



Utrecht University

A child's voice

How the MenCare intervention in South Africa can change the father-child relationship seen from the perspective of a child.

MSc Social Policy and Social Interventions



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Summary

Background. This research analyses the relationship between fathers and children in four different historically disadvantaged areas in Cape Town, South Africa. These fathers all followed a parenting intervention. **Purpose.** The purpose of this research is to show the impact of the parenting interventions on the father-child relationship guided by theories about role modelling and the ecological framework. **Method.** Semi-structured interviews and drawings were used to collect the data. Children were asked to answer questions about their family life and their father's role in child rearing and caregiving. The same children were asked to draw a portrait of their family. **Conclusion.** According to the children, fathers changed their behaviour after the parenting interventions, they were present in the house more often, did more chores in the household and were taking care of their children in a different way. All these changes affected the father-child relationship in a positive way.

Keywords: Parenting interventions, children, fatherhood, South-Africa

1. Introduction

“Jy is my speel maatjie, jy is my pa” is Afrikaans for: *“You are my play buddy, you are my father”*. This quote shows the changing attitude towards fatherhood in South Africa as well as all over the world. Fathers are more likely to be present and to be part of the lives of their children (Richter & Morell, 2006). We can also see this shift towards a more caring and present father in South Africa, although different forms of fatherhood exist within the country, such as social fathers, financial fathers, absent and present fathers. Simply being a father does not mean that this father is also an involved father. Present and involved fathers can have positive effects on children, such as an increasing cognitive development, emotional wellbeing, intellectual functioning and better school achievements (Richter, 2006).

Cultural norms on fatherhood assume that a man becomes a father and is treated with respect that belongs to this role when he respects his family and takes responsibility for his family. By doing this, a father can become a role model for other young men (Lesejane, 2006; Spjeldnaes, Moland, Harris & Sam, 2011). Swartz & Bahna (2009) discussed what it means to be a good father. The fathers that participated in their research state that good fathers are fathers who are around for their children and support their children financially. However, these fathers also stated that it can be difficult for fathers to be involved in parenting. The fathers that participated in the research of Swartz & Bahna (2009) mostly had absent fathers themselves. Because of this, these fathers did not learn how to be a good father. However, while these fathers would like to be a good father for their own children and they want to improve their fatherhood skills, they do not always know how to improve these skills. The research of Swartz & Bahna (2009) shows that there is a growing number of fathers who want to be involved in their children’s lives, but do not know how to. Because of these lack of skills, fatherhood programs were created.

One of these programs is the MenCare program. The MenCare program is available in 25 different countries all over the world, including South Africa. This program works at different levels to encourage men and women to be a caring parent. The MenCare program also focuses on creating an equal relationship without violent behaviour between the father and mother of the child. The program tries to achieve these goals by using several tools such as media, evidence-based program development and targeted advocacy (MenCare, 2015). The MenCare program works at different levels to engage men, institutions and policy makers to achieve the goals. Besides this, MenCare also provides policies on local and national levels to create more opportunities for men’s involvement in caregiving and they organise some educational sessions with fathers to promote gender equality and stimulate a healthy lifestyle within the family (MenCare, 2016).

Van den Berg (2015) looked at the impact of the MenCare program on fathers to see if the program is effective or not. She concludes that there is empirical evidence for the change in gender equitable attitudes and equal division of caregiving. The program seems highly valuable in changing gender roles and promoting gender equality (Van den Berg, 2015). According to Flood (2015) most interventions on violence among men are effective. Programs which promote more gender equality between men and women also have a higher level of effectiveness in reaching the goals of the intervention (Flood, 2015). Thus some research has been done on the effectiveness of the MenCare program and the effectiveness of parenting interventions.

Nevertheless, there is a lack of knowledge on how children experience the results of these interventions parents participate in. These interventions aimed at making fathers more aware of fatherhood and they try to teach fathers how to be good and respectful fathers for their children. These interventions also aim to improve children's lives and should thus have an impact on children as well. However, no research has been done on how children experience the changes in behaviour of their fathers. This study does consider this perspective and can hereby help improving parenting interventions and help in understanding the needs of the child from the perspective of the child itself, not from the perspective of adults. Children might have valuable information on how their father is responding to the program and whether the program is effective or not. Also, research with children on fatherhood is very rare; the opinion of children on fathers is not widely researched. Richter & Smith (2006) did research on children in South Africa and looked at the opinion of these children. This research will be used in constructing a theoretical framework from the perspective of the child. Because of a shortage of research, this research focuses on children and how they experience the effects of parenting interventions on the father-child relationship.

2. Theoretical framework

This section presents different theories in order to obtain a full theoretical framework for understanding fatherhood in South Africa. Two main theories will be discussed, the theory of role modelling and the theory of the ecological system. After discussing these two theories, a closer look will be taken at the child's perspective on fatherhood.

2.1. Different forms of fatherhood.

Fatherhood is a socio-moral process, it is part of a person's position and role in society (Richter & Morell, 2006). Fatherhood in South Africa differs from fatherhood in many other countries. One of the main differences is that many children grow up in poverty without a father. In South-Africa 52% of the

children do not live with their biological fathers. A much higher percentage than, for example, the United States, where 23% of the children does not live with their biological fathers (Richter & Morell, 2006). One of the reasons for father absenteeism is that South African fathers are relatively young when their first babies are born. This can be explained by the high numbers of men and women engaging in higher risk sex between the age of 15-19 years. 98,7% of the men and 94,6% of the women are engaged in higher risk sex. The chance of becoming pregnant is higher with this type of sex, which is visible in the fertility rates, because 50% of the women delivered a baby before their 21st birthday (Department of Health, 2007). Young fathers might also have other priorities than being present as a father. These include finishing school or finding a job to earn money (Swartz & Bahna, 2009). These other priorities can influence the presence of the father in the household. However, households are mostly better off if a father is present because a responsible father can offer assistance to the mother (Richter & Morell, 2006).

On the other hand, the presence of a father in a household in South Africa can cause some difficulties. Most of the fathers who have not had an involved father themselves, lacked the possibility to discuss topics such as what it is like to be a grown-up man (Spjeldnaes et al., 2011). Children in South Africa would like to have their fathers around and they would like their fathers to participate in the caregiving (Richter & Morell, 2006). Because children need present and involved fathers for their own development it is of great importance that there is such a father figure present in the household. This role could be fulfilled by the biological father, but if this father is not able to fulfil this role, it could also be fulfilled by another man such as an uncle, grandfather or older brother. In these cases a father is called a 'social father' (Richter, Chikovore & Makusha, 2010; Hosegood & Madhavan, 2012). There are also biological fathers who want to be around their children, but for whom this is not possible due to economic insecurity, such as a father who works in another place than where his family is living (Madhavan, Townsed & Garey, 2008). This type of father, who is supporting the family in a financial way, is called a financial father (Swartz & Bahna, 2009).

2.2. Role modelling.

Role modelling is a theory on how fathers can become a role model for the child. Gibson (2004) stated that being a role model consists out of two different aspects. The first aspect is the 'role' itself, which triggers the tendency of people to identify with other people who have an important social role. The second aspect is modelling, which means that there is psychological matching of cognitive skills and patterns of behaviour between a person and the role model. The theory on modelling consists of two

different parts; the first part is the role identification theory. This theory states that people are more attracted to a certain person when they find some similarities between themselves and this person, this could be a person's goals, attitudes or someone's behaviour (Gibson, 2004). Underlying these attitudes there can be an inherent value judgement about what is appropriate and desirable behaviour for fathers in the community (Habib & Lancaster, 2006).

Interestingly, identification can also be understood differently. Another theory on identification describes that a father becomes what he thinks of himself. Thus what kind of status does he think suits him best; is it the status of a father, the status of a worker, or both? Every person has many statuses he or she can identify with, these statuses are ordered in a hierarchical way (Habib & Lancaster, 2006); a father can see the status of worker and father as equally important. Fathers can have different care tasks within the family, namely tasks on engagement, accessibility and responsibility. Tasks focussing on engagement are tasks like playing, physical caregiving and taking the child on (small) trips. Tasks on accessibility focus on spending time with the child and the emotional presence of the father. The last group of tasks are the tasks of responsibility which focuses on creating a stable family life and providing material support (Summers, Boller, Schiffman & Raikes, 2006). A father can find tasks more or less important. If a father finds specific tasks more important, this can be linked to the caregiving role he has chosen.

A father that sees the status of a caregiver or educator as more important than the status of provider of an income, is more likely to be present in his children's lives. Fathers who see the role as provider of income as more important can still be present in their children's life, but will be more focused at their work than at their children. This status can change due to stages in the life cycle, the social circumstances, working conditions, particular relationships and interpersonal context in which fatherhood occurs (Habib & Lancaster, 2006; Panalp & Braungart-Rieker, 2016).

The second part of the theory on role modelling consists of social learning, this entails that a person is more likely to have a role model from whom that person can learn new tasks, skills or norms (Gibson, 2004). Thus, children are likely to learn from their parents, since they can teach them new tasks, skills and norms. When parents are good caregivers, this behaviour can be adapted by the children. Through social learning, children can learn to manage emotions, resolve disputes and engage with others (O'Connor, Matias, Futh, Tantom & Scott, 2013). Fathers can adapt new attitudes for different reasons. One of these reasons is a change in the environment which can change the values and beliefs of a father (Pashley, Petren & Fish, 2014). Mothers have an influencing role in how fathers perceive their role as a caring father as well. The caregiving role of fathers can be linked to the expectations fathers think

mothers have of them. For example, when a father thinks that his primary role is to provide an income for the family, he will be less likely to be involved in caregiving. Or when a father thinks that the mother wants to do the nurturing herself, he is less likely to participate in this part of caregiving and is more likely to participate in other parts of caregiving such as the educating part (Adamson & Pasley, 2016).

The theory of role modelling provides information on how children experience their father and it also provides information about how the father-child relationship could change. When a father identifies himself as a caregiving father, the relationship with his child can become stronger because of the time they spend together.

2.3. The ecological framework.

The second theory discussed is the theory of Bronfenbrenner. The ecological framework consists of four different levels that interact with each other. These different levels represent different groups that can influence the child. The first level is called the microsystem and consists of the family of the child, the fathers, mothers, brothers and sisters, and also on school and peers. The second level is called the mesosystem and this entails the interactions between microsystems, thus the interactions between the members of a household or between a friend of the child and a parent. The third level is called the exosystem, which consists of relations further away from the individual. For a child this could be the workplace or friends of their parents. The last level is the macrosystem, which consists of widely shared cultural values, beliefs and laws. All these different levels interact with each other and interact with the individual, the child (Bronfenbrenner, 1979; Sidebotham, 2001).

One aspect in creating a good father-child relationship is caregiving. Other aspects are emotional presence, and playing with the child or giving attention to the child. Care tasks can be divided in tasks on accessibility, responsibility and engagement (Summers et al., 2006). The way in which fathers give care to children can be explained through different interactions between microsystems and mesosystems. It is supposed that fathers will be supported to take a more active role in caregiving, when mothers are more active in caregiving as well (Coltrane, 1996). Thus, the interactions between these two mesosystems, the parents of the children, can affect caregiving and thus the way in which children perceive the father-child relationship. Another way in which parents (mesosystems) can affect the parent-child relationship is the way in which parents divide care tasks. Generally spoken, mothers are more involved with physical care tasks, while fathers are more involved with playing, talking and educational activities (Craig, 2006).

One particular form of caregiving is playing with children. Playing is essential in developing social

and emotional ties. Children's healthy development is mediated by appropriate nurturing relationships with caregivers. Parents who play with their children will see the world from the perspective of the child, and this helps in a better understanding of the child and creating a stronger bond between parents and children (Milteer, Ginsburg & Mulligan, 2012). Less verbal (young) children are able to express themselves through play, giving their parents a better opportunity to understand what is going on with the children (Milteer et al., 2012). If we take a closer look at the theory of Bronfenbrenner (1979), we see that different microsystems, the parent and child, are interacting with each other through play in order to build better relationships between the parents and the child and stimulate child development. Whether parents play with their children also depends on other systems, such as the exosystem and the macrosystem. Economic circumstances will not always give the opportunity for fathers -and mothers, if they are employed- to play with their children (Milteer et al., 2012). Fathers can also be influenced by the culture of a community. If the community has the belief that taking care or playing with the child is a women's job, men are less likely to participate in caregiving. One example of 'bad caregiving' is using abusive behaviour against children. The ecological framework of Bronfenbrenner looks at different factors involved in child abuse such as personal relations between abuser and child (microsystem), relations between the abuser and the other parent (mesosystem), the relation between the abuser and for example friends who could influence the abuser (exosystem) and the relation between the abuser and the values of the community (macrosystem). When it is, for example, normal in a community to use abusive behaviour, the parent will be more likely to use abusive behaviour to his or her own child (Sidebotham, 2001).

To put this all together, the ecological framework of Bronfenbrenner can be useful for explaining the relationship between fathers and children. The model focuses on different relations and explains that the behaviour of a person depends on different actors present in someone's life. To fully understand the possible change of the children's fathers, it is necessary to look at all the actors present in a child's life that could affect the father-child relationship. Also, the way in which a child perceives the changes within his or her father depends on different factors such as, for example, the mothers' perception.

2.4. A child's perspective.

This research mainly focuses on the child's perspective. Various researchers have tried to find out what the perspective of the child is on fatherhood. In a study looking at the stories children wrote about their parents it was found that the children wrote down that their fathers were more active and involved than the typical father. Activities mentioned by the children ranged from cooking to caregiving. Although many studies show that fathers are mainly involved in providing income for the family, children

do not only view their fathers this way (Milkie, Simon & Powell, 1997).

There has also been a research that focuses on the non-biological parents of a child. The study of Messing (2006) looks at children and their kinship caregivers. In that research, children do not live with their parents but with other relatives. The man taking care of the child can be seen as a 'social father' since he is not the biological father. Messing (2006) states that children were appreciating the presence of the caregiver. The relationship with this caregiver was mostly strict, thoughtful and kind. Girls who participated in this research were often mad at their biological fathers, because they were not around or they let them down. These fathers tend to show up sporadically. Boys looked up to their fathers, but they were also sad that their biological fathers were never around (Messing, 2006).

Another research from Richter & Smith (2006), which particularly focuses on children in South Africa, reports the same. That research states that children found that their fathers and mothers had an equal share in responsibilities in the house. They mentioned fathers doing care tasks such as bathing and dressing the children. These children like their fathers to spend time with them. Absent fathers or fathers who do not give attention to the children are the most disappointing according to the children. These children viewed the ideal father as a father who is caring and affectionate, as a father who is not using drugs or alcohol and as a father who is not abusive to the children. This father is interested in the life of his children and knows how to balance work and family (Richter & Smith, 2006).

By combining the theories, it is possible to look at the father-child relationship. The first theory, about role modelling, looks at more personal aspects of a stronger father-child relationship on care. The second theory, the theory of Bronfenbrenner, looks at broader aspects of the father-child relationship. By using both theories, it will be possible to conclude something about the changed relationship between fathers and children. This all needs to be seen from the perspective of the child. Children find absent fathers the most disappointing. However, when fathers are present in the household, the father is, according to the child, likely to undertake some care tasks for the child (Richter & Smith, 2006; Messing, 2006; Milkie et al., 1997).

3. Methodology

3.1. Research question.

This study focuses on children whose fathers participated in the MenCare intervention in Cape Town, South Africa. The research is based on two theories, the theory of role modelling and the theory of the ecological framework. These theories are used to explain the way in which the interventions

helped in changing the father-child relationship. The research question of this research is formulated as follows:

“To what extent do parenting interventions restructure the father-child relationship of children living in historically disadvantaged areas in Cape Town, South Africa, how did this relationship change and which factors were involved according to the perspective of the child?”

This question is divided into two different sub questions. The first sub question focuses more on the relationship between fathers and children, the second question focuses more on the other factors involved in this changing process. This question is formulated as follows:

“To what extent do fathers become a role model for their children on care through the MenCare intervention and how does this intervention change the father-child relationship from the perspective of the child?”

This question attempts to answer the main question from the theory of role modelling. There will be a closer look at how fathers deal with being a role model on the aspect of caregiving. Thus, what do children learn from their fathers on the matter of caregiving. The question explores the relationship between the child and the father and attempts to provide insights in the way in which this relationship changed on the subject of care through the MenCare intervention. The second sub question is:

“Which different factors of the ecological model are involved in restructuring the father-child relationship and how are these factors involved from the perspective of the child?”

This question explores which other factors are involved in the father-child relationship. This is done by looking at the different contexts and different factors, as described by Bronfenbrenner (1979). The context and factors are described from the perspective of the child, therefore the child is in this case the “microsystem”. This research considers different norms in a community (macrosystem), or at the family as a whole (mesosystem). It is also important to search for other factors that can play a role in the changed father-child relationship, such as the relationship between the child’s father and mother. By taking the different systems (microsystem, mesosystem, exosystem and macrosystem) into account, it is possible to answer the main question.

3.2. Context of the research.

The participants are selected from children that live in historically disadvantaged areas and whose fathers participated in the MenCare or MenCare+ program from Sonke Gender Justice. Sonke

Gender Justice is a Non-Governmental Organization (NGO) in Cape Town, which facilitates the MenCare program in South Africa. Sonke Gender Justice is working in South Africa to strengthen their government, civil society and citizen capacity to promote gender equality among men and women. They offer many projects like the MenCare program and the Positive Parenting program which focus on gender equality and try to create and change the image of manhood. Their MenCare project consists out of two parts. The first part is creating awareness for healthy (sexual) relationships and the second part is learning fathers to be an involved father. This research only focuses on the second part. Sonke Gender Justice is creating awareness for involved fatherhood in different ways. They use media campaigns to raise awareness, and they make posters and movies that show involved fathers. Besides this, Sonke Gender Justice has a program that learns men to be an involved father.

In this program, (social) fathers follow sessions on how to be a (good) father. They follow sessions on how to do chores in the household, sessions about changing a diaper, dressing and feeding a child and also a session called 'my fathers' legacy' in which they reflect on their own fathers (Sonke Gender Justice, 2016). This research takes place in cooperation with Sonke Gender Justice, since they are the facilitators of the MenCare program in South Africa.

3.3. Selection of participants.

Children of family members that participated in the MenCare intervention are selected. This family member has to fulfil a father role for the child. He does not have to be the biological father, since children in historically disadvantaged areas do not always live with their biological father. This family member can, for example, be an uncle, grandfather or stepfather. In this research the general term 'father' is used for all these men who fulfil a fathering role for the child. The children come from four different historically disadvantaged areas in or around Cape Town, namely Maitland, Saldanha, Mfuleni and Nyanga. For a complete overview of the demographics of the participants, see appendix 2. Because of this sample composition it is possible to construct a better overview of the MenCare program in different areas in Cape Town. Sixteen children are selected, four from Maitland, two from Saldanha, five from Mfuleni and five from Nyanga. Six boys and ten girls are interviewed. The children are between four and fourteen years old. The participants are selected at random by a local facilitator of the program who provided names of parents that participated in the MenCare intervention or that participated in a training. The researcher called the parents of whom the researcher received telephone numbers. When the parents and children agreed on participating, the dates of the interviews were set. None of the interviews took place during school hours. In Nyanga and Mfuleni, the parents of the children participated in another research from Sonke Gender Justice during the time of the interviews of the

children. These interviews took place in a safe environment such as a community center. The interviews in Saldanha and Maitland took place in the house of the child or in a neighbours' house (see appendix 2 for further details).

3.4. Qualitative research.

A qualitative method is used in this research, because it is the best way to generate rich and broad data about the participants, which is useful in an initial explorative study on the way in which children experience a parenting intervention. The interview questions are based upon the theory of the ecological framework and the theory of role modelling. The sub questions that are used in this research are divided in different topics. For a complete topic list see appendix 1. The main operationalisations in this research are the perspective of the child on family life, the learning process of the child, the roles a father has in a family and the relations between the child and the family, friends and neighbours. Semi-structured interviews were held with the participants to obtain better insight in how children experience differences in the father-child relationship after their fathers participated in the MenCare intervention. The questions are simplified and the interviews do not last longer than 30 minutes due to the attention span of the child.

The interview setting is informal. Some interviews are with two children, this could be with a brother or sisters or a friend, because the children feel more comfortable and open that way. In three cases, the parents are present to translate or to comfort the children. The parents stimulate the children to talk. This only occurred with the youngest children because they were really shy. The answers do not differ significantly from the answers given by children when the parents were not present. The children are free to answer whatever they wanted. This can be seen by the fact that one of the children talks openly about the abusive behaviour that her father had before the MenCare intervention. Fathers are only present when the child wants a father to be present.

Visual methodologies are used with almost every child. For this research, the visual methodology of drawing is used to comfort a child and prevent the child from becoming scared. Before the interview, the researcher asked the children to draw the way in which they see their families, thus their brothers, sisters fathers and mothers. The researcher told the child that drawing skills did not matter and that the only assignment was to draw his or her family in the way they wanted to. When children are finished, the interview starts. Children are asked general questions and in the end the researcher asks questions about the drawing such as: 'Who is in your drawing?' and 'Why did you make this drawing like this?' or 'Would you have made this drawing differently before MenCare?' (for an overview of all the questions about the drawings, see appendix 1). Further questions followed if a specific aspect of the drawing was

not clear. These drawings are used in answering the main question since it shows the view of the child on the family. Drawing can help children to talk about intense events in their lives and it can help to express themselves better (Eaton, Doherty & Widrick, 2007; Katz & Hamama, 2013). This source can thus be helpful in understanding the changed father-child relationship, especially when parents use violent behaviour against their children. Through asking whether the drawing would have been different before MenCare, we can see whether children see their fathers differently. By using triangulation the research is made more reliable.

Since not every child speaks English, a translator is present during most interviews. The translator was present in Mfuleni and Nyanga. The translator is used with eight children from these two historically disadvantaged areas. Two children chose to talk without a translator, because they felt more comfortable with just the researcher. The interviews are transcribed and analysed using Nvivo. This results in a code tree. The code tree consists of ten main topics discussed with the children, such as activities undertaken by the MenCare participant. These ten different topics are divided in sub-topics in order to gain a better overview of the results. For the complete code tree, see appendix 3. The drawings are analysed using the statements given by children themselves and the book of Foks-Appelman (2014) about the way in which to interpret children's drawings. This book describes different methods in which to use creative strategies in therapy with children. One of the chapters describes children's drawings. It describes the way in which we should look at a drawing and what a child can mean with the use of specific colours and patterns.

3.5. Interview procedures.

Because the interviews take place with children under the age of eighteen, parents are asked to sign a parental consent about their participating children, before the interview starts. This parental consent consists of information about the questions and the purpose of the research. After the parents sign the parental consent, children are asked to fill out an assent form as well. This form is translated by the translator so that non-English speaking children understand the meaning of it. This form informs them about the purpose of the research and also explains that they can end the interview at any time, and that they have the right to not answer specific questions. When the parents and the children both signed the forms, the interview starts. Personal information that children gave during the interview is handled with care and is strictly confidential. The interview procedures are made clear to the translator in order to give the translator a better understanding of the purpose and the way of interviewing. When children are struggling with incidents that happened in the past, the researcher is able to refer the child to a social worker with whom the child can talk about these incidents.

4. Results.

4.1. Interview results.

Participation MenCare.

All the children are asked whether they knew that one of their family members participated in the MenCare intervention. Thirteen out of sixteen children mention that they knew that their father participated in the parenting groups. Some of the children also give their opinion on the participation of their father in this program. One girl (14 years, Mfuleni) said the following about this:

“I do like it that my father participated in the MenCare program, I think MenCare convinces our fathers to do good things.”

This shows that the children who are aware of the fact that their fathers participated, can have a positive opinion on the program. Children mention small differences and big differences. There will be a closer look at all these changes later on.

4.1.1. Care: Being a role model for your child.

Care tasks and attitudes towards it.

Before looking at the changes fathers made, it is important to look at the different care tasks a father performs for his children. The care tasks a father undertakes can explain a lot about the father's opinion on caregiving and this can influence the child's opinion as well. Some children mention that their fathers provide money for food, or that their fathers buy food for them. Five children mention that their fathers help them with homework, such as homework for maths or a specific language. Thirteen children mention that their fathers play with them. Fathers are most likely to play ball games with his children, like hockey or soccer. Fathers are also willing to take their children on trips outside the house. Thirteen children mention that their fathers take them out of the house to the beach, shopping mall or to friends. One of the boys (9 years, Saldanha) mentioned that this is what makes his father a good father:

“My daddy is the best daddy in the world, because I go to places with him.”

The amount of time that fathers spend with their children differs. This difference can be due to work and also due to the availability of the child. Most of the fathers spend time with their children, varying from two days a week up to seven days a week. One remarkable detail is that all fathers give

their children a safe feeling when they are around them. Some fathers tell their children how to be safe, for example by telling them to never go out when it is dark.

When children are asked to describe what their fathers do in the household, different answers are given. The following household activities are mentioned by the children: cooking, preparing meals, washing the dishes, cleaning, sweeping the house and making up the beds. By doing household activities, fathers are more involved in family life and this can also benefit their children. When we have a closer look at different care tasks, such as changing a diaper or putting children to bed, we see differences between the fathers. Some fathers do not like to undertake care tasks like changing a diaper. Six children mention that their fathers would not change diapers. However, other care tasks are undertaken by these fathers. Fifteen children mention that their fathers would do care tasks. Some fathers undertake one particular care task like cooking, but most of the fathers undertake more care tasks in the household. These tasks vary from making food for the children, to telling bedtime stories.

When children are asked to think about the opinion of their father on care tasks, most children say that their fathers like to undertake care tasks. Some children say that their father liked that because he loves his family. One of the girls (8 years, Nyanga) said the following about her uncle's opinion on giving care:

"It is a nice thing to look after children and to play with them, especially my uncle, he loves children."

Thus, to put it all together, the fathers who followed the MenCare intervention are willing to undertake some care tasks, but they will not do all the tasks that they have learned to do. The most common reason for fathers to undertake care tasks is because they love their family and they like to give care to the children in a household.

Role modelling & changes on care.

Children can learn from their parents. When children are asked to describe something that they learned about care from their fathers, they all mentioned different things. To summarize, the children say that they have learned how to be kind and how to love someone, how to take care of a baby, how to hold a baby, how to take care of their family or how to take care of a sick friend. So, if fathers teach the children a lot about caregiving, children will be able to copy the things they learned and use this knowledge when they have children of their own.

All children in the research are asked to describe their 'ideal father' and after that, they are

asked whether their fathers met the criteria. Most children are able to describe their ideal fathers. They describe their ideal fathers in different ways. Some children describe the care tasks that their fathers should undertake such as cooking, doing the dishes, changing diapers, waking up the baby or bathing the baby. Other children mention things that their ideal fathers should not do, such as being violent or drinking alcohol. Most children who mention the last two aspects had fathers who were either abusive or drank (too) much alcohol before the MenCare intervention.

Most of the characteristics that the ideal father should have, are also characteristics that the fathers of these children have at this moment. Some of the fathers already had these characteristics before the MenCare intervention, other fathers learned them during the intervention, according to the children.

Children are also asked to describe what they would do with their own children. The children talk about care tasks such as cooking for their families. Other children mention that they want to be “good” to their future children or that they want their future children to be proud of them. All of the children have a clear vision in their mind on how to be a good parent in the future. This vision was similar to the description of their ideal father most of the times and thus also had similarities with the behaviour of their own fathers. To put it all together, fathers can be role models for these children and already are in most cases. One of the children mentioned her father being a role model. This girl (13 years, Mfuleni) said:

“He used to come too late at home, but since he participated in the MenCare, he changed. He realized that he has to be home more often. I need to be a role model for my kids so I need to [be around] for my kids.”

This quote also reflects a change in the father’s behaviour. Children report more changes with their fathers on the subject of care. Some children mention small differences in the amount of care tasks their fathers are undertaking, other children mention large differences in the caregiving tasks their fathers are doing. One of the girls (9 years, Nyanga) said about this:

“He changed a lot because he used to take care of himself only and not for us, but now he is able to buy food for us and come and visit us and to have quality time with us.”

Not all children report these kind of differences with their fathers. Eight children mention that their fathers were giving care to them before the MenCare intervention. One brother and one sister (7 years and 8 years, Mfuleni) said the following about caregiving before the MenCare intervention:

“No, he was caring for us. All of the kids, he would do that with all of the kids.”

To put this all together, it can be said that children perceive their fathers as a role model on the subject of care. All fathers changed through the MenCare intervention, but not all the changes are significant.

4.1.2. Different relationships: The ecological framework.

Attitudes of children towards the rest of the family.

Someone cannot speak about children without taking background variables into account. This is why children are asked to tell something about the rest of the family. When you ask children who they like in the family, they mostly answer that they like their mother. One child emphasises that she does not like her mother; this is because her mother is beating her. Five children also mention that they like the family member, who attended MenCare, the most. Sometimes children mention two different family members as their favourite. These are usually their father and their mother.

When children are asked to tell something about their families (microsystem and mesosystem), they all tell different stories. Some children explain something about another person in the house, other children explain how much they love their families and explain different tasks their families are doing for them such as cooking or giving them money. Four children talk about the activities in their households with their families. One girl (11 years, Mfuleni) answered the following when she was asked about what she liked the most about her family:

“Even if we are in the house, we just bond together. I sit [next to] my mother and we watch TV or we make popcorn all together.”

This quote shows that this family is a close family, which is something this girl likes. To put this all together, it can be said that children tell different stories about their families and these stories can tell something about the communication within a family and the way in which different systems work in the family.

Changes in behaviour of the father.

When children mention a difference in the behaviour of their fathers that could influence the father-child relationship (microsystem), it is most likely that this difference entails doing more or different activities in the household. Almost all the children who saw a change in the behaviour of their

fathers, mention a change in the household activities. Some of them mention that their fathers were lazy before, but are now doing more tasks such as doing the dishes. One boy (9 years, Nyanga) mentioned:

“My grandfather was doing nothing at all but now my grandfather is cooking and washing the dishes, not watching TV. He is also telling other men that they should wash the dishes.”

This quote shows that this (grand)father, who attended MenCare, is not afraid to tell other men to do tasks in the household. This (grand)father tries to change other men in the neighbourhood with the knowledge he got from the MenCare parenting groups and is thus influencing the community.

Children mention more changes, although not every child mentions a change in the behaviour of the father. Some children do not see a difference in the behaviour of their fathers, or only see small changes. In total, eleven children describe a difference in the behaviour of their fathers, ranging from caregiving to doing chores. One aspect that changed for some of the children, is the presence of their fathers. Five children say that their fathers are more present in the household now than they were before the MenCare intervention.

This shows that MenCare can have positive results according to the children. The fathers of the interviewed children are doing more tasks in the household which can lead to more present fathers. All children mention that they like to see those changes in the behaviour of their fathers. Some children cannot describe what changed, but are only able to say that their fathers changed and that this was a good thing. Other children continuously speak about one big change their father made through the MenCare intervention. One of the girls (8 years, Maitland) that was interviewed kept on mentioning:

“He used to hit me, and since he went to the fatherhood program it changed.”

In total, three children mention a difference in the violent behaviour of their father. Another example of a change that is mentioned by the children is that their fathers stopped drinking as much alcohol as they did before the MenCare intervention. To put this all together, it can be seen that most of the children experienced (small) differences after the MenCare intervention, that are probably caused by the MenCare program. All the children liked the changes their fathers made, so the relationship between father and child improved.

Other influences on the father.

When looking at care activities and persons giving care to the children, it can be seen that the persons who take care of the children the most, are the mothers. Eleven children say something about the persons taking care of them. Eight children mention their mothers specifically as the persons taking

care of them, sometimes alone, sometimes with the fathers of the children or the family members that participated in the MenCare parenting groups. Seven children mention that their fathers take care of them and three children mention that everyone in the house takes care of them. One of the girls (9 years, Nyanga) said the following about the way in which caregiving is arranged:

“Everyone takes care of me. Me and my granddad and my uncle and my mummy”

This statement shows that, in some families, all members take care of the children. Sometimes children also mention a difference between the caregiving parents. Parents can divide (care) tasks in the household. One of the girls (11 years, Mfuleni) mentioned the following about dividing care tasks:

“My mother takes care of my brother and my father takes care of me and my sister. Because my daddy really likes girls, so my mother spends time with [my brother].”

This quote shows a difference in dividing the care tasks between different family members. It suggests that caregivers in the house made agreements on dividing care tasks. Also, two other participants (a brother and a sister) mention different things when describing the care tasks of their parents. The mother is described as someone who cooks meals for the children, and the father is described as someone that keeps the children safe in the house and looks after them. These differences in care tasks show that care tasks are divided between parents which could lead to differences between brothers and sisters in the father-child relationship.

There could have been other influences that helped fathers change their behaviour and also the father-child relationship. To find out which other influences (exosystem, macrosystem) could affect the father-child relationship, the children are asked to describe the way in which they think that their neighbours would give care to children. Different answers are given. Some of the neighbours are also participating in the MenCare intervention. Most children do believe that their neighbours think that caregiving is a men’s job and not exclusively a women’s job. However, some children report differences between their neighbours and their fathers, namely that their neighbours are using drugs or are drinking more alcohol, or simply that they are not giving care to the children. To put this all together, we can see that the community can have a different opinion on caregiving that could influence the father, but on the other hand, the father can also influence the community by showing and telling other fathers the practices he has learned in the MenCare intervention.

When the children are asked to describe the way in which caregiving is arranged with the fathers of their friends, most of the children say that these fathers have the same opinion about caregiving as their fathers have and are giving care in the same way as their fathers do. To put this all together, it can be said that the surrounding can have a (positive) influence on the fathers of the children, and thus on the father-child relationship, because the persons in the surrounding share the same values and norms concerning caregiving.

4.2. Results of the drawings.

When a closer look is taken at the drawings, differences between these drawings can be seen. Family love is really important in one third of the drawings, because five out of the fifteen children that made a drawing, wrote down “I love my family”, “My family” or made a heart on the drawing. This probably stands for the love that they have for their whole family. When the researcher asks them about the meaning of the text or about the heart, they all say that they made it like that because they loved their families.

Another remarkable detail is that most children made their families standing in a row. Eight children made their families standing in one row, the other children used the whole paper and made family members stand above each other. These eight children are asked why they made their drawing like this. Seven children give the reason that they made it like this because they are family. Two children (Girl, 8 years and her brother, 7 years, Mfuleni) said the following about their drawings:

“Girl: I made it like this because I love my family. Boy: I love my family too!”

This shows that the children really like their families. Most children exclusively made their families, and nothing else. Five children made their families standing outside, in the sun or in the rain. All the children respond the same when they are asked to explain why their families were outside, namely that they love to be outside.

When the children are asked whether they would have made the drawing differently before MenCare, eight out of twelve children say that they would not have made the drawing differently before MenCare. The children who did say that they would have made the drawing differently, mostly refer to a brother or sister that was not born yet, or they refer to themselves not being as tall as they are now. Two children mention that their drawings are different because one of the family members attended MenCare, which changed the way they see their families. One girl (14 years, Mfuleni) said:

“No I could not make [the drawing] the same because now he is all friendly to us and before it was just a man.”

The explanations above are the explanations given by the participants themselves. If this is compared to knowledge about the colours children used in their drawings as described in Foks-Appelman (2014), we see a different picture arising out of the drawings. The children could have used 24 different colours for their drawings. Some children made their drawing in one colour. The colour that is used the most in these one-colour drawings is green. The meaning of the colour green is “hope” or “growing bonds”. This could mean hope for a better future, for the growing bonds between the parents and the children (Foks-Appelman, 2014). With a closer look at the other drawings, we see differences in the use of colours. Mothers were mostly made in the colours red, blue and pink, while fathers were made in orange, blue and purple. The colour that is used the most for mothers is red, while the colour that is used the most for fathers is orange. Red is the colour of life spirit, warmth and enthusiasm. This could mean that the children felt a lot of warmth and enthusiasm when drawing their families. Orange is the colour of hope, optimism, and warmth. This could mean that children have hope for change and are quite optimistic about the way their fathers are now and how they changed, because they are warm persons now (Foks-Appelman, 2014).

Five children made themselves stand closer to their mothers than to their fathers. Nine children made themselves standing closer to their fathers than to their mothers. The rest of the children did not draw their fathers that attended MenCare or did not draw themselves. When asking the children why they did not draw themselves or their fathers, they answer that they ‘forgot’ to draw their fathers or themselves or they simply state that they wanted to draw ‘their families’ and that their (social) fathers were not officially part of the families. It could also mean that they do not know where to draw themselves in their families or that they did not draw themselves because they do not feel part of their families. The fact that nine children made themselves stand closer to their fathers could mean that the children felt closer to their fathers that attended MenCare than to their mothers. To put this all together, we can see that children are close to their fathers, and that they feel quite positive about their fathers and families. According to them, this did not change through the MenCare intervention, because the majority of the children would not have made the drawing differently.

5. Conclusion & discussion

The aim of this research is to answer the main question: *“To what extent do parenting interventions restructure the father-child relationship of children living in historically disadvantaged areas*

in Cape Town, South Africa, how did this relationship change and which factors were involved according to the perspective of the child?" This can be done by answering the sub questions first. The first sub question was: *"To what extent do fathers become a role model for their children on care through the MenCare intervention and how does this intervention change the father-child relationship from the perspective of the child?"* It appears that fathers can become a role model for their children through the MenCare intervention. Children describe their "ideal" father mostly with the qualities that their own fathers have. These qualities are sometimes not the same qualities as the fathers had before. Children also explain that their fathers are engaged in different care tasks, such as playing or putting them to bed. The children describe that they learned much about care from their fathers, ranging from practical things such as changing a diaper to more abstract things such as family love. The difference with the time before the intervention is that a lot of fathers were not as caring as they are now. To put this all together, it can be said that the father-child relationship changed in a positive way due to the MenCare intervention on the aspect of caregiving, because children see their fathers as role models on the aspect of caregiving.

The second sub question is: *"Which different factors of the ecological model are involved in restructuring the father-child relationship and how are these factors involved from the perspective of the child?"* There are different factors involved in restructuring the father-child relationship. Firstly, the family of the child is important. This research found out that most of the parents divide the care tasks nowadays. Almost all children report that their mothers take care of them, along with their fathers. They also state that their fathers are doing tasks in the household. This could improve the relationship between the parents, and also between the children and their parents. The father is taking more responsibility in the household. Children also say that their fathers are more present in the house since the MenCare intervention, which could affect the father-child relationship in a positive way. The surroundings could also play a role in the way in which fathers give care to their children. Neighbours and friends mostly gave care to their children in the same way as the fathers of the interviewed children did. This could benefit the father-child relationship, because a father would not find it strange to give care to his child, because fathers in his surrounding give care to children as well.

To put this all together it will be possible to answer the main question. The father-child relationship does change through the MenCare intervention, according to the children. Children experience fathers who are more caring, who are doing more tasks in the household and fathers whose behaviour has changed. Children do see their fathers as more positive role models after the intervention. Different factors were involved, such as the families, neighbours and friends. However, when looking at

the drawings, it can be seen that the relationship between children and fathers did not change significantly; almost all children report that there are no differences between the way in which they made the drawing with their families now, and the way in which they would have made it before the MenCare intervention.

This conclusion is interesting. Gibson (2004) stated that persons are more likely to identify themselves with someone that has the same values and norms. Children do have the same values and norms on caregiving as their fathers and are therefore more likely to identify with their fathers and become caring fathers themselves (Pashley et al., 2014). However, their fathers had different norms and were sometimes not able to be a good role model before the MenCare intervention. This research has shown that fathers focus more on tasks of engagement (such as playing and physical caregiving) and tasks on accessibility (spending time with the children) after the MenCare intervention. Some of the fathers increased their task of responsibility, through providing money for the family (summers et al., 2006).

The ecological framework also played an important role in explaining the father-child relationship. The presence of the fathers, the care tasks they were undertaking for their children and the changes fathers made after the MenCare intervention depended on different systems, such as the microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). Sometimes the father was influencing other systems himself, by telling other fathers what sorts of care tasks they should do.

In general, this research found similar findings as the research done in South Africa by Richter and Smith (2006). That research stated that children like to spend time with their fathers and that absent fathers were disappointing to these children. The children in this research did not like their fathers to be absent. According to them, the MenCare intervention was one of the reasons that their fathers were more present nowadays.

There are three main limitations to this research. The first one is that parents were present at the interviews sometimes. This could be helpful for the child, because the child can be more open when a parent is sitting next to them. On the other hand this could lead to children not telling everything, because they did not dare to speak about everything. The second limitation was that the researcher did not speak the language of most of the children. This could have been a problem in creating a strong relationship between researcher and child. The third limitation is that it was difficult to hear the recordings of the children during transcribing. Children were not able to speak as loud as adults consistently and there were a lot of background noises during the interviews.

The importance of this research lays in a broader context. This research could, first of all, be

beneficial to the MenCare intervention in South Africa and in other countries by seeing that not all the lessons that the MenCare program is teaching, are used by the fathers after the program is finished. Herein lies an opportunity for improving the MenCare program. Also, this research shows where children see the differences in their fathers. If the MenCare program would like to see more differences, it can focus on specific changes that are missing, according to the children. Because this research evaluates a parenting program by looking at the opinion of children, it can be used as an example for future research in developing new parenting programs. There is also not a great deal of research done on children and their opinion on fatherhood, so this research can be a valuable addition to the existing research that is done with children and it could also be useful for social scientists who consider doing a research with children about fatherhood.

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7. Appendices.

Appendix 1

Topic list

Theory	Operationalization	Questions
Background information	Background information	<ul style="list-style-type: none"> • What is your name? • How old are you? • Do you have brothers/sisters? • Who is your primary caregiver? • Do you know that your father participated in the MenCare program? (if answer is no, a short description will be provided of the program. Questions will be rephrased from 'before' and 'after' the program to 'now' and 'one/two year(s) ago'.)
Perspective of the child	The child's perspective on family life.	<ul style="list-style-type: none"> • Can you tell me something about your father? • What do you like the most about your father? • Can you tell me something about the rest of your family, your mother, brothers and sisters? • What do you like the most about your family?
Role modelling: Theory of social learning	The learning process of a child and what influences this process: <ul style="list-style-type: none"> - Norms and values child on 'good fatherhood' - Learning process 	<ul style="list-style-type: none"> • What did you learn from your father? • What did you learn about giving care to others (such as your little brothers and sisters) from your father?
Role modelling: Identification theory	Father identifies himself with different roles: <ul style="list-style-type: none"> • Teacher Father as a (good) teacher. • Provider of an income Time spend at work, time spend at family tasks. • Caregiver 	<ul style="list-style-type: none"> • What are your fathers tasks in the household? • Is your father doing more tasks in the family since he ended the program? • Did your father also do these tasks before the program? (If not: what tasks did he do before the program?) • How do you see your father more; as a teacher, provider of an income, caregiver, or as a combination of the things I said before, why?

	<p><i>Tasks on engagement</i></p> <ul style="list-style-type: none"> - playing - physical care tasks - Going on trips <p><i>Tasks on accessibility</i></p> <ul style="list-style-type: none"> - Time spend together - Emotional presence <p><i>Tasks on engagement</i></p> <ul style="list-style-type: none"> - Providing material support -Secure feeling 	<ul style="list-style-type: none"> • Was this the same before the program? (If no; how was it before the program?) • In what way is your father... • ... Playing with you? • ... Taking you on trips outside the house? (such as trips to the beach, to a playground) • ... Taking care of you? • ... Spending time with you? • ... Giving you a safe feeling at home? • ... Available if you have questions/ if you want to tell him what you did at school? • ... Giving you what you need?
Microsystem-Care*	<p>Interactions between:</p> <ul style="list-style-type: none"> • Child and father • Child and mother • Child and brothers & sisters 	<ul style="list-style-type: none"> • Who is taking care of whom in your family now? •Before the program? • Does your father... • ... Take care of you and your brothers and sisters? • ... Change diapers? • ... Put you in your bed? • ... Get you out of your bed? • ... Helps you with dressing up? • ... Prepare meals for you? • How was this before the program?
Mesosystem-Care*	<p>Interactions between:</p> <ul style="list-style-type: none"> • Father and mother • Brothers and sisters • Father and other children in family • Mother and other children in family 	<ul style="list-style-type: none"> • With whom do you go along well? With your father, mother, brothers or sisters, why? • Was this different before the program? (If yes, in what way?)
Exosystem-Care*	<p>Interactions between:</p> <ul style="list-style-type: none"> • Child, father and workplace father • Child, friends of father and father 	<ul style="list-style-type: none"> • Does your father have nice friends? Why (not)? • How often do you see your fathers friends, and what are they doing when you see them? • Does your father have a job? If yes; What do you think of your fathers' job? Does he like to go to his work?

<p>Macrosystem-Care*</p>	<p>Interactions between:</p> <ul style="list-style-type: none"> • Father and the community • Changing of norms and values on caregiving 	<ul style="list-style-type: none"> • What do you think that your community think of caregiving fathers (thus for example, what do your neighbours think)? • Do you think that the fathers of your friends are giving care to your friends in the same way as your father does? Why (not)? • What is, do you think, your fathers' opinion on caregiving? • Do you think he had a different opinion on caregiving before? Why?
<p>Role modelling: Theory of social learning</p>	<p>The learning process of a child and what influences this process:</p> <ul style="list-style-type: none"> - Norms and values child on 'good fatherhood' - Caregiving of future children 	<ul style="list-style-type: none"> • How do you think a 'good and caring' father behaves? • In what way does your father meet the criteria of a 'good and caring' father? • Did you see any differences in your fathers' behaviour after he finished the program? (If yes; can you give an example?) • If you had children of your own, how would you give care to them?
<p>Microsystem + role modelling</p>	<p>After finishing the drawing, the child will be asked what the drawing means, by doing this, the researcher gets a better understanding in the drawing and knows what the meaning is of different aspects of the drawing.</p>	<p><i>Children will be asked to draw how they see their family. When the drawing is finished, this drawing will be questioned as well with the following questions:</i></p> <ul style="list-style-type: none"> • Who did you draw? • What are the persons in your drawing doing? Why? Is that typical for your family? • Can you tell me why you drew this? • Would you make this drawing different if I had asked you to draw this before the program?

* Caregiving is defined as the role of 'caregiver' described by Summers et al. (2006). Caregiving is focusing on the following aspects: playing with a child, physical care tasks such as dressing the children, diapering, getting children out of bed, putting children into bed and feeding children. Also other care tasks will be measured such as: going on trips with children, spend time with children, providing material support, giving children a secure feeling and being present in an emotional way

Appendix 2

Table of demographics participants

	Maitland	Saldanha	Mfuleni	Nyanga	Total
Number of participants	4	2	5	5	16
Total of fathers children talked about	2	2	4	4	12
Number of interviews where father was present to comfort the child	2	1	0	0	3
Number of children that made a drawing	4	2	5	4	15
Interview took place in a community center	0	0	5	5	10
Interview took place at a child's home	2	2	0	0	4
Interview took place at a neighbours' home	2	0	0	0	2
Number of participants talking about a social father	0	1	0	5	6
Number of participants talking about a biological father	4	1	5	0	10
Boy	2	1	1	2	6
Girl	2	1	4	3	10
Age child: 4-8	4	1	2	3	10
Age child: 9-14	0	1	3	2	6

Appendix 3

Code Tree

Name	Sources	References	Created On	Created By	Modified On
Activities with MenCare family member	0	0	18-5-2016 10:17	S.W.	18-5-2016 10:17
Buying food	4	4	18-5-2016 10:58	S.W.	20-5-2016 14:04
Care tasks	13	50	18-5-2016 10:17	S.W.	20-5-2016 14:12
Helping with homework	5	6	18-5-2016 10:27	S.W.	20-5-2016 14:06
Household activities	12	22	18-5-2016 10:28	S.W.	20-5-2016 14:02
Playing	13	22	18-5-2016 10:17	S.W.	20-5-2016 14:08
Questions	10	16	18-5-2016 10:17	S.W.	20-5-2016 14:10
Safety	8	9	18-5-2016 10:18	S.W.	20-5-2016 14:09
Spending time	11	15	18-5-2016 11:14	S.W.	20-5-2016 14:08
Trips	12	21	18-5-2016 10:17	S.W.	20-5-2016 14:07
What you need	8	8	18-5-2016 12:44	S.W.	20-5-2016 12:43
Changes father	1	2	18-5-2016 9:15	S.W.	18-5-2016 9:19
Care tasks	9	24	18-5-2016 9:16	S.W.	20-5-2016 14:39
Changes in behaviour	10	24	18-5-2016 9:18	S.W.	20-5-2016 14:39
Household	12	26	18-5-2016 9:17	S.W.	20-5-2016 14:27
Other changes	9	24	18-5-2016 9:16	S.W.	20-5-2016 14:40
Presence	4	11	18-5-2016 11:57	S.W.	19-5-2016 14:08
Child's family in future	12	17	18-5-2016 10:23	S.W.	20-5-2016 14:40
Description family	14	35	18-5-2016 9:20	S.W.	20-5-2016 14:20
Care tasks within family	8	12	18-5-2016 10:30	S.W.	20-5-2016 14:25
Description family member MenCare	13	28	18-5-2016 9:20	S.W.	20-5-2016 13:54
Caregiver, teacher or provider	12	15	18-5-2016 10:24	S.W.	20-5-2016 14:04
Opinion on caregiving	9	14	18-5-2016 10:36	S.W.	20-5-2016 14:28
Work	12	19	18-5-2016 10:33	S.W.	20-5-2016 14:24

Drawing	0	0	18-5-2016 10:28	S.W.	18-5-2016 10:28
Different before MenCare	10	11	18-5-2016 10:29	S.W.	20-5-2016 14:42
Explanation drawing	13	14	18-5-2016 10:29	S.W.	20-5-2016 14:42
Father participated MenCare	14	16	18-5-2016 9:15	S.W.	20-5-2016 13:52
Ideal father	10	15	18-5-2016 10:23	S.W.	20-5-2016 14:38
Learning	0	0	18-5-2016 10:20	S.W.	18-5-2016 10:20
About care	11	13	18-5-2016 10:20	S.W.	20-5-2016 13:59
Other	12	18	18-5-2016 10:20	S.W.	20-5-2016 14:06
Surrounding of the child	0	0	18-5-2016 9:21	S.W.	18-5-2016 9:21
Community	1	1	18-5-2016 10:14	S.W.	19-5-2016 15:06
Friends	11	27	18-5-2016 10:15	S.W.	20-5-2016 14:26
Neighbours	11	13	18-5-2016 10:14	S.W.	20-5-2016 14:25