of the role of nurturing care in rural students' transitioning from early childhood to higher education.* A research project submitted in partial fulfilment of the requirement for the degree of Masters in Education (Educational Psychology) in the Discipline of Psychology in the school of Human and Community Development, University of the Witwatersrand, Johannesburg

In this dissertation, I conducted language editing and provided necessary research advice.

Note: The author made further inputs after my editing.

If there are any questions, do not hesitate to contact me.

Kindest Regards
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APPENDIX H: PHASE 2-GENERATING INITIAL CODES

The table below presents the coding process used to categorize and label key patterns and recurring themes within the transcribed interviews. The extracts are arranged sequentially, mirroring the order in which they appeared during each interview. The attached illustration provides a visual representation of this coding approach and the subsequent extraction of relevant data.

Phase 2: generating initial codes

Good Health		
Raw data Extract	Coded	Theme
... we have to go there by 4am so that the line does not cut us... there is a time in which nurses like cut the line. (Participant 1). If we have to there we wake up very early to at least be outside the clinic from 5am because there is long lines (Participant 1.1). ... if you needed to go you really need to be there in the morning like your 3am you have to be out of the door and that time it opens at 8am (Participant 2). You had to stand long lines (participant 2.1). you would wait for months for things like surgery... even going there you will spend the whole day before getting help. For example the clinic we have to be there by 4 or 5 if you want to finish early and sometimes you can even make it to 4pm... they also have cutoff times whereby you are told to come the next day. (Participant 3). The experience was challenging because we had to wait long hours and sometimes we were turned aways if they couldn't assist us (Participant 3.1). there is a clinic but does not work perfectly sometimes you have to be there very early	Early arrival, long waiting times and cut offs at clinic/hospitals	1. Navigating health care challenges

(Participant 4)... we had a clinic nearly by but it wasn't reliable. Sometimes we had to wait long hours.... When we had to go it was very tiring because we had to wake up early and stoll wait the whole day(Participant 4.1). the visits were bad I remember going to the nearest clinic whereby I was rushed there and I stood there in pain without being assisted for a long time.... Nonemergency's have to even wait longer and come early and by this I mean 5am (Participant 5)... the lines were long and you need to go early in order to be assisted (Participant 6)		
...issue like I was sick we we had a clinic that was like 10 kilometres away... the hospital was in town (Participant 1). We also had another hospital was far away into the next village maybe 10km... in town directly there was another public hospital (participant 2)... even going there you will spend the whole day before getting help. For example the clinic we have to wake up and be there by 4am or 5am if you want to finish early and sometimes you can even make it to 4pm (Participant 3).... If you need a hospital you have to travel that is not always possible to go (Participant 4). The hospital you had to travel a bit because it was not directly in the area I stayed at (Participant 5). ... sometimes we travelled to a hospital a bit further aways	Distance to clinic and hospitals	
Some days they would even tell you that they do not have medication you are looking for (Participant 2.1). ... it did not have enough resources	Lack of resources	

because you can go and not get help (Participant 4)... there was always a shortage of medication. Sometimes you would even go there and be given pandado because they did not have anything else (Participant 5). The clinic did not have enough resources and we had to wait a long time and on other days they did not even have the right medication (Participant 5.1)		
We would rarely go there because my own mother would provide natural herbs to assist with sicknesses minor sicknesses (Participant 1.1). .. firstly we would try to treat illnesses with things that are found here at home (Participant 2.1). the time I am sick it is treated at home with traditional ways and if I was sick badly I would then go to the clinic... my mother would make home remedies (Participant 4). For small cuts and flu I used home remedies (participant 4.1) most things were taken care of at home using remedies (Participant 6)	Home remedies as a substitute	

What you child sees you do they copy... they did what we did... we encouraged that a child takes care of themselves. (Participant 1.1). The same way I was taught when I was young that the first thing you do when you wake up is brush your teeth and bath and you were not allowed to go outside without doing that.(Participant 2.1)	Caregiver as role model	2. Hygiene and health education
She would speak to me about hygiene and she was very strict clean person.... in terms of taking care of oneself clean clothes making sure that space around us was clean.	Emphasis on personal hygiene	

(Participant 1). My dad was strict about having a clean house and making sure the water we drink is also clean also the things you use to cook or eat has to be clean also the environment. He also made sure that the first thing we did in the morning was brush your teeth and wash your face... he was also strict about us bathing everyday and you can not leave the house without bathing (Participant 3). I taught them to always wash their hands before eating brush their teeth in the morning and at night and bathe everyday especially before leaving the house. (Participant 4.1)		
She taught us about cleaning and stuff. Looking after the environment that you live in and you picking after yourself (Participant 2). My dad was strict about having a clean house and making sure the water we drink is also clean also the things you use to cook or eat has to be clean also the environment (Participant 3)	Environmental Cleanliness	
From a young age my grandmother taught me... that we had to wash our hands before eating... first thing we had to do after waking up is making the bed and brushing our teeth. You could not even leave the house without bathing.(Participant 4). I taught them to always wash their hands before eating brush their teeth in the morning and at night and bathe everyday especially before leaving the house (Participant 4.1)	Routine hygiene practices	
There was a water pump not far from the house so we	Fetching water	

would go get water there (Participant 2). When water was not available we had to fetch somewhere (Participant 2.1). possible to spend like three months without water... we would go to another area that has access to water (Participant 3). We often fetched water or buy it (Participant 3.1). Participant 3 shared, *"There was an area in the village that had a tap, and everyone would use a wheelbarrow and go there to collect water."* Similarly, (Participant 6)		3. Water and sanitation challenges
We did not have water all the time from the tap (Participant 2). We did not have running water all the time ...possible to spend like three months without water (Participant 3). We had access to clean water but it was not always consistent (Participant 4.1).	Inconsistent water availability	
Yes we had clean water most days.... We had indoor plumbing for the toilets (Participant 5.1)	Consistent water	
We had to fill buckets when we had water for the days that we did not (Participant 2). ... municipality would open water for us in the yard like in the tap once a week we would be able to store water in water tanks and then we also had Jojo tanks.... (Participant 1.1). there would be water tanks	Water storage practices	

Adequate nutrition		
Raw data Extract	Coded	Theme

We planted vegetables... we also have sections where we have fruit. We have oranges.. grapes guavas mangoes... We also have plots whereby different families can go there and plant (Participant 1). We rely a lot on the garden when it comes to vegetables... fruits like grapes, oranges, and mangoes depend on the season.... We have a chicken shack that we get eggs from and sometimes slaughter them (Caregiver 1.) I planted vegetables and my mom kept chickens for eggs (Caregiver 2). my mom also planted veggies such as spinach and tomatoes and fruits we had guavas oranges and grapes (Participant 3). ... even now in my household I have planted vegetables (Caregiver 3). at my house we had avocado tree mangos litchees and my grandmother would plant corn spinach and sometime tomatoes (Participant 4). We had a garden at home... Every weekend everyone would wake up and worked on it so that we keep it going. We also had cows... and some few sheep's (Participant 4). We had a big yard so we would work on the side dedicated to actually growing vegetables. We had spinach cabbage and other things we also have fruits like mangoes paw-paw and grapes.... We would have access to meat like chicken (Participant 6) I had chickens in the yard for both eggs and eating (Caregiver 6)	Home gardening and self-sustenance	1. Access to Nutritious food
My neighbours also had their own fruits that they grew and sometimes we even share (Participant 1). Even shared with our neighbours they	Community sharing	

would share with us what they had... morogo onions guavas and oranges (Participant 4).		
Once a month we go to town to buy groceries...We also buy meat in town (Participant 1) She would buy them monthly (Participant 2). I bought fruits and other foods each month end after getting paid (Caregiver 2) my dad would provide money and my mother would buy them and she also knew where to get them cheap (Participant 3). if I do not have something.. or meat my husband provided money to buy them (Caregiver 3). They would buy them when doing groceries.... Meat would be bought in shops (Participant 5). We got fruits vegetables from grocery shops that we frequented... things like meat we would buy them in a local butchery (Caregiver 5)	Accessibility through purchase	
My school feeding scheme where it provided a meal and fruits (Participant 2). Our schools would have a feeding scheme which we were given food during break times and also fruits for lunch. Sometimes they would give us bread to take home (Participant 3). I appreciated the school feeding scheme was a great help and this is because I knew that breakfast and lunch my child got meals at school (Caregiver 3). our school would give us meal during break (Participant 4). They got food from the school. School feeding scheme really helped (Caregiver 4) at school we would receive food for lunch so we did not worry about carrying lunchbox (participant 6).	1. School Feeding schemes	

Raw extract	Coded	Theme
Yes in the morning we at soft porridge and then during the day I ate at school and then I eat dinner… during weekends or holidays… my grandmother cooks in the afternoon for the family and what is cooked is also used for dinner (Participant 1). In the morning would make soft porridge and then I would normally cook for lunch and leftovers would be for dinner. everyone would eat together (Caregiver 1.1). Yes we had three meals a day. In the morning it would be either cereal or bread with butter and tea. For lunch sometimes it would be sandwich butter or polony with juice pr tea sometimes even a fruit…and dinner it would be starch with meat and veggies (Participant 2). Yes we had three meals a day this included breakfast lunch and dinner (Caregiver 2). yes …. We would have time for breakfast… lunch if we not at school it would be served around 1pm and dinner would be around 7pm (Participant 3). Yes we always had set meal times for example in the morning after everyone was done with their morning chores we would have breakfast… lunch in the afternoon someone would have cooked by then and dinner in the evening (Caregiver 3). yes we did have regular meal times in the morning we did have breakfast mostly it was tea and bread. Lunch they would have cooked and dinner would be repeat of what we had for lunch. This meals were also at the same time and everyone present (Participant 4). Yes we	Structured meal times	2. Meals times and patterns

ate at the same time everyday breakfast in the morning lunch in the afternoon and dinner in the evening (Caregiver 4)		
Yes we did for dinner but the other meals you ate when you wanted to eat but also maybe breakfast when we were going to school but lunch and other things on weekends was when you wanted to eat (Participant 5). We ate dinner together but other times you could eat at any time (Caregiver 5)	Flexible meal practices	

Raw extract	Code	Theme
No, because most of the things be planted at home (Participant 1). No, because most of the things we had uh we could pretty much sustain ourselves. In terms of the garden and also life in TafelKop is affordable. When it comes to having maize meal and things like that, it was manageable (Caregiver 1). No we didn't have major financial constraints. We could have not afforded all the wants but when it came to things we needed they were always there (Caregiver 5). No I do not think so because pap was always there because we would take corn and turn it to maize meal. The veggies were always there because one of our chores was working on the garden (Participant 6)	Home gardening and resourcefulness	Theme 1: Resilience and Self-Sufficiency
No my grandmother made sure that we ate every day I would not go to sleep with hunger there was always something to eat (Participant 2). es, just like any other family we did have money problems but my parents used to tell us that we need to survive with what we had and	Prioritization of children's Basic Needs	

there was times where we did not have meat or such but we still ate and never went to bed hungry (Participant 4). Yes, there were times we struggled. The constant money we had was grants, this is because we had piece jobs, but I made sure my child never went to bed hungry. Worst day they would even eat pap and just vegetables (Caregiver 4)		

Raw extract	Code	Theme
Yes, there was a time where my dad did not have job I think it was 2010 yeah so it was difficult to have access to the kind of meals we were used to have. My mom was still selling at the school and the money she made would help but we still felt the loss of my dad job. We had less access to meat and there was increased purchases of canned meal (Participant 3). Yes, there were times when we did not have money. My husband became sick and lost his job. During that time we did not know what we will eat. It became harder to provide meals. We had to rely on more affordable such as vegetable meals and your pilchards (Participant 3.1). Yes we did not always have money as you can see with my work there were times I did not build (Caregiver 6)	Financial Hardships	Financial Challenges and Adaptive Strategies
We had to rely on more affordable such as vegetable meals and your pilchards (Caregiver 3).The constant money we had was grants, this is because we had piece jobs, but I made sure my child never went to bed hungry (Caregiver 4). Pap and	Adaptation Through Affordable Options	

vegetables were always there, even when money wasn't (Caregiver 6)		

Raw extract	Code	Theme
Yes, because I think if a child is not eating well, um they will struggle also at school when it comes to them focusing. I think we did do our best to make sure that she grows up well and she was able to go to school and then when it comes to support I would really give it to my mother because she's the one who did the most of the work when I'm not around (Caregiver 1). Yes my mother used to tell me and siblings that eating good gives energy to your brain especially when going to school so she would make sure we eat all meals of the day. And always incorporated something healthy (Participant 2). Yes I believe the balanced meals gave them the energy and focus they needed for school. It is something that I noticed with myself also since I was studying that when I eat a balanced meal I had more energy to even study (Caregiver 2). Yes um because of all the balanced diet it helped physically and allowing my body to grow. Also with veggies I was told that it helps with concentration and focus and those are the two things that I think I excel with when it comes to studying (Participant 3). Yes, I think it helped them grow strong and healthy. It also gave them the energy and focus needed for school. As we grow we are told that healthy food helps child	Cognitive Benefits of Balanced Diet	Recognized Benefits of Balanced Nutrition

academically and also we provided food (Caregiver 5).		
Yes um because of all the balanced diet it helped physically and allowing my body to grow (Participant 3).I would say so because even now I still buy the same food that I ate at home, I feel like I am an active individual. And I think it was because of that because you can see I was able to reach university. (Participant 4).Yes I think I am the way I am because of what I was eating earlier. It had a lot of benefits I mean it had a good effect on my body in terms of energy and stuff. Like carrots are good for your eyes (Participant 5	Physical Benefits of Balanced Diet	

Raw extracts	Code	Theme
No I do not even think that the two were related (Participant 1). Yes do not know I just provided food and made sure they not hungry (Caregiver 3)I really do not know hey (Caregiver 4) I really do not know hey (Participant 6). Yes I would say so because they did not go to bed feeling hungry (Caregiver 6)	Lack of Connection and Focus on Hunger Prevention	Limited Awareness and Focus on Immediate Needs

Responsive caregiving		
Raw extracts	Code	Theme
I would say that she was very supportive. She was always there for me... I believe she showed me a type of love and care that no other person has shown me. (Participant 4). We were very close. I was always there for them when they needed me (Caregiver 4). With	Close relationship	1. Caregiver-child relationships

my current caregiver she really tries her best and she had made it easy for me to open up to her. I have a good relationship with her (Participant 5). I think she is free with me and she is able to talk to me about anything and if she ever needs advice she is able to come so I would say good relationship (Caregiver 5). I could talk to them about anything that was appropriate for a mother and son to talk (Participant 6). I feel like was more close to his mother (Caregiver 6)		
feel like I was more close to my grandmother than my mother growing up (Participant 1). I think it was tough… When she was still young she was more raised by my mother than me (Caregiver 1). She was strict… she was always shouting when she didn't get her way… would not say we were close growing up (Participant 2). I did not make them my friend. I am their parent (Caregiver 2). we had our challenges and I think we still do now… I felt like she favoured my siblings over me (Participant 3).	Distant or Strained Relationships	
With my biological mother I think I was very close but when she passed I think I distanced myself from people because I would even play alone (Participant 5).In the beginning it was very difficult… She was very closed off and it was hard for her to open Up (Caregiver 5)	Impact of Changing Caregivers	

Raw extract	Code	Theme
they would try their best to support me when it comes to education and making sure	Physical Needs	2. Caregiver Responsiveness

what I need I receive such as clothing. If need a jersey for school they would try their best to get me one and even stationery (Participant 1). physical needs I buy her clothes… I make sure there is food (Caregiver 1). She also made sure that we have good to eat in the house (Participant 2). By making sure that they had food or clothes (Caregiver 2). I would say that I made sure that her and siblings had food clothes and a safe warm place to live shelter (Caregiver 3). She would make sure I also have everything I needed such as uniform or clothes in general. I always had a meal to eat (Participant 4). they always had something to eat and wear. They would never say they slept hungry (Caregiver 4). made sure I am not hurt and if I am hurt she made sure I get the help needed. She got me the things I need such as clothes (Participant 5). We did not have money so clothes would not be bought much but she always checked our shoes to see who needed them more (Participant 6). have a room to sleep at and food to it (Caregiver 6)		
Emotional needs maybe if she cries out I comfort her (Caregiver 1). When I had a problem she would talk to me to see what is wrong if it's something that she can do she will definitely help if not she will try to console me (Participant 2). made sure that my kids can come to with with anything problem they had whether it was school or something in	Emotional Needs	

the community (Caregiver 2). my grandmother really paid attention to my feelings. She could see when I was upset, when something was stressing me and she offered to even listen as I talked about it (Participant 4). they were listened to and they could come to me with anything that was troubling them (Caregiver 4). She was attentive she met all my needs... she would listen to me and anything I could be facing. I am also free to say anything to her (Participant 5).		
Emotionally I do not think they supported me and I do not think it was something that I was allowed to talk about (Participant 1). Emotionally I feel like they did not respond to my needs. I would often feel like my feelings were overlooked (Participant 3). Emotionally I do not know (Caregiver 3). I do not think she was there emotionally... my culture emotions isn't something that people showed much of especially as a man (Participant 6)	Lack of emotional responsiveness	

Raw extract	Code	Theme
If she were to cry, I would comfort her (Caregiver 1). By hugging and kissing and showing up to my prizegiving (Caregiver 2) I would give her hugs when they were not feeling well and I would tell them how much I love them (Caregiver 2). would make sure I have everything that I needed from uniform and also stationery (Participant 4). I would hug them, tell	Positive Affection	Demonstrating Affection and Support

them I love them and show up for everything they needed me for (Caregiver 4). encouragement and when I doubted if I could do something she would encourage me and tell me that I can do whatever (Participant 5). she came to the house crying... I came into the room to ask what wrong at that moment I listened to her... asked her how she would want me to respond (Caregiver 5)		
It was 2012 my mother accompanied me to my award ceremony and this was for the first time I experienced support from her (participant 3). do not have a answer for that (Caregiver 3). I really do not know (Caregiver 6)	Minimal or No Affection	

Raw extract	Code	Theme
We wouldn't celebrate achievements (Participant 1). We don't really celebrate but congratulating them... we are not really big on celebrations (Caregiver 1). I come from a black family they will just say Congratulations (Participant 2). we did not (Caregiver 2). they were not celebrated besides them saying congratulations (Participant 3). I really did not do much hey besides congratulate her on whatever she had just achieved. We never celebrated formally (Caregiver 5.1). that was never done hey. They would only tell you congratulations verbally but besides that no (Participant 6). There was no celebration (Caregiver 6)	Minimal or No Celebrations	Celebrating Achievements

would just congratulate her… I had money I would get her something or give her money (Caregiver 3) she actually got me a watch after passing. My grandmother would always give me words of encouragement (Participant 4). I congratulated them and sometimes bought them small treats, like sweets (Caregiver 4). If it was something big such as passing really well they would get you something small and only if they have money (Participant 5).	Efforts to celebrate	

Raw extract	Code	Theme
Sometimes the teachers from around give their time to tutor children for free during school holidays (Caregiver 1). My grandmother taught me English and how to write… in matric, she told me to focus on studying and not do any chores (Participant 4). I helped them with reading when they were young and gave them space to focus during exams (Caregiver 4).	Active Involvement	Academic Involvement
They would help me by paying to go to the college to get assisted with my schoolwork (Participant 1). I would motivate her to study… even if I couldn't help directly (Caregiver 1). they provided me with school uniform, books, stationery, and also paid for school trips… they just provided me with resources. (Participant 3). I made sure she had the necessary things needed for school… such as uniform, food, and stationery (Caregiver 3). She was	Indirect or Financial Support	

involved in a financial way… encouraged me to get back to the right track (Participant 5). If I couldn't help, I would find someone who could, like the boy next door (Caregiver 5).		
She was not involved… I learned while young that I need to be good with my work (Participant 2). They were really not involved… besides during enrolment, you were really on your own (Participant 6). I was not involved (Caregiver 6)	Limited or No Involvement	

Opportunities for Early Learning		
Raw extract	Code	Theme
At school yes. We would use the classrooms that is where everyone would go (Participant 1). Yes she had her room and it was available for her to use any time (Caregiver 2). They would leave some of the classes open for us to use after school… at home I would use my bedroom that was the only room available (Participant 3). She would study at her school with her friends (Caregiver 3). the school we were allowed to stay and study there (Participant 4). I would usually do my work either in my bedroom (Participant 5). she also had the bedroom for studying. Problem with that is she did not have a table so she had to study on the bed (Caregiver 5). if I was working at home I would find a tree with a nice shade usually it was in the field and study there…. We also had access to our school to study some classes would be left open (Participant 6).	Designated Learning Spaces	1. Learning Spaces and Educational Environments

at home it just any space was available at the time (Caregiver 1). at home I just had to find free space to study sometimes I would even take blanket to go study outside and on some days... I would study in the room that I sleep in if it is not too busy. (Participant 2). Not really. My child studied at the kitchen table or outside under a tree if it was too noisy (Caregiver 4).	Lack of Specific Spaces	

Raw extract	Code	Theme
when it comes to how we thought uh her in terms of responsibility maths she would help so sell so she needed to know how to count even reading we would try to teach just so that she knows basic things. (Caregiver 1). ohhh like I said my grandmother taught me a few things such as counting and also the games we played help with counting. Such as hide and seek because you first had to count while other hide. Not sure if the stories that used to be shared count (Participant 4) I taught them basic counting, and we played games that involved numbers (Caregiver 4). playing puzzles count. They would teach me how to count (Participant 5).	Engagement in Informal Early Learning Activities	2. Early Educational Activities
um there wasn't anything (participant 1). I really do not remember hey I really do not and I don't want to lie (Participant 2). I do not think she was involved in anything that I knew of (Caregiver 2). as far as I remember I did not have any (Participant 3). Eixx I do not know (Participant 3.1).	Lack of Recollection or Absence of Early Learning Activities	

Um with that one I am a bit unsure remember she was already in school when she started staying with me (Caregiver 5). No I did not have any (participant 6)		

Raw extract	Code	Theme
My father loved magazines that taught us about animals more agricultural things... before she could read she would just be interested by the pictures, you know, and it made her very curious (Caregiver 1).yes I did... I had storybooks and colouring books. I had this thing that you move around for maths and it used for counting (Participant 2). She also used to go to the library in our community to even borrow books (Caregiver 2). Yes I had all the above. When it comes to books I had types of animal books, numeracy books, puzzles, and blocks (Participant 5)	Adequate Access to Educational Materials	3. Access to Educational Materials
No I did not have any toys at home (Participant 3). I never bought any reading books... we did not have money to buy them toys (Caregiver 3) I did not have any toys of my own. I remember we used to play with bricks and pretend that it was cars (Participant 4). No I did not have access to any toys that were educational (Participant 6)	Lack of Materials	

Raw extract	Code	Theme
they taught me about respecting elders and other people (Participant 1). she would have to play with the children (Caregiver 1). I was told that I needed to respect elders my mother would tell	Social Skills Development	Social and Emotional Development in Early Childhood

me about the importance of being polite to older people... my mother would encourage me to interact with other kids (Participant 2). by letting them play with other kids (Caregiver 2). I was just given that opportunity to play with other kids outside the yard for a limited time and also how to talk to adults show respect (Participant 3). I let her play with other children and taught her to respect adults (Caregiver 3). We were taught to respect our elders, help each other, and share what we had. (Participant 4) I encouraged them to play with other children, share, and respect their elders (Caregiver 4). I tried taking her outside to play with other kids or visit her cousins to play with them (Caregiver 5). We were taught that we should respect everyone in the community especially elders (Participant 6). Teaching them how to conduct themselves, how to treat people (Caregiver 6)		
I had no social skills like really no social kills I think I am an introvert (Participant 5)	Limited social skills	
Emotionally I do not know (Caregiver 2). Emotionally I do not think that there was any support... Actually there was no support (Participant 3). I didn't do much to support her emotionally (Caregiver 3). Emotionally like I mentioned before there was no emotions showed, we were actually raised as that men should not show any emotions when growing up (Participant 6)	No Emotional Support	

Security and Safety

Raw extracts	Code	Theme
They provided me with food clothes and safe shelter (Participant 1). I had access to a home, food (participant 2). I made sure that they are in schools. At home they have food and clothes to wear at home and uniform for school (Caregiver 2). food a home and clothes ummm also education (Participant 3). I made sure they had food something to wear and a place to sleep at that was warm (Caregiver 3). I had access to food, house and clothes (Participant 4). I provided food, clothes, and a roof over their head (Caregiver 4). I had access to shelter food clothing healthcare (Participant 5). I made sure that they have food, something to wear, and a place that is safe to sleep at (Caregiver 5). I had clothes shelter and health but just far (Participant 6). By making sure they have somewhere to sleep and that they do not sleep while feeling hungry (Caregiver 6).	Access to Basic Necessities	1. Provision of Basic Needs
We had dogs and we have a fence around the house with a gate that locked. We also have burglar windows (Participant 1). We have a fence at home that goes all around the house and we have dogs (Caregiver 1). We had burglar windows and even door. We had a gate in my house and proper fence and the doors were locking all of them (Participant 2). we had a gate that locked and burglar doors and windows (Caregiver 2). we had a fence around the yard and the gate	Home Security Measures	2. Home and Community Safety Measures

that locked and a door that locks (Participant 3). We had a fence and my husband has a gun (Participant 3.1). we had a fence which had a chain that locked. We also had a burglar door. And lights outside the house which were turned on during the evening (Participant 4). We had a locked gate, burglar bars on the windows, and lights outside the house (Caregiver 4). we had doors that can lock burglar windows and doors. We had a brick fence with thorns on top. The gate could be locked two ways including a chain and paddle lock (Participant 5). We had a brick mall with barbed wire on top and we had a gate that we were able to lock. We also had burglar windows (Caregiver 5). We have a fence but it's small.... my father has a gun (Participant 6). We had doors that locked (Caregiver 6)		
Very safe... if maybe like a thief gets caught stealing uh they will blow the whistle so that neighbours from far and anyone can come... with torches at night to deal with the matter... Dealing with the matter I mean mob justice. (Participant 1). It was not safe hey it was not safe. People would get mugged outside and yeah house breaking was a weekly or monthly thing (Participant 2). It was not totally safe especially moving away from our street. You would hear about muggings and house breakings happening around the area (Caregiver 2).	Community Safety and Collective Measures	

it was safe when one of the community members was in trouble the whole street would come out to help that person (Participant 3). It was safe... The community members were like family and people looked out for each other (Caregiver 3). there was a time things like muggings were increasing and breakings this led to the creation of night parole (Participant 4). It was mostly safe, but there were times when people got mugged or houses were broken into. You would hear about stabbings also at night (Caregiver 4). my neighbourhood was not the safest when growing up. It was very dangerous you know there was a lot of theft that happened... My neighbours were also on a look out if I was playing outside (Participant 5)		
They taught me my body is mine and I should not let anyone take advantage of me (Participant 1). I taught her body is hers and no one should touch her inappropriately. (Caregiver 1). They just told me to stay away from dangerous places and be indoors before dark (Participant 2). I taught them to avoid dangerous places and stay in groups when walking far (Caregiver 2). They told us to take care of ourselves, be in the yard before dark, and walk in groups (Participant 3). I taught her not to talk to strangers and to stay in the yard after dark (Caregiver 3). She told me not to walk at night or engage with	Safety Education by Caregivers	3. Personal and Environmental Safety Education

strangers (Participant 4). I taught him to stay close to home, avoid dangerous places, and never walk alone at night (Caregiver 4). They told me about the dangers of not keeping safe and to run home if I felt unsafe (Participant 5). I taught her to scream or run home if she felt unsafe and never accept a lift from strangers (Caregiver 5). hey must take care of themselves wherever they go and be careful (Caregiver 6)		
I felt safe because teachers were strict, and bullying was punished (Participant 1). The school had an anti-bullying policy and educated learners about safety. (Caregiver 1). I felt safe because the school had security and teachers were there to help (Participant 2). The school had security guards and a high wall, so I didn't worry (Caregiver 2). I felt safe because the school had a security guard, a fence, and supportive teachers (Participant 3). he school always had adults present, so I felt they were safe (Caregiver 3). he gate was locked, and there was a security man (Participant 4). The school had a security guard and locked gates (Caregiver 4). The school ensured no one should be bullied, and bullying led to expulsion (Participant 5). The teachers cared about the children, and they would check on absentees (Caregiver 5). There were no safety measures; we didn't have security guards (Participant 6)	Safety at School	