DIALOGIC READING IN THE SOUTH AFRICAN CONTEXT: OUTCOMES OF A CAREGIVER TRAINING VIDEO ON CAREGIVER READING BEHAVIOURS

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A dissertation submitted to the Wits School of Human and Community Development, Faculty of Humanities, University of the Witwatersrand in fulfilment of the requirements for the degree of Master in Speech-Language Pathology.

Johannesburg

2020

DECLARATION

I, Tarryn Coetzee, hereby declare that this research dissertation is my own unaided work. It is being submitted for the Degree of Master in Speech Pathology by Dissertation at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

Tarryn Coetzee

30th day of March in the year2020

ABSTRACT

Background

A reduced culture of book-sharing exists in South Africa. Despite substantial evidence in favour of the implementation of book-sharing interventions in low-middle-income countries (LMIC), few studies systematically examine the value of providing caregiver training in such contexts and even fewer studies have been published in South Africa. 47

Methods

This research study employed a non-randomised comparison group, cross-over repeated measures design as part of a mixed research design to determine the outcomes of a caregiver training video on dialogic book-sharing behaviours of 40 caregiver-child dyads in a peri-urban environment in South African. Two semi-structured interview schedules were used to determine the existing book-sharing practices and possible existing barriers to book sharing.

Results

Results revealed a significant improvement in caregiver shared reading behaviours in both the experimental and comparison group after viewing the caregiver training video, both within and between groups. Consequent improvements were also noted in children's shared reading behaviours. The absence of a book-sharing culture, misconceptions about book-sharing and limited resources are but a few themes that emerged. 5

Conclusion

The significant changes that were elicited in the shared reading behaviours of the caregivers, coupled with the positive impact that was observed in the children's shared

reading behaviours, suggest that this caregiver training video provides a highly effective intervention medium that is worth implementing in LMI countries such as South Africa.

Keywords

Dialogic book sharing; Shared reading/paired reading; Emergent literacy/early literacy; Caregiver training video; South Africa

ACKNOWLEDGEMENTS

Whatever you do work at it with all of your heart as working for the Lord and not for men. Colossians 3:23

I would like to begin this report by thanking the people without whom this Masters dissertation would not have been possible:

- To my supervisors, Prof S Moonsamy and Dr J Neille who were not only of academic support but also a pillar of strength during the personal tragedy which took place during the study process. To every research participant who volunteered to participate in this research study.
- To Principal Sheila, Principal Dimakatso and Principal Lerato who opened their doors and welcomed me into their day-care centres.
- To Cynthia Dlamini and Aisha Tau, the most incredible research assistants I could have ever asked for.
- To Dr H Ramsay from the Gauteng Department of Education (GDE) for her constant motivation and assistance in obtaining speedy GDE clearance.
- Prof G Finchilescu, for her endless patience during the data analyses and interpretation process.
- To my dear friend and confidant, Dr E Oswald, thank you for being my editor and reader and my sounding board.
- And last but not least, my family for lending ears to listen when I spoke about this project for the umpteenth time, dried my tears of exhaustion and frustration, cheered me on at every juncture and believing in me when I no longer did.

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CHAPTER 1: INTRODUCTION AND RATIONALE FOR THE STUDY

1.1 Introduction

Early literacy development is considered to be one of the most fundamental necessities for later academic success. The challenges of low literacy rates are widely recognized to be greatest in sub-Saharan Africa where both access and quality remain critical problems (Ngwaru, 2014). Reasons for neglecting a more explicit focus on early literacy and language development in South Africa, are multifaceted and complex. A combination of factors including the legacy of apartheid, poverty, transgenerational factors such as: caregiver/s' own levels of education and literacy, personal experience of schooling, understanding of children's literacy and how it is acquired, and their own confidence as teachers are further aspect that impact upon children/s' emergent literacy development (Hannon, Nutbrown & Morgan, 2018; Vally, 2012; Weigel, Martin & Bennett, 2006; Reutzel & Cooter, 2011; Makunga, Schenck, Roman & Spolander, 2017). It is also important to draw attention to the socially situated nature of literacy practices within different communities and understanding the literacy practices that groups and communities are already engaged in (Prinsloo & Breier, 1996; Street, 2001). Variations in these practices may be further contributors to the differential early literacy performance outcomes for children in LMI countries such as South Africa (Reese, Arauz & Bazán, 2012).

Several factors can affect a child's likelihood for successful early literacy development such as parental involvement, socioeconomic status, and access to reading materials (High & Klass, 2014). Caregivers from different social classes and cultures in South Africa may therefore have varying opinions pertaining to the importance and

facilitation of literacy development (Dixon, Place & Kholowa, 2008; McKenzie, 2016). The need for the promotion of quality caregiver-child interactions and improved access to educational resources is fundamental for language and literacy development. It is estimated that only very few caregivers in South Africa have access to resources and are therefore able to actively engage their children in cognitively stimulating materials (Vally, 2012; Walker, Wachs, Gardner, Lozoff, Wasserman, Pollitt & Carter, 2007). This shortage of a culturally appropriate language and literacy rich facilitation within the home environment ultimately influences children's learning and their later academic performance (McDowell, Lonigan, & Goldstein, 2007). The development and implementation of interventions that address these problems are a highly worthwhile enterprise, however only a few interventions that promote and teach caregiver facilitation skills have been initiated (Seabi & Amod, 2009; Seabi, 2014; Justice, Logan, & Damschroder, 2015). Research has shown that societies where there is a reduced culture of book-sharing could reap significant benefits from the introduction of book-sharing interventions and that the training of caregivers, specifically, is a cornerstone to achieving this (Vally, Murray, Tomlinson & Cooper, 2015; Fukkink & Lont, 2007).

Shared book reading, is defined as an interactive reading experience which occurs when children share a book with a more knowledgeable other, such as a parent or a teacher. During this shared book reading experience, the child's counterpart applies modelling and scaffolding strategies that specifically aim to improve a child's language development and early literacy skills. It is considered to be a cognitively and linguistically stimulating activity which has recently begun to gain increased attention as a result of a rekindled interest in early literacy. The volume of positive evidence in favour of interactive book-sharing has led to it being termed an "essential cognitive stimulation activity" which results in a myriad of benefits for early language and literacy development (Vally, 2012).

A meta-analysis of the supporting evidence in a study by Bus, Van Ijzendoorn and Pellegrini (1995) and supported by the findings of Shahaeian, Wang, Tucker-Drob, Geiger, Bus and Harrison (2018) deduced that book-sharing in the first six years of a child's life could be directly correlated to outcomes in language development, emergent literacy skills and reading achievement. Research conducted in the area of book sharing has shown that parents who take part in this activity with their children make use of increased amounts of labelling, questioning, commenting and talking about the pictures of a story, thereby providing their children with maximised exposure to new vocabulary and concepts (Temple & Snow, 2003; Vally, 2012; Mol, Bus, De Jong & Smeets, 2008). There is little evidence in support of training parents in book-sharing, particularly in LMI countries such as South Africa. A randomised book-sharing intervention trial was conducted in a rural township in South Africa by Vally, Murray, Tomlinson and Cooper (2015). This study demonstrated the substantial benefits of a book-sharing intervention on early language and literacy development, which was brought about by improvements in parental mediation (Vally, Murray, Tomlinson& Cooper, 2015).

Significant disparities exist around effective facilitation and mediation in literacy development and many South African caregivers do not know how to facilitate effective book-sharing with their children (McDowell, Lonigan & Goldstein, 2007; Tayob & Moonsamy, 2018). In addition to concerns about the cost of the immediate implementation of such book-sharing interventions, another likely reason for the limited evidence of studies is that the implementation of such comprehensive interventions presents significant logistical challenges. These challenges include but are not limited to; the availability of personnel, training of personnel and delivery, especially in circumstances where resources are scarce (Vally, 2012). Despite substantial evidence in favour of the implementation of book-sharing interventions in LMIC, only a few studies systematically examine the value

of providing caregiver training in these contexts, and even fewer studies have been published in South Africa. It is therefore essential, to explore whether there might be more cost-effective intervention strategies, specifically directed at caregivers from LMI contexts, promoting early language development, cognition and pre-literacy skills in young children that would present a less discouraging implementation prospect. Several studies have shown that specifically training videos can be a highly effective educational tool as they show much promise as a rapid and effective procedure for teaching and acquiring new skills (Lloyd & Robertson, 2012; Kay, 2012; Rackaway, 2012; Hsin & Cigas, 2013).

Hence, the development of a video-based dialogic book-sharing intervention aimed at teaching caregivers specific book-sharing techniques poses great promise for addressing the apparent loss of developmental potential in South Africa.

1.2 Purpose statement

Dialogic interventions are deemed suitable, given that they are affordable to develop and deliver, can easily be disseminated in communities with limited access to resources, or offered in addition to existing parent awareness or therapeutic interventions (Vally, 2012). A study conducted by Vally, Murray, Tomlinson and Cooper (2015) in Khayelitsha, South Africa, found that the presentation of videos was especially compelling and of substantial use in illustrating to the caregivers the critical points in good book-sharing practice. While caregivers in this study were initially sceptical about sharing books with their children, they were especially enthusiastic about participating in the research study after they had seen some videos of local children successfully sharing books with an adult.

The original dialogic study conducted by Arnold, Lonigan, Whitehurst and Epstein (1994) also confirms that training by means of a video recording, provides a cost-effective

method of implementing a dialogic reading programme. In fact, this study demonstrated that this form of training was even more effective than traditional direct training techniques.

1.3 Conclusion

Although there is compelling evidence in favour of a video-based caregiver training format for teaching dialogic book sharing, few studies have investigated the efficacy of this potentially highly effective caregiver training medium in a low-middle income context such as South Africa. Hence, the purpose of this study was to explore the outcomes of a caregiver training video on dialogic book-sharing behaviours of a group of caregivers in Orange Farm, South Africa.

CHAPTER 2: LITERATURE REWIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This research study is based on the principle that the social interaction between a caregiver during shared book reading is an essential component of a child's early language and literacy development. Consequently, the quality of the interaction between the caregiver and the child during shared book reading is reflected in the reading behaviour of the child. The purpose of this literature review was to investigate research studies and articles in the area of literacy and literacy intervention in South Africa. The literature review helped form a solid basis of information for the validation of this research. It also aimed to provide insight into the importance of literacy intervention being provided to caregivers by SLPs.

2.2 The role of the SLP in emergent literacy development

Speech-Language Pathologists (SLPs) play a number of roles when it comes to the early literacy development of children. These roles include but are not limited to the identification of at-risk children, programme development and advocating for effective literacy practices (ASHA, n.d. a). SLPs can play a vital role in fostering early literacy development and may serve as leaders in preventive literacy intervention programmes which are designed in an effort to prevent the development of later reading difficulties (Kaderavek, 2015). The primary role of the SLP is to work with parents and teachers to share possible risk factors and teach strategies that contribute to age-appropriate emergent literacy development (ASHA, n.d.).

2.3 Pre-literacy skills and emergent literacy

The acquisition of early literacy skills is thought to take place along a developmental continuum, beginning in the early childhood years rather than being a sudden phenomenon which begins in primary school (Fletcher & Holmes Finch 2015; Pantaleo, 2009). Specifically, emergent literacy has been defined as: "… the reading and writing behaviours of young children before they become readers and writers in the conventional sense" (Justice, 2006, p. 3). The emergent literacy approach proposes that early literacy development consists of a complex combination of interdependent skills. It further suggests that the sound development of early literacy skills depends on the following components, namely: print; books; writing and oral language e.g. storytelling; phonemic/phonological awareness and discourse about written language (Haas Dyson, 2010; Neumann, Hood, Ford & Neumann, 2011; Deunk, Berenst, & De Glopper 2012; Fletcher & Holmes Finch 2015). The development of a child's emergent literacy varies according to their environment's theoretical perspectives, cultural contexts, practical needs and available resources.

2.4 Literacy and multilingualism in South Africa

Literacy development is a highly complex process that begins long before formal reading instruction. The socially situated nature of literacy practices and consequent literacy development in different cultures and communities such as those which exist in South Africa, need to be highlighted. Prinsloo and Breier's (1996) Social Uses of Literacy Project (SoUL) examined the many ways in which literacy is used by people with limited reading and writing skills, in disadvantaged communities in South Africa. One of these ways, is the oral tradition of storytelling which is deep-rooted and highly valued in many communities and cultures in South Africa. Researchers agree a sound set of oral language

skills are important for literacy development and later academic reading success (Snow, Burns, & Griffin, 1998; Storch & Whitehurst, 2002). Even in communities that have low levels of literacy, the oral story telling traditions can be incorporated and utilised to develop children's literacy development (Dixon, Place & Kholowa, 2008). A seminal study of literacy practices by Heath (1983) showed that providing children with access to literacy related activities can facilitated by other individuals who may lack literacy skills themselves. A study conducted by Reese, Leyva, Sparks and Grolnick (2010) explored the effects of training 33 low-income mothers in dialogic reading and elaborative reminiscing on children's oral language and emergent literacy. Results obtained revealed that elaborative reminiscing boosted children's oral narrative skills and story comprehension in comparison to dialogic reading (Reese, Leyva, Sparks & Grolnick, 2010). Authors further concluded that the training effects after the training in elaborative reminiscing were present regardless of the children's ethnic background and whether they were bilingual (Reese, Leyva, Sparks & Grolnick, 2010). The expected behaviours, language and literacy competencies, values and attitudes to and relationship with academic culture purported by schools in South Africa still primarily reflect the values of a westernised economically and cultural dominant group in society (Reese, Arauz & Bazán, 2012). This has unfortunately lead to the dilution of the oral culture and this lack of affirmation of community practices can further contribute to the loss of opportunities for building the foundations for early literacy learning, thereby widening the gap between the early literacy skills of low-income families and middle-income families (Reese, Leyva, Sparks & Grolnick, 2012).

Large portions of the population of caregivers in South Africa are unable to facilitate quality mediation in literacy development with their children. According to the General Household Survey (GHS) (2012), 92.9% of South African adults (15 years and older) are considered literate, and only 7.1% of South African adults are illiterate. The

GHS assumes in calculating this literacy rate, that anyone with an education level equal to or higher than Grade 7 is literate. This statistic is, however, not a true reflection of the literacy levels in South Africa. According to the Progress in International Reading Literacy Study (PIRLS) (2016), the adult literacy rate is below 60% in developing countries such as South Africa.

A qualitative study by the South Africa Book Development Council (SABDC 2011) explored the existing literacy practices within South African households. Results revealed that an absence of reading culture exists in the majority of LMI South African homes and that a large number of South African parents and caregivers do not read to their children. Low literacy levels can be attributed to South Africa's history of inequality and social injustice which has resulted in a large number of parents and caregivers not being literate or having limited access to education (Graven, 2016).

In addition to the high levels of illiteracy among South African children and their caregivers, the scarcity of resources available in their home languages further complicates the implementation of effective early literacy interventions. South Africa's Constitution recognises 11 official spoken languages. Of the estimated 51.7 million South African citizens, the largest group (24.7%) speak isiZulu, followed by isiXhosa (15.6%), Afrikaans (12.1%) and English (8.4%). Although there is compelling evidence in support of the view that literacy should be taught in the mother tongue, there is also compelling evidence that states instruction should be relevant to the learners' lives (Tshotsho, 2013). The unfortunate reality in South Africa is that children and their caregivers are frequently more motivated to learn how to read and write in English as it is still perceived to be the language of education, power and work in South Africa (Garcia, 2009; Garcia & Wei, 2014; May 2015; Department of Basic Education, 2010; Department of Basic Education Annual Report, 2013a).

2.5 Caregiving in the South African context

The general definition of caregiver, according to South Africa's Child Care and Protection Policy (2017) and for this study, is any person who has an interest and involvement in the child's care, well-being and development including, but not limited to, the child's biological parents. The South African Child Care and Protection Policy (2017) defines care as encompassing any aspect of the routine and daily care of a child or children, necessary to ensure their survival, development and protection. This policy recognises that many children live with, and are cared for by, persons other than their biological parents.

Many South African families experience multifarious living arrangements during their lives (Madhavan & Brooks, 2015). Research conducted by Amoateng and Heaton (2007) and Zulu and Sibanda (2005) identify labour migration, high unemployment and different cultural approaches to child-rearing as contributing factors to many African children living with a variety of adults, including their biological parents and extended kin. Stretched and divided households continue to exist in the post-apartheid context. Due to circumstantially brought about long periods of absence and the struggle to provide for their families, many men and women face difficulties maintaining involvement with their children (Ramphele & Richter, 2006; Madhavan & Brooks, 2015). As a result of these scenarios of parental migration in search of better educational and employment opportunities, South African children spend significant periods of their childhood not residing with one or both parents (Madhavan, Townsend, & Garey, 2008). All too many of the households in rural settlements and townships in sub-Saharan Africa involve an older sibling assuming parental roles and responsibilities. Relatively little data is available on the extent of child-headed households in southern Africa, because these households are often

difficult to identify as extended family and members of the community provide some form of support to members of such households and these households are, therefore, often concealed (Le Roux-Kemp, 2013). In the context of this study, it should be noted that no child-headed households, as stipulated in the Children's Amendment Act 41 of 2007 were included. The minor caregivers that accompanied their younger siblings to the appointments were not the primary caregiver in their household as defined by the Children's Amendment Act 41 of 2007.

The minor caregivers who accompanied their younger siblings to the appointments were sent instead of the primary caregiver or adult by the primary caregiver or adult if they were unable to attend due to work commitments and other responsibilities. An older sibling, who takes responsibility for younger siblings in a family, is not uncommon in many homes of South African families. Children, and particularly older siblings, often contribute significantly to the family household in the South African context with tasks performed by girls, in particular, tending to be the low-status activities, such as household chores, sharing responsibilities and load-bearing (Grier, 2006; Keenan & Evans, 2009). In many African societies, care-giving or care work is often associated with females, and thus care-giving is usually considered to be the role of a female. Hence, older sisters are often given the roles of caregivers due to their assumed natural roles as nurturers (Keenan & Evans, 2009; Robson, 2004).

Considering the complexity of caregiving in the South African context, this study aimed to incorporate caregivers, rather than a specific carer, as the frequent changes in living arrangements and the complexities of many South African families and households often includes the presence and involvement of extended kin, particularly grandmothers, aunts and siblings (Madhavan & Brooks, 2015).

2.6 Early literacy programmes and shared book reading

Early literacy interventions have been reported to have a positive impact, at least for as long as they are maintained (Shonkoff & Meisels, 2000). According to research, early literacy intervention programmes appear to have more substantial and longer-lasting gains if they involve caregivers or family members, rather than merely individual children (Brooks-Gunn, Berlin, & Fuligni 2000; Van Voorhis, Maier, Epstein & Lloyd, 2013).

Several studies that have explored variations of shared book reading have provided strong support in favour of shared-reading interventions as a means for improving the development of children's early literacy skills (Mol, Bus, De Jong & Smeets, 2008; Justice, Logan & Damschroder, 2015). A popular approach to intervention and improving pre-literacy skills in children, specifically children at risk, involves variations of shared-reading routines. These variations primarily aim to make early-literacy learning opportunities more intensive for children. A commonly used approach to intervention involves training parents, caregivers and teachers to read storybooks with their children in specific ways which improve the quality and quantity of adult-child exchanges during reading interactions (Mol et al., 2008; Justice et al., 2015).

One such intervention that has proven very successful in the cognitive and language stimulation of young children in high-income countries (HIC) but has received minimal exploration in LMIC is the promotion of shared book reading (SBR). The evidence in favour of SBR has been so compelling that it has been termed a vocabulary acquisition device (Vally et al., 2015). A study conducted by Towson, Gallagher and Bingham (2016) demonstrated that SBR was effective in facilitating oral language goals and encouraging constructive caregiver-child interactions. Although various studies have shown that SBR enhances language development in casual settings (Aram, Fine & Ziv, 2013; Colmar,

2014), the implementation and utilisation of more structured reading techniques can advance this language development further in preliterate children (Wasik, Hindman & Snell, 2016). A study conducted by Mol and colleagues (2008) examined the effects of shared book reading on children's vocabulary skills. Results from this study revealed that children who were considered at risk due to their socioeconomic status benefitted significantly less from exposure to interactive reading. The authors suggested that the reason for the decreased effect for children at risk may have been due to how caregivers implemented the book-sharing intervention (Mol et al., 2008). The authors hence hypothesized that shared book reading may be more effective with older low-income children with more advanced oral language skills than with younger low-income children (Mol et al., 2008).

An especially well-validated technique from literacy literature that has yielded positive results in this regard is termed dialogic reading (Whitehurst & Lonigan, 2008).

Dialogic reading/book sharing, is an intervention method first described by Whitehurst and colleagues (1988), is widely recognised as an effective intervention for stimulating the development of a variety of important early cognitive and language skills in children. Dialogic book sharing is a scientifically validated, interactive shared book reading intervention that aims to enhance young children's language and literacy skills. It advocates the use of standardised strategies that explicitly target young children's expressive and receptive vocabulary and comprehension skills (Arnold et al., 1994; Justice & Pullen, 2003). Despite compelling evidence in favour of the implementation of dialogic book-sharing interventions in LMIC, only a few studies systematically examined the value of providing caregiver training in LMIC contexts, and even fewer studies have been conducted in South Africa. Studies have demonstrated that a concise dialogic training

programme can result in considerable improvements in the interactive reading behaviours of caregivers and children from low-income backgrounds when delivered individually or in group formats (Brannon & Daukas, 2012; Valdez-Menchaca & Whitehurst, 1992; Opel, Ameer & Aboud, 2009; Cooper, Vally, Cooper, Radford, Sharples, Tomlinson & Murray, 2014). Brannon and Daukas (2012) conducted a study investigating the impact of an intensive 10-week dialogic reading training progamme on literacy interactions between 40 mothers with lower levels of education in a Hispanic Midwestern school district in the USA, and their children. Results obtained showed that mothers with lower levels of education posed significantly more open-ended questions and responded to questions significantly more at post intervention. Similarly, mothers with higher levels of education demonstrated a significant increase in posing open-ended questions and pointing to pictures and words to aid their child's comprehension of the story post intervention. These results lead the authors to conclude that the dialogic reading training resulted in significant gains for all parents regardless of educational level (Brannon & Daukas, 2012).

A meta-analyses of 16 dialogic reading studies concluded that dialogic reading is primarily beneficial for children's expressive rather than receptive language development and that parent-led dialogic reading has been found to be more effective with younger children from middle-income households than with older children from low-income households (Mol, Bus, de Jong, & Smeets, 2008). Although the meta-analysis conducted by Mol et al. (2008) did not test for the effectiveness of dialogic reading with children from different ethnic backgrounds, findings suggest that it is also possible that culture moderates some of the effects of dialogic reading with low-income children. Several experimental studies have compared the effects of dialogic reading on the early language development of children. A study conducted by Arnold, Lonigan, Whitehurst, & Epstein

(1994) implemented a one month, home-based dialogic reading intervention which aimed at promoting optimal interactive reading behaviours. The results obtained from this study indicated larger effects on the expressive language skills of children than a conventional picture book reading intervention. A study conducted by Valdez- Menchaca and Whitehurst (1991) aimed to determine the acceleration of language development through picture book reading in 20, two-year old children of low-income parents attending a public day-care facility in Mexico. In contrast to the findings of Arnold, Lonigan, Whitehurst & Epstein (1994) children in the Valdez-Menchaca and Whitehurst (1991) study who had received the dialogic reading intervention performed better in both receptive and expressive vocabulary tests compared to the children in the control group. Despite the promising effects of the implementation of a dialogic book sharing intervention on the expressive and receptive language skills of children, schools were reportedly unlikely to continue with the small-group book sharing intervention due to a shortage of personnel and time constraints. Opel, Ameer and Aboud (2009) conducted a four-week dialogic reading intervention with 180 rural Bangladeshi pre-schoolers and found that the implementation of a dialogic reading program significantly increased children's expressive language skills in low-literacy and low-resource environments. Although this dialogic reading intervention had yielded promising results, findings coincided with those of Valdez-Menchaca and Whitehurst (1991) in that schools were reportedly unlikely to continue with the small-group book sharing intervention due to a shortage of personnel and time constraints.

Despite the many advantages to early literacy development in children brought about by dialogic reading interventions, the research into and implementation of this form of remediation in South Africa, especially in socially disadvantaged communities appears

to be scarce. Cooper, Vally, Cooper, Radford, Sharples, Tomlinson and Murray (2014) conducted a study with 82 carer-infant dyads in Khayelitsha, South Africa which aimed to determine whether providing an intensive eight- week training in book sharing to mothers in an impoverished community in South Africa, yielded the same results as in HIC. Results obtained showed that infants whose mothers received the book sharing training showed greater benefits than the comparison group infants in both their attention and language. The authors further conclusion coincides with those of Valdez-Menchaca and Whitehurst (1992); Opel, Ameer and Aboud (2009) and Brannon and Dauksas (2012) in that training in book sharing for families living in conditions of marked socio-economic adversity, such as in South Africa, has the potential to be of considerable benefit to child's developmental progress. Although the study by Cooper, Vally, Cooper, Radford, Sharples, Tomlinson and Murray (2014) yielded valuable results in favour of the implementation of dialogic reading training programmes in South Africa, in agreement with the aforementioned studies, the time constraints and shortage of trained personnel also proved to be limitations that affected that sustainability of the intervention.

Dialogic reading interventions do not only pose great potential for the improvement of the expressive and receptive language skills of children but also for the improved development of parent- child relationships which play an essential role in the socio-emotional development of children (Lessing & Odendaal, 2004). A qualitative study conducted by Lessing and Odendaal (2004) aimed to determine the influence of a paired reading programme on the relationship between seven parents and their children (age 7-11) with a reading disability. Results obtained indicated that paired reading can influence parent-child relationships positively and that parents play a vital role in the process of paired reading (Lessing & Odendaal, 2004).

The studies that have been discussed all highlight the undeniable benefits of a shared reading intervention programme on early language and literacy development, as well as attention and improved parent-child relationships. On investigation, the majority of the studies implemented caregiver training programmes that were either:

1) too time-consuming for the caregivers to realistically commit to,

2) too labour intensive in terms of training,

3) too extensive for continued and consistent implementation, and

4) limited by access to, and availability of, culturally and linguistically appropriate materials.

The current study aimed to address each of these four limitations by creating a short, concise, standardised, cost-effective training platform that did not place additional demands on a pre-existing shortage of personnel or caregivers with time constraints in South Africa.

2.7 Specific interactive reading behaviours

Although shared book reading may not be the sole predictor for literacy development, it has been found to have a distinct facilitative effect on children's acquisition of language and emergent literacy skills. Furthermore, the involvement of parents and caregivers in children's early reading development has been found to play a pivotal role in the child's later reading success. According to research, however, the majority of parents and caregivers do not perceive themselves as central partners in their children's emergent reading development and, furthermore, do not know how best to share books with them (Arnold et al., 2007).

Morrow (1990) identified nine interactive reading behaviours which researchers have continued to investigate as having positive outcomes for future success in young children's reading. These interactive reading behaviours are shown in Figure 1.

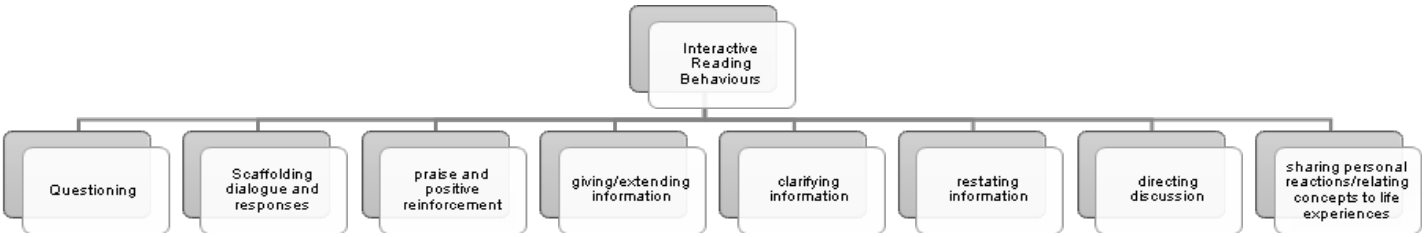

Figure 1: Interactive reading behaviours (Morrow, 1990).

Since then, several studies have suggested that specific types of interactive reading behaviour are more effective in fostering language development and pre-literacy skills than others. Most studies suggest that caregiver reading behaviours such as; reciprocal questioning and responding, making stories relevant to the child's life, praise, explaining and elaborating on aspects of the story, physical proximity while sharing the book, monitoring the child's comprehension of the content of the book, adjusting the level of the dialogue to the child's level of understanding, are all behaviours that enhance pre-literacy skills and language comprehension (Whitehurst et al., 1988; Jordan, Snow & Porche, 2000; DeBruin-Parecki, 2009).

These studies have varied methodologies, but they all support the notion that certain caregiver interactive reading behaviour, practised during shared storybook reading, improves children's pre-literacy skills and receptive and expressive language development.

2.8 Selecting appropriate story books

A storybook, specifically for Grade R to 3, is a book which is intended to be used as an engaging read-aloud or an independent pleasure reading book (Research Centre for Adolescent and Child Health/REACH project, South Africa, 2018). Best practice quality recommendations for South African children's books arose out of the Consultative Workshop in 2017, between the Room to Read REACH Project, in collaboration with the Department of Basic Education (DBE, 2010). The best practice document identified the main quality categories for children's books to be as follows:

2.8.1 Diversity

Encompassment of individual differences and social differences such as nationality, social class, gender, sexual orientation, ability, cultural and political views, religious affiliations, mental health status and language.

2.8.2 Story Content

The storybooks should aim to be universal, and the underlying message should be one that most readers in the target audience can relate to concerning plot, setting, characterisation, interest, excitement and length. They should be suitable for different categories of South African children from diverse contexts and cultures.

2.8.3 Illustrations

The illustrations in the storybook should assist with the comprehension of the story. The illustrations should affirm the child or the audience for whom the storybook has been written; they should appeal to the child and be inclusive.

2.8.4 Design

Text and artwork should be consciously balanced, and the choice of fonts and use of white space should be appealing and not overwhelming to children.

These factors were all considered in the design and compilation of the training video that was used in this study.

2.9 Video-based caregiver training

To date, there have been only two studies investigating the use of a video-based training programme to teach dialogic reading strategies to caregivers. Other studies have employed a combination of modalities (Blom-Hoffman, O'Neil-Pirozzi, Cutting & Bissinger, 2007; Briesch, Chafouleaus, LeBel & Blom-Hoffman, 2008).

Some of the most significant advantages of using a video-based training programme in the South African context are cost efficiency, trainer time efficiency, accessibility and consistency in intervention delivery (Blom-Hoffman et al., 2007). Although both of these studies had a limited sample size and both listed the parent's and child's reactivity to being videotaped as a limitation, a clear rationale in favour of video-based training emerged.

The social learning theories developed by Vygotsky (1978) and Feuerstein (1979) support why dialogic book-sharing (DBS) has proven to be more effective in cases where caregivers have been provided with modelling that aimed to improve the quality and effectiveness of their reading strategies (Blom-Hoffman et al., 2006; Vally et al., 2015). In light of the above, video-based modelling may significantly enhance the effectiveness of caregiver training programmes.

2.11 Theoretical framework

The theoretical framework for this study is based on three interlocking theories, social learning theory, social development theory and the theory of mediated learning experience. Each of these theories, and the relationship between them, will be discussed in the following sections, forming the theoretical framework which underpins this study.

2.11.1 Social learning theory

The social learning theory by Albert Bandura (1977) emphasises the primary importance of the observation and modelling of the behaviours of others. Bandura's theory attempts to explain human behaviour as a result of continual reciprocal human interactions. This would imply that the environment and the person's behaviour affect each other rather than the simplistic behaviourist notion which proposed that it is solely the environment that causes individual behaviour.

> *Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action*.
>
> (Bandura, 1977, p22).

Bandura's social learning theory goes on to suggest that both children and adults readily adapt their behaviours to conform to social models. This adaptation, in turn, elicits and results in behavioural change. Bandura, therefore, added a social component to the behaviourist concepts of conditioning, reinforcement and punishment, highlighting that observing other people's behaviour is a common way of learning new skills and

behaviour. An article by Hay and Fielding-Bramsley (2012) supports Bandura's theory in that the authors claim that there are strong interactive links between children's language development, cognitive reasoning and their success in school achievement and that these links are best facilitated within a social learning framework where children's language and talk is encouraged and accepted. This early interaction is the best place to begin an adult dialogue with children that is purposeful and designed to build the vocabulary, concepts and understandings of the topic being taught (Hay & Fielding-Bramsley, 2012).

Thus, Bandura's social learning theory supports the notion of this study, that the use of a caregiver training video, which aims to teach and model effective shared reading behaviours with young children, would be an effective way of altering the shared reading behaviour of parents and caregivers.

2.11.2 Social development theory

The social development theory was developed by the Soviet psychologist and social constructivist, Lev Vygotsky. The central theme of Vygotsky's theory is that social interaction plays an integral role in cognitive development and that social interaction precedes development (Vygotsky, 1978).

> *Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. All the higher functions originate as actual relationships between individuals.* (Vygotsky, 1978, p. 57)

This notion is supported by the second component of Vygotsky's theory, which suggests that the potential for cognitive development depends on the zone of proximal development or ZPD. Vygotsky defines the zone of proximal development to be:

> *The distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance, or in collaboration with more capable peers.* (Vygotsky, 1978, p. 86)

In the context of this study, this theory can be applied to the parents and caregivers and the children. This study proposes that the level of effective, shared reading behaviour that can be learned and applied by the parents and caregivers invited to participate in this study could be greater once they have engaged with the caregiver training video (peer collaboration) than those that they exhibit on their own. Consequently, the language and pre-literacy skills of the children who are included in this study can be further improved and developed by enhanced adult guidance, and this exceeds what could be attained by the child alone. This social construction of knowledge, according to which human development is socially situated and knowledge is constructed by interaction with others, compliments Bandura's premise of social learning.

2.11.3 Theory of mediated learning experience

Reuven Feuerstein was an Israeli Professor of Psychology. Feuerstein proposed that that human intelligence is not static or fixed and that an individual's intelligence ratio can be altered by providing very specific types of interactions. Feuerstein termed an individual's potential to change: Structural Cognitive Modifiability and the specific type of interaction that facilitates change Mediated Learning Experience (MLE) (Feuerstein, 1979).

Feuerstein, Rand and Hoffman (1979) suggested that:

MLE provides the organism with instruments of adaptation and learning in such a way as to enable the individual to use the direct-exposure modality for learning more efficiently and thus become modified. (Feuerstein, Rand & Hoffman, p.206).

The MLE states that the quality of an interaction between an individual and their environment via an intentional human being or more knowledgeable other plays a vital role in the develo0pment of cognition of that individual (Seng, 2003).

Consequently, it can also be argued that literacy development can be most effectively facilitated in Bandura's social learning theory, Vygotsky's ZPD and by Feuerstein's process of mediated learning. Scanlon, Anderson and Sweeney (2016), in their research, indicated that both Vygotsky and Feuerstein's theories support the notion that the main contributing factor to effective learning and literacy development is the quality of a learning experience that children are exposed to is. Furthermore, a study conducted by Montag, Jones and Smith (2015) supports this notion in that it is the quality of adult book-sharing in the home environment that had the greatest effect on children's literacy skills.

2.12 Conclusion

A review of the literature supports this study in that it:

1) highlights that childhood development can be improved by early childhood interventions, such as caregiver support (Engle, Fernald, Alderman, Behrman, O'Gara, Yousafzai et al, 2011),

2) that the implementation of early high-quality childhood development programmes can improve language and literacy development in even the most vulnerable children and has

the potential to reduce inequalities and restricted learning opportunities (Engle et al, 2011), and

3) that training South African caregivers in joint reading and the use of dialogic book-sharing techniques using a caregiver training video could likely impact caregiver reading behaviour with their children and ultimately aid in addressing the well-documented loss of developmental potential in South Africa.

2.13 Research question

Does the viewing of a video-based caregiver training video influence caregiver reading behaviour and, if so, what are the consequent effects on the children's reading behaviour?

CHAPTER 3: METHODOLOGY

3.1 Introduction

This section of the research outlines the aims of this study, the research design, information regarding the participants, methods and procedures that were utilised to collect and analyse the data, reliability and trustworthiness of the study and the ethical considerations.

3.2 Research aim

This study aimed to investigate the value of a caregiver training video in altering caregiver reading behaviour. The following objectives describe the primary aim.

3.3 Research objectives

- To explore caregivers' existing reading practices in the home environment pre-intervention using a semi-structured interview.
- To identify barriers to shared book reading in the home environment.
- To determine caregivers' reading practices post-intervention employing a semi-structured interview.
- To compare children's reading behaviours at baseline assessment and post-intervention.
- To determine whether training videos are an effective training and intervention platform for speech-language therapists practising in the South African context.

3.4 Research design and research approach

This study employed a non-randomised, comparison group, cross over repeated measures approach as part of a mixed-methods design. The study involved the

implementation of an experimental treatment or intervention in the form of a caregiver training video and a control intervention in the form of a video, completely unrelated to training caregivers in shared reading behaviours. The effects of either on the shared reading behaviours of the caregiver-child dyads in both the experimental and the control group were statistically documented, compared, analysed and interpreted for discussion. This served the purpose of comparison on outcomes (Solomon, Cavanaugh, & Draine, 2009).

The results obtained were compared by group (experimental) and comparison and theoretically linked to the intervention (caregiver training video) being compared within the study.

A mixed-methods design was chosen. Disadvantages of a solely quantitative approach include that quantitative research does not always allow for the consideration of the full complexity of human experience or perceptions. Quantitative research can reveal what or to what extent, but cannot always explore why or how (Hammarberg, Kirkman & De Lacey, 2016). Obtaining information from the study participants about their perceptions of shared reading and their home literacy environments, as well as their subjective perceptions and observations during the study process, allowed a more holistic impression of the participants' shared reading perceptions and experiences as well as the reading culture that existed within their households.

3.5 Participants

3.5.1 Sampling strategy

Stratified sampling was used. Stratified sampling is a probability sampling technique wherein the participants are divided into subgroups or strata. Caregivers were invited to participate in the study at a parent meeting which was

held at the respective day-care centres in Orange Farm. Of the group of participants who volunteered to participate in the study at this initial meeting, the final subjects were selected proportionally from the group of participants who had consented to participate in this study. The selection of participants was conducted according to the inclusion and exclusion criteria listed below. Study participants in the experimental and comparison group were matched according to gender, age and level of education of the caregivers and the age of the children to limit variables that could skew the results. This sampling technique was used as an equal number of caregiver-child dyads needed to be allocated to both the experimental and the comparison group.

3.5.2 Inclusion and exclusion criteria for participants

Inclusion criteria for caregivers

- Must be a caregiver to a child aged between two and six years of age attending one of the three day-care centres in Orange Farm.
- Must have provided signed informed consent to participate in the study in either isiZulu, Sesotho or English (Appendix G, H, I). Must have signed informed consent to be video-recorded during shared reading sessions and interviews in either isiZulu, Sesotho or English (Appendix J, K, L). Caregivers must have given informed consent to uphold ethical considerations concerning their human rights. Caregivers who had requested that one of their older children attend the study in their stead had to provide written informed consent for the minor caregiver to be included in the study.
- Minor caregivers with signed informed consent from their primary caregiver.
- Must speak isiZulu, Sesotho or English fluently, as these are most commonly spoken languages in Orange Farm.

Exclusion criteria for caregivers

- Caregivers with a known visual, cognitive or hearing impairment were excluded from the study. If the caregivers had impairments in one or more of these areas, the study would have to be altered to accommodate these impairments, which would have affected the homogeneity of the caregiver sample. The presence of one or more of these impairments was determined by self-report and in consultation with teachers if concerns arose.
- Caregivers that spoke another African language for which no interpreter had been provided.
- Minor caregivers, younger than 18 years of age, who did not have signed informed consent from their primary caregiver to participate in the study.

Inclusion criteria for children

- Children had to be between two and six years of age and attending one of the three day-care centres in Orange Farm. This age range was selected as research has shown that the first six years of life are particularly important because vital development occurs in all domains, including pre-literacy and language development. Further evidence has emphasised that early childhood intervention at this age can have sustained cognitive and school achievement benefits (Daniels & Adair, 2004; Walker, Chang, Powell & Grantham-McGregor, 2005).
- The child had to be fluent in either isiZulu, Sesotho or English. This was established in the initial school parent meeting and semi-structured interview by self-report and by inquiring what the child's mother tongue was.
- Caregiver must have signed informed consent to participate in the study (Appendix G, H, I) and signed informed consent for video-recording (Appendix J, K, L) from

their caregiver, to be included in the study. Must have provided assent to be included in the study to uphold ethical considerations concerning their human rights.

- Must have given video-recorded informed assent in either isiZulu, Sesotho or English (Appendix J, K, L).

Exclusion criteria for children

- Children receiving any form of speech therapy at the time of the study were excluded. This was determined in the initial semi-structured interview with the caregiver. Children who were receiving this service could have been aided further by therapy, and it may have become problematic to differentiate which of the interventions facilitated any potential improvements in spoken language and emergent literacy.
- Children with known or obvious delays or disabilities but were not receiving any form of intervention.
- Children who were repeating a class were excluded from the study as this may have been indicative of a learning difficulty and would have skewed the results.

3.5.3 Description of participants

Forty children aged between three and six years of age attending one of three day-care centres in Orange Farm and their caregivers were invited to participate in this study. Information about the study, including the study aims, what was required of the participants and an invitation to participate in the study was extended to the caregivers at a parent meeting held at the day-care centres, and information handouts were provided in English, isiZulu and Sesotho (Appendix D, E, F). Permission to conduct research at the day-care centres was formally obtained from the University of the Witwatersrand Human

Research Ethics Committee (Non-Medical) (Protocol Number: H19/05/04 (Appendix A), Gauteng Department of Education (GDE) (Appendix B), and the principals of each of the day-care centres.

The study applied a purposive, non-probability sampling technique. During the recruitment of participants for this research study, 59 caregivers expressed an interest in participating. Of these, 40 caregiver-child dyads completed the study process and attended both appointments. The final cohort, therefore, consisted of 40 caregiver-child dyads. The age of the caregivers ranged between 11 and 42 years (M=29, SD=9). All participants were selected according to the inclusion and exclusion criterion for this study. Caregivers were advised that the same caregiver was to attend both appointments with the same child. Some primary caregivers who had attended the parent meeting at the school and expressed a desire to participate in the study indicated that they were concerned that they would not be able to attend both appointments due to work commitments. These parents also mentioned that their work schedules prevented them from being the caregiver that spent the most time with their children and indicated that it was routinely one of their older children, in the case of this study a daughter, who assumed the major role of caregiving. For these minor caregivers to participate in this study, informed written consent was obtained from the primary caregiver, and verbal assent was obtained from both the minor caregiver and the child in their care.

Caregivers were not excluded based on their level of English language or literacy competence, as an interpreter was available for both isiZulu and Sesotho.

Caregivers from three day-care centres in Orange Farm were invited to participate in the research study. The principals of the day-care centres arranged for the researcher and research assistants to address the caregivers and invite them to participate in the research

study at a parent meeting. Demographic information of the caregivers and the children is recorded in Tables 1 and 2 below.

Table 1: Demographic information of participating caregivers.

Variable	N (*n*=40)
Age of parent or caregiver	(M=29; SD = 9)
Relationship to child Mother Father Grandparent Sibling Uncle	 26 4 4 5 1
Education < Grade 12 Grade 12 Tertiary	 9 19 12
Employed Unemployed	12 28
Primary caregiver	33
The primary language spoken at home isiZulu Sesotho Other	 14 20 6
Estimated time spent with the child per day <3 hours p/d >3 hours p/d	 10 30

The largest proportion of caregivers that participated in this study with their children were mothers (*n*=26). The remainder of children were accompanied by their fathers (*n*=4), grandparents (*n*=4), an older sibling who, in the case of this study, was an older sister (*n*=5) or an uncle (*n*=1). Of the 40 participants, nine had not obtained a grade 12 qualification. Five of these caregivers were older siblings of the children of which one was enrolled in Grade 5, one was attending Grade 8, two were attending Grade 10, and one was attending Grade 11 at the time of the research project. Four of the caregivers who were not siblings and had participated in this study, reported that their highest level of education

was Grade 11. Of the forty participants, a total of nineteen had obtained their National Senior Certificate (NSC) which is the high school diploma and graduate certificate in South Africa. This certificate is commonly known as the matriculation (matric) certificate, with Grade 12 being the matriculation grade. A variety of tertiary qualifications were obtained by twelve of the caregivers who participated in this study. Ten participants had obtained a Diploma, or other Certificate of qualification in varying fields of interest and two had obtained a university degree. Of the 40 parents and caregivers who participated in this research study, 12 were reportedly either employed or earning a self-generated income. Twenty-eight participants were reportedly unemployed at the time. This number included the five siblings who were still attending school and the three caregivers who were students and in the process of completing a diploma.

The majority of caregivers who participated in this study reported to speak Sesotho at home (*n*=20), 14 of the participants stated that the primary language spoken at home was isiZulu (*n*=14) and six (*n*=6) participants spoke another African language being Sepedi (*n*=3), Xhosa (*n*=2), Setswana (*n*=1). Ten (*n*=10) of the participants estimated that they spent less than three hours per day with the child, while the remaining 30 (*n*=30) participating parents/caregivers estimated that they spent more than three hours per day with the child.

Table 2: Demographic information of the participating children.

Variable	N (*n*=40)
Age of child	(M=50; SD =9)
Gender	
Female	25
Male	15
Number of children per family	
1	13
2	13
3	8
>4	6

The children's ages ranged between 36 and 71 months (M=50; SD=9). Of the total cohort of children who participated in this study (*n*=40), 25 were female, and the remaining 15 were male. Thirteen (*n*=13) of the children included in this cohort were the only child in the family, a further 13 (*n*=13) children had one sibling, of which nine (*n*=9) had an older sibling and the other four (*n*=4) a younger sibling.

3.6 Site of study

This study was conducted at three day-care centres in Orange Farm. Orange Farm is a peri-urban township which is located approximately 42 kilometres south of the centre of Johannesburg, Gauteng, South Africa. The settlement was established in the mid-1980s as a spill-over settlement of Soweto. Orange Farm is one of the largest informal settlements in South Africa. It is geographically regarded as one of Johannesburg's most isolated communities. The population of Orange Farm was estimated to be just under 77 000 people living in an estimated 21 029 households (City of Johannesburg, CoJ, Change is coming to Orange Farm, 2011). The Orange Farm sub-site includes what may be considered Greater Orange Farm. Greater Orange Farm encompasses the surrounding areas of Stretford, Drieziek and Lakeside. The population of this overall area is significantly

higher and might be in the region of 400 000 people. Although there are other languages spoken in the area, isiZulu, Sesotho and isiXhosa dominate at 44.5%, 29.1% and 9.5% respectively (CoJ, Regional Spatial Development Framework: 2010/2011).

The Orange Farm community is faced with a myriad of challenges which include poverty, low levels of literacy, lack of basic services, lack of access to justice and health care facilities, high levels of violence, unemployment and crime (StatsSA, 2011; CoJ, Regional Spatial Development Framework: 2010/2011).

In 2011 it was reported that initiatives to improve Orange Farm had included a library, some tarred roads, permanent houses, low-cost housing, clinics, a community centre, a Department of Health office, Social Development office, Home Affairs, Housing and Transport office and a police station (CoJ, Change is coming to Orange Farm, 2011).

The community has three satellite clinics in addition to the main community health centre (CHC), which serves as a referral point for the three clinics in the area. The Stretford CHC was opened in February 2006 and caters for the major part of the Orange Farm population as a primary health care provider. The clinic has a maternity ward, a paediatric ward, an emergency division and an HIV and AIDS unit. Severe medical cases are referred to either Baragwanath Hospital or Charlotte Maxeke Academic Hospital (CoJ, Regional Spatial Development Framework: 2010/2011).

The township's main roads are tarred. Some of the smaller roads and streets feeding into the township are also tarred but in questionable condition. Orange Farm has only one small official library located near the Orange Farm Community Centre. Many residents in Orange Farm reside in permanent, mainly government housing with electricity (CoJ, Regional Spatial Development Framework: 2010/2011).

3.7 Research assistants

Two research assistants were recruited to assist with the assessment measures at the time of pre- and post-testing. These research assistants were proficient in the necessary official languages, either isiZulu or Sesotho, to assist in translating narrative samples and with identifying and denoting any culturally specific interactive behaviours in the 160 video recordings.

The researcher trained the research assistants to identify and score caregiver and children's reading behaviours on the ACIRI record form. Training included both research assistants scoring and rating the same video-recorded parent-caregiver dyad shared reading interaction separately and then comparing their results. This was to ensure congruence in their scoring. The research assistants also assisted the researcher with the coding of the semi-structured interviews for thematic analyses. The research assistants were required to assist with 1) translation of the study particulars during the invitation to participate in the study at the initial parent meeting, and 2) answering questions to aid the researcher in obtaining informed consent from the participants.

The research assistants were asked to provide signed informed consent before the commencement of the study .

3.8 Materials

3.8.1 Caregiver training video

https://www.youtube.com/watch?v=3SlrFzQRKoA

A four and a half minute caregiver training video was compiled by the researcher in English, isiZulu and Sesotho. Adaptations from the parent-teacher training DVD which was developed by Whitehurst in collaboration with Pearson Early Learning publishing

company (2002) were made, and the categories assessed in the Adult/Child Interactive Reading Inventory (ACIRI) were used as a guideline for the information included in this video. A caregiver information handout about the study was sent to parents, inviting them and their children to participate in the compilation of the training video. Permission to video record and include the video recordings of the children in the training video was obtained from all caregivers and children in the form of written consent from the caregivers and verbal assent from the children. In an endeavour to make the caregiver training video more culturally inclusive for the study context, children included in the video clips are from various races and ethnicities, and animations have also been included. This aims to increase diversity. The training video is available in English, isiZulu and Sesotho as these are the three languages which are most frequently spoken in Orange Farm.

3.8.2 Animated video clip

https://www.youtube.com/watch?v=outeYe1_su4

An animated clip from Pixar Short Films, For the Birds, was selected as the control video clip. The clip was selected based on the following criteria

1) the length of the video clip had to match the length of the caregiver training video,

2) the content had to be neutral and as non-culture specific as possible, and

3) the video clip had to be wordless or non-narrated to allow for universal viewing without any language restrictions.

3.8.3 Adult-child interactive reading inventory (ACIRI)

The Adult-Child Interactive Reading Inventory (ACIRI) developed by Andrea DeBruin-Parecki (2007), is an observational tool designed to assess the joint reading behaviours of an adult and child. It contains areas for both quantitative scoring and

qualitative comments. For both the adult and the child portions, the observed interactive behaviour is defined by three categories

(a) enhancing attention to the text,

(b) promoting interactive reading and supporting comprehension, and

(c) using literacy strategies.

Each component assesses four interactive behaviours, for a total evaluation of 12 specific literacy behaviours.

The caregiver child shared reading interactions were scored by the two research assistants who were trained by the researcher in the use and scoring of the ACIRI. Scoring took place on a separate occasion to the appointments with the caregiver-child dyads as the scoring and evaluation of the shared reading interactions was for the sole purpose of the evaluation of the caregiver training video and was not meant to be shared with the participants.

The ACIRI was scored numerically according to a 0-3 scale as follows

0 = no evidence of the behaviour (0 times),

1 = behaviour occurs infrequently (1 time),

2 = occurs some of the time (2-3 times),

3 = behaviour occurs most of the time (four or more times).

The adult and the child's reading behaviours were indicated separately. First, by scores on each item, then by mean scores on the three broad categories and by the total mean score of the inventory for the adult and the child. To obtain the mean score for each category, all four of the individual behaviour scores were added together and divided by four which resulted in the mean score for each category. The mean score for the total inventory was obtained by adding the total scores for each of the three main categories of

the ACIRI and dividing the total by three. Pre- and post-test scores were then compared to determine levels of progress.

3.8.4 Storybooks

Book Dash developed the books that were chosen for this particular study. Book Dash began in 2014 as a visionary project which aimed to provide South Africa with new, high-quality African storybooks. As a result of the high levels of illiteracy in South Africa, storybooks that were chosen to be included in this study did not necessarily require the caregivers to be competent readers, as all of the books were largely picture-based, and the essence of the storyline could be derived from the pictures. This allowed for both caregivers and children to still engage in a meaningful exchange in their own language, even though the caregiver may not have been literate.

The storybooks that were selected for this study were all levelled with the assistance of Book Dash storybook developers. Considering the diversity of languages spoken in South Africa and the geographical context of the study, the storybooks were provided in English, Sesotho and isiZulu.

3.8.5 Initial- and semi-structured exit interview schedules

The researcher developed both interview schedules. The initial semi-structured interview aimed to obtain demographic information from the participants including age and gender of the primary adult or minor caregiver, age and gender of the child, the caregiver's highest level of education and occupation, the duration of time that the child has spent in a formal schooling environment, the book-sharing practices at home (if any), reasons for sharing or not sharing books and whether or not books were shared with the parent or caregivers as children (see Appendix P).

The semi-structured exit interview schedule was intended to obtain insight into the caregiver's experiences during the project and whether or not they felt that the caregiver training video had changed the way they thought about sharing books with their child, the way that they shared books with their child or children at home and what they had found most beneficial (see Appendix Q).

Each of the 40 caregivers participated in an initial semi-structured interview. Interviews were video-recorded, with permission from the participants, and then transcribed (Creswell, 2014). These video recordings have been stored on the researcher's password-protected laptop. Raw data has been stored in such a manner that participants cannot be identified by their study code. This interview meant not only to establish a rapport between the parent or caregiver and the researcher and to obtain the necessary demographic information but also to gain information about to the caregiver's book-sharing practices in the home environment. Areas probed included

- Does the caregiver share books with the child or children at home?
- If so, what types of books are typically shared at home?
- If not, what are some of the barriers perceived by the caregiver to inhibit book-sharing at home?
- Does the caregiver have experience with book-sharing as a result of books having been shared with him or her during their childhood?

All interviews involved written notes during the interviews and were supplemented by extensions on those notes directly following the end of the interview.

3.9 Research procedure

Data collection took place across four phases, as described in Figure 2.

- Phase 1 included the invitation which was extended to the principals of the three day-care centres in Orange Farm (Appendix C, D, E), the pilot study and the caregiver meetings at each of the day-care centres where the researcher informed caregivers about the study and invited them to participate. Those caregivers who expressed an interest in participation were asked to provide their contact details and a date and time that was convenient were agreed upon.
- Phase 2 of the research procedure required the researcher to contact the caregivers who had expressed interest in participating telephonically to arrange a suitable time-slot on a Saturday. A Saturday was agreed on as most caregivers said this was most convenient for them as they did not work on weekends. On arrival at their first appointment, each caregiver-child dyad was provided with an information handout about the study in English, isiZulu or Sesotho (Appendix F, G, H), informed consent (Appendix I, J, K), written informed consent to be videotaped (Appendix L, M, N) and informed assent was captured on video for the children (Appendix O, P, Q).
- Phase 3 included the initial semi-structured interview where the researcher obtained the demographic information of the caregiver and the child and information about the book-sharing culture in the home environment (Appendix X). After that, all caregiver-child dyads were video-recorded sharing a book for baseline purposes. Following the first videotaped observation, all caregiver-child dyads viewed the first video, with the experimental group viewing the active caregiver training video first and the comparison group viewing the control video first. After viewing the respective videos, all caregiver-child dyads were video-recorded during a shared reading interaction for a second time (Post-test 1).

- Phase 4 included all caregiver-child dyads being video-recorded during a third shared reading interaction (Pre-test 2), following which they viewed a second video.

Thus, the experimental group viewed the control video, and the comparison group viewed the active caregiver training video. All caregiver-child dyads were then video-recorded during a fourth and final shared reading interaction (Post-test 2). The final appointment was concluded by a semi-structured exit interview which was intended to determine the caregivers' attitudes towards shared book reading post-intervention (Appendix Y).

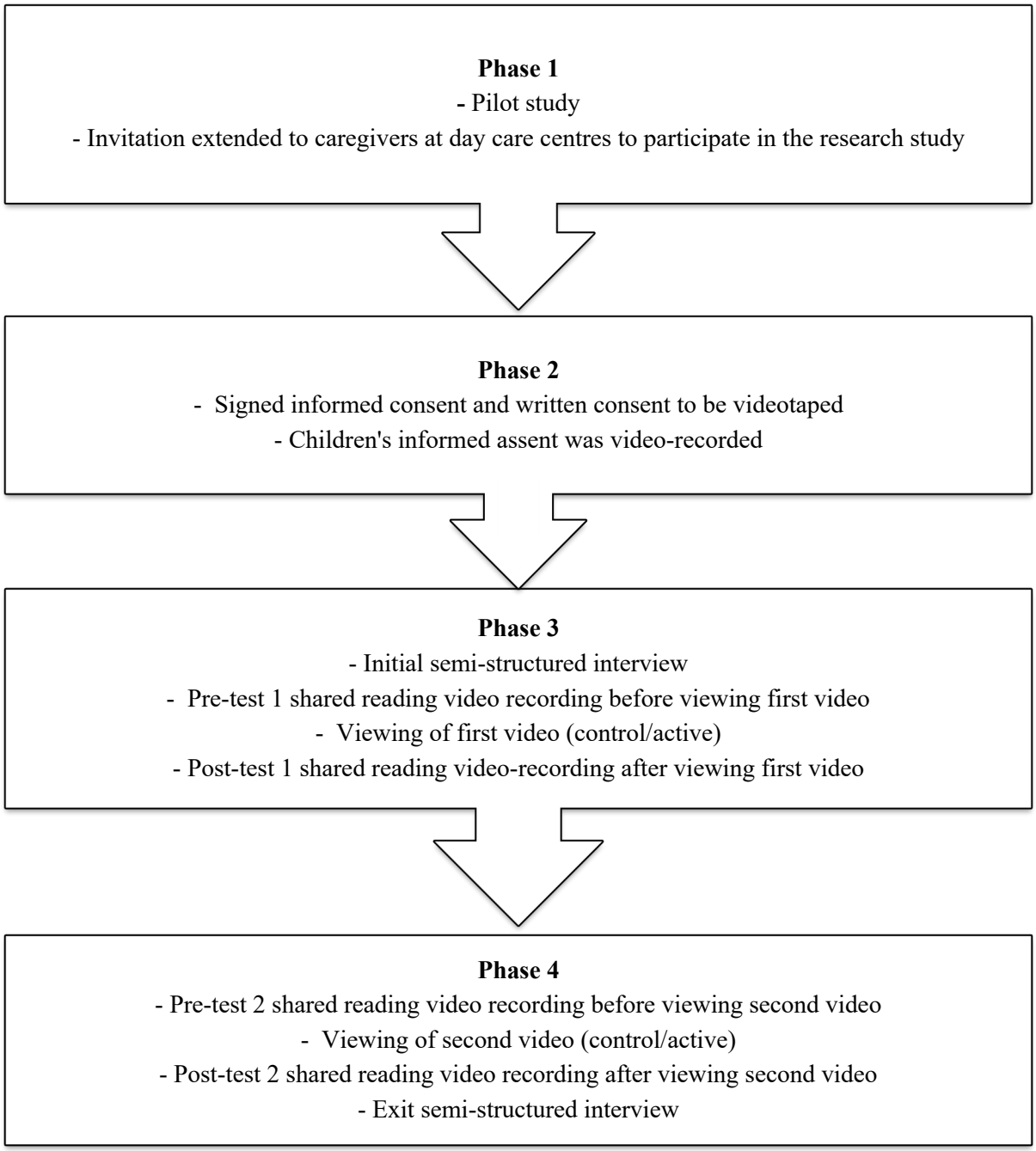

Figure 2: Data collection procedure.

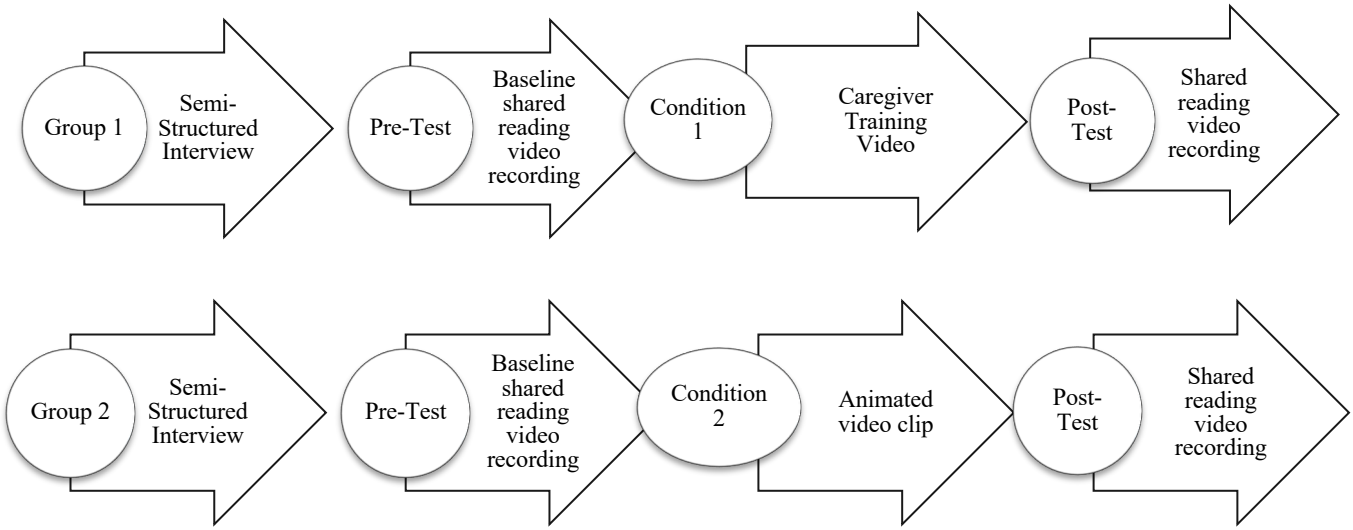

Figure 3: Data collection process followed during the first appointment.

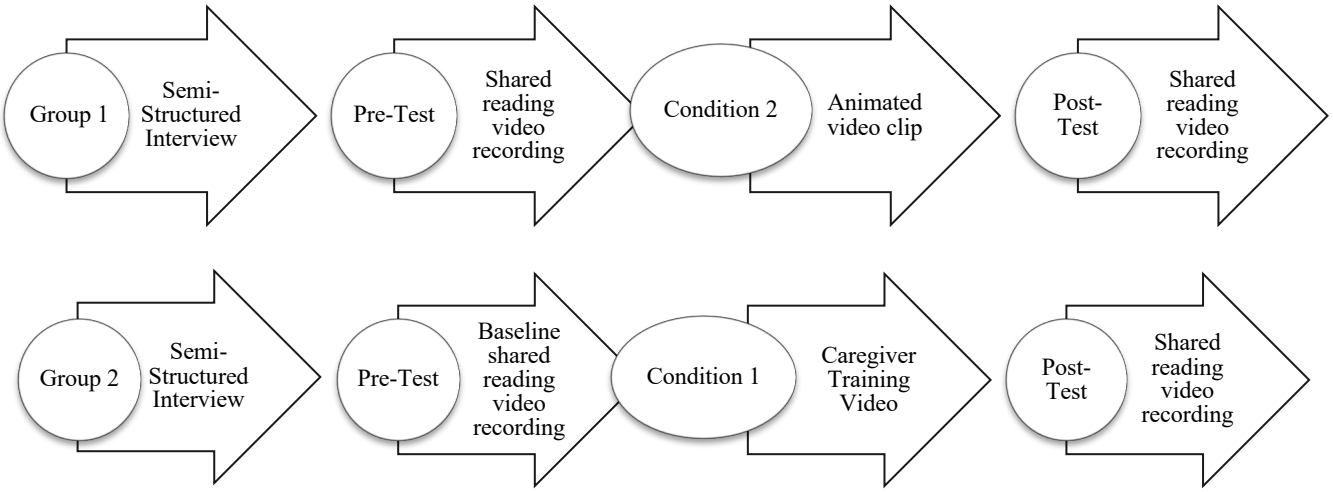

Figure 4: Data collection process followed during the second appointment.

3.10 Pilot study

A pilot study was conducted with two caregiver-child dyads. The one caregiver was aged 25 years and the other 38 years. The children were aged 3.6 years and 5.4 years respectively. A pilot study is an important initial step in exploring a proposed intervention or novel application of an intervention. Pilot results can identify modifications needed in the design of a larger ensuing hypothesis-testing study (Leon, Davis & Kraemer, 2011). Results obtained from these two assessments were not included in the findings obtained from the main cohort. The results obtained from the pilot study revealed that both the interview schedules were too long, and some of the questions posed were repetitions of previous questions. These questions were omitted and questions modified for clarification purposes. The pilot study also aided the researcher in gauging how to ask questions without guiding the participant's response and adhering to the interview schedule.

3.11 Data analysis

Two data sets were obtained at pre- and post-test intervals for the experimental and the comparison group, quantitative and qualitative.

3.11.1 Quantitative data

Descriptive and inferential statistical analyses were used to analyse data obtained in Phases three and four. Pre- and post-training mean rank scores for each measure of the ACIRI were compared between and within groups at each of the two stages using a two-way ANOVA with repeated measures on the SPSS statistics software. This assisted the researcher in determining any significant changes in caregiver shared reading behaviours and the shared reading behaviours of the children (Trochim, 2006). Changes in performance between the two groups in each of the three

sub-categories of the ACIRI was analysed using a combination of parametric and non-parametric tests.

3.11.2 Qualitative data

Qualitative data obtained in Phases 3 and 4 were analysed using the six-phase framework of thematic analysis suggested by Braun and Clarke (2006) and content analyses. Thematic analysis is the process by which patterns or themes within qualitative data are identified (Clarke & Braun, 2013). The six phases are listed in Table 4 below. Data coding was accomplished in two stages, initial coding and focused coding (Charmaz, 2006; Nyumba, Wilson, Derrick & Mukherjee, 2017). Thematic analysis allows for the identification, analysis and reporting of patterns or themes within data (Vaismoradi, Turunen & Bondas, 2013). Content analysis requires that the analysis is extended to more abstract levels which should aid in the conceptualisation and understanding of the data that would lead to the eventual substantiating theory (Henning, 2004). Content analysis was used to determine the presence and the frequency of certain words, concepts and themes within the transcripts of the interviews (Henning, 2004).

The combination of thematic and content analyses allowed for detailed and rich descriptions of the data.

Table 3: Six phases of thematic analysis according to Braun and Clarke (2013).

Step 1: Become familiar with the data	Step 4: Review themes
Step 2: Generate initial codes	Step 5: Define themes
Step 3: Search for themes	Step 6: Write-up

3.12 Assuring reliability, validity and trustworthiness

3.12.1 Reliability

Dividing the 160 video-recorded observations for the scoring of the ACIRI between the researcher and the research assistants was done to minimise researcher bias. One research assistant observed and scored the child's interactive reading behaviour, and the other one scored the adult. To account for inter-rater reliability, both research assistants regularly alternated throughout the data collection process. Making use of different storybooks at the pre- and post-test intervals increased the reliability of the scores as it reduced test-wise behaviours.

Conducting a pilot study also added to the reliability of this research, as it aided the researcher in identifying areas of the methodology, which may require improvement of the quality and efficacy of the main study.

3.12.2 Validity

Developmental maturation of the caregivers posed a threat to the internal validity of the pre- and post-test measures and this was considered when interpreting the results. Making use of video observations and the fidelity coding of the caregiver's reading behaviour was used to increase the validity. The small sample size also posed an external threat to validity when considering whether the findings of the study could be generalised

to caregivers outside the study (Bordens & Abott, 1991). For this reason, every effort was made to recruit more than the ideal 30 caregivers.

The pilot study also added to establishing the validity of this particular research as it allowed the researcher to correlate and cross-check preliminary results obtained with the expert knowledge of other researchers in the discipline and with the literature, thereby preventing falsified work from being conducted within this particular area of study.

3.12.3 Trustworthiness

Credibility

Recruiting research assistants with defined roles supported the trustworthiness of the study that offset researcher bias. Clear and accurate record-keeping supported by video recordings contributed to trustworthiness. Research assistants fluent in isiZulu and Sesotho were blinded to the study and asked to code and assess videotaped observations. This strengthened the credibility of the study. Using triangulation is a viable verification measure to increase the credibility of a study (Golafshani, 2003, Creswell, 2009) so triangulation between qualitative and quantitative data, was employed.

Dependability

For the potential replication of the research, a detailed account of the research procedures was provided.

3.13 Ethical considerations

Permission to conduct the study was obtained from the University of the Witwatersrand Ethics Committee (Non-Medical) (Protocol Number: H19/05/04) (Appendix A), Gauteng Department of Education (GDE) (Appendix B) and the day-care

centre principals in Orange Farm. Other ethical considerations were identified and accounted for as follows:

3.13.1 Respect for participants

Any person who refuses to provide consent to participate or who withdraws from the research study at any time must have their decision respected (World Medical Association, 2013; CIOMS, 2016). Participation was completely voluntary. In view of respect to all caregivers attending the initial parent meeting, the training video was made available to them on completion of the study.

Participants were reimbursed for any loss of income and transport costs that they may have incurred as a result of travelling to and from appointments relating to this study.

3.13.2 Informed consent

Before proceeding with research involving minors, the researcher ensured that legal guardians had permitted them to participate (CIOMS, 2016) (Appendix G, H, I). This was strictly implemented in cases where a minor caregiver participated in the study. The primary caregiver of the minor had to have given consent for the minor to participate before participation in the study as a caregiver was considered. Participants who consented to take part in the study did so voluntarily (World Medical Association, 2013) and after being informed of the aims and procedures of the study. Participants were also informed of the potential benefits of taking part in the study (the study should not pose a risk or harm to the participants). Verbal explanations were provided by the researcher to elaborate further on what the study entailed. The research assistants also provided voluntary informed consent to assist with the study in their respective roles

3.13.3 Children's assent

The researcher required any participating child's assent before following through with pre- and post-test measures (CIOMS, 2016). Children were able to indicate assent verbally, and this was captured on video (Appendix J, K, L).

3.13.4 Privacy and confidentiality

Every effort was taken to protect the privacy and confidentiality of the participants (World Medical Association, 2013). Personal or identifying information that has been documented on consent forms will be kept securely at the researcher's practice rooms. Participants' confidentiality has been ensured in the dissertation by using codes to refer to participants or when quoting a participant directly. The researcher and assistants viewed and analysed any video recordings. These will not be available for public viewing and are stored on a password-protected computer. The research assistants agreed to keep all information that they have been exposed to in the study (such as personal and identifying information) strictly confidential, and this has been included in their information forms and consent forms. Research assistants remain anonymous in the dissertation and participants are referred to by numbers or codes, for example, Participant 1 (P1) rather than names or other particulars.

3.13.5 Beneficence

As individuals from a socioeconomically disadvantaged community, the participants are considered a vulnerable population (World Medical Association, 2013, CIOMS, 2016). Hence, the researcher made every effort to ensure that the benefits of the research outweighed the risks. The parents, caregivers and school staff who participated in the study gained increased knowledge and skills from the research study.

3.13.6 Non-maleficence

Research involving humans, especially individuals from a vulnerable population, should hold the welfare of the participants at the forefront of the research (World Medical Association, 2013; CIOMS, 2016). The study did not pose direct harm or risk to the participants. Any child who was identified as requiring any direct therapeutic intervention during the various phases of the study was referred to the appropriate hospital department at their nearest hospital or clinic.

CHAPTER 4: RESULTS AND DISCUSSION

The results have been discussed according to the sequence of the objectives that were listed in the Methodology section of this report. The results will be presented according to Figure 5:

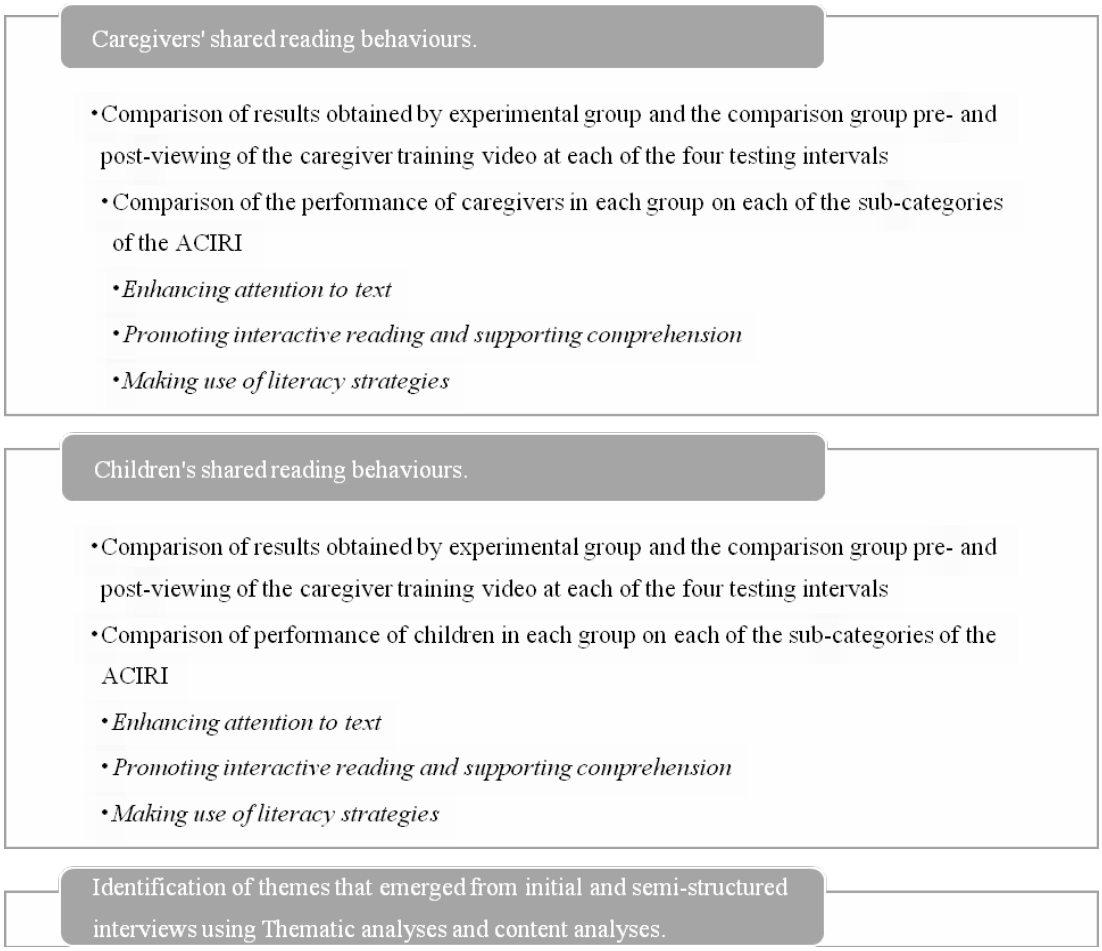

Figure 5: Sequence of presentation of results.

4.1 Quantitative analyses

A combination of parametric and non-parametric tests was used. Parametric data were analysed using mixed model 2-way ANOVAs (with one independent factor and one repeated measures factor). Non-parametric tests, such as the Mann-Whitney Test and

Friedman's ANOVA, were used to analyse data that did not meet the requirement for normality.

Five (*n*=5) of the participants were minors (below 18 years of age), so an independent samples t-test was conducted using SPSS statistics to determine whether there was a significant difference between the baseline performance of the minors and the adult caregivers. Results obtained are shown in Table 4 below.

Table 4: Independent samples t-test of minor caregivers (n=5) and adult caregivers (n=35) scores at baseline testing.

	Group	N	Mean	p	Std. Deviation	Std. Error Mean
Attention	Minors	5	2.10	0.735	.576	.257
	Adults	35	2.01		.532	.090
Comprehension	Minors	5	1.00	0.212	.935	.418
	Adults	35	1.39		.698	.118
Strategies	Minors	5	.55	0.859	.570	.255
	Adults	35	.67		.561	.095
Average	Minors	5	1.22	0.411	.601	.269
	Adults	35	1.38		.508	.086

The assumption of homogeneity of variances is supported for all variables ($p>0.05$). The results obtained from the t-tests in Table 4 for all the variables are not significant ($p>0.05$). Hence, there was no significant difference between the minors (*n*=5) and the adult caregivers (*n*=35) at baseline, and further qualitative analyses were, therefore, run on the total cohort (*n*=40).

4.1.1 Descriptive statistics of data for caregivers

The distribution of the measure of attention in the sample pre-test first video has a skewness coefficient outside the range of (-1 to +1) (-1.155), and a kurtosis coefficient outside the range (-2 to +2) (4.64). Hence this measure cannot be taken as normally distributed. Therefore, non-parametric analysis was used with this variable. All the other

variables are within the prescribed range so were taken as normally distributed and parametric statistical analyses were conducted.

Comparison of the overall performance of caregivers at each of the four testing intervals

A two-way ANOVA with repeated measures was conducted using IBM SPSS Statistics for Windows, version 25 (SPSS) statistics software, to compare the mean differences between the experimental and comparison groups at both pre- and post-test intervals. Results obtained during the first and second appointment pre- and post-test for the experimental and comparison group are depicted in Table 5 below. The assumption of the equality of covariance matrices using Box's test indicated equality ($p>0.05$), and the assumption of homogeneity of variance using Levene's test confirmed this ($p>0.05$).

Table 5: 2 (Group) x4 (Time) ANOVA Summary Table, dependent variable= total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	347.999	1	347.999	609.905	0	0.941
Group	4.272	1	4.272	7.487	0.009**	0.165
Error	21.682	38	0.571			
Time	1.24	3	0.413	3.102	0.030**	0.075
Time*Group	1.297	3	0.432	3.244	0.025**	0.079
Error (Time)	15.189	114	0.133			

The F ratios for Group (F (1, 38) =7.484; $p<.05$); for Time (F (3, 114) =3.102; $p<.05$); and for the interaction between Time and Group (F (3, 114) =3.244; $p<.05$), were all statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis.

Table 6: Comparison of groups' caregivers' shared reading behaviours.

Group	Time	N	Mean (M)	SD	p
Group 1	Pre-test before the 1st video	21	1.41	0.55	0.522
Group 2		19	1.30	0.48	
Group 1	Post-test after the 1st video	21	1.83	0.48	0.002**
Group 2		19	1.29	0.53	
Group 1	Pre-test before the 2nd video	21	1.66	0.49	0.028**
Group 2		19	1.20	0.34	
Group 1	Post-test after the 2nd video	21	1.66	0.48	0.23
Group 2		19	1.46	0.55	

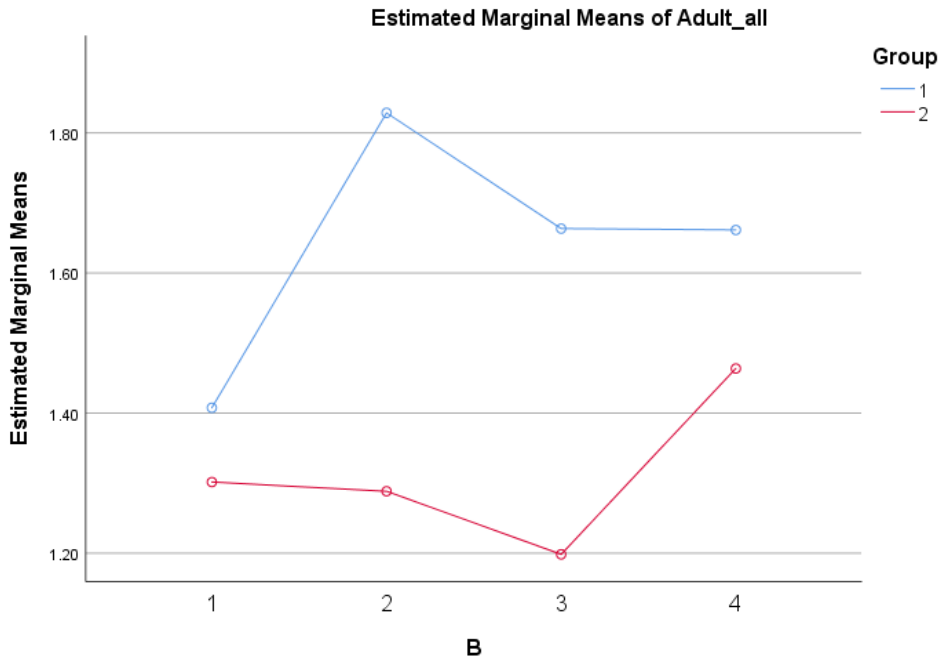

Figure 6: Difference in performance of caregivers at each of the 4 testing intervals.

Table 7: Comparison of reading scores across time within groups.

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	1.41	0.55	0.001**
Post-test 1st video	21	1.83	0.48	
Post-test 1st video	21	1.83	0.48	0.148
Pre-test 2nd video	21	1.66	0.49	
Pre-test 2nd video	21	1.66	0.49	0.985
Post-test 2nd video	21	1.66	0.48	
Group 2				
Pre-test 1st video	19	1.30	0.48	0.914
Post-test 1st video	19	1.29	0.53	
Post-test 1st video	19	1.29	0.53	0.449
Pre-test 2nd video	19	1.20	0.34	
Pre-test 2nd video	19	1.20	0.34	0.015**
Post-test 1st video	19	1.46	0.55	

Table 7 shows that there was no significant difference between the pre-test scores of Groups 1 and 2 before viewing their respective videos, with both groups performing similarly. This confirms that both groups started from the same baseline. However, there was a significant difference in caregiver reading behaviour between Groups 1 and 2 at the first post-test testing. The reading behaviour of the caregivers in Group 1 was significantly higher when compared to that of Group 2 ($p>0.05$). Group 2 had only viewed the control video at this point in the study process. The comparisons in Table 8 confirmed the improvement in reading score of Group 1 after viewing the active video. The difference between the pre- and post-active video reading scores of Group 1 is statistically significant ($p<0.05$), while the difference in the reading scores pre- and post- the control video was not ($p>0.05$)

This significant difference between caregiver reading behaviour was maintained at the second pre-test two weeks later, with the reading behaviour of the caregivers in Group 1 still being significantly better than that of the caregivers in Group 2 ($p<0.05$). This

suggests that the improvement found after the active video was maintained during the two weeks between sessions. There was also no difference post the first control video and pre the second video of Group 2.

Once Group 2 had viewed the caregiver training video, the caregiver reading behaviour improved and equalled that of the caregivers in Group 1 and there was no longer a significant difference between the reading behaviour of the caregivers in the two groups. The difference between before and after the second active caregiver training video for Group 2 was statistically significant ($p<0.05$), but was not statistically significant for Group 1 ($p>0.05$). These results confirm that the caregiver training video resulted in an improvement in the reading scores of the caregivers. These results also confirm that the initial improvement noted in Group 1 after having viewed the caregiver training video, cannot be attributed to the increased levels of attention which the caregivers received (Hawthorne effect) but rather to the impact of the caregiver training video.

Comparison between the group pre- and post-test mean rank scores obtained on each of the ACIRI sub-categories

Enhancing attention to the text.

To test the difference between groups and time in this sub-category; two different non-parametric tests were used. The skewness of the distribution of the pre-video scores indicated that a parametric test should not be used. The non-parametric Mann-Whitney test was used to compare the groups at each of the four assessment intervals. Friedman's ANOVA was used to compare the scores over the four testing times. Both these tests compared the ranks of the scores to deduce differences, although the method of ranking differs for the two tests. The tables below provide the actual means as well as the ranks for the groups.

Table 8: Comparison of pre-and post- test of caregivers' attention to text scores.

Group	Time	N	Mean (M)	Rank	p
Group 1	Pre-test before the 1st video	21	2.05	22.07	0.376
Group 2		19	2.00	18.76	
Group 1	Post-test after the 1st video	21	2.49	25.12	0.008**
Group 2		19	2.12	15.39	
Group 1	Pre-test before the 2nd video	21	2.48	24.24	0.034
Group 2		19	2.17	16.37	
Group 1	Post-test after the 2nd video	21	2.56	22.6	0.236
Group 2		19	2.36	18.18	

Table 9: Comparison of attention to text scores accross time within groups.

Time	N	Mean	Rank	p
Group 1				
Pre-test 1st video	21	2.05	1.62	0.007**
Post-test 1st video	21	2.05	2.81	
Post-test 1st video	21	2.05	1.62	0.765
Pre-test 2nd video	21	2.48	2.69	
Pre-test 2nd video	21	2.48	2.69	0.633
Post-test 2nd video	21	2.56	2.88	
Group 2				
Pre-test 1st video	19	2.00	1.95	0.379
Post-test 1st video	19	2.12	2.32	
Post-test 1st video	19	2.12	2.32	0.315
Pre-test 2nd video	19	2.17	2.74	
Pre-test 2nd video	19	2.17	2.75	0.53
Post-test 2nd video	19	2.56	3.00	

There was no significant difference between Groups 1 and 2 in their attention scores before viewing the first video; Group 1 the active video and Group 2 the control video. After viewing the first video, the attention score of Group 1 was significantly higher than that of group 2 ($p<0.05$). The difference emerged from the caregivers in Group 1, showing a significant improvement in this area after they had viewed the caregiver training video ($p<0.05$). There was no difference in Group 2 scores before and after the control video.

This significant difference in caregiver attention behaviour was maintained and still evident on the second pre-test two weeks later, with Group 1 still performing significantly better in this area than the control group (p=0.034, p<0.05). This result would suggest that the caregiver training video viewed only by Group 1 had a lasting effect on caregiver reading behaviour. After viewing the caregiver training video, the attention behaviour of the caregivers in Group 2 was no longer different to Group 1. The attention scores of Group 1 improved from the pre-training video to the post-video testing (p=0.007) and remained constant across the before and after control video testing intervals. However, the attention scores of Group 2 before and after viewing the active video failed to reach statistical significance.

Promoting interactive reading and supporting comprehension.

A two-way ANOVA with repeated measures was conducted using IBM SPSS Statistics for Windows, version 25 (SPSS) statistics software, to compare the mean differences between the experimental and comparison groups at both pre-and post-test intervals in the area of promoting interactive reading and supporting comprehension. Results obtained are depicted in Tables 10, 11 and 12. The assumption of the equality of covariance matrices using Box's test indicated equality (p>0.05), and the assumption of homogeneity of variance using Levene's test confirmed homogeneity (p>0.05).

Table 10: 2 (Group) x 4 (Time) ANOVA Summary Table, dependent variable= total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	312.599	1	312.599	323.144	0.000	0.895
Group	8.330	1	8.330	8.611	0.006**	0.185
Error	36.760	38	0.967			
Time	0.304	1	0.304	0.335	0.024**	
Time*Group	1.579	1	1.579	0.032	0.115	
Error (Time)	12.105	38	0.319			

The F ratios for Group (F (1, 38) =8.611; p<0.05); and for Time (F (1, 38) =0.335; p<0.05) were both statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis. This indicated that the scores for both groups combined at the pre-video testing (M=1.3375) were significantly lower than at the post-video stage (M=1.4750). Table 11 and Figure 7 show that Group 1 scores over all four testing intervals combined are higher than those of Group 2.

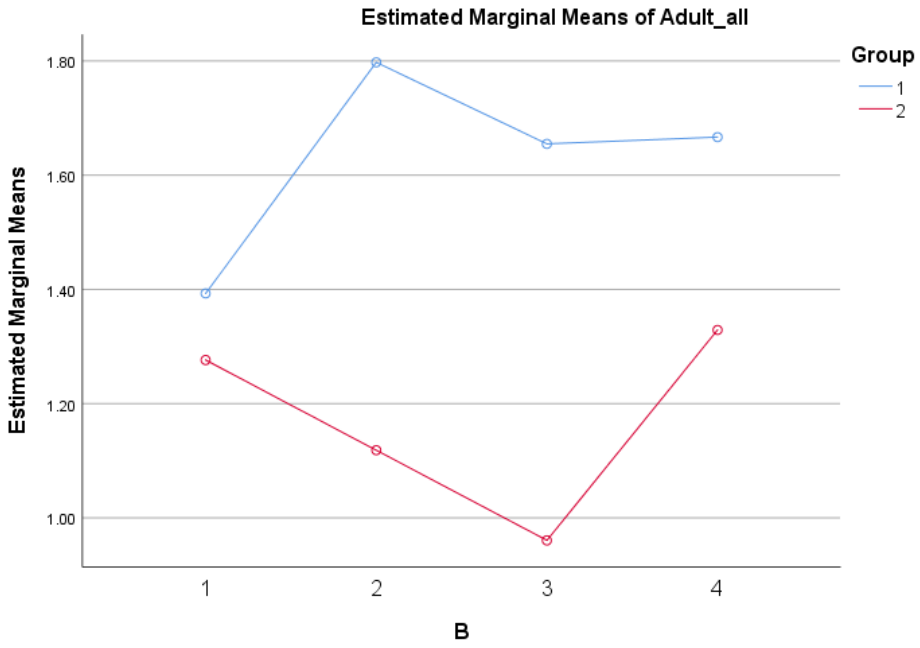

Figure 7: Group 1 and 2 performance in ACIRI sub-category "Promoting interactive reading and supporting comprehension".

Table 11: Comparison of promoting interactive reading and supporting comprehension scores across time within groups.

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	1.40	1.75	0.026**
Post-test 1st video	21	1.81	0.65	
Post-test 1st video	21	1.81	0.65	0.429
Pre-test 2nd video	21	1.65	0.64	
Pre-test 2nd video	21	1.65	0.64	0.944
Post-test 2nd video	21	1.70	0.74	
Group 2				
Pre-test 1st video	19	1.30	0.80	0.394
Post-test 1st video	19	1.12	0.82	
Post-test 1st video	19	1.12	0.82	0.406
Pre-test 2nd video	19	1.0	0.51	
Pre-test 2nd video	19	1.0	0.51	0.044**
Post-test 2nd video	19	1.33	1.0	

Table 11 shows that there was no significant difference between the pre-test scores of Groups 1 and 2 before viewing their respective videos, with both groups performing similarly. The comparison of post-test 1 measurements for both groups showed that Group 1 performed significantly better in the area of promoting interactive reading and supporting comprehension than Group 2 after having seen the caregiver training video ($p<0.05$). This improvement in caregiver reading behaviour which was meant to promote interactive reading and support comprehension was maintained in the caregivers from Group 1 two weeks later, with Group 1 still performing significantly better than Group 2 in this area ($p<0.05$). After Group 2 had viewed the caregiver training video, both Group 1 and 2 performed similarly in this sub-category, indicating that the caregiver training video had been effective in improving shared reading behaviour in both groups.

The comparisons in Table 11 confirm the improvement in the reading score of Group 1 after viewing the caregiver training video. The difference between the pre- and

post-active video reading scores of Group 1 is statistically significant ($p<0.05$), while the difference in the reading scores before and after the control video was not statistically significant ($p>0.05$).

Making use of literacy strategies.

To test the difference between mean scores obtained in this category, a parametric two-way ANOVA with repeated measures was used. Results obtained during the first and second appointment pre- and post-test for both groups in this sub-test are shown in Table 12 below.

Table 12: 2 (Group) x 4 (Time) ANOVA Summary Table, dependent variable=total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	48.767	1	48.767	116.811	0.000	0.755
Group	3.282	1	3.282	7.860	0.008**	0.171
Error	15.864	38	0.417			
Time	1.321	1	1.321	0.020	0.020**	0.134
Time*Group	0.635	1	0.635	0.101	0.101	
Error (Time)	8.559	38	0.225			

The F ratios for Group (F (1, 38) =7.860; $p<0.05$); and for Time (F (1, 38) =0.020; $p<0.05$) were both statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis.

Once again, the comparison between the caregiver reading behaviour in the sub-category, making use of literacy strategies, was significantly improved in caregivers in Group 1 after having viewed the caregiver training video ($p<0.05$). Despite the significant difference in the caregiver's use of literacy strategies between Groups 1 and 2 at the pre-test 1 and pre-test 2 intervals, this improvement was no longer evident at the pre- and post-test 2 intervals. This may indicate that literacy strategies were not expanded on sufficiently

in the caregiver training video or that these skills are not as easily conveyed and taught in a training video format.

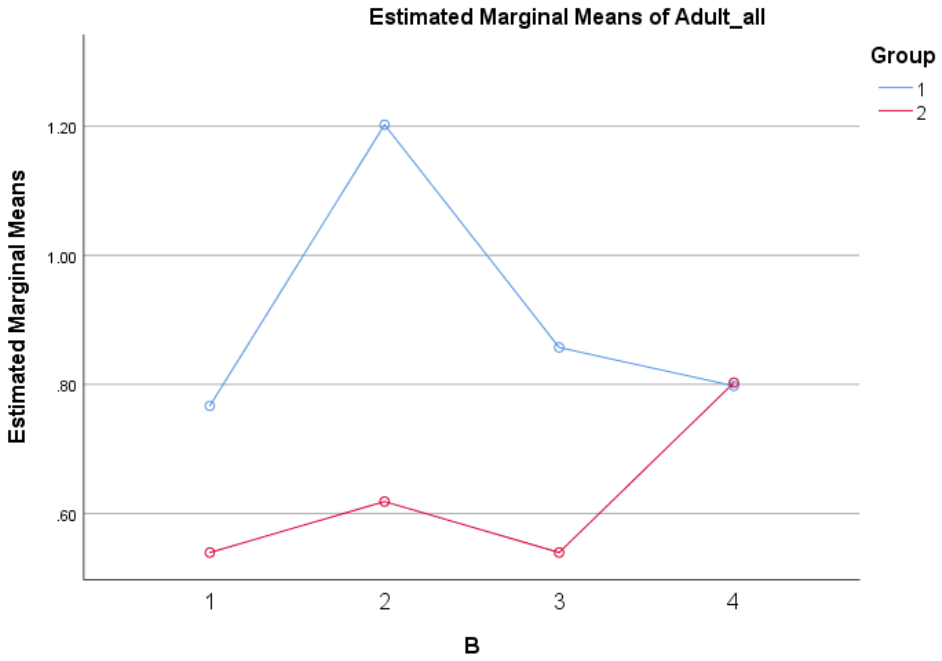

Figure 8: Group 1 and 2 performance in ACIRI sub-category, "Making use of Literacy Strategies".

Table 13: Comparison of "Making use of Literacy Strategies" scores across time within groups.

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	0.77	0.51	0.005**
Post-test 1st video	21	1.20	0.52	
Post-test 1st video	21	1.20	0.52	0.018**
Pre-test 2nd video	21	1.0	1.0	
Pre-test 2nd video	21	1.0	1.0	0.653
Post-test 2nd video	21	1.0	0.53	
Group 2				
Pre-test 1st video	19	0.54	1.0	0.611
Post-test 1st video	19	1.0	1.0	
Post-test 1st video	19	1.0	1.0	0.073
Pre-test 2nd video	19	5.4	1.0	
Pre-test 2nd video	19	5.4	1.0	0.065
Post-test 2nd video	19	1.0	1.0	

Table 13 shows that there was a significant difference in the performance of Group 1 in this sub-category after having viewed the caregiver training video. This improvement in the use of literacy strategies was maintained and still evident two weeks later, during the pre-test 2 interval. There was no significant improvement in the scores obtained in this sub-category by Group 2, even after having viewed the caregiver training video. This may support the previously mentioned idea that the use of literacy strategies was not expanded upon sufficiently in the caregiver training video or that these skills are not as easily conveyed and taught in a training video format.

4.1.2 Descriptive statistics of data for children

The attention pre- and post-test first video scores has a skewness coefficient outside the range of (-1 to +1) (Pre = -1.688, Post = -1.29), and a kurtosis coefficient outside the range (-2 to +2) (Pre = 4.947, Post = 3.366). It can therefore not be taken as normally distributed. Therefore, non-parametric analysis was used with this variable.

Comparison of the overall performance of children at each of the four testing intervals

A two-way ANOVA with repeated measures was conducted using IBM SPSS Statistics for Windows, version 25 (SPSS) statistics software, to compare the mean differences between the scores obtained by the children in the experimental and comparison groups at both pre- and post-test intervals. Results obtained during the first and second appointment pre- and post-test for the experimental and comparison group are shown in Table 15 below. The assumption of the equality of covariance matrices using Box's test indicated equality ($p>0.05$), and the assumption of homogeneity of variance using Levene's test confirmed this ($p>0.05$).

Table 14: 2 (Group) x 4 (Time) ANOVA Summary Table, dependent variable=total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Intercept	341.201	1	341.201	561.020	0.000**	0.937
Group	2.737	1	2.737	4.500	0.040**	0.106
Error	23.111	38	0.608			
Time	0.770	3	0.257	1.616	0.190	0.041
Time*Group	2.350	3	0.783	4.931	0.003**	0.115
Error (Time)	18.113	114	0.159			

The F ratios for Group (F (1, 38) =4.500; p<0.05); for Time (F (3, 114) =1.616; p<0.05) and for the interaction between Time and Group (F (3, 114) =4.931; p<0.05), were all statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis:

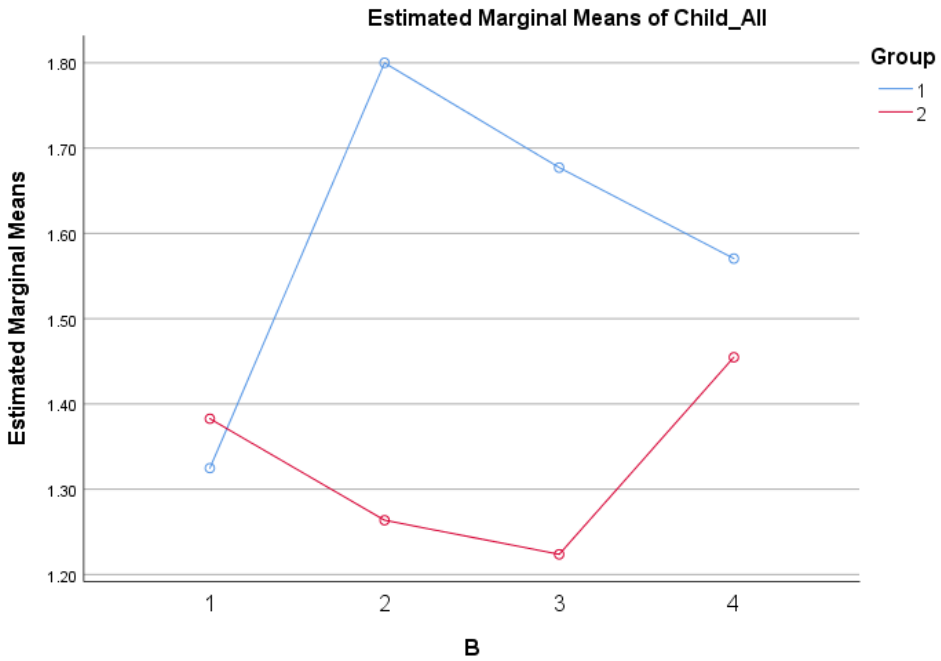

Figure 9: Performance of the children at each of the four testing intervals.

Table 15: Comparison of reading scores across time within groups.

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	1.32	0.54	0.001**
Post-test 1st video	21	1.8	0.49	
Post-test 1st video	21	1.8	0.49	0.275
Pre-test 2nd video	21	1.68	0.45	
Pre-test 2nd video	21	1.68	0.45	0.216
Post-test 2nd video	21	1.57	0.47	
Group 2				
Pre-test 1st video	19	1.38	0.60	0.381
Post-test 1st video	19	1.26	0.61	
Post-test 1st video	19	1.26	0.61	0.733
Pre-test 2nd video	19	1.22	0.43	
Pre-test 2nd video	19	1.22	0.43	0.014**
Post-test 2nd video	19	1.45	0.55	

The comparison of measurements for the children in Groups 1 and 2 indicated that the children whose caregivers had viewed the caregiver training video had performed significantly better than those whose caregivers had viewed the control video ($p<0.05$). This improvement in shared reading behaviour in the children from Group 1was maintained and still evident two weeks later, on re-test during the second appointment ($p<0.05$). Once the caregivers in Group 2 had watched the caregiver training video, the difference in shared reading behaviours between the children in Groups 1 and 2 was no longer significant.

The comparison of reading behaviour within groups as shown in Table 15, shows a significant difference in shared reading behaviour for Group 1 between pre-test 1 scores, before viewing the caregiver training video and post-test 1, after having viewed the video. Once the Group 2 caregivers had viewed the caregiver training video, the shared reading behaviour of the children in Group 2 improved significantly. These results confirm that the

caregiver training video resulted in an improvement of the overall shared reading scores of children in both groups.

Comparison between the groups' pre- and post-test mean rank scores obtained on each of the ACIRI sub-categories.

Enhancing attention to the text.

To test the difference between groups and time in this sub-category, two different non-parametric tests were used. The skewness of the distribution of the pre-video scores indicated that a parametric test should not be used. The non-parametric Mann-Whitney test was used to compare the groups at each of the four assessment intervals, and Friedman's ANOVA was used to compare the scores over the four testing times. Both these tests compared the ranks of the scores to deduce differences, although the method of ranking differs for the tests. The tables below provide the actual means as well as the ranks for the groups.

Table 16: Comparison of pre- and post-test of children's "Attention to Text" scores.

Group	Time	N	Mean (M)	Rank	p
Group 1	Pre-test before the 1st video	21	2.036	18.26	0.205
Group 2		19	2.211	22.97	
Group 1	Post-test after the 1st video	21	2.500	24.02	0.044**
Group 2		19	2.118	16.61	
Group 1	Pre-test before the 2nd video	21	2.417	22.71	0.215
Group 2		19	2.197	18.05	
Group 1	Post-test after the 2nd video	21	2.500	21.71	.503
Group 2		19	2.342	19.16	

Table 17: Comparison of "Attention to Text" scores across time within groups.

Time	N	Mean	Rank	p
Group 1				
Pre-test 1st video	21	2.036	1.71	0.003**
Post-test 1st video	21	2.500	2.90	
Post-test 1st video	21	2.500	2.90	0.550
Pre-test 2nd video	21	2.417	2.67	
Pre-test 2nd video	21	2.417	2.67	1.00
Post-test 2nd video	21	2.500	2.71	
Group 2				
Pre-test 1st video	19	2.211	2.61	-
Post-test 1st video	19	2.118	2.08	
Post-test 1st video	19	2.118	2.08	-
Pre-test 2nd video	19	2.197	2.53	
Pre-test 2nd video	19	2.197	2.53	-
Post-test 1st video	19	2.342	2.42	

Friedman's ANOVA was not significant, indicating that there was no difference in the ranks across the testing times. No pairwise comparisons were conducted.

As can be seen in Table 17, there was no significant difference between Group 1 and Group 2 in their attention scores before viewing the first video, Group 1 the active video and Group 2 the control video. After viewing this first video, the attention scores of Group 1 were significantly higher than that of Group 2 ($p<0.05$). The difference emerged from the caregivers in Group 1, showing a significant improvement in this area after having viewed the caregiver training video ($p<0.05$). There was no difference in the scores of Group 2 before and after the control video.

This significant difference in caregiver attention behaviour was maintained and still evident during the second pre-test two weeks later, with Group 1 still performing significantly better in this area than the control group ($p=0.034$, $p<0.05$). This result would suggest that the caregiver training video only viewed by Group 1, had a lasting effect on

caregiver reading behaviour. After viewing the caregiver training video, the attention behaviour of the caregivers in Group 2 no longer differed from Group 1.

Table 18 shows that the attention scores of Group 1 improved from the pre-training video to the post-video testing (p=.007) and remained constant across the before and after control video testing intervals. However, the attention scores of Group 2 before and after viewing the active video failed to reach statistical significance.

Promoting interactive reading and supporting comprehension.

To test the difference between mean scores obtained in this category, a parametric two-way ANOVA with repeated measures was used. Results obtained during the first and second appointment pre-and post-test for both groups in the sub-test Making use of Literacy Strategies are depicted in Table 19 and Figure 10 below.

Table 18: 2 (Groups) x 4 (Time) ANOVA Summary Table, dependent variable=total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Intercept	270.004	1	270.004	260.932	0.000	0.873
Group	6.725	1	6.725	6.499	0.015**	0.146
Error	39.321	38	1.035			
Time	1.023	3	0.341	1.326	0.269	0.034
Time*Group	2.282	3	0.761	2.959	0.035**	0.072
Error (Time)	29.311	114	0.257			

The F ratios for Group (F (1, 38) =6.499; p<0.05); and for Time and Group (F (3, 114) =2.959; p<0.05) were both statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis.

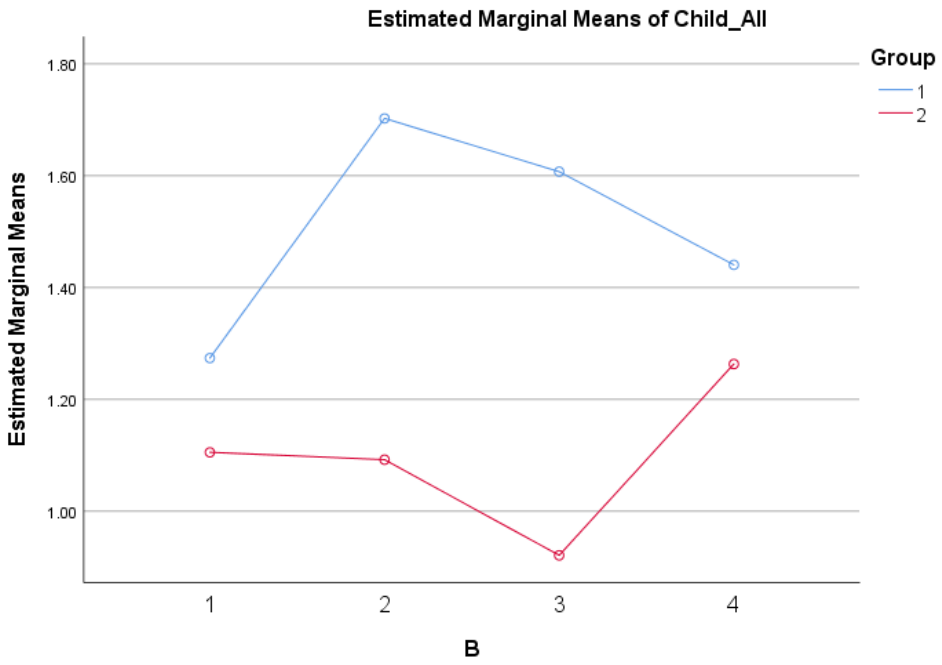

Figure 10: The performance of the children in Groups 1 and 2 in the ACIRI sub-category, "Promoting Interactive Reading and Supporting Comprehension".

Table 19: Comparison of "Promoting Interactive Reading and Supporting Comprehension" scores across time within groups.

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	1.27	0.74	0.015**
Post-test 1st video	21	1.70	0.59	
Post-test 1st video	21	1.70	0.59	0.525
Pre-test 2nd video	21	1.61	0.58	
Pre-test 2nd video	21	1.61	0.58	0.213
Post-test 2nd video	21	1.44	0.65	
Group 2				
Pre-test 1st video	19	1.11	0.79	0.941
Post-test 1st video	19	1.10	0.84	
Post-test 1st video	19	1.10	0.84	0.280
Pre-test 2nd video	19	0.92	0.51	
Pre-test 2nd video	19	0.92	0.51	0.018**
Post-test 2nd video	19	1.30	0.62	

Results indicated that children whose caregivers had viewed the caregiver training video in Group 1 performed better than the children whose parents had viewed the control

video in Group 2 at the post-test 1 interval ($p<0.05$). This difference in the reading behaviour between the two groups was still evident at the pre-test 2 interval, where the children whose parents had viewed the caregiver training video still performed significantly better than the children whose parents had viewed the control video ($p<0.05$). The final comparison between the two groups at the post-test 2 intervals revealed that there was no longer a significant difference in the shared reading behaviour between the children in Groups 1and 2 in this sub-category.

Table 19 shows that the difference between the pre-test 1 and post-test 1 active video reading scores of Group 1 is statistically significant ($p<0.05$), while the difference in the reading scores before and after the control video was not statistically significant ($p>0.05$). This would suggest that both Groups 1 and 2 showed significant improvement after viewing the active caregiver training video. The performance of the children in Group 2 before their caregivers having viewed the caregiver training video, showed no significant improvement between pre-test 1 and post-test 1. Group 2 showed deterioration in performance at the post-test 1 and pre-test 2 intervals. This may have been linked to the deterioration in scores of the caregivers, which may be attributed to a feeling of discouragement. After the caregivers in Group 2 had viewed the active caregiver training video, the children's scores in this sub-category improved significantly ($p<0.05$), suggesting that the caregiver training video had been effective.

Making use of literacy strategies.

To test the difference between mean scores obtained in this category, a parametric two-way ANOVA with repeated measures was used. Results obtained during the first and second appointment pre-and post-test for both groups in the sub-test Making use of Literacy Strategies are depicted in Table 20 below.

Table 20: 2 (Group) x 4 (Time) ANOVA SUmmary Table, dependent variable=total score.

Source	Type III Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Intercept	93.486	1	93.486	98.428	0.000	0.721
Group	2.322	1	2.322	2.444	0.126	0.060
Error	36.092	38	0.950			
Time	1.153	3	0.384	2.262	0.085**	0.056
Time*Group	2.643	3	0.881	5.184	0.002**	0.120
Error (Time)	19.378	114	0.170			

The F ratios for Time (F (3, 114) =2.262; p<0.05) and for Time and Group (F (3, 114) =5.184; p<0.05) were both statistically significant. As the interaction effect was significant, the simple effects were analysed using pairwise analysis.

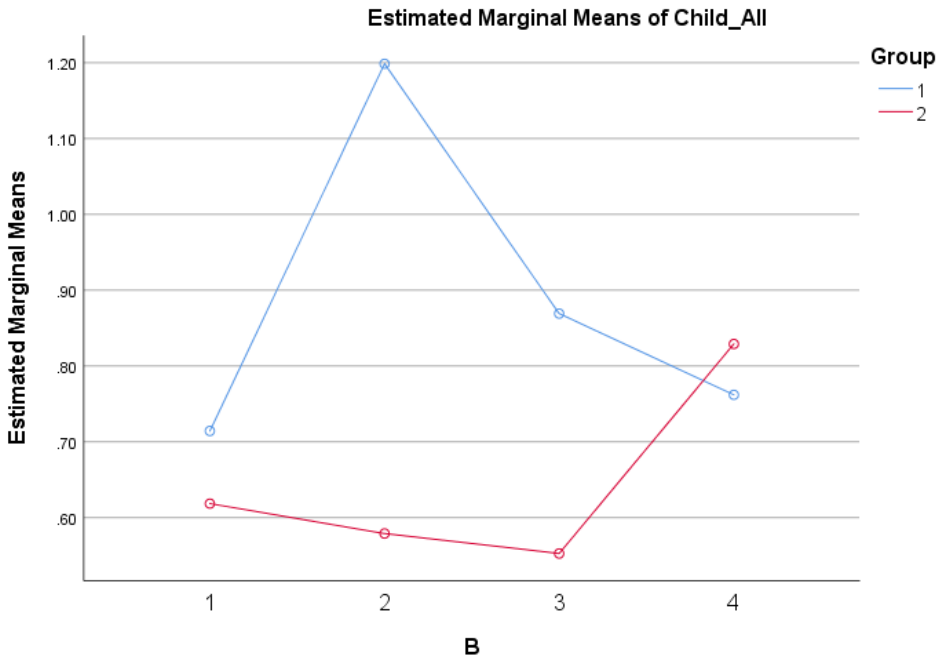

Figure 11: Children's performance in ACIRI sub-category "Making use of Literacy strategies".

Table 21: Comparison of "Making use of Literacy strategies" within groups..

Time	N	Mean	SD	p
Group 1				
Pre-test 1st video	21	0.71	0.53	0.002**
Post-test 1st video	21	1.20	0.60	
Post-test 1st video	21	1.20	0.60	0.002**
Pre-test 2nd video	21	0.87	0.64	
Pre-test 2nd video	21	0.87	0.64	0.318
Post-test 2nd video	21	0.76	0.54	
Group 2				
Pre-test 1st video	19	0.62	0.68	0.801
Post-test 1st video	19	0.58	0.60	
Post-test 1st video	19	0.58	0.60	0.805
Pre-test 2nd video	19	0.55	0.59	
Pre-test 2nd video	19	0.55	0.59	0.018**
Post-test 2nd video	19	0.83	0.67	

Results showed that the children in Group 1, whose caregivers had viewed the caregiver training video, performed significantly better in this sub-category than the children in Group 2 whose caregivers had viewed the control video ($p<0.05$), but this significant difference in performance between the two groups did not persist and was no longer evident at the pre-test 2 interval. This would, therefore, make the effect of the caregiver training video on this sub-category questionable. The final comparison at the post-test 2 interval revealed no significant difference between the children's performance in this sub-test.

Table 21 shows that there was a significant difference in the performance of children in Group 1 in this sub-category after having viewed the caregiver training video. This improvement in the use of literacy strategies was maintained and still evident two weeks later, during the pre-test 2 interval. Despite there having been no significant improvement in the scores obtained in this sub-category by caregivers, the children in

Group 2 appear to have shown a significant improvement in this area after their caregivers had viewed the active caregiver training video.

4.2 Qualitative Analyses of the semi-structured interviews

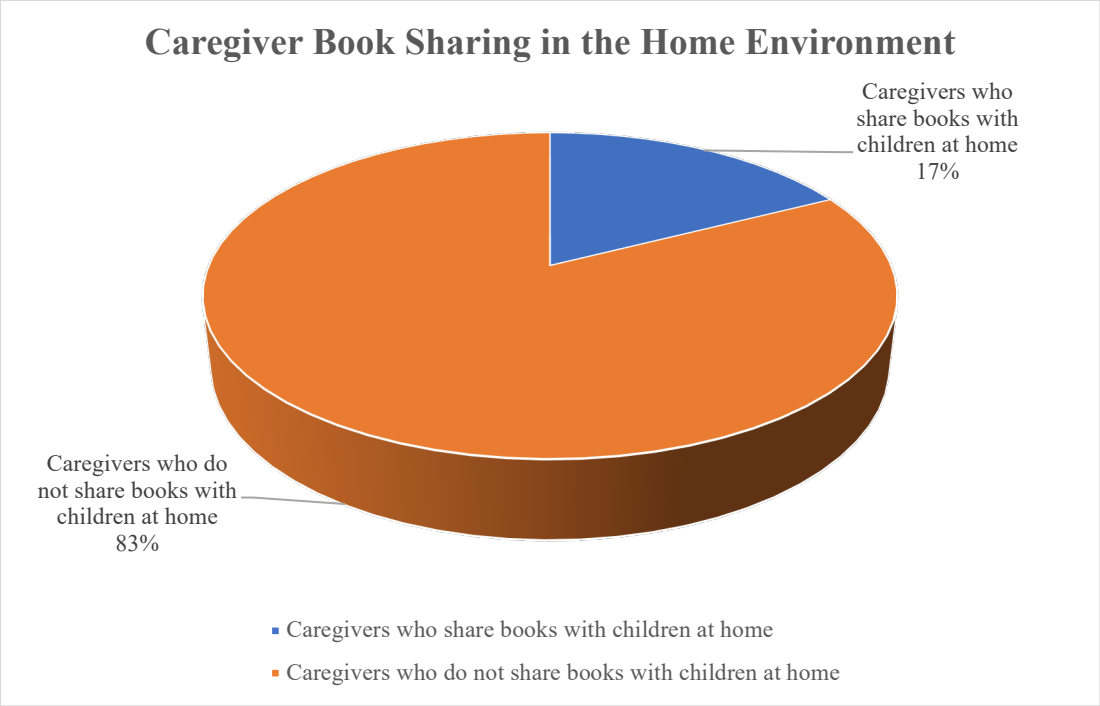

Figure 12: Caregiver book sharing practices within the home environment.

Results obtained from the initial interview revealed that seven (18%) of participants shared books with their children at home and the remainder did not. Five (n=5) of these respondents turned out to have been older siblings. Of the participants who indicated that they shared books at home, one said that the type of book shared was religious, five participants said that the books were children's books (13%) and two participants (5%) said they shared other books (comic books or a sibling's set-work book, for example). Four participants stated that their reason for not sharing books with their children was a lack of time (10%); 19 participants said that the lack of books was the reason for not sharing books with their child (48%). Ten participants admitted that they did not know how to

share books with their child (25%). Of all the participants, four (10%) reported that a parent or caregiver had shared books with them as children.

Themes and the frequency with which they were mentioned in the interviews are listed in Table 22 below and will be discussed in the Discussion section. Themes emerged inductively. Inductive analysis is a process applied to qualitative data sets whereby data is coded without attempting to fit it into a pre-existing coding frame or the researcher's preconceptions (Nowell, Norris, White & Moules, 2017). In this sense, this form of thematic analysis is data-driven (Braun & Clarke, 2006).

Themes were tallied as often as the 40 participants mentioned their respective codes; regardless of how often one participant may have mentioned a theme.

Table 22: Frequency and description of main themes which emerged from the semi-structured interviews.

Theme Identified	Frequency
Theme 1 *The absence of a culture of reading.* The absence of a culture of reading in many of the participants' childhood homes is a prominent theme that emerged in the interviews. The majority of the participants mentioned that the reason for this absence of a book-sharing culture could be attributed to either limited access to resources or the view that reading is an educational rather than a recreational activity. Those participants that mentioned that they share books at home with their child or children identified these to be the Bible or an older sibling's set work book, for example, Animal Farm.	55 times
Theme 2 *Barriers to shared reading*. The absence of, and the lack of access to, books was one of the primary barriers to shared reading that emerged. Many participants stated that children's books are too expensive. Only one participant mentioned having visited the Orange Farm library on one or two occasions. Other participants, primarily females, mentioned that a lack of time is the reason for not sharing books with their child.	63 times
Theme 3 *Edification and enlightenment.* A recurrent theme was the changed view of sharing books with young children after participants viewed the caregiver training video. The change in perceptions of, and attitudes to, shared book reading pertained to firstly, the caregiver's attitude to the importance of book-sharing, secondly, their opinion on the importance of book-sharing and, thirdly, their improved relationship with their children as a result of book-sharing.	70 times
Theme 4 *A competent model aids confident imitation*. As supported by Albert Bandura's social learning theory, several participants made mention of the fact that they had appreciated the video clips which were included in the training video as these aid in demonstrating the shared book reading strategies being taught in the video. Many participants emphasised that this enabled them to imitate what had been conveyed in the video more confidently.	42 times
Theme 5 *Effectiveness of the caregiver training video as a mode of teaching.* Most caregivers stated that the caregiver training video and teaching had been effective as a vehicle of learning. Reasons for this included that they had felt comfortable learning via a video format, as this was perceived as non-threatening. Furthermore, caregivers mentioned that they did not feel in danger of being judged by a teacher or instructor. Many participants requested access to the caregiver training video as they wanted to watch it again, and they felt a benefit of the video training format to be that they were able to watch it repeatedly.	41 times

The results of the thematic analyses revealed that there is an apparent absence of a culture of reading within the average family household of the participants in the cohort of this study. The absence of a culture of book-sharing can be attributed to a myriad of barriers that are a consequence of a combination of deep-seated past and current challenges

of LMI families in South Africa today. However, results obtained also showed the promising change and impact that a caregiver training video, such as the one implemented in this study, can have on the attitudes of caregivers towards book-sharing and the power to modify behaviour to improve the quality of caregiver-child shared reading interactions.

4.2.1 The reading context and attitudes of caregivers prior to exposure to the caregiver training video

One of the objectives of this research study was to establish the nature of the existing reading context of the participants. This included establishing the availability of reading resources and the nature of these resources as well as determining the reading contexts that caregivers had been exposed to during their respective childhoods. Several sub-themes were identified which are discussed in detail below:

The absence of a culture of reading

The absence of shared reading and reading experiences in the participant's childhood homes was a prominent reality which was mentioned by the overwhelming majority of caregivers. Most of the caregivers in the study cohort, aged 28 years and above, reported that they had no recollection of a parent or a caregiver ever having shared a book or read a book with or to them. Participant P15E stated: "Nobody shared books with me when I was young. My mum she was too busy looking after us all and doing the chores. She had no time for stuff like that". Participant P1E supported this with her statement: "I have no memories of nobody sharing books with me as a child. This was not done at home".

The reason for the absence of a culture of reading can, at least in part, be ascribed to the fact that the majority of the parents of the participants in this study were born and raised during 1948 to 1994 which was the Apartheid era in South Africa. The capacity of

primary caregivers in South Africa, especially those living in rural communities, to provide cognitively stimulating environments for their children is often limited and adversely affected by poverty, limited education and skills (Mathambo & Gibbs, 2008; Makunga, Schenck, Roman & Spolander, 2017). Upon close perusal of factors associated with and contributing to shared reading experiences in the home environment, multiple studies have identified socioeconomic status (SES) as being a primary factor influencing both the frequency and the quality of shared reading experiences in the home environment (Foster, Lambert, Abbott-Shim, McCarty & Franze, 2005; Curenton & Justice, 2008).

Of the 40 caregivers who participated in this study, only two reported sharing books with a caregiver. Participant P6C relayed her experiences as follows:

> *My mum, she worked for a madam who used to give us little books. I remember sitting and trying to read them on my own, but when my mum she was finished with her work, she would come and sit with us to read with us. It was nice!*

The majority of participants in this study, even those who indicated that they owned some form of reading material at home, stated that they did not share books with their three to six-year-old children: "Reading with her when she is so small honestly never crossed my mind" (P4E). "I have been working with children all my life and never would I have thought of reading a book with my 3-year-old. I did not think it was possible" (P23C).

Participants P8E supported this with her statement when she said:

> *I did not know that I can make it fun for her. I did not think that I can make sharing books with her when she is so little, so fun and enjoyable. I think she is too small for books.*

The few participants, who indicated that they shared books with their children, identified these as being colouring, tracing or comic books or a set-work belonging to an

older sibling. Some participants mentioned that they had considered sharing and reading books to be an activity that was reserved for their older, school-going children rather than their pre-school aged child. One participant substantiated this by drawing on her own experiences*:* "I remember my mother, she read Animal Farm when I was a (n) older child. Not when I was little like this one" (P13E). This participant's recount of her own early literacy experiences would support Bandura's (1977) social learning theory in that this participant directly imitated behaviours that she herself had observed as a child.

Research suggests that a large number of South Africans view reading as an educational activity that is associated with schooling, rather than a recreational activity that can be shared and enjoyed with their children (Haese, Costandius & Oostendorp, 2018). Participant P23E echoed this when she said: "I did not think that sharing a book with my little girl can be so much fun. I think that this is something that comes in older years, like grade 1". Participant P5E agreed, saying: "I thought reading a book for my son was boring". A study by Seden (2007) supports this observation that reading is not necessarily an activity that caregivers consider being their responsibility and may confirm the notion that parents in South Africa are largely unaware of their roles and responsibilities in supporting their children's early literacy development. As mentioned in earlier sections of this research report, this is in accordance with the findings of a survey conducted by the South African Book Development Council (SABDC) in 2011, which revealed that a lack of a reading culture exists in the majority of LMI South African homes and that a large number of South African parents and caregivers do not read to their children (SABDC, 2011).

The majority of participants who mentioned owning a book identified this to be religious, for instance, the Bible. When asked whether they shared books with the child at home, they mentioned that they would read scripture to the children which they would then

be required to recite. Participant P16C stated: “We read the bible and he must remember the words in the verse. He must repeat them to me later, to remember”. This coincides with the oral traditions which exists in South Africa. On being prompted, the participants identified these Bibles to be adult versions rather than an age-appropriate children’s version. Louw and Louw (2014) argue that children’s early literacy skills are best scaffolded and facilitated by the use of age-appropriate books.

Barriers to shared reading

The majority of participants reported that the most significant barrier to sharing books with their children at home was the absence of books and reading materials. The national survey conducted by the SABDC found that households from LMI contexts are less likely to have any books in their home (SABDC, 2007). Ninety-seven percent of households in sub-Saharan Africa have two or even fewer children’s books (UNICEF, 2017). One participant clearly stated: “I don’t have children’s books. They are too expensive” (P5E). Limited access to resources in rural settlements, such as Orange Farm, is a reality that many families live with daily. Participant P11C said: “Books? I never think of buying books for her. They expensive and I don’t think she likes books”. Books are considered a luxury and, therefore, often simply not affordable in the majority of households. Limited access to books understandably has adverse effects on the development of a reading culture. A study conducted by Nassimbeni and Desmonds in 2011, explored the impact of the availability of books on reading development and highlighted that a culture of reading is something that is established at an early age.

As mentioned in the methodology section of this research study, Orange Farm has only one library which is located approximately 10km to 15km from the day-care centres. Only one participant mentioned having visited a library with her child on one or two

occasions. The participant P12C stated: “I take her to the library one or two times, but it is far for us to walk and, eish, and the Taxi, is expensive”. According to Pretorius (2015), an integral part of developing a culture of reading is the access to age appropriate books. Furthermore, children require access to books and a skilful model such as a parent or an older sibling to facilitate a love for reading (Pretorius, 2015). P20C highlighted this when she stated: “*I have no idea how to do that (share books)”.*

The majority of caregivers in this study were single mothers who reported they were heading their household either with the help of a grandmother or other female support, such as an aunt or an older sibling. Many of these caregivers pinpointed a lack of time as being a significant factor that inhibited them from sharing books with their children at home. One participant mentioned that she was often too tired after a long day at work P3E: “I come home late from work. I work for”. Another participant stated: “My busy lifestyle makes sharing books difficult. It has not been a priority for me” (P3C). There are a high proportion of families headed by single parents, particularly females, in South Africa. Participant P11E supported this with her statement: “I am a working mum. I work in the day and sometimes in the weekend. When I come home, I do the other things too. I must cook and wash. Eish, it’s a lot”. An estimated 40% of South African households are headed by a single parent, of which 40% are headed by a female. Female-headed households are said to often be at an increased risk for poverty as a result of their limited access to social and economic resources and the additional costs of childrearing (Department of Social Development, 2013). The findings of this research study highlight how these aforementioned barriers can affect the parenting capacities of caregivers and substantiates why many of the caregivers who participated in this study would have to prioritise day-to-day chores over sharing a book with their children.

This may, therefore, be a reason why many single-parent households rely on their eldest child to share some of the child-rearing responsibilities and why an older sibling accompanied some of the children in this study. The older siblings who accompanied their younger sibling to the study appointments reported that they read to their younger siblings more frequently. When asked why they did this, one participant responded: “I like reading and now I like reading to my sisters more. Now they actually pay attention and take interest in what I am reading. I don’t just read” *(*P6C). Rodgers, D’Agostino, Harmey, Kelly and Brownfield (2016) refer to this as scaffolding behaviour which occurs between children and their siblings rather than between a parent and child/ren. This scaffolding or modelling behaviour by an older sibling can be very valuable as it may contribute to and aid in establishing a reading culture in the home environment. Participant P12C supported this by saying: “Mostly I share my books with them from school”.

This concept of scaffolding coincides with a growing body of work within South Africa on ‘translaguaging’. This term was first used by Williams (1994) and is defined as "the ability of multilingual speakers to shuttle between languages, treating the diverse languages that form their repertoire as an integrated system" (Canagarajah 2011, 401). Translaguaging assumes that language practice involve a complex inter-play of communicative strategies including for example code switching between languages during an interactive reading activity. This form of scaffolding needs to be encouraged during these shared book reading interactions to aid children in better understanding and accelerate expressive and receptive language development, not only in English, but also in the child’s home language.

4.2.2 The value of a caregiver training video in altering caregiver and children's shared reading behaviours

This study set out to investigate the value of a caregiver training video in altering the shared reading behaviour of caregivers in a semi-rural township in South Africa. Caregivers in the experimental group showed a marked improvement in their use of overall shared reading behaviour after having viewed the caregiver training video. This improvement in overall shared reading behaviour was maintained over the two weeks between appointments and was still evident when caregivers returned for their second appointment. Furthermore, results showed that the caregivers' shared reading behaviour was not affected by viewing the control video. These results support the social learning theory, in that caregivers learned new behaviours through observation and imitation.

In comparison, the caregivers in the comparison group who viewed the control video during their first appointment showed no change in their shared reading behaviour. In fact, results obtained showed that caregivers in the comparison group performed slightly worse than they had initially. This may be attributed to possible feelings of discouragement as a result of caregivers not feeling they would gain anything from the study process. Therefore, the marked difference in shared reading behaviour that was noted in the comparison group after having viewed the caregiver training video was even more encouraging. These findings provide support for video-based interventions and coincide with Feuerstein's (1979) mediated learning experience (MLE) construct.

Children in both the experimental and the comparison group also showed significant improvements in their overall shared reading behaviour after their respective caregivers had viewed the caregiver training video. This significant change in the children's shared reading behaviour was not evident after the caregivers in either the experimental or the comparison group had viewed the control video and was only detected

after the caregivers in both groups had viewed the caregiver training video. This allowed the attribution of any improvement in shared reading behaviours to the caregiver training video. This finding is further supported by those of a study conducted by Whitehurst et al. (1988) which demonstrated that the formal instruction of mothers from middle-class backgrounds in the use of dialogic reading techniques improved their shared reading behaviour and resulted in a substantial enhancement in the language skills of their two-year-old children. The study conducted by Huebner and Meltzoff (2005) also found that instruction yielded a significant increase in parent's dialogic reading behaviour and had a significantly positive effect on the language use of the children. There is evidence from other research studies that supports that increased exposure to cognitive stimulation and increasing learning opportunities result in gains that persist well beyond the intervention (Vally, 2012; Klein & Rye, 2004).

This significant improvement and continued sustainment in shared reading behaviour was noticeable in the ACIRI sub-categories Attention to Text and Promoting Interactive Reading and Supporting Comprehension. Caregivers in the experimental group did not maintain their improvement in the area of Making use of Literacy Strategies and the initial improvement at the post-test 1 interval was no longer as marked at the pre-test 2 interval. The caregivers in the comparison group failed to demonstrate significant improvements in this area, even after viewing the caregiver training video. This finding would suggest that Making use of Literacy Strategies may require a more concrete or elaborate form of instruction and that the video format is not a suitable teaching medium for the effective transmission of these skills.

This study's findings further concur with the idea of progressive change based on the ZPD put forward by Vygotsky (1986). The progressive change observed in the children's reading behaviour can be attributed to the adult scaffolding their level of support

during activities that are only slightly beyond the child's current skill level. An example of the caregiver facilitating this progressive change in a shared reading situation would be if they asked the child to name the function of an object after the child has successfully identified the object.

4.2.3 The reading context and attitudes of caregivers after exposure to the caregiver training video

Edification and enlightenment

The theme of change and an altered view of sharing books with young children after viewing the caregiver training video was a recurring one among participants. Participant P12C stated: "It (the project) has changed the mind-set I once had of not having an interest of sharing a book with a young child and it made me eager to share books more with my young ones". This change in attitude to shared book-reading was multi-faceted in that it applied to the caregiver's attitudes and opinions to the importance of book-sharing as well as their improved relationship with their children. Participant P20E mentioned: "I never thought of that (sharing books). I think there is a lack of information about that and how much difference it can make to our children". Participant P12E stated: "I did not see any reason why to share books with her. I did not see the benefit until now. Everything has changed". Responsive conversations between parents or caregivers and their young children are actively discouraged by cultural norms in some African contexts and yet, children require these opportunities to acquire new vocabulary and develop linguistic skills by engaging in responsive and reciprocal interactions with their caregivers (Weber, Fernald & Diop, 2017; Wasik & Hindman, 2015; Knauer, Jakiela, Ozier, Aboud & Fernald, 2018). Participant P8C2 stated that "…I now know that it is important to share books with children when they are young". These statements by study participants

highlighted a misconception that was shared by the majority of the study participants, that their three to six-year-old child was too young to engage in shared book reading. This was further supported by P23E statement: “I never ever think of that (sharing books). I think there is a lack of information about that”.

Another prominent theme which emerged from the interviews with the participants was the improved relationship or bond that many of the caregivers reported experiencing with their child after the research project. This was highlighted by Landry, Smith, Swank, Zucker, Crawford and Solari (2012) who emphasised that it is a warm and affectionate environment that contributes to children’s motivation to engage in joint reading. Participant P23C stated: “It change a lot how I feel about sharing books with her. We have more time together and we bond a lot”. Participant P4E mirrored this sentiment when she said: “Best part is how to communicate with my child and connect with my child”. Parental involvement at an early age is a critical component of reading skills development (Sukhram & Hsu, 2012). A study conducted by Garnotice, Downing Jnr., Mak, Chan and Lee (2017) suggest that dialogic reading has considerable potential for improving parent-child relationships. Parents stated that they felt encouraged and positively reinforced by the positive responses they felt they were eliciting from their children during shared reading. Participant P4E stated:

> *Sharing a storybook with your child-it brings so much connection between me and my child, and I must show some reaction so that the child can understand what is the story all about … It helps to have a good communication with our kids.*

Research has shown that book sharing can promote a perceived improvement in parenting capabilities among parents (Seden, 2007). This coincides with the findings of a study mentioned earlier by Lessing and Odendaal (2004) which found that the aspects

which contribute to the success of such an intervention are the physical presence of the caregiver/parent/s, the positive reinforcement from the caregiver/parent/s, improved self-confidence amongst the children and the caregiver/parent/s and quality time spent together. Participants confirmed this by making statements such as: "She wants me to read with her all the time now" (P17C). "Sometimes she forgets to go with other kids and play and then she say to me "Mama! Can we read that book?" (P11C*)*. "We share books much more now. Even when I forgot, she shows me that we haven't read today. Did not think that I could make reading books with her so enjoyable and fun" (P15P). Particularly in the South African context where parents are faced with increasing social and economic challenges, and limited access to books within the home environment, the improved relationship between caregivers and their children brought about by shared book reading within the home environment is encouraging. Participant P3E highlighted this when she stated that: "It has helping me to interact with him and him to interact with me. It is so nice".

Many participants emphasised that the frequency of book-sharing activities had increased significantly within the household and that the children often initiated this: "Lately, since our first appointment with you, we have been sharing all the time. But it's not me sharing with her; it's her sharing with me. She makes me share books with her now" (P13C). "Every day, we share now. She wants to share books and asks to share books with me" (P5C).

As mentioned previously, many South African's associate reading with an educational rather than a recreational activity that can be engaged in and enjoyed with their children (Van Heerden & Kritzinger, 2008). This was a perception that was distinctly changed amongst the participants in this study. Participant P1C highlighted this when she said:

I did not know much about reading. I thought it was just about learning words and boring like in school … I did not know you can make it fun for her. Not that maybe you can make some funny noise to get her interest.

Many of the participants also admitted to having considered reading and sharing books to be a boring and difficult activity and that they had not been aware of ways in which to make it more interesting and storybooks more intriguing for the children. This observation would support the notion of transgenerational communication of assumptions regarding literacy in that the caregiver/s' own attitudes towards schooling and literacy were affected by their own school experiences (Reese, Arauz, & Bazán, 2012). Participant P10E explained her change in perception as follows:

The video show me how I can illustrate a book to a child, especially at her age. I can make the book more fun for her. I do not have to read all the words of the story I mean in the pages. I can talk to her about the pictures and make sounds of animals. Like that.

Dialogic book sharing allows for and encourages, both the caregiver and the child to actively participate in the reading process. Both child and parent are encouraged to become equal contributors. This was evident in a statement by Participant P2E:

Before I just read the words and I quickly turn the pages to finish the book. Now, I take time and I don't just read the words. I let her talk and point the pictures and talk about the pictures.

Several participants mentioned that their children had begun insisting on holding the book and leading the interaction after having observed their caregiver share a book with them. P22C stated: "Now when we read, she wants to also read and imitate and now she also points to pictures and talk about them or make up her own stories for the

pictures". Parents reported engaging a lot more in collaborative talk (Evans & Jones, 2013). Parents learned to make use of this form of communication with their children as a means of assisting them with comprehension and, importantly, facilitating the enjoyment of the reading process. Participant P14E alluded to this when she said: "It (the study) guided me on how to interact. I have learned how now to wait and let her interact. So actually, if I did not see the video, I was going to be dominant from beginning to end". Participant P10E supported this with her statement: "I learn now how to ask her question about the book and to wait for her to respond before just rushing on".

This finding relates to the social learning theory Albert Bandura (1977), which suggests that children observe their role models in their immediate environment and study their behaviour with the potential of later imitating it (McLeod, 2011). The children's desire and resulting eagerness to engage in reading on their own is also indicative of a sense of personal mastery which will ultimately aid in fostering an intrinsic motivation for reading (Fawson & Moore, 1999).

Many participants also mentioned that their children had become a great deal more verbal during the project. One participant stated:

> *She does not stop talking now. She asks me questions about everything and wants to know the reasons for everything that is happening in the book. Sometimes I don't know. We can sit for hours and speak about things that are happening in the book* (P11E).

Literature shows that talk in response to shared book reading affects how children develop language and concepts through talk (Evans & Jones, 2013). Caregivers reported that, as they continued sharing books with their children, their children became more confident and would begin holding the books and turning the pages as well as narrating the story more independently: "She insists on holding the book herself and turning the pages.

She is convinced that she is reading me the story. It is so amazing to hear her talk so much and how much she actually know" (P1E). This phenomenon may be a suitable example of the learning facilitated by the zone of proximal development (Vygotsky, 1978). Participant P17E laughed when she stated: "She does not let me hold the book anymore when we share the book. She take it from me and sit like me, when I read to her and then she pretend to read the story to me".

Non-threatening, child- and adult-friendly picture books

All participants reported that the picture books that were used in this study had an impact on the reading practices in the participants' homes. Participants repeatedly mentioned that the books were easy to read and contained plenty of pictures which made it easy to tell a story, even if they did not read the words. Participant P4E stated: "The books were really great. The writing and the English were easy to read, and the pictures were colourful and visible and easy". Participant P6E supported this with her statement: *"*I like the books you give us. They are nice for a younger child. They are child-friendly and relevant to a child's life. They are at the level of the child".

Although the appropriateness for the multilingual use of the books was not explicitly stated by any of the participants, it was noted that participants made use of the books in a multilingual fashion. Although the researcher had provided each of the books in English as well as isiZulu and Sesotho, the written language or story text did not affect the language of narration during shared reading. All of the participants were observed code-switching at least once during their interactive shared reading session with their child. Along with isiZulu, Sesotho, Xhosa and Sepedi, English was also used consistently during the interactions. Many of the caregivers elected to share the English version of a book with their child but would narrate the entire book in their home language. The books allowed

for the shared reading interactions between the caregivers and the children to take place in the language of the participant's choice. Both the caregiver and the child were able to create a story using the pictures. Participant P3C stated: "I like that they (the books) have too many pictures and they are child-friendly. Even though you don't read all the words, you can grasp the story from the pictures or make your own story".

A competent model aids confident imitation

Several participants made mention of the fact that they had appreciated and enjoyed seeing the shared reading technique being modelled in the caregiver training video. Participant P13E stated: "It helped me to see the interactions between you and the children in the video. Like a model or … (uhm) … like examples, you know?" Participant P13C said: "To see how you interacted with the children made it easier for the children to share a book with you. Seeing you do that taught me how to make her understand what is happening in the book and to make it more fun". These statements by the participants agree with the social learning theory of Albert Bandura (1977), that learning takes place by the observation and modelling of the behaviours of others, as was the case for the caregivers with the caregiver training video.

Effectiveness of the caregiver training video as a mode of teaching

The majority of caregivers emphasised that they had enjoyed the caregiver training video as a vehicle of learning and teaching for a variety of reasons. Many participants reported that they felt comfortable learning via a video format, as this was perceived to be non-threatening, and they did not feel in danger of being judged by a teacher or instructor. Participant P6C2 stated: "I can watch it many times if I don't remember and nobody will look at me funny for asking for explanations many times". Caregivers also stated that they had enjoyed that the caregiver training video was short and concise: "It's (the video) not

long. Because if it is long I struggle to remember everything you teach me"; and that the caregiver training video had been available in their mother tongue: "I like that I can listen to that (the video) in my language. It help me understand" P4C1. Making intervention and academic materials available in the 11 official languages spoken in South Africa is of critical importance. The Progress in International Reading Literacy Study (PIRLS) surveys of 2006 and 2011, as well as the Trends in International Mathematics and Science Study (TIMSS) surveys of 1995, 1999, 2003 and 2011, have consistently demonstrated that the performance of South African children on international assessments of educational achievement is among the lowest of all participating countries (Araújo & Costa, 2015). Considering that language disadvantages are so strongly correlated with other confounding factors in South Africa it is difficult to determine to what extent language factors contribute to this poor academic performance. Many researchers in the South African education community argue that language is a key determinant of education outcomes. Supporters of mother tongue education argue that a later transition to English is necessary, given that children cannot understand the language of instruction. Others argue that English is still widely perceived to be the language of upward mobility and hence advocate for the English language as the primary language of learning and teaching. Bilingual transitional models maintain that a child must first develop cognition in the medium of their first language before they are able to gain the necessary skills for the acquisition of a second language (World Bank, 2005). The results from this research study support the growing body of work in South Africa on 'translanguaging' in that

The notion of a ZPD as proposed by Vygotsky (1962) is also relevant to second language acquisition. Vygotsky's theory of ZPD suggests that the acquisition of all basic, new skills builds on existing skills and knowledge. Consequently, new knowledge and skills can be developed drawing upon existing foundations. However, more advanced skills

or very different and/or novel learning areas will be unattainable as the links to existing skills have not yet been established. It can therefore be deduced, that if a child has not attained a level of comfortable oral language proficiency and does not comprehend the fundamental principles of early literacy in their first language, then academic mastery of a second language will be beyond the so-called ZPD. The use of multiple languages and 'translanguaging' during shared reading activities builds and strengthens the development of cognitive skills in children. Both cognitive and language skills are necessary for academic success.

The positive effects of a dialogic book sharing interventions on the expressive and receptive language development as well as the relationship between caregivers and their children have been supported by this study. However, it needs to be emphasized that the cultural context of South Africa is a complex one and that the factors impacting upon early literacy development are multi-faceted. Findings from this study would support that there is still a great deal of work to be done before an intervention model is developed which accommodates the diversity of cultures that exist in South Africa. This cultural and historical diversity would need to result in new definitions of what it means to be literate and how to teach literacy. Furthermore, cultural capital from the multitude of cultures and communities which exist in South Africa need to be considered and incorporated into the school curriculum.

CHAPTER 5: CONCLUSION

5.1 Summary of findings

In closing, the findings of this study prove that a caregiver training video, such as the one used in this study, improves shared reading behaviour in caregivers as well as children. These findings have important implications for the growing body of research on early intervention and literacy intervention in South Africa.

The results obtained in this mixed-methods study substantiate a variety of benefits that the viewing of the caregiver training video had on the shared reading behaviour of both the caregivers and the children. These findings confirm that improvements in both caregiver and child outcomes are possible using the implementation of a brief and relatively low-intensity training programme, such as the caregiver training video used in this study (Vally, 2012). The results obtained also support that a book sharing intervention aimed at parents and caregivers is effective and a possible means of addressing the loss of developmental potential of children in LMI contexts, such as South Africa (Bornstein & Putnick, 2012; Vally, 2012). One of the greatest strengths of the caregiver training video developed for this study is that it can be easily disseminated and that it does not require large amounts of funds or personnel, limitations which were encountered by other shared reading interventions and may have impacted on their effectiveness (Whitehurst et al., 1988; Valdez-Menchaca & Whitehurst, 1992; Opel, Ameer & Aboud, 2009; Brannon & Dauksas, 2012; Cooper, Vally, Cooper, Radford, Sharples, Tomlinson & Murray, 2014).

It became clear, early on in the study process, that few, if any, caregivers shared books with their children before the commencement of the study. Many of the barriers to shared reading that were identified coincided with barriers identified by Justice, Logan and Damschroder (2015) and included time constraints and a lack of awareness of the benefits

of shared book reading. As a consequence of this, none of the caregivers read with a dialogic style before instruction and the standardised, short and non-threatening mode of instruction and guidance, such as the caregiver training video, was a critical necessity. This supports findings obtained from other research studies that found that a dialogic reading style does not come naturally to most people (Whitehurst et al. (1988; Valdez-Menchaca & Whitehurst, 1992; Opel, Ameer & Aboud, 2009; Brannon & Dauksas, 2012; Cooper, Vally, Cooper, Radford, Sharples, Tomlinson & Murray, 2014).

The significant overall changes that were elicited in attitudes towards shared reading among all caregivers, the increase in shared reading behaviours of the caregivers coupled with the positive impact that was observed in the children's reading behaviour, suggests that this caregiver training video provides a highly effective early intervention medium that is worth implementing in LMI households such as South Africa.

Additionally, this study explores targeting and utilising the parent or caregiver relationship in the South African home as a vehicle for change. The potential to target early language and literacy development, and ultimately reduce educational inequality, is one of the many potential advantages of a parent-centred shared reading intervention such as this one.

5.2 Limitations

The cohort that was recruited for this study was relatively small. These results cannot, therefore, be generalised to other populations, as contextual factors may differ. Furthermore, the age range of the children in this study was very large which makes it difficult to interpret findings about specific shared-reading behaviours and applying these to a specific age population, as early literacy skills develop across a continuum. The large range of caregivers who participated in this study also introduced a variety of variables

which made it difficult to interpret the results quantitatively and qualitatively. Due to the significant age difference and, therefore, the difference in life experiences of minor caregivers in comparison to the adult caregivers, the inclusion of the minor caregivers posed a significant problem in the interpretation and analyses of the data.

Tests for intra-rater reliability were not conducted which compromised the validity aspects of this study. These would have to be conducted in any further studies in order to determine the degree of agreement among the repeated administrations of the ACIRI or other standardized test.

The caregiver training video can only be effective in a situation where caregivers have access to the resources to practice and implement the new skills they have learnt. Hence, the successful implementation of such a caregiver training initiative can only be effective if communities such as this one which has access to culture- and age-appropriate reading materials.

Due to the cultural stigmas attached to the different cultures in the South African context, it can be queried whether the responses given in response to questions posed by the researcher truly reflect the sentiments of the caregivers or whether they were answered with what they believed the researcher wanted to hear. Hence it would be beneficial if the study were replicated by a researcher of the respective African culture being investigated and the results compared.

5.3 Recommendations for policy, practice and research

Further studies should be conducted to determine whether the effects on caregiver and children's reading behaviour that was catalysed by the caregiver training video last beyond the short-term. Findings from this study could potentially pave the way for the

further development of standardised, cost- and time-effective, multilingual video-based language and literacy interventions that are suitable for the South African context.

Speech-language pathologists or therapists (SLP/Ts) are key promoters of emergent literacy skills. As such, they may provide interventions, such as the one suggested in this research study, to caregivers in LMIC to aid with remediation of potential future literacy-related difficulties. Prevention efforts involve working in collaboration with families, caregivers, teachers and other members in the communities to ensure that young children have high quality and ample opportunities to participate in emergent literacy activities both at home, in day-care and preschool environments. Effective intervention modalities, such as this caregiver training video, can be implemented in a variety of public settings as early as possible to foster growth in needed areas and increase the likelihood of successful learning and later academic achievement.

Caregivers and their children should be given a choice of reading material in their home language. Educational and recreational reading materials should allow for code-switching. Furthermore, the content of the academic and recreational reading materials should be culturally appropriate and not draw on themes that are not familiar to the large majority of the South African population.

It would be beneficial to explore how the level of education of the caregiver relates to their respective reading beliefs and literacy levels and how this, in turn, affects shared reading behaviour and early book-sharing practices.

It would be of interest to see whether a future study could replicate these results on a much larger scale and in a different LMI context in South Africa, to determine whether outcomes are similar. Further studies should investigate ways in which gains from such early literacy intervention programmes could be maintained into the school years by

working with families and schools to ease children's transitions into new educational environments.

APPENDICES

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APPENDIX A: HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Coetzee

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H19/05/04**
PROJECT TITLE	Dialogic book sharing in the South African context: Outcomes of a caregiver training video on caregiver reading behaviours
INVESTIGATOR(S)	Mrs T Coetzee
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	24 May 2019
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	04 AUgust 2022
DATE 05 August 2019	**CHAIRPERSON** J. Knight (Professor J Knight)

cc: Supervisor : Dr S Moonsamy and Dr J Neille

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

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 to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

07/08/19
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX B: GAUTENG DEPARTMENT OF EDUCATION (GDE)

RESEARCH APPROVAL LETTER

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	02 April 2019
Validity of Research Approval:	04 February 2019 – 30 September 2019 2018/448
Name of Researcher:	[redacted]
Address of Researcher:	
Telephone Number:	
Email address:	tarryn.stevens10@gmail.com
Research Topic:	Dialogic book sharing in the South African Context: Outcomes of a caregiver training video on caregiver reading behaviours.
Type of qualification	MA (Speech Path) Dissertation
Number and type of schools:	One Primary Schools
District/s/HO	Gauteng West

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

03/04/2019

The following conditions apply to GDE research. The researcher may proceed with the

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1. *The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*
4. *A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
8. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
13. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Mr Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 03/04/2019

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
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APPENDIX C: DAY CARE INFORMATION HANDOUT AND INVITATION TO PARTICIPATE

Dear Principal,

My name is Tarryn Coetzee and I am a Masters student in Speech-Language Therapy at the University of the Witwatersrand in Johannesburg. As part of my studies, I have to conduct a research project. My study is investigating **Dialogic Book Sharing in the South African Context:** *The Outcomes of a Caregiver Training Video on Caregiver Reading Behaviour.* The aim of this research project is to find out whether a caregiver training video in the use of dialogic reading strategies during shared book reading (SBR) is an effective teaching method for caregivers to learn new strategies to share books with their child.

As part of this project, I would like to invite your Day Care Centre to participate in this study. The parents/caregivers and their learners, will be invited to take part in two appointments over a four-week period. During these appointments, I will be conducting an initial interview and an exit interview as well as four 5-10 min shared reading sessions. The appointments will be approximately 20-30 min long and will be video-recorded with the parent/caregiver's permission. These appointments will be scheduled on a Saturday and will hence not affect the day-to-day running or events of the Day Care.

This study will be written up as a research report which will be available online through the university library website. If you would like to receive a summary of this report, I will be happy to send it to you upon request. All information about the parents/caregivers and their children will be kept strictly confidential and no names or other personal information will be included in my written research report.

If you have any questions about this research, feel free to contact me or my supervisors on the details listed below. If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (HREC), telephone + 27(0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Yours sincerely,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
083 290 4920	(011) 717 4583	(011) 717 4574

APPENDIX D: ENGLISH PARENT/CAREGIVER INFORMATION SHEET

Hello,

My name is Tarryn Coetzee and I am a Masters student in Speech-Language Therapy at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to do a research project. The aim of this project is to find out if a training video is a good way to teach parents/caregivers, such as yourself, ways how you can share/read books with your child. My two research assistants will also be helping me with this project.

I would like to invite you to take part in this project. Participation would involve that you come to school with your child on two Saturdays over a four-week period. Each appointment will take about 20-30 minutes. My two research assistants will also be at each of these appointments. They will be able to help if you need anything translated into isiZulu or Sesotho, or if you would prefer to answer questions in isiZulu or Sesotho. This is what you can expect at each appointment:

- **First appointment:** During this appointment I would like to first spend 10 minutes interviewing you about how and if you share books with your child and what books you share with your child. I would like to video-record this talk with you so that I can go back afterwards and re-watch it. After this, I will give you and your child a book to share and read together for 5-10 minutes. With your permission, I would like to video-record this shared reading session. After this I will show you a short (4min) video clip. Finally, I would like to video-record you sharing a book with your child a second time.
- **Second Appointment:** This would be the second and last appointment. You and your child will receive another book from me that I would like to video-record you sharing with each other. After this, I will show you a different short (4min) video clip. I would then like to video-record you sharing a book with your child one last time. Finally, I would like to spend 5-10 minutes interviewing you about your experiences during the project and if the way you share books with your child has changed since starting the project. I would like to video-record this interview with you as well.

You can keep the books that you receive after each appointment. I will also reimburse you if you should lose any income as a result of taking time off work to participate in this study.

After these two appointments with you, I will look at all of the information that you helped me collect and will write it up in a research report. You are welcome to let me know if you would like a copy of this report once I have finished it, or you can access it on the university's website.

I will not use your name or your child's name in my research study and will keep all information that you have shared and all video-recordings safely stored on a password protected computer. You may stop participating in this project at **any time** or **not answer** questions that I ask, if you do not want to. If you experience any distress or discomfort at any point in this process, we will stop the process or continue another time.

If you have any questions about this research, feel free to contact me or my supervisors on the details listed below. If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (non-medical), telephone + 27 (0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Yours sincerely,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
083 290 4920	(011) 717 4583	(011) 717 4574

APPENDIX E: ISIZULU PARENT/CAREGIVER INFORMATION HANDOUT

Sanibonani/Sawubona

Igama lami nguTarryn, isibongo sami nguCoetzee ngungumfundi weMasters kwi-Speech-Language Therapy eNyunivesithi yaseGoli iWitwatersrand. Ngokwezimfundo zami kufanele ukuthi ngenze iphrojekthi yocwaningo. Injongo yalolucwaningo ukutholisisa ukuthi yingabe ividiyo yokuqeqesha iyindlela elungile yokufundisa abazali/abanakekeli ,njengawe izindlela zokufunda izincwadi nengane yakho. Abacwaningi ababili abangisizayo bazongisiza ngalephrojekthi.

Ngingathanda ukukumema ukuthi ubambe iqhaza kulephrojekthi. Ekubambeni iqhaza kuzofanele ukuthi ufike esikoleni nengane yakho kathathu ngenyanga, ngoMgqibelo emavikini ayisithupha. I-aphoyintimenti eyodwa ithatha 20-30 yemizuzu. Abacwaningi bami abangisizayo bazoba khona kuwowonke ama-aphoyintimenti.

Bazosiza ngokuhumusha ngolwimi lwesiZulu ne Sesotho. Nakhu ongakulindela kwi-aphoyintimenti eyodwa.

- **I-aphoyintimenti yokuqala:** Ngizothanda ukuthatha imizuzu eyishumi ngikubuze imibuzo ngawe noma sixoxe ngokuthi wabelana izincwadi nengane yakho kanjani, yiziphi izincwadi ozabela ingane yakho njalo njalo. Ngingathanda ukuthatha ividiyo yengxongxo yethu ukuze ngikwazi ukubuyela emuva ngiyibukisise futhi. Emva kwalokho, ngizokunikeza incwadi kanye nengane yakho , incwadi enizoyifunda nabelane nengane yakho. Ngithanda kakhulu ukurekhoda ngevidiyo ingxoxo yethu.**I-aphoyintimenti yesibili:** i-aphoyintimenti yesibili kuzoba eyokugcina. Wena nengane yakho nizothola enye incwadi ephuma kimi engizothanda ukuthi niyifunde nobabili ngenkathi mina nginithatha ividiyo. Emva kwalokho ngizonibonisa ividiyo (4 yemizuzu). Uma niqeda ukubuka ividiyo ngingathanda ukunithatha ividiyo okokugcina. Ekugcineni ngizonibuza imibuzo imizuzu 5-10, nginibuza ukuthi ngenkathi nabelana izincwadi nizizwe kanjani.

Emva kwama aphoyintimenti amabili Ningazigcina izincwadi eninikezwe zona kuma aphoyintimenti obenawo. Ngizophinde ngikhokhele ngemali ekulahlekele ngenkathi uvakashela ama- aphoyintimenti.

futhi ngizobheka lonke ulwazi ongisize ngalo ukuthi ngiluthole,ngizobe sengiyibhala embikweni wocwaningo. Uvumelekile ukuthi ungazise uma ungathanda

ukuthola ikhophi yeriphothi umasengiqedile ngayo noma ungakwazi ukuyithola kwi-website yenyunivesithi. Ngiyathembisa ukuthi ngeke ngisebenzise igama lakho noma lengane yakho esifundweni sami socwaningo. Ngizogcina lonke ulwazi onginikeze lona kanye namavidiyo kwikhompyutha evikelekile ngokwama-password. Uvumelekile ukuyekela ukubamba iqhaza kulephrojethi **nomayinini** noma **ungaphenduli** imibuzo engikubuza yona uma ungathandi. Uma uhlangabezana nokungakhululeki , siyakwazi ukuyekela konke siqhubeke ngesinye isikhathi.

Uma unemibuzo ngalolucwaningo, ungakhululeka ngokungithinta noma uthinte abaphathi bami kulemininingwane ebhalwe ngenhla. Uma unemibuzo, ukukhathazeka noma izikhalo ezimayelana nenqubo zalezifundo, uwamukelekile ukuthinta I-University Human Research Ethics Committee (HREC), ucingo + 27(0)11 717 1408, imeyili Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ozithobayo

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APPENDIX F: SESOTHO PARENT/CAREGIVER INFORMATION HANDOUT

Dumelang,

Lebitso laka ke Tarryn Coetzee hape ke moetapele wa baithuti wa leleme la university ya Witwatersrand Johannesburg. Ke karolo ya patlisiso ya porojeke. Maikemisetso a porojeke ena ke ho fumana kwetlwiso ya vidio ka tsela entle le ho ruta Batswadi kapa bahlokomedi jwalo ka lona ka di tsela tsa ho arola le ho bala dibuka le ngwana/bana.

Diteko patlisiso tse pedi tsaka ke ho leka ho thusa batswadi le nna ka porojeke ena.Bathusi baka ba babedi batla teng ho nthusa porojekeng ena.

Ke rata ho le mema hore le ‘nke karolo porojekeng ena, porojeke ena etla hloka ngwana matsatsi a mararo eleng moqebelo bekeng tse tsheletseng kaofela. Enngwe le enngwe puisano e tla ‘nka 30-45 ya metsotso feela. Bathusi baka batla ba teng ho thusa dipuisanong tsohle. Ho tlaba le mothusi ka puo ya sezulu hao batla hore ho sebediswe sezulu/kapa puo ya sezulu. Sena ke seo o tla se lebella puisanong:

- **Karolo ya pele:** Ke tla rata ho nka metsotso e leshome puisanong ke botsisisa le ho utlwisisa hore o tla kgona ho arola dibuka le ngwana hao hape ke difeng tseo o di arolelaneng le ena. Jwalo jwalo ke tla rata ho ‘nka vidio ya puisano hore ke kgone ho kgutlela morao hape hore ke phete ka ho e lekola. Ka mora moo ke tla lefa buka le ngwana hao hore le e bale metsotso e mehlano ho isa e leshome le yona ke ‘nka tla vidio hape.
- **Puisano ya bo bedi:** E tla ‘nka metsotso e leshome le metso e mehlano le tla fuwa/nehwa buka enngwe hape ho tswa ho nna le yona ke tla ‘nka vidio.
- **Puisano ya boraro:** Ena e tlaba puisano ya ho qetela ya boraro, ke tla fa ngwana hao buka hape le bale le le babedi metsotso e mehlano ho isa ho e leshome ke tla rata ho nka vidio hape. Ka mora moo ke tla ‘nka metso e leshome puisanong ho leka ho utlwa hore na, Nako eo o neng o bala le ho etsa vidio le ngwana hao ho nale phetoho e sale le qadile porojeke ena na? Ke tla rata ho ‘nka vidio hape.

O dumeletswe ho boloka dibuka tseo o di fumanang ka mora thuto ena. Ka mora dithuto tse tharo re tla lekola mekgwa yohle eo o re thusitseng ka yona le ho ngola ka thuso

ya rapoto ya hao. O tla re tsebisa hao hloka dingolwa tsa rapoto ya hare qedile ho lekola tsohle. Kapa o ka kena university websiteya rona Human Research Ethics Committee (non-medical), telephone + 27 (0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ka boikokobetso,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX G: ENGLISH PARENT/CAREGIVER CONSENT FORM

Title of Project: Dialogic Book Sharing in the South African Context: Outcomes of a Caregiver Training Video on Caregiver Reading Behaviours

Researcher: Tarryn Coetzee

I ……., caregiver/parent of.....
agree that I will participate in this research project. The research has been explained to me and I understand what my/our participation will involve.

	YES	NO
I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any questions without any consequences of any kind.		
I have had the study explained to me and I have had the opportunity to ask questions about the study.		
I understand that all information I provide for this study will be treated confidentially.		
I understand that in any report on the results of this research, my identity will remain anonymous.		
I understand that disguised extracts from my interview may be quoted in the research report and any research presentations that may result from this project.		
I agree that I will come to both (2) of the sessions that are needed for the study.		
I agree that the researcher may send me SMS reminders of my next session one day before my next appointment.		

Printed name of participant: ……...
Signature: ……
Date: ……
Place: …….....

If you have any questions about this research, feel free to contact me or my supervisors on the details listed below. If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University

Human Research Ethics Committee (non-medical), telephone + 27(0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Yours sincerely,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX H: ISIZULU PARENT/CAREGIVER CONSENT FORM

Isihloko sephrojekthi: Dialogic Book Sharing in the South African Context: Outcomes of a Caregiver Training Video on Caregiver Reading Behaviours

Umcwaningi: Tarryn Coetzee

Mina ……, mnakekeli/mzali ka.....ngiyavuma ukuthi ngizobamba iqhaza kulephrojekthi yocwaningo. Lolucwaningo luchazelwe kahle kimi futhi ngiyaqondisisa ukuthi yiluphi iqhaza engizolubamba.

Igama lomuntu obamba iqhaza:

	YEBO	CHA
Ngiyaqondisisa ukuthi noma ngivuma ukubamba iqhaza manje, ngiyakwazi ukushintsha umqondo ngingasaqhubeki noma yinini noma ngingaphenduli imibuzo ngaphandle komphumela thizeni.		
Lesisifundo sichazelwe kahle kumina futhi ngaqondisisa kahle futhi nginikezwe ithuba lokuthi ngibuze imibuzo.		
Ngiyaqondisisa ukuthi yonke imininingwane engiyinikezile izophathwa ngokwemfihlo.		
Ngiyaqondisisa ukuthi kunoma yimuphi umbiko walolucwaningo, imininingwane yami izokuba yimfihlo.		
Ngiyaqondisisa ukuthi kukhona okuzokhishwa engxoxweni engibenayo nabazocwaningo. Loku okukhishiwe kungenzeka kusetshenziswa kumbiko wocwaningo kanye nakunoma yiziphi izinkulumo zocwaningo ezingaba umphumela walolucwaningo.		
Ngiyavuma ukuthi ngizofika kuwowonke amaseshini amathathu adingekayo kulesisifundo.		
Ngiyavuma ukuthi umcwaningi kungenzeka angithumezele I-SMS ngokungikhumbuza ngeseshini, izothunyelwa osukwini elingaphambili lweseshini elandelayo.		

Isignisha: ……

Usuku: ……

Indawo: ……..

Uma unemibuzo ngalolucwaningo, ungakhululeka ngokungithinta noma uthinte abaphathi bami kulemininingwane ebhalwe ngenhla. Uma unemibuzo, ukukhathazeka noma izikhalo ezimayelana nenqubo zalezifundo, uwamukelekile ukuthinta I-University Human Research Ethics Committee (HREC)), ucingo+27, imeyili Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ozithobayo,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX I: SESOTHO PARENT/CAREGIVER CONSENT FORM

Sehloho sa porojeke: Puisano buka karolelano ya buka a Aforika borwa dikahare. Ditlamo rao tsa mohlokomedi. Kwetlwiso ya vido ya mohlokomedi o tla bala ka boitshwaro.
Tekokutlwisiso: Tarryn Coetzee
Nna ……, mohlokomedi/motswadi wa ..... ke ya dumela ho ‘nka karolo patlisisong lenane. Ke hlaloseditswe e bile ke ya utlwisisa hore karolo lenaneg nna/kapa rona ho kenyeletsa ha rona.

	EE	AE
Ke utlwisisa le ho dumela hore nkanka karolo, empa nka thlohela nako enngwe le ennge ke hane ho araba dipotso dife kapa dife ho sena ditla morao.		
Ke nehilwe pallo ena e bile ke filwe monyetla wa ho botsa dipotso ka thuto ena.		
Ke dumela hore ditaba tsena ditla bolokwe ka sephiri le tlhompho e felletseng.		
Ke dumela raporoto ena e tla etswa sephiri le ditholwana tsa yona di tla bolokwa e le sephiri.		
Ke dumela le hore disebediswa puisanong yaka hlaloswa thlahisong ya lenane e tlaba sephiri sa patlisiso.		
Ke dumela hore ke tlaba teng lethathamong la dithuto.		
Ke dumela hore tekopatlisiso ena e ka romela melaetsa ho laetsa le ho hopotsa ka thuto e latelang letsatsi pele ho kopano e latelang.		

Lebisto la monka karolo lengolwe: ……
Tekena: ……
Nako:……...…….
Sebaka: ……

Ha o na le dipotso o amohetswe leho botsa dipotso kapa o kopane le baetapele baka ba ngotsweng ka tlase leqephepheng maelana le tswelopele ya boitshwaro ya universiti ya

komiti Human Research Ethics Committee (non-medical), mohala + 27(0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ka boikokobetso,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
083 290 4920	(011) 717 4583	(011) 717 4574

APPENDIX J: ENGLISH INFORMED CONSENT TO VIDEO-RECORD SHARED READING SESSIONS AND INTERVIEWS

I understand, that the shared reading sessions and interviews will be video recorded by the researcher. These video recordings will be kept by the researcher on a password protected computer. I understand that only the researcher and the research assistants will have access to these recordings.

Sessions and interviews will be recorded using video devices to assist with the accuracy of interpreting your responses. **You have the right to refuse the video - recording.**

I hereby give Tarryn Coetzee the permission to video-record the shared reading sessions and interviews for the purpose of her study and to include anonymous quotes in her written report. Please select one of the following options:

YES	
NO	

Name of participant: ……

Signature: ……

Date: ……

Place: ……

If you have any questions about this research, feel free to contact me or my supervisors on the details listed below. If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (non-medical), telephone + 27 (0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Yours sincerely,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX K: ISIZULU INFORMED CONSENT TO VIDEO-RECORD SHARED READING SESSIONS AND INTERVIEWS

Ngiyaqondisisa ukuthi amaseshini wonke wokukhuluma ngezincwadi kanye Nama inthavyuwi azithathwa ngevdiyo ngumcwaningi. Amavidiyo azogcinwa kwikhompyutha enephasiwedi. Ngiyaqondisisa ukuthi umcwaningi kuphela nabancedi bakhe abozokwazi ukubona noma ukulalela amarekhodi.

Amaseshini nama inthavyuwi azorekhodwa ngokusetsetshenzswa amadiyo rekhoda ngokuba nesisiqineko sezimpedulo zakho. Unalo ilungelo lokungafuni ukuthathwa amavidiyo.

Mina nginikeza uTarryn Coetze imvume ukuthi angithathe amavidiyo wama seshini ngikhuluma ngezincwadi kanye nama inthavyuwi ngenhloso yeaifundo zakhe kanye nokufaka akhothi wabantu abafihliwe kwiriphithi yakhe.

YEBO	
CHA	

Igama:…….….

Isignisha:……..

Usuku:……..…

Indawo:…….

Uma unemibuzo mayelana nocwaningo, khululeka ukungithinta noma amasuphavayiza wami kulemininingwane elandelayo. Uma unamakhwiri , ukuzibuza okuhambelana nalesifundo uvumelekile ukuthingana neUniversity Human Research Ethics Committee (non-medical), ucingo +27 11 717 1408, imeyili Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ozithobayo,

Tarryn Coetzee	Prof. Sharon Moonsamy	Dr. Joanne Neille
tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX L: SESOTHO VIDEO-RECORDING CONSENT FORM

Ke dumela hore ‘nka rekota kapa yaona palo ya karola ya setshwantsho sa palopuisano.

Ke dumela hore dithuto ditla rekotwa ke montho ya etsang teko kutlwisiso ebile ditla bolokwa ke yena, ka nomoro ya sephiri e bolokilweng le komporo. Ke dumela hore molekodi le mothusi wa hae batla sebedisa rekoto yaka.Teko puisano e tla rekotwa ho sebediswatshepe ho thusa ntlafatso ya phetolelo puo. **O nale tokelo ya ho hana ho ‘nka setswantsho ka vidio.** Ke dumela le ho fa Tarryn Coetzee tukelo ya vidio recording le ho arola palo ya dithuto bakeng sa dithuto tsa hae ho kenyeletsa le matshwao mongolong wa raporoto ya hae. Ka kopo kgetha e le nngwe feela ka lebokosaneng:

EE	
AE	

Lebisto la monka karolo lengolwe: …….

Tekena: ……

Nako: ……..

Sebaka: ……..

Ha o na le dipotso o amohetswe leho botsa dipotso kapa di tletlebo o kopane le baetapele baka ba ngotsweng ka tlase leqephepheng maelana le tswelopele ya boitshwaro ya universiti ya komiti Human Research Ethics Committee (non-medical), mohala + 27(0)11 717 1408, email Shaun.Schoeman@wits.ac.za or Charmaine.khumalo@wits.ac.za.

Ka boikokobetso,

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tarryn.stevens10@gmail.com	Sharon.Moonsamy@wits.ac.za	Joanne.Neille@wits.ac.za
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APPENDIX M: ENGLISH ASSENT SCRIPT FORM

Hi,

My name is Tarryn and these are my assistants, Cynthia and Aisha. I am a student at University. As part of my studies I have to do a project.

I would like to try and find out if a video can help parents/caregivers learn how to share books with children like you.

As part of this project, I would like to invite you and your parent/caregiver to come to school on three Saturdays and I would like to watch you sharing a book with each other. If it is OK with you, I would like to video record you and your parent/caregiver sharing the book together. After this, you can take the book home. If this makes you feel uncomfortable, you can say "no" at any time and that will be fine.

If you do not want to take part in this project, that is fine and nobody is going to force you. If you want to stop coming and taking part in the project at any time, you can. You can tell your parent/caregiver or me that you would like to stop, at any time you want to. Nobody will be angry or upset with you and you will not be in any trouble if you want to stop.

Do you want to take part in my study?

(Consent will be captured on video)

APPENDIX N: ISIZULU ASSENT SCRIPT FORM

Sawubona,

Igama lami nguTarryn lezi izisebenzi zami. Ngingumfundi wasenyunivesithi njengengxenye yezifundo zami kufanele ngenze iphrojekthi. Ngingathanda ukuzama noma ngithole ukuthi ingabe ividiyo yokuqeqesha iyindlela elungile ukufundisa umzali/umnakekeli wakho ukuthi ningabolekisana/ ningakhuluma ngezizincwadi.

Njengenxenye yalephrojekthi ngingathanda ukumema wena nomzali/ umnakekeli wakho ukuthi nize esikoleni ngoMgqibelo kathathu emavikini ayisithupha , ukuze nizobokelekana noma nizokhuluma ngezincwadi imizuzu emihlanu. Umaningivumela ngingathanda ukunithatha amavidiyo nikhuluma ngezincwadi , uma niqeda nizozithatha izincwadi niye nazo ekhaya.

Yimina nabancedisi bami kuphela abozibukela lamavidiyo , azovalelwa kukhompyutha.

Uma ungathandi ukuba yinxenye yaleprojekthi kulungile . Futhi uma usufuna ukuyeka ukuba kwiprojekthi ungayeka ayikho inkinga. Ungatshela umzali/ umnakekeli wakho ukuthi awusathandi ufuna ukuyeka. Akekho ozokusola ngokuyeka noma akuthukuthelele.

Ungathanda ukuba yingxenye yakevidiyo?

(Ikhonsethi izithathwa ngevidiyo)

APPENDIX O: SESOTHO ASSENT SCRIPT FORM

Dumelang,

Lebitso la ke Tarryn mme bana ke bathusi. Ke moithuti wa thuto e phahameng ya universiti. Ka karolo ya thuto tsaka ke lokela ho etsa porojeke ena. Ke tla rata ho fumana le ho leka ho thola hore ke mokgwa ofe wa vidio ka tsela e lokileng ya ho rut Batswadi/Bahlokomedi ditsela tsa ho arolelana dibuka pakeng tsa bona. Jwalo ka karola ya porojeke ena; ke tla rata ho mema wena le Batswadi/Bahlokomedi sekolong ka moqebelo bekeng tse tsheletseng le ho arolelana dibuka ka borona metsotso e leshome; hao o dumela ke tla rata ho ‘nka rekoto ya vidio ya hao le motswadi kapa Mohlokomedi re arolelana dibuka ka mora moo o tla tsamaya le buka ho ya lapeng.Hahona motho ofe ka ofe ka ntle honna kapa bathusi ba tla lekola vidio rekoto ya hao e tla bolokwa komporong ya rona ka sephiri ka polokeho.

Hao sa rate ho ‘nka karolo ya porojeke, ha hona bothata ha hona motho ya tla ho hatella ho ‘ nka karolo. Hao batla ho thlohela kapa hao batla hotlohela honka karolo o ka tlohela nako enngwe le enngwe. O ka bolella motswadi kapa Mohohlokomedi kapa nna hore o batla hotlohela nako e enngwe le enngwe hao batla.Ha hona motho atla ho omonyana le ho utlwisa bohloko hao tlohela o ka seke wa kena mathateng kapa ho qoswa hao o thohela.

A na o batla ho nka karolo thutong ya ka?

(Boikarabello butla bolokwa ka vidio)

APPENDIX P: INITIAL SEMI-STRUCTURED INTERVIEW

Experimental Group □	**Control Group □**
Date of Interview: _____	
Duration of Interview_____	**Participant Number: _____**

Introduction:

- Researcher introduces herself
- Introduce interpreter if one is needed
- Explain objectives and what topic areas will be discussed in the interview
- Explain the study process again
- Explanation of the potential value of the research and how the information obtained from the research will be used to potentially benefit the school and communities
- Give an indication of the expected length of the interview
- Set guidelines for the interview:
    - No right or wrong answers.
    - Video recording will take place during the interview
    - We are on a first name basis
    - Please turn off cellular phones for the duration of the interview and reading session.
    - Feel free to ask questions at any time.
    - Feel free to answer in isiZulu or Sesotho if it is easier.

QUESTIONS PERTAINING TO THE CHILD

D.o.B.: _____ Chronological Age: _____

Number of Children: 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

Presence of any known developmental delays: YES ☐ NO ☐

If 'yes', what? _____

Has he/she received any intervention?

_____

If 'yes', what intervention and where?

_____

Time spent in a formal learning environment:

_____

QUESTIONS PERTAINING TO THE CAREGIVER/PARENT

D.o.B.: _____ Age: _____

Relationship to child: Parent ☐ Grandparent ☐ Aunt ☐ Uncle ☐

Other ☐ Specify:

_____

Language(s) spoken at home: isiZulu ☐ Sotho ☐ English ☐

Level of Education: _____

Are you employed? YES ☐ NO ☐

Occupation: _____

Are you the person that spends the most time with the child? YES ☐ NO ☐

How much time do you spend with the child? _____

READING AT HOME

Do you read/share books with the child at home? YES ☐ NO ☐

If "yes", what do you read with the child: Religious book ☐ Children's book ☐ Other ☐

_____

If "no", why do you not read with the child? No time ☐ No books ☐ don't know how ☐

What makes reading/sharing books at home with the child, difficult?

Did someone share books with you as a child when you were growing up? YES ☐ NO ☐

If 'yes' what are your memories of this experience? Please share them with me.

APPENDIX Q: EXIT SEMI-STRUCTURED INTERVIEW

Place:_____	**Participant Number:_____**
Date: _____/_____/2019	**Duration of Interview: _____**

Introduction:

- Researcher introduces herself
- Introduce interpreter if one is needed
- Explain objectives and what topic areas will be discussed in the interview
- Explain the study process again
- Explanation of the potential value of the research and how the information obtained from the research will be used to potentially benefit the school and communities
- Give an indication of the expected length of the interview
- Set guidelines for the interview:
    - No right or wrong answers.
    - Video recording will take place during the interview
    - We are on a first name basis
    - Please turn off cellular phones for the duration of the interview and reading session.
    - Feel free to ask questions at any time.
    - Feel free to answer in isiZulu or Sesotho if it is easier.

LIST OF QUESTIONS

- What did you think of the parent/caregiver training video?
    - If indicated that it was beneficial/enjoyable/good or other ⇒ In what way/what specifically?
- Did you share books **more often** with the child at home? If not, why not?
- Did it **change** how you shared books with your child at home? If not, why not?
- What could be improved about the video?
- Has your involvement in this study **changed** how you feel about sharing books with children? If so, how?
- What did you **like** about the books?
    - If indicated that the books were not appropriate or enjoyable ⇒ What did not make them enjoyable to you?
- Would you participate in a study like this **again**?
    - If not, why not?

- Do you have any questions about this study that I can answer for you now? If you would prefer to speak to me privately, you are welcome to contact me on the contact details provided or, we can arrange a separate meeting.

Thank you for your participation!

APPENDIX R: CODING OF QUALITATIVE AND GENERATION OF THEMES

Interview Extract	Codes	Generation of Themes
In the past, time constraints made sharing books difficult. I don't have children's books. They are too expensive. Nobody shared books with me when I was young. My mum, she was too busy looking after us all and doing the chores. She had no time for stuff like that. It changed how we share books a lot. Now we focus on the books more because it is more fun than it was before. It showed me to use the pictures in the book and to communicate with them while I read. I need to ask them questions and make sounds to make it more interesting for them to listen. I did not know much about reading. I thought it was just about learning words. I think she was just too young. I did not know you can make it fun for her. Not that maybe you can make some funny noise to get her interest. It helped me to see the interactions between you and the	Absence of book sharing No access to reading materials Children's books too expensive Time constraints Other responsibilities and obligations Change Increase in book sharing No history of focus on books Strategies taught in video were recalled/carried over Effective mode of teaching	The absence of a book sharing culture Barriers to shared reading Edification and Enlightenment Effectiveness of the Caregiver Training Video as a mode of teaching

children in the video. Like a model or…(uhm)…like examples, you know?" "To see how you interacted with the children made it easier for the children to share a book with you. Seeing you do that taught me how to make her understand what is happening in the book and to make it more fun. It changed how I feel about sharing books with them a lot. Mostly because now I share books with them a lot because I know how to make it fun and interesting. It has changed a lot because before, we were just reading, now it is fun. I now know that it is important to share books with children when they are young. I need to make time to read with them.	Visual/observing/seeing for imitation Examples model easier imitation as a result of seeing example	**Competent model aids confident imitation**