

Social Work/Maatskaplike Werk

A professional journal for the social worker

w: <https://socialwork.journals.ac.za/pub> e: socialwork@sun.ac.za eISSN: 2312-7198 (online)



Vol. 60, No .2, 2024

DOI: <https://doi.org/10.15270/60-2-1296>



CHILDCARE ARRANGEMENTS AMONGST ZIMBABWEAN IMMIGRANT FAMILIES LIVING IN SOWETO, SOUTH AFRICA

Tapuwa Mwedzi^{1,1} and Mziwandile Sobantu^{1,2}

^{1,1} University of Johannesburg, Department of Social Work & Community Development, Johannesburg, South Africa

 <https://orcid.org/0000-0001-9793-5459>  tpmwedzi@gmail.com

^{1,2} University of Johannesburg, Department of Social Work & Community Development, Johannesburg, South Africa

 <https://orcid.org/0000-0002-4929-4623>  msobantu@uj.ac.za

Article received: 11/01/2023; Article accepted: 05/10/2023; Article published: 14/06/2024

ABSTRACT

Childcare is a pivotal universal right, particularly for immigrant families and their children in helping them to settle in a host country successfully. Underpinned by social exclusion and intersectionality frameworks, this qualitative study explored the childcare arrangements used by Zimbabwean immigrant families living in Soweto, a low-income community in Johannesburg, South Africa. The study used semi-structured interviews and a focus group discussion to gather data from the heads of eighteen Zimbabwean immigrant families. Among other findings, the study revealed that immigrant families used various childcare options, and their choices were constrained by levels of vulnerability and forms of exclusion. Some of the recommendations made to enhance the childcare arrangements amongst the group are integrative and inclusive measures such as adequate documentation and improving the income of members of this group.

Keywords: childcare; childcare arrangements; immigrants; South Africa; Zimbabwean immigrants

INTRODUCTION AND BACKGROUND

Childcare refers to the state of mind, acts, responsibilities, and work involved in meeting the financial, shelter, physical, emotional and health needs of the vulnerable, dependent child by the carer (Bittman, Craig & Folbre, 2004; Held, 2006; Republic of South Africa [RSA], 2005; Schwartz, 2002). It is a fundamental human right that is integral to children's cognitive and human development, and which enables parents and caregivers to engage in livelihood activities.

Social Work/Maatskaplike Werk, 2024: 60(2)

Globally, childcare for immigrant families is being undermined by issues such as limited time and resources available to caregivers and parents (Samman *et al.*, 2016). According to the United Nations International Children's Emergency Fund (UNICEF) (2015), the childcare crisis involving children of Zimbabwean immigrants in South Africa is exacerbated by xenophobia and the intersection of multiple forms of exclusion, poverty, and unaffordable childcare costs. Migration exposes the children of immigrants to psychological and physical risks throughout their lives. This is despite their being entitled to derivative rights, and parental care and protection, as provided for in various pieces of local and international legislation (African Union, 1999; Bonizzoni, 2014). Migrant families are more likely to experience housing insecurity and caregivers may be unable to utilise centre-based care because of such instability which expose children to depression, low self-esteem, and other associated risks (Bonizzoni, 2014; Gomez, 2015; Karoly & Gonzalez, 2011; Moreno, 2013).

Most literature on childcare arrangements, the family and migration have focused on the immigrant as an individual, despite the reality that in many cases, migration is a family project and the immigrant exists within the context of the family and group (Bonizzoni, 2014; Chereni, 2015; International Organisation for Migration, 2013). It is the view of these authors that the literature on childcare is slanted towards addressing the dominant types of childcare arrangements and does not acknowledge other alternatives (Kovacs, 2015). In general, there is paucity of literature on South-South migration and on the childcare-immigrant-family interface, given the biased focus on South-North migration, which over-prioritises women, mothers, and children, based on the vulnerability of the two sub-groups (Alfers, 2016; Kovacs, 2015; Palmary, 2009). The few studies that have focused on childcare arrangements used by the group have concentrated on the children left behind in Zimbabwe and on women (Hungwe, 2015; Kufakurinani, Pasura & McGregor, 2014). However, the role played by the immigrant group and the immigrant family is invaluable in the provision of childcare. This study focused on South-South migration in the sub-Saharan African region and specifically on Zimbabwean immigrant families in South Africa, and on the childcare-family-migration nexus, using the family as a unit of analysis.

In South Africa the care of all children, including children of immigrant families, is provided for in the Children's Act 38 of 2005 (Republic of South Africa [RSA], 2005) and stipulated in the National Child Care and Protection Policy (RSA, 2019), without regard to the reported accessibility, affordability and quality challenges (Alfers, 2016)). Childcare in South Africa is arguably compromised by poorly maintained care facilities and infrastructure, sub-standard feeding schemes and poor child-carer ratios (Alfers, 2016). The situation is worse for children of immigrants because of their limited access to basic health and educational services, as they try to avoid being arrested by authorities and becoming victims of xenophobic attacks by being 'less visible' (Mpofu, 2018; Palmary, 2009). The situation is exacerbated by a high rate of poverty in the group, family beliefs, language barriers, insecure employment regimes and a mismatch between the needs of immigrant parents and their children (Dube, 2017). The childcare options

and arrangements adopted by Zimbabwean immigrant families therefore depends on several factors.

This study explored the childcare arrangements that are often used by immigrant families from Zimbabwe. The social exclusion and intersectionality frameworks were employed, with particular attention given to the nexus of factors that constrain the choices of this group. These frameworks are discussed in the next section, followed by brief explanations of childcare concepts and systems. Childcare in South Africa and its implications for Zimbabwean immigrant families are discussed, as well as the methodology and key findings of the study. The paper concludes with some recommendations.

SOCIAL EXCLUSION AND INTERSECTIONALITY AS THEORETICAL FRAMEWORKS

Social exclusion theory refers to the process and condition of certain populations being deprived of their fundamental rights, resources, participation and access to opportunities, which leads to isolation from social and civil life (Backwith, 2015; Burns, Lavote & Rose, 2012; Pierson, 2016; Thompson, 2021). The theory was adopted for this study as it is multi-dimensional and useful in understanding outsiders, low-status groups, the unemployed and minority groups such as immigrants who are discriminated against, unable to own assets, and lack voice and power in host communities (Peace, 2001; Thompson, 2021; Thorat, 2014). Literature is replete with empirical evidence of the exclusion of Zimbabwean immigrants in South Africa, who are often the targets of xenophobia. Their limited access to economic opportunities exposes their families and children to precarious living conditions and low-class childcare options (Akyelken, 2017; Gond & Kaur, 2016). The levels of exclusion include weak social ties, limited social interaction and access to social security, and low levels of community engagement, solidarity, and participation (Estivill, 2003; Saith, 2001).

Based on the intersectionality perspective, this study assumed that while most poor are also discriminated in many ways, social and economic exclusion is more common for immigrants and it could be based on gender, sex, and socio-economic status (Chaplin, Twigg & Lovell, 2019). Women are affected disproportionately by biological aspects and social childcare duties, such as pregnancy and being responsible for childcare, which limits their economic and income-earning opportunities, while most men escape social childcare duties and thus have more opportunities to engage in income-generating activities. Having established the group's exclusion and the disproportionate impact thereof, this study assumed that inclusion and integration are based on the agency of the minority group, the work of institutions and the availability of assets (Atkinson, 1998; Hungwe, 2015; Keskiner & Crul, 2017; van Lancker & Pavolini, 2023). Agency is the ability of the excluded group to act either as individuals or a collective to advance their interests, which depends on their assets and capabilities (Hungwe, 2015; Kingsbury, Findlay, Arim & Lan, 2021). Thus, the childcare arrangements made by the group were viewed as adaptive strategies that signify the agency of immigrants in response to oppressive institutions and institutional agents.

CHILDCARE CONCEPTS AND SYSTEMS

Various concepts can be used to help interrogate the nature of childhood and childcare and gain insight therein. The Dionysian view presumes that children need protection from themselves and regular discipline, whilst the Apollonian view presumes that children are passive and competent, and thus require protection from society (Ansell, 2017; Hutchinson & Charlesworth, 2010; Jenks, 1996. Macionis (2008: 406) adds that children have been portrayed in conflicting ways as ‘little innocents’ and ‘little devils’. The danger with the Dionysian approach is that children may be physically abused, their rights may be undermined, and their care may be compromised in the pursuit of discipline and protection. Even the Apollonian assumption of child competence may lead to inadequate or compromised care of children. The ethics of care, which deepens the conceptualisation and practice of childcare, states that care is based on trust, relations and interdependency between the child and the caregiver or parent (Held, 2006; Nortvedt, Hem & Skirbekk, 2011).

In practice, childcare is classified as primary, secondary, developmental, high-contact and low-intensity, and transnational, whilst childcare arrangements are either formal or informal. Primary childcare includes physical contact activities for emotional bonding, such as feeding and dressing the child, whereas secondary childcare is high-level concentration which includes activities such as overseeing a child (Bittman *et al.*, 2004). Developmental childcare refers to activities that lead to the development of the child’s linguistic, social and cognitive capacity, including storytelling, reading and playing games (Australian Bureau of Statistics [ABS], 1998). High-contact childcare includes activities such as bathing, soothing and hugging centred on the physical care of the child, whilst low-intensity care focuses on supervising activities such as watching the child swim without an active role being undertaken by the carer (ABS, 1998). Formal childcare is regulated by the state and provided to a group at a centre or preschool, whilst informal childcare is provided by friends, neighbours or family members (Australian Bureau of Statistics, 1998; Rigby, Ryan & Brooks-Gunn, 2007; Stevenson, 2014).

Amongst immigrants in host countries, the reality of childcare is not as straightforward as described above: childcare provision entails makeshift arrangements, as immigrant families seek to meet the needs of their children in constrained environments. In the mix of available options is yet another kind of arrangement, which is referred to as transnational childcare. This involves sending remittances, and emotional and moral support provided by parents during their regular visits to the home countries (Baldassar, 2007; Kufakurinani, Pasura & McGregor, 2014). Nevertheless, childcare is valued by parents and caregivers, as it contributes to the social, economic and cognitive development of the child (Archambault, Côté & Raynault, 2020; Bittman *et al.*, 2004; International Bureau of Children’s Rights, 2005).

The childcare arrangements used by immigrant parents and caregivers exist within the broad childcare systems that are provided for in the state policies and institutional parameters (Kilkey & Merla, 2014; Shivers & Farago, 2016; van Lancker & Pavolini, 2023). In most contexts, the family

assumes the primary responsibility for childcare (for example, in Greece, Spain and Italy), and this leads to high instances of informal rather than formal childcare arrangements (Bettio & Platenga, 2004). Most immigrant families in the USA experience challenges in accessing formal childcare, mainly because of the high cost involved and the low incomes earned by the group (Chaudry, 2004; Fidazzo, Schmidt & Bergsman, 2006; New Brunswick Child Care Review Task Force, 2016; Schimdt & Bergsman, 2006). Some working mothers take their children to work because of endemic poverty, inequalities, socio-economic challenges and poor access to formal childcare in African countries such as South Africa, Ghana and Kenya (Better Care Network, 2015; UNICEF, 2015). Most immigrants in host countries remain distanced from the mainstream childcare service and are unaware of state provisions, and consequently face several childcare problems (Burns, Lavote & Rose, 2012; International Bureau of Children's Rights, 2005; Shivers & Farago, 2016).

As stressed above, childcare is a collaborative responsibility between the family, the state, and the market. In most contexts, the family shoulders most of the responsibility; in others, the market is the dominant player, and in others the state is the main provider. In this study, the South African system was the backdrop against which the childcare arrangements adopted by Zimbabwean immigrant families were explored. Most immigrants face socio-economic difficulties, which have a negative impact on the care of their children and the children's experience of childhood. The implication is that to review childhood conceptions and streamline the care of immigrant children in South Africa, researchers and practitioners must consider the lived experiences of immigrants to better serve immigrant children and the children of immigrants.

CHILDCARE IN SOUTH AFRICA AND THE IMPLICATIONS FOR ZIMBABWEAN IMMIGRANT FAMILIES

The protection of children's rights in terms of family and parental care is recognised and guaranteed in the Constitution of South Africa and the Children's Act (RSA, 2006), which is informed by the United Nations Charter on the Rights of the Child (United Nations, 1989) and its principle of 'best interest of the child'. In addition, the Department of Social Development stresses non-discrimination, equity, and social inclusion of immigrant children (RSA, 2019). The South African care system consists of the parents, the state and non-governmental organisations, while attempts to institutionalise childcare and facilitate universal access have arguably been futile (Martin et al., 2014). The formal systems remain compromised by dilapidated centres, poor infrastructure, and inadequate feeding programmes. As reported by Alfery (2016), informal care is the most common arrangement in the country, and it is not known how immigrants negotiate the care of their children in the evidently inadequate South African childcare system.

Barriers to accessing childcare, particularly for immigrant families in South Africa, include a lack of integration of family initiatives as well as unaffordable childcare costs, which include the cost of transporting children to and from a crèche (Alfers, 2016; Forry *et al.*, 2013). Innovative initiatives such as the cash plus care system, which combines cash transfers with subsidised care, are promising, but exclude children of immigrants. Such initiatives reduce vulnerability, abuse,

violence and neglect, and enhance the comprehensiveness of childcare by providing resources for families and supporting them to meet the care needs of their children (Amoateng, Richter, Makiwane & Rama, 2004; RSA, 2019). Most immigrant families living in South Africa, including those from Zimbabwe, contend with poor support and struggle with the high cost of childcare, both of which compromise their childcare arrangements (Ritcher *et al.*, 2012; UNICEF, 2015). It is therefore important to explore the childcare arrangements used by Zimbabwean immigrants in South Africa, as this will enable practitioners, scholars and policy makers to determine and enhance the arrangement methods used.

Childcare arrangements and their quality depend on various factors, including the economy. Just like many other South African citizens, Zimbabwean immigrant families are negatively impacted by the poor performance of the South African economy, and many are the first casualties of the shrinking jobs market and the unstable economy. According to Mawire, Mtapuri, Kidane, and Mchunu (2020) most Zimbabwean immigrant families in South Africa can barely afford childcare costs, and their focus is mostly to provide food and shelter. To mitigate the high cost of childcare, some caregivers must reassess their family role, with some assuming caregiving duties themselves (Chereni, 2015; McGill, 2014; Pasura, 2014). As posited by Hungwe (2015), many children of immigrant families are at high risk of missing out on quality childcare, which is paramount for child social and cognitive development. Most childcare regimes adopted are unknown as they are undocumented because of prejudice, xenophobia, and social and economic exclusion.

The care arrangements adopted by Zimbabwean families in South Africa have become an issue, following the arrival of relatively vulnerable groups of children in families in the recent wave of migration as well as women giving birth to children in South Africa (Hungwe, 2015; Palmary, 2009). Many of the Zimbabwean children are classified as vulnerable, as they live in poverty and are subject to neglect and xenophobia, as well as being excluded from accessing health and education services because of a lack of documentation and rampant child statelessness (Crush *et al.*, 2017; Mbiyozo, 2019; Meda, 2014). Studies on children of Zimbabwean immigrants living in South Africa show that the children are at risk because their families struggle to care for them (Bhabha, 2011; Madamombe, 2015; Mpofo, 2018). In the face of unpredictable immigration policies and visas, the livelihood and welfare of the group's members are at risk, as is the welfare of their children and families. The Zimbabwe Exemption Permit (ZEP) helped ensure permanency in childcare by regularising the stay of Zimbabweans in South Africa, as the permit allows Zimbabweans to work in South Africa. However, it was discontinued after December 2023, which will lead to loss of legal status, income, and employment (Butina, 2015; Ebrahim, 2021; Washinyira, 2021). This will likely result in the group's children, their welfare and care being affected negatively, as some may decide to stay in South Africa illegally and may struggle to meet basic needs such as food and shelter. Thus, the legal context of the host country has a telling impact on the care of the children of the group.

The principles of equity, social inclusion and non-discrimination against immigrant children are enshrined in the Constitution of South Africa and the Children's Act (RSA, 2005), which are progressive, but translating these principles into optimal childcare for immigrant children and their families is proving elusive. In a country where immigrants and their children are the targets of xenophobia and the dominant form of childcare is the informal type (Alfers, 2016), immigrants are likely to struggle. The South African care system, as well as the family and immigration policies are the bedrock upon which positive outcomes of childcare for Zimbabwean immigrant families and their children can be guaranteed. The basis for positive childcare outcomes is the inclusion and integration of documented immigrants and their children.

Having highlighted the predicament of Zimbabwean immigrant families in South Africa in terms of childcare, the next step is to highlight the childcare arrangements used by the group. In addition to identifying the arrangements, the study will make recommendations that can be considered to enhance such arrangements.

RESEARCH METHODOLOGY

Approach and design

This study employed a qualitative approach and an exploratory-constructivist design to explore the childcare arrangements used by Zimbabwean immigrant families. This allowed the researchers to gain in-depth understanding of the childcare arrangements used by this population group (Corbally & O'Neill, 2014; Lechner, 2018). The social exclusion and intersectionality frameworks are transformative in that they provide insight into the structural boundaries that constrain the choices of minority groups such as immigrants in this study (Lechner, 2018; Mertens, 2009; Stebbins, 2001).

Population and sampling

The study targeted Zimbabwean immigrant families who are based in Soweto, South Africa. This is a low-income community in South Africa where many Zimbabweans settle when they come to the country (Kiwanka & Monson, 2009). Purposive sampling was used to select participants who were: documented Zimbabwean immigrants; male or female; single, cohabitating or married; family heads; residing in Soweto; with at least one child 13 years old or younger who had been given childcare. Strydom (2021) and Tracy (2020) recommend using purposive sampling to select participants who can provide data consistent with the aim of the study. As not all the individuals with the required characteristics were known to the researchers, snowball sampling was employed, i.e. selected participants referred the researchers to other potential individuals who could participate in the research (Naderifar, Goli & Ghaljaie, 2017). The referral process was done repeated until 11 female and 7 male participants were recruited.

Data collection and analysis

Nine semi-structured interviews and one nine-member focus group discussion were conducted to collect data (Kelle, Kühberger & Bernhard, 2019). Using multiple data-collection methods aids in triangulation of data, which contributes to trustworthiness and rigour (Lincoln & Guba, 1985). In addition, Brewer and Hunter (1985) stress that using different data sources pays off for individual limitations whilst benefiting from the strengths of each participant. An open-ended interview schedule was used to ensure a more flexible interview process and to allow for probing to follow up on emerging themes, particularly those that related to either constraining or facilitating their childcare choices (Pernecky, 2016). The subsequent focus group discussion was guided by a guide with broad themes relating to the childcare arrangements that the participants had adopted. Member checking is advised by Shenton (2004: 64) and was done intermittently to ensure that the researchers “accurately recorded the phenomena under scrutiny”. The semi-structured interviews took between 45 and 60 minutes per participant, while the focus group discussion lasted up to 90 minutes. Interviews were conducted in English and Shona languages and recorded using an electronic audio recorder to provide a permanent record of what was said (Gill, Stewart, Treasure & Chadwick, 2008). All data were transcribed verbatim for the thematic content analysis (Saldana, 2013).

Trustworthiness and rigour

Transferability, dependability, reliability, and confirmability were ensured using a sound theoretical, data-oriented, auditable research process that showed the transformation of data into findings through analysis (Butina, 2015; Lincoln & Guba, 1985; Shenton, 2004).

Ethical considerations

This study was approved by the Research Ethics Committee (approval number REC-01-071-2020) of the Faculty of Humanities at the University of Johannesburg. All participants were issued with a participant information letter, which was explained to them verbally and all questions were clarified. As underscored by Neuman (2003), participants were not coerced to participate in [this] research, rather they did so voluntarily. The recordings and the transcripts were not shared with anyone, and pseudonyms were used to protect the participants’ identities (Strydom, 2021). This was particularly important to this study, as the participants were foreigners, therefore confidentiality and anonymity were integral to building trust. In respecting the participants’ right to self-determination, consent to participate in the study and to have the interviews audio-recorded was obtained from all the participants by asking them to sign a consent form (Strydom, 2021). Furthermore, the participants were assured that they could withdraw from the study at any time if they felt uncomfortable about proceeding.

KEY FINDINGS

The data that were gathered provided valuable information about the childcare options available and used by Zimbabwean immigrant families. These data were adapted to the social exclusion and intersectionality frameworks. The five main types of arrangements are discussed in this section: care centre/creche; care by a sibling; care by a maid; care by the father, and transnational childcare. Before discussing these main arrangements, it is necessary to provide a brief overview of how and why the participants came to and remain in Soweto, South Africa. Consonant with the social exclusion and intersectionality lenses, most of these narratives showcase the multiple levels and interrelated social and economic discrimination experienced by this population group, as well as how their circumstances determine the childcare regimes that they can access for their children. These findings are discussed with reference to the literature and the two frameworks.

Brief context and fight for survival in South Africa

All the participants were documented and thus had a legal right to be in South Africa. Some held the Zimbabwe Exemption Permit (ZEP), while others had Asylum Seeker (ASP) and Permanent Residence (PR) permits. With these documents, they had been able to work, legally open a bank account while in South Africa, care for children and move about freely. As with many other Zimbabwean immigrants based in South Africa, some participants reported that their initial plan was to secure work in the country, work for a short period of time and then return to Zimbabwe. For example:

The plan was that maybe I will work and then go back home, or our country will be good, and return home. But I have now realised that we must go further to run away from Zimbabwe.

The deteriorating social, political and economic situation in Zimbabwe has had a deleterious effect on education, child health and welfare, and forced millions of its citizens to cross the border into neighbouring countries such as South Africa or to move further abroad into the diaspora (Mapolisa & Tshabalala, 2013; Ndakaripa, 2021; Sobantu & Warria, 2013). Many Zimbabweans who left the country had hoped that the situation would improve, after which they would return.

Participants appreciated the permits, which gave them legal status and residence in South Africa, as seen in the following statements made by the participants:

It helps because there would be more opportunities, especially on jobs.

It made me to stay here legally in South Africa for me to be able to take care of my children.

Through it I got a job and I tried to look for a proper accommodation. At least now I am settled.

The permit allows me to get a job and have a bank account. Yah, it has given me the opportunity to afford...every basic extra that I can use for my child and save something for his future.

Despite these permits, most participants expressed the limited aspects of their documentation, which are not recognised by some institutions in the country. The quotations below reveal the frustration this causes:

You are excluded, you know, especially when you want a loan. Let's say simple things like a cell phone contract: they will just tell you, no, we are just taking people with permits. And then you ask yourself, but, ah, what excludes me from here?

Is helping because these ones they get SASSA grant...You do not qualify for a housing loan because your salary does not reach the minimum required. They wanted something like R15 000 and going up.

It is hand to mouth...We do not work every day.

The merits and limitations of documentation and the economic disadvantages expressed by the participants provide the context in which the main child care arrangements described and discussed in the section below can be understood.

Main types of care arrangements

Care centre/creche

The findings showed that a care centre/creche was the most utilised option, with some participants having used it at some point in their life, while others still had children attending this type of facility. They all appreciated the formal nature of this option, including the food, opportunities for playing safely, playing with toys and swimming being among the benefits that their children received. The centres were conveniently located for some, while others had to arrange for their children to be transported to and from these centres. Some of the participants' responses regarding this option are shown below.

We were happy that it was a walkable distance...There is swimming, but it was an extra fee...And then he would come with my child when they are coming from creche or work... food was given...toys, everything was for the school.

When the mother was going to work, she would go with them in the same transport and then drop them at the creche...

Participants focused on a creche providing a safe environment for the children to play and interact with their peers.

My son would spend the day without anyone to play with at home. So, we just said let him also go to crèche to meet others while he learns there as well.

Some participants felt comfortable sending their children to creche because they could learn certain competencies there, such as using the toilet and being able to feed themselves.

Around three-four years maybe...able to take a spoon...and feed herself and do this and that. And when he wants to go to toilet, he can assist himself.

Not all participants were happy with the level of care and the treatment their children received while attending a creche/care centre. For example one of the participants noted:

I fetched the child around 3 o'clock. I found him wet – the diaper was wet: urine...He had soiled himself.

Care by a sibling

Some participants appreciated the informal care provided by older children who assumed responsibility for the younger ones by preparing breakfast for them, cleaning their shoes and taking them to creche. The respective participants insisted that even though these older children did not take care of the younger sibling for the entire day, they played a critical role in enabling them to get to work early, as required by employers. Some of the responses provided are indicated below.

This older one was the one who used to go and fetch the younger one from creche...He even managed to take her to crèche as well. While he was on his way to school, he would just drop her at crèche and he would go to his school...help each other, both.

The older one should be the one who protects the young one. And on the same note, when she arrives home and we are not there, she is the one who picks the younger one from creche...In most of the times when we are at work, we will find that the end thing is the older one is taking care of her siblings.

Care by a maid/helper

The option of a maid or helper was used by all the mother participants who were working. They reported that the helpers were Zimbabweans whose duties included cooking, feeding and bathing the children. The downside of this arrangement was the high cost, which included buying extra food for the live-in-helper and providing space for her to sleep. Their reasons for adopting this arrangement and the associated challenges are indicated in the responses below.

It was a bit difficult because I was working. I ended up looking for someone to help them from home.

She helps with cleaning and cooking...and seeing that the kids have eaten. All normal daily duties for a family...cooking for them, bathing them, putting them in bed and making sure that when the teacher comes, they write.

She bathed him...I called someone from home...Ah, nanny is difficult. It is costly because you are going to feed that person.

Care by the father

The cost implication of employing a helper forced some participants to take responsibility for childcare on their own, helping each other as parents to cook, wash clothes and take their children to creche or school and collect them. It was noteworthy that some of the female participants expressed appreciation for their male partners assuming a positive role in caring for their children. This is evident in the statements quoted below:

I would find the father having cooked for them and taken them to bed...

When he was still at creche, yah. But to school.... he might fetch him.

The father will make means to pay the rent, provide for us here. But he goes further by contributing, by bathing the child, taking him to school and be with him here when I'm busy.

Just playing even the hide-and-seek ... would go with his dad and drop him at the nursery. In the evening his dad was the one who would fetch him back home.

Transnational care

Some participants kept referring to transnational care when speaking, as they also have children in Zimbabwe who are taken care of by relatives. As parents living in South Africa, their role is to send remittances to support the children and their caregivers. A few of these participants had initially planned to work in South Africa for a while and then return home in Zimbabwe. In many ways, adding the costs of transnational care to the costs of childcare in South Africa (for other children) was a huge financial responsibility, which understandably determined the childcare option selected. The statements below reflect their involvement in transnational care.

One of them is in Zimbabwe...and comes here on holidays. The fact that all these others are here, and he is there sometimes, he says it's not fair that I am here, all the others are there. He thinks that his dad does things to the other ones here than where he would be, which cannot be done to him when he is home. Even in terms of food, the food from here is different from the one from Zimbabwe, so we're forced to send him stuff always.

The older one was also being taken care of by her sisters, cousin sisters, whilst she was at home, because the granny could not also bath her every time, so the older sisters, the cousin sisters could take care of her. She thinks we did not love her enough when we left

her, and most of the times she always raises that issue to say, but you guys, why did you leave me. And we try all day long to explain to her this is the reason...we were not financially stable and we were still trying to put our foot around, because things were not good in Zimbabwe, and things were not also good here.

DISCUSSION

In many ways, the findings align with some aspects of the Apollonian, Dionysian and ethics of care concepts. The various options that include care by the father, maid/helper, care centres are based on the assumption that children need protection from themselves, hence the role of these persons to protect the children. Some participants said that they used corporal punishment, which dovetails with the Dionysian conception of childhood as a time to learn discipline (Ansell, 2017; Hutchinson & Charlesworth, 2010). The care at the centre may also represent the Apollonian view that childhood is a time to play, as evidenced by them using toys, receiving food and swimming reportedly being some of the activities and resources that made the arrangement attractive (Ansell, 2017; Hutchinson & Charlesworth, 2010). Care by the sibling also partly represents the Apollonian view, as the assumption is that the children are competent and can take care of each other (Ansell, 2017; Hutchinson & Charlesworth, 2010). The ethics of care is based on trust, social capital relations and interdependency between the child and the caregiver or parent; it was evident in the care provided by the maid, as participants all reported that their helpers were from Zimbabwe and were trusted in many respects, including in terms of language and culture (Held, 2006; Nortvedt, Hem & Skirbekk, 2011). The arrangement of some children staying in Zimbabwe is typical of the transnational care that is common among immigrants, i.e., care is provided across international borders (Bryceson, 2002; Westcott & Robertson, 2017).

The roles performed under each of the childcare arrangements relate to high-contact, low-contact, primary and secondary care, formal and informal care. The only childcare arrangement that falls under formal care is care at a centre where care is provided to a group of children (Stevenson, 2014). This arrangement reportedly fell short in some instances in relation to primary care in terms of dressing, as evidenced in the reports of children being soiled when they are fetched (Bittman *et al.*, 2004). Care by the father includes activities such as playing games with the children, which falls under developmental care; these can be described as care activities that lead to the development of the child's cognitive, social and linguistic ability (ABS, 1998). Surprisingly, care by a sibling included activities such as keeping an eye on other children, which falls under secondary childcare, which is defined as high-level concentration activities (Bittman *et al.*, 2004). The arrangement whereby some children receive care in Zimbabwe falls under informal care, which can be done by relatives (Rigby, Ryan & Brooks-Gunn, 2007; Stevenson, 2014).

The profile of the Zimbabwean immigrants in Soweto is that all had documents that legalised their stay, enabled them to open bank accounts for savings and improved their opportunities to secure employment. However, each documentation regime had limitations, such as ineligibility to access loans for those with ZEPs and ASPs. For those with PR, an income below the threshold excluded

them from accessing a housing loan, which would enhance the care of their children. The profile also shows that the group is vulnerable to the geographic and economic dimensions of exclusion, as Soweto is peripherally located and isolated from the main hub of the city of Johannesburg. This may have impacted the participants' access to or participation in economic activities (Akyelken, 2017; Ballard & Hamann, 2021; Gond & Kaur, 2016). Almost all the participants classified their families as low-income, which signifies the economic dimension of exclusion signified by low-class, poor income and entrapment in a cycle of permanent poverty (Buvinic & Mazza, 2005; Estivill, 2003; Ngan & Chan, 2013). In the catalogue of the arrangements, sibling care and transnational care arrangements can be interpreted as makeshift arrangements that require minimal to no cost. The ability of the participants to afford some paid care arrangements (such as after-care) was compromised. Typical of low-income immigrants, most of the participants live in poor housing, and experience unemployment and under-employment, which is the reason for their low consumption of services, including childcare services (Estivill, 2003; Thorat, 2014).

Beyond profiling immigrants as the basis of exclusion, the frontiers of exclusion are nuanced and dynamic, consistent with the intersectionality perspective wherein gender had an impact on the childcare arrangements made by the participants (Chaplin, Twigg & Lovell, 2019; Jehoel-Gijsbers & Vrooman, 2007; Schierup & Jorgensen, 2016). Whilst some men had assumed some childcare duties that were traditionally performed by women (as seen in the care by the father), their assumption of the roles was optional. Furthermore, the childcare activities and role of the father was associated with power, such as disciplining the children. This privileged position of some of the men is a representation of a social structure that is based on patriarchal principles (Veenstra, 2011). Although the migration context had led to some men assuming a childcare role, the patriarchal structure remains intact.

CONCLUSION AND RECOMMENDATIONS

This study revealed the childcare arrangements used by Zimbabwean immigrants in Soweto, South Africa, in a South-South migration context. The childcare arrangements used included care by the father, using a care centre, care by a sibling, care by a maid and caring for a child who remained in Zimbabwe. The arrangements represent aspects of the Apollonian, Dionysian and ethics of care conceptions of children, childhood and care, as reflected in the reported roles, tasks and responsibilities. At a theoretical level, the main dimensions of social exclusion that compromised childcare amongst the participants were geographic and economic, as signified by the Soweto township itself, with its limited opportunities for employment and low family incomes in general (Atkinson, 1998). Thus, in order to enhance the childcare arrangements used by the group, this study recommends that the income-earning opportunities of the Zimbabwean immigrant families in the low-income cohort should be enhanced.

Through the intersectionality perspective, this study observed that none of the care provided by the father was obligatory (Chaplin, Twigg & Lovell, 2019). The care role may have shifted, but the care role and tasks of the father remain entrenched in patriarchy. Preventive and therapeutic

interventions to deal with child abuse and neglect are recommended, given the possible physical abuse of children as evidenced in the reports of using the rod for discipline.

At policy level, a full appreciation of the immigrant family, work and life's realities is recommended as the basis from which to develop pro-immigrant policies and practices to enhance optimal childcare for low-income immigrant families.

Future research on childcare arrangements during the sub-phases of migration may unveil key issues that could not be explored in this study, such as the coping methods of the group and its families, using a family-based focus to break away from the approach of viewing immigrants as individuals. These studies should include the perspectives of children to obtain a comprehensive understanding of the situation of immigrant children and their families.

Overall, through profiling, that is use of the participants characteristics, this study has shown that the main dimension of exclusion amongst this group of immigrant families is economic, as evidenced by the low incomes reported by almost all participants. This can be singled out as the main factor that affected the childcare arrangements adopted by the group.

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AUTHOR BIOGRAPHY

Tapuwa Mwedzi was a postgraduate student at the University of Johannesburg, South Africa and is currently a PhD student at Worcester University in the United Kingdom. In 2023, he graduated cum laude for his MA in Social Work. His fields of specialisation include migration, entrepreneurship and minority groups such as children and migrants.

Mziwandile Sobantu is an Associate Professor in the Department of Social Work and Community Development at the University of Johannesburg. His research interests are on housing, social development, social policy, human rights and gender. He teaches undergraduate and postgraduate modules in addition to postgraduate supervision.