An exploration of parental connection and the human capability of emotion in the first 1000 days of life

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Abstract

Emotions play an important part in our well-being and connections with others. It contributes to the connection between the caregiver and the baby in the first 1000 days. Experiences provided through the interactions between the caregiver and the baby impact the baby's emotional and brain development. It creates mental pictures in babies' brains, which may influence their sense of self-worth and their perceptions about the trustworthiness of other people. Parents' quality of care may affect the baby's social, emotional, and intellectual development. Since connectedness with the baby is an essential aspect of parenting, this study explores the human capability of emotion and its contribution to connectedness with the baby in the first 1000 days of life.

A qualitative research method was utilised in this study. Qualitative research allowed the researcher to gather in-depth insight into parents' emotions and emotional experiences. An explorative research methodology approach was utilised in the study. This methodology explores new areas of research where the literature is scant. A semi-structured interview schedule was employed, and twenty-one interviews were transcribed and coded using Atlas. Ti. Thematic analysis was utilised to identify the major themes.

This study explored the emotions that parents experience and their connection with the baby. Permission to undertake this study was granted by the Ethics Committee of the University of Western Cape. The findings of this study indicated that parents expressed a desire to have a close attachment and bond with their babies. The data revealed that parents found it difficult to express their emotions to other people difficult. This is because many participants grew up in households where they could not express their emotions. It is evident in the data that their parents were not

very expressive about their emotions towards them. How their parents behaved towards them contributed to their emotional development.

Keywords

First 1000 days

Human capabilities

Emotion

The capability of emotion

Emotional intelligence

Parenting

Parenting styles

Responsiveness

Attachment

Attachment theory

Declaration

I, Chalmaine Marshall, hereby declare that this thesis, *An exploration of parental connection and the human capability of emotion in the first 1000 days of life,* is my own work and that it has not been previously submitted for any degree or examination in any other university. All the sources used in this thesis have been acknowledged in the text and the reference list.

Chalmaine C. Marshall

Signature: Date: November 2022

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To God be all the Glory!

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CHAPTER 1

INTRODUCTION

1.1 Background

Human beings are dependent on other human beings to survive physically and emotionally. In the first 1000 days of life, an infant is at its most vulnerable physically and emotionally as they depend on the care provided by another human being. As social beings, babies learn what it is to be fully human by observing others. Humans thrive in an environment of love and care. For infants to thrive, they require all physical and emotional needs to be met. In an ideal world, all humans would prosper. However, social circumstances are not always conducive for optimal human development. Parents are role-model to their babies as they are their first teachers. How parents act and react affects the baby, especially when faced with adverse circumstances. How parents raise their children plays a significant role in whom they become and may influence how infants respond to caregiving.

Capabilities are parents' options and opportunities to live full and fulfilling lives (Nussbaum, 2011). When parents are constraint in their capability development, they are restraint in their humanity (Nussbaum, 2013). It affects their development as human beings and their well-being. In addition, it may affect how they respond and relate to others, including the baby, in the first 1000 days. If parents do not receive the love and care needed to thrive emotionally, it may affect their capability of emotion (Bowlby, 1969; Schore, 2016).

Emotions play an important part in what makes us uniquely human. The capability of emotion is the ability to experience a range of emotions and effectively express these emotions. How parents express their emotions, display love and care affect a baby's emotional development.

Exploring the impact of the emotions of parents on emotional development and the connection with the baby is important. How parents respond in caregiving directly affects the baby's social and emotional development.

The aim of this study is to explore the emotions that parents experience in caregiving and to enquire how these emotions may contribute to their connection with the baby in the first 1000 days. The parents as caregivers may experience and express emotions in a particular way. Some parents may feel uncomfortable expressing their emotions and displaying affection, which may influence their connection with their baby. Studies reveal that the emotional connections between parents and their infants influence the connection with the baby. The emotional connections between the caregiver and the baby have been proven to promote and shape a baby's brain development. In addition, the emotional connection directly impacts the baby's brain development as it creates mental pictures in the baby's brain, which may influence their sense of self-worth and perceptions about other people's trustworthiness. Similarly, parents' quality of care affects the baby's social, emotional, and even intellectual development. Since emotional connection with the baby is such an essential aspect of parenting, this study aims to explore whether parents have the capability to connect emotionally with their babies during caregiving in the first 1000 days.

1.2 Role of emotions

Emotions are universal and play an essential part in cognition, decision-making, and determining human behaviour (Berridge, 2018). In addition, it shapes individuals' past and present behaviour and may also shape who they become. The range and degree of emotions people can experience, express and display are wide and varied. Emotions can be positive feelings such as love, joy, and excitement or negative feelings such as jealousy, guilt and shame. Feelings are outward

manifestations of inward emotions. In other words, feelings are more overt in that it is an outward manifestation of an internal experience. These inner experiences are our emotions. Emotions can be conscious or subconscious feelings. Each parent may respond and react differently to the emotions that they can experience (Berridge, 2018). How parents learn to express and respond to emotions could be referred to as their emotional maturity (Nussbaum, 2011). Emotional maturity is the ability to be connected to their feelings and to be able to express them in a positive manner (Nussbaum, 2013). The ability to show and express positive emotions to the baby is essential for parents in caregiving, as it facilitates connection with the baby in the first 1000 days.

1.3 The first 1000 days

The first 1000 days roughly represent the space of time from conception until the baby's second birthday (World Health Organization, 2016). It is a time of rapid brain growth where external environmental factors and social experiences may have far-reaching implications for the baby's social, emotional and intellectual development. The gene potential of the baby is at its most malleable in this time frame (Schore, 2012). Social and emotional environmental experiences may promote or severely hamper the baby's progress. To a large extent, the parents determine the influences and experiences the baby will be exposed to. Moreover, the environment parents or caregivers create and the emotional and nurturing care they provide influence the baby's development.

From the moment of conception, external and environmental factors have an impact on the baby's development. For example, what the mother experiences during pregnancy, her health and emotional well-being may impact her baby. Environmental factors and social support structures also affect how the mother reacts in caregiving. When a mother experiences trauma or

toxic stress over an extended period, it may expose the baby to high levels of cortisol which may alter and affect the synaptic brain connections of the baby (Gerhardt, 2015). The mother's emotions may impact the baby's development during pregnancy as much as the nutrition she consumes (Richter, 2015). Therefore, ensuring the expectant mother's mental and physical well-being is imperative. Research shows that the father's role in supporting the expectant mother is significant during pregnancy (Gerhardt, 2015).

1.4 Parental support and the impact on the emotional development of the baby

Parental care's influence becomes even greater after the baby's birth. Richter (2015) asserts that loving care is as vital for emotional development as nutrition is to the body in the first 1000 days. Emotional development and health play an important role in human development. It contributes to personal development and may eventually contribute to the social cohesion of a nation. Babies who experience well-being and stability grow up to be more stable individuals. Research findings have determined that an individual's earliest experiences shape whom they become in the future (World Health Organization, 2016). Studies have also confirmed that if babies do not receive all the support they need over a period, it may negatively impact their personal development and contribution to society and economic growth in the future (Schore, 2012; Richter, 2015).

These aspects of human behaviour (emotions and connectedness) must be explored. It can shed light on the emotions that parents experience and express in caregiving. It may highlight challenges that need support and intervention. Overcoming challenges and supporting parents may be an important aspect of social development. Since emotions and connection remain important aspects of caregiving, it stands to reason that this study should focus on these aspects of human development. Understanding these aspects may provide valuable insights into the well-

being of caregivers. Since the parent's well-being directly impacts the baby's development, exploring the capability of emotion and the parent's responsiveness as the caregiver must receive the necessary attention. Exploring the parent's capability as a caregiver to make emotional connections with the baby may contribute to the social and emotional development of the baby in general. Therefore, the emotions that the caregivers can express in caregiving may not only influence the connectedness with the baby but may also influence the social and emotional development of the baby.

Moreover, exploring this connection may further our understanding of the emotional and social challenges that impact the caregiver's well-being and the impact on the connection with the baby in the first 1000 days. In other words, it may contribute to our understanding of the emotional challenges of parents and factors that may affect the connection with the baby in the first 1000 days. It may provide information on the connection between the caregiver and the baby. Based on the information, predictions can be made about the impact thereof on the baby later in life. In addition, this study may also provide insight into the emotions that parents experience and how they may affect their connections. It may contribute to our understanding of the role of emotions and connectedness in well-being and human development.

Globally, research has indicated that there seems to be an increase in the social and emotional problems experienced by people (WHO, 2016). Generally, a decline in well-being has been linked to an accompanying rise in stress levels, suicide rates, criminality, and mental illnesses, as well as increases in other social problems. Issues arising from a lack of well-being come at a tremendous cost for governments to remediate (Richter, 2015). Remediating these issues continues to put a strain on governmental resources. Consequently, this is cause for grave concern regarding a country's social and economic development (Ilifa Labantwana, 2012).

South Africa is no exception to this global trend in the rise of social problems linked to increased emotional instability and mental health issues. Despite governmental intervention through the implementation of policies and funding as a means of improving social cohesion and quality education for all, problems like unsatisfactory learner scholastic performance as well as high drop-out rates from schools, continue to be a reality (Department of Social Development: Annual Performance Plan, 2019/20). These social problems increase due to the emotional problems that people experience.

As individuals' earliest relationships influence their attachment with others, exploring the connection and attachment process in caregiving in the first 1000 days is vital in establishing an understanding of connection with others (Schore, 2011). Exploring the connection and attachment between the caregiver and the baby in the first 1000 days may shed more light on understanding these matters.

Since the parent's emotional connections with the baby directly influence the baby's emotional development in the first 1000 days, these aspects were explored in this study. This study aimed to explore the human capability of emotion and its contribution to connectedness with the baby in caregiving. The aim is also to explore if parents can connect emotionally with the baby in the first 1000 days.

1.5 Motivation for the study

Every child deserves the right to a good start in life. A good start is necessary to ensure healthy development and to improve their chance for success in later life. The environment in which they advance and how they are raised determines to a large extent, the attachment and trust that they may develop with others. The quality of care provided by the parent determines the attachment

bond that develops with the baby (Schore, 2016). The emotional connections facilitate the attachment process that the parent can make with the baby. When parents display loving care and are emotionally attuned to their babies, it strengthens the attachment bond. Emotional attunement requires the parent to respond appropriately and timeously to the baby's emotional and physical needs. Appropriate responsiveness by the parent may contribute to the emotional health and well-being of the baby. It may contribute to positive self-esteem and confidence in babies (Steward, 2013). Confident babies will explore more, which may influence and strengthen the ability of the baby to learn (Ilifa Labantwana, 2012). This, in turn, may contribute to the future success of the baby (Hoffman & Metz, 2017; Richter, 2015). How parents respond in caregiving may contribute to the personal development of the baby but also to the social and economic development of a nation (Hoffman & Metz, 2017). Researchers (Schore, Richter and others) provide information on the importance of forming emotional connections with the baby. However, very little is known about the ability of parents to make emotional connections with the baby.

1.6 Problem statement

Good parenting requires parents to be emotionally capable (Schore, 2018; Richter, 2015). Parents should be able to display love and respond with care in their interaction with the baby (Richter, 2015). Many parents may lack the capability to express emotions. Exploring the emotions that parents experience and can express may contribute to the understanding of the capability of the emotion of parents. If parents are not able to connect emotionally with the baby, it may have a negative influence on the baby's development. It may constrain the emotional and intellectual development of the baby. This constraint, in turn, may be counter-productive to social cohesion and economic development (Hoffman & Metz, 2017). Therefore, this study

aimed to explore the human capability of emotion and its contribution to connectedness with the baby in the first 1000 days of life.

1.7 Theoretical framework

The Human Capability Approach and the Attachment theory will be explored for their insights into emotions and connectedness. The Human Capability Approach recognises the importance of the capability of emotion for well-being. Attachment theory elaborates on the significance of connectedness and its contribution to emotional development. Since both of these variables will be explored in this study, two theories will be used.

1.7.1 Attachment Theory

Exploring the Attachment theory will provide insights into the importance of the connection between the caregiver and the baby. Attachment is a psychological bond of dependence and trust that connects people emotionally (Bowlby, 1969). Attachment theory states that the baby's attachment to at least one primary caregiver is essential for the baby's development. The quality of the attachment relationship between the caregiver and baby shapes the ability of the baby to communicate with the caregiver and others (Bowlby 1982). Where love and trust are evident in caregiving, it leads to secure attachment between the caregiver and the baby (Richter, 2015). Secure attachment leads to the establishment of trust in others. Later in life, it also influences how the baby connects and communicates with other human beings (Schore, 2012). However, when parents cannot display love and affection to the baby, it may lead to an insecure attachment. Insecure attachment denotes a relationship where the attachment bond is marred by fear (Bowlby, 1969). It may open the baby to several social and emotional dysfunctions in later life (Schore, 2019). In other words, how the parents can relate to the baby significantly impacts

the baby's social, emotional and intellectual development. Secure attachment may, therefore, contribute to emotionally healthy individuals growing up. Emotionally healthy individuals, in turn, may contribute to social cohesion and economic growth (World Health Organization, 2016; Hoffman & Metz, 2017).

1.7.2 The Capability Approach

According to the Capability Approach, all human capabilities are essential and should be developed (Nussbaum, 2011). The capability of emotion refers to the ability of the parent to experience, understand and express a range of emotions adequately (Nussbaum, 2006). Nussbaum asserts that understanding a parent's attachment history may shed some light on their emotional development in adult life (Nussbaum, 2001). The researcher believes emotions are outflows of people's interpretations of past experiences (Nussbaum, 2011). The history of the attachment experiences of the parents may have implications for their attachment to their babies (Anand et al., 2009). Anand et al. (2009) concludes that when any capability is not adequately developed, it affects the person's well-being and actions. As the level of capability development and well-being are positively correlated, if the capability of emotion is not fully developed, it may influence how the parents feel and possibly respond to the baby.

1.8 Research questions

1. What is the capability of emotion, and how is it displayed in caregiving in the first 1000 days?
2. What is connectedness, and why is it essential in parenting in the first 1000 days?
3. What emotions do parents experience and express in caregiving?

4. How are parents able to express emotion and make emotional connections with their babies?

1.9 Aims and Objectives

1.9.1 Aim

This study explores the human capability of emotion and its contribution to connectedness with the baby in the first 1000 days of life.

1.9.2 Objectives

The objectives of the study are to:

1. Explore participant understanding, experience and application of the capability of emotion in caregiving in the first 1000 days;
2. Explore the importance of the human capability of emotion, emotional responsiveness and connectedness within the first 1000 days;
3. Explore the human capability of emotion (according to Nussbaum) and how parents express it in caregiving and
4. Explore how parents can display emotion and connect with their babies.

1.10 Research Methodology

The methodology for this study was a qualitative exploratory approach. This is a form of research exploring the participants' accounts of meaning, experiences and perceptions. The exploratory methodology is useful for exploring fields in which very scant literature is available, as it provides the foundation for future studies. This approach allowed for an in-depth

exploration of parents' emotions and their contribution to connectedness with the baby. A purposive and homogeneous sampling was utilised in this study.

Since the focus of this study was to explore the capability of the emotion of parents, parents of babies in the first 1000 days were selected to participate in this study. This included parents, both women and men, as well as pregnant mothers of babies in the first 1000 days. Twenty-two participants from the Western Cape consented to this study. Due to a spoiled recording, only twenty-one interviews formed part of the final dataset. The sample comprised of thirteen mothers, five fathers and three pregnant women. Moreover, interviews were conducted face-to-face with participants. Due to the Coronavirus (Covid-19) pandemic, interviews were conducted under stringent safety conditions. For example, social distance was observed, and protocols regarding masks and sanitisation were followed. A semi-structured interview guide was used for the data collection, and the interviews took place at the participants' residences. The interviews were audio recorded subject to permission granted by the participants. Interviews were completed in a private and quiet setting. The raw data was transcribed and verified for correctness. The data was then analysed, and the emerging information was translated into themes and sub-themes.

1.11 Significance of the Study

The outcomes of this study could be beneficial for furthering the understanding of the emotions that parents experience in caregiving. This study explores the capability of the emotion of the parents and may further the understanding of the parent's ability to display and express emotions. The capability of emotion plays an important role in connecting with the baby. Understanding the emotions and connections of the parents may highlight some of the challenges that parents experience. It may also further the understanding of how capable parents are of

expressing emotions and making emotional connections with the baby in the first 1000 days. The emotions parents can display and express in caregiving may contribute to the baby's emotional development. Exploring emotions and connections may broaden the understanding of parents' challenges. It may also contribute to understanding their ability to connect with the baby in the first 1000 days. The vitally important role that the caregiver plays in the baby's emotional development makes this an area that may require more governmental intervention. Emotional well-being may contribute to the social cohesion of a nation. The role that the parent as caregiver plays in the baby's emotional development demands the involvement of the government and society to support parents in caregiving.

The parents' role in caregiving is crucial. Not all parents may be capable of expressing emotions effectively. Empirical research evidence is readily available, supporting the importance of parents' emotional connections with their babies. However, limited information is available about the parents' ability to display emotions and how they can make emotional connections with the baby. Acquiring this information may further our understanding of parenting in general. It may reveal some challenges as well as highlight some areas in need of development and further support. According to Nussbaum (2011), investing in the capabilities of adults is not only a matter of justice and dignity, but it also has major implications for the development of capabilities in babies. It also has implications for the development of society as a whole. Therefore, understanding parents' emotional capability may identify an area of research and social development that may require more support for further development.

The outcome of this study may provide us with an understanding of the challenges parents face in caregiving. It may also provide some insights into the ability of parents to connect with their babies. Since this study will also provide insight into the impact of social factors influencing

parents' emotions, it may provide social and emotional challenges that parents experience and highlight the need for further governmental intervention.

1.12 Definitions of terms

Human Capabilities are what a person can do or be. It refers to the set of options one has available to choose from (Nussbaum, 2008).

Emotions are a complex state of feeling that results in physical and psychological changes that influence thought and behaviour. Emotion includes the ability to experience emotions and live in relationships with others (Nussbaum, 2011).

The capability of Emotions includes the ability to experience emotions and to live in relationships with others (Nussbaum, 2011). Emotions are part of the creature's reasoning. Therefore emotional well-being is essential for effective functioning. (Nussbaum, 2013)

Connectedness: Being attached to other things and people outside oneself, loving and caring for them (Nussbaum, 2008).

Responsiveness: Being able to associate with others, live with them and act for them. Showing concern for people in general and interacting with others. Having sympathy, compassion, and acting to help people (Nussbaum, 2000).

Attachment: A lasting "psychological connectedness between human beings" (Bowlby, 1969)

Attachment theory states that a secure emotional and physical attachment to at least one primary caregiver is critical to personal development (Bowlby, 1969).

First 1000 days: It is the period from conception until the end of a baby's second birthday (UNICEF, 2017).

Parenting: This is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting refers to the intricacies of raising a child and not exclusively to the biological relationship (Makusha & Richter, 2018).

Parenting styles: It is a psychological construct representing standard strategies parents use in their child-rearing (Mayurie, Divya & Kiran, 2017). The quality of parenting can be more significant than the quantity of time spent with the child. Parenting styles represent how parents respond to and make demands on their children (Mayurie, Divya & Kiran, 2017).

1.13 Outline of chapters

CHAPTER ONE

The introduction of the study provides an overview of the thesis. It focuses on the motivation for this study, the aims, objectives, and the methodology used.

CHAPTER TWO

This chapter focuses on the theoretical frameworks of the Attachment Theory and the Human Capability Approach, which guided this study. The main propositions of these studies will be examined in light of current perspectives on these topics. The implications for parenting and caregiving in the first 1000 days will be explored in light of these two theories.

This chapter provides an overview of the extant literature on

CHAPTER THREE

emotions and connections in the first 1000 days of infant life. Moreover, it comprises a discussion on the Attachment theory and the Human Capability approach. It focuses on the caregiver's important role in the baby's development. It explores the implications of these theories and the importance of the ability of the caregiver to make emotional connections with the baby in the first 1000 days.

CHAPTER FOUR

The methodological aspects of the study will be discussed in this chapter. It outlines the research question, aims and objectives of the study. It describes the data collection tools, interview, and data analysis process. Aspects of self-reflexivity, trustworthiness and ethical considerations are also described in this chapter. Reference is also made to how the study was conducted concerning ethical considerations. Ethical considerations such as permission to conduct the study, informed parental consent, credibility, and the right to anonymity were adhered to.

CHAPTER FIVE

In this chapter, the findings of the data were presented and discussed. In it, references were made to the study participants, as well as discussions and graphic representations of the themes and the sub-themes. Inferences were drawn from the

information yielded by the data.

CHAPTER SIX

This chapter will summarise and conclude this research study. It discussed the data findings concerning the aims and objectives of the study. It alludes to this study's limitations and provides recommendations regarding policymaking and support needed to promote effective parenting skills in caregiving.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction

This chapter explores a theoretical framework for the understanding of emotions and connection. The chapter focuses on the theoretical framework that conceptualised this study. This paper explores the emotional capability that the parents have. It also explores the importance of parents as caregivers making emotional connections with the baby in the first 1000 days of life. Exploring the capability of the primary caregiver to show emotions and make emotional connections with the baby is an important element of investigation in this paper. Therefore, this chapter provides a theoretical basis for understanding the emotions that parents experience and can express in the caregiving process.

The quality of the interactions between the primary caregiver and the baby affects the connection process. Exploring the Attachment theory may shed more light on the understanding of attachment in caregiving and its role in the emotional and social development of the baby. The Capability Approach provides a conceptual framework for exploring the capability of emotion and its contribution to well-being. In this chapter, both the Human Capability approach and the Attachment theory will be explored to provide insights and a theoretical basis for understanding of emotions and connection and their role in caregiving in the first 1000 days.

Exploring this information will contribute to understanding the significance of the connection between the caregiver and the baby in the first 1000 days of life. It will also provide a theoretical framework for understanding and analysing the data yielded by the qualitative research of this study.

From conception and throughout the first 1000 days, there is a dynamic link between the caregiver and the baby. The emotions that the pregnant mothers experience has an effect on the baby in the womb. Since the emotions that mothers experience during pregnancy influence the baby's development, it is also necessary to explore the emotions of pregnant women. Therefore, this chapter will explore two theories to gain more insight into the parents' emotions in the first 1000 days and the impact on the baby's development. Following this will be an exploration of both theories.

2.2 Attachment Theory

Exploring how the caregiver can connect and respond to the baby is central to the investigation of this paper. Connection and responsiveness are explored in terms of the Attachment theory. This theory originated with John Bowlby in 1969. Bowlby studied children in orphanages and observed the damaging effect that a lack of emotional connection with a primary caregiver had on these babies. Attachment refers to the emotional bond and connection that develops between the primary caregiver and the baby (Bowlby, 1969). As mentioned, the Attachment theory provides insights into the development of the attachment bond. The theory explores the influence of connection on the baby's emotional development. The Attachment theory provides insight into how attachment happens and why it is important. Attachment is important for the baby's development as it may shape their identity. Therefore, in this study, the Attachment Theory is explored for its contribution to the baby's emotional development.

2.2.1 The Development of Attachment

This research paper is central to exploring how the caregiver can connect to the baby, as the connection is affected by the responsiveness of the caregiver. Both connection and responsiveness will be explored in terms of the Attachment theory. The Attachment theory states

that attachment to at least one primary caregiver is extremely important for the baby's emotional development (Bowlby, 1969). How the caregiver responds to the baby in the first 1000 days influences the attachment bond (Richter, 2015). The emotions that the caregiver can display through their actions, tone of voice and expression influence and affect the baby. Respectively, the emotions of the baby affect the caregiver. Moreover, the quality of the attachment relationship between the caregiver and the baby influences the connection established. The caregiver's care shapes the baby's ability to connect to the caregiver (Bowlby, 1982).

Researchers have identified four attachment styles that the baby may develop with the caregiver (Ainsworth & Bell, 1970). Only one of these is a secure attachment, and the other three can be categorised as insecure attachment styles (Ainsworth & Bell, 1970). If the attachment is secure, it establishes trust for the baby in the caregiver. In addition, it also leads to trust in other people for the baby (Schore, 2012). The interactions between the caregiver and the baby affect the baby's brain development as it forms a mental framework (schemata) in the baby's brain. It subconsciously becomes a framework for referencing future events. Later in life, it also influences how the baby connects and communicates with other human beings (Schore, 2012).

2.2.2 Emotional Development

How the parents can relate to the baby significantly impacts the baby's social, emotional and psychological development. The influence of attachment may eventually affect the baby's intellectual development (Gerhardt, 2015). A baby who is attached to a caregiver will explore more which may result in them learning more. Therefore, understanding the parents' emotions as caregivers is essential because it determines how the parents can respond and connect with the baby. When parents cannot display love and affection to the baby, it may lead to an insecure attachment. Insecure attachment may open the baby to several social and emotional dysfunctions

in later life. Loving and responsive care by the parents as caregivers will establish a secure attachment bond (Richter, 2015). Secure attachment contributes to the emotional health of babies. Emotional health plays an essential role in the baby's development and progress in the future. Emotionally healthy individuals may eventually contribute to social cohesion and the economic growth of society (Lancet, 2016). Therefore, understanding the emotions that the parents as caregivers experience and can display is essential. The parent's actions as a caregiver directly influence the baby's emotional, social and intellectual development (Lancet, 2016).

2.2.3 Development of the Attachment Theory

Recent scientific evidence has led to advancements in the original ideas of Bowlby on attachment. Due to the acquisition of new information based on neurological evidence, the original Attachment theory has evolved significantly. Since the origin of Bowlby's original theory (1969), there have been shifts in the understanding of human development and the connection between caregivers and babies. A shift occurred in the focus of the Attachment Theory. In earlier years, the focus on understanding human development and connection was based on understanding physiological needs (Skinner, 1953). A later shift focused on the importance of understanding cognitive processes. Jean Piaget's theory of Cognitive Development exemplifies this stage. However, the research findings in the 1990s in the field of neurology proved the direct link between brain development and emotional development (Schore, 2012).

The evidence supported and strengthened John Bowlby's original ideas. This led to a shift in understanding the origin of the development of an attachment bond between the caregiver and baby. The importance of the primary caregiver's role in strengthening the connection with the baby could now be scientifically verified (Schore, 2012). This new evidence confirmed the

importance of the caregiver's role in the first 1000 days. The emphasis on the crucial role that the caregiver plays in caregiving became even more profound than was initially anticipated (Schore & Marks-Tarlow, 2018).

The initial focus shifted from understanding the importance of emotions in caregiving to understanding the primary caregiver's critical role in shaping the brain and directing the baby's emotions (Schore, 2012). Regulation refers to the influence the caregiver exerts over the baby's emotions. In other words, in the first year of life, the caregiver has direct control over the baby's emotional development. This process is called "emotional regulation". Emotional regulation refers to the process whereby the caregiver actively and directly influences the emotional states of the baby (Schore, 2012). To be effective in caregiving, the caregiver has to have the emotional capability to regulate the baby's emotions effectively. The caregiver is influential in regulating the baby's emotional states and development in the first year of life. The emotions and actions that the primary caregiver displays in the first 1000 days directly affect the attachment and emotional development of the baby.

2.2.4 Attachment Theory and Emotional Regulation

During pregnancy, the mother's emotions influence the baby's brain development (Schore, 2012). Parents as caregivers face numerous challenges which may cause stress. Continual exposure to high-stress levels is called toxic stress (Schore, 2012). When stress is experienced, cortisol levels rise. Toxic stress in pregnancy impacts the brain development of the baby. This occurs through the hormones released by the mother in response to stress, which impacts brain development.

Proven by scientific evidence, brain development is no longer seen as exclusively a function of the genetic potential of the baby in the first 1000 days. In recent studies, it has become clear that social experiences play an essential role in influencing the baby's genetic material. The social experiences the baby is exposed to affect and shape the baby's genetic material directly. Concerning this process, Schore (2012) concludes in his research that the brain development of the baby was directly affected by social experiences provided by the primary caregiver. In other words, scientific evidence has confirmed that the development of mental abilities and emotional disposition can be attributed to genetics and social experiences. Power to affect is no longer exclusively in the domain of genetics. Rather, social experiences significantly shape and affect a baby's genetic makeup.

2.2.5 Attachment and Emotional Development

The interactions the baby is exposed to play a direct role in brain development (Richter, 2015). Schore (2012) declared that both "nature and nurture" contribute to the development of human nature (Schore 2008, 2012). The brain's right hemisphere, which is the centre of emotional development, plays a central role in a baby's development in the first 1000 days. Since emotional development is central to all aspects of the baby's development, care must be taken to ensure the healthy development of the capability of emotion in the baby.

As mentioned, Bowlby's original Attachment theory has been strengthened due to the acquisition of concrete scientific evidence (Schore, 2012). Adaptations to Bowlby's original ideas around attachment have been strengthened based on supporting neurological research evidence (Schore, 2012). The original Attachment theory became known as the Modern Attachment theory. Attachment to the primary caregiver is central to the "Modern Attachment theory". However, the importance of the role of the caregiver is viewed not only in connecting with the baby but also in

actively stabilising and regulating the baby's emotions, especially in the first year of life. This emphasises the importance of the caregiver's role in the baby's emotional development, which has been strengthened through the acquisition of supporting scientific evidence. The Modern Attachment theory focuses on the caregiver-baby relationship and the caregiver's role in regulating the baby's emotions. The role of regulating the baby's emotions through appropriate emotional responses and actions of the primary caregiver is a central aspect of regulation and attachment in the first year of life (Schore & Schore, 2008). Moreover, it contributes to the brain development as well as the emotional development of the baby in the first 1000 days.

2.2.6 Attachment Theory and Caregiving

The role of the caregiver is viewed as central in regulating the baby's emotions and influencing the baby's emotional development. The regulation process includes calming the baby when there is distress, or it may be functional in stimulating heightened emotions, such as joy in the baby. Both forms of stimulation for the baby (soothing and elation) are essential as it develops different parts of the baby's brain (Schore, 2012). In other words, these "regulation" processes directly affect a baby's brain development (Schore, 2012).

2.2.6.1 The Role of the Caregiver

The role of the caregiver in the emotional regulation and development of the baby is essential. Having the necessary emotional capability is essential for a caregiver in the caregiving process in the first 1000 days. To be effective, the caregiver must be sensitive to the baby's needs and be able to meet these emotional and physical needs appropriately and timeously (Richter, 2015). Furthermore, emotional regulation is believed to be crucial, especially in the first year after birth (Schore, 2012; Taipale, 2016). However, even after the first year, the caregiver's role in meeting

the baby's emotional needs remain crucial. The caregiver continues to play an essential role in the baby's emotional development in the first 1000 days.

In meeting the baby's needs effectively, the caregiver directly regulates the baby's emotions. Moreover, adequately meeting the baby's needs during this process may promote a secure attachment style in the baby. A secure attachment style in the baby contributes significantly to positive self-esteem and healthy emotional development. Secure attachment, in turn, contributes to developing the capability of the baby's emotions. Therefore, the quality of the attachment relationship may directly shape the ability of the baby to connect and communicate with the caregiver.

2.2.7 Relevance of this Study

According to Allan Schore (developmental neuroscientist) in his book, "Affect Regulation and the Origin of the Self" (2008), the caregiver is described as someone who must be emotionally capable of understanding the baby's needs. The caregiver must also respond appropriately to these needs (Schore, 2012; Taipale, 2016). In addition, this process of meeting the baby's emotional needs is seen as the main task of the caregiver in the caregiving relationship, especially in the first year of life (Schore, 2012). Its purpose is to establish a mutual bond which is secure between the primary caregiver and the baby (Schore 2012). As mentioned previously, the attachment relationship can shape how the baby communicates (and connects) with the primary caregiver and other human beings throughout their lives (Schore & Schore, 2008). The emotions and the well-being of the caregiver impact their emotions and the behaviour towards the baby in caregiving. Responding appropriately to the baby's needs is an important aspect of caregiving (Richter, 2015). Since establishing a secure attachment bond is of great importance

for the baby's emotional development, caregiving requires caregivers who can connect emotionally with their babies in the first 1000 days of life.

Following in this chapter will be information on the Capability Theory. The Capability theory discusses the role and significance of the capability of the emotion of parents. Exploring this theory will highlight the importance of the Capability Theory for this study.

2.3 The Capability Theory

The Capability Theory was developed as a framework to measure economic growth in the context of social development. As a theory, it caused a shift in the paradigm for understanding the economic progression of a nation. It shifted the criteria for the progress of a nation from capital growth to human growth and development (Robeyns, 2016). The economic progress of a nation was not measured in monetary terms but against the citizens' well-being. Instead of per capita income growth, the focus shifted to the individual, their well-being and their ability to flourish (Nussbaum, 2000). The Capability Approach created a shift in the understanding of how the progress of a nation was measured.

The Capability theory provided an outline for the measurement of the economic progress of a nation in terms of "human capital". In essence, it was not purely a theory of human development but instead provided an outline for measuring functional human growth and economic progress (Robeyns, 2016). Since the Capability Theory was not strictly a theory of human development, it was referred to as the Capability Approach. In other words, the Capability Approach redefined the criteria for determining the economic progress of a nation (Nussbaum, 2000). As the criteria for economic progress, it emphasised the importance of human development. In addition, it focuses on the various options and opportunities available for people to live their lives the way

they choose. Robeyns (2016) confirms that the focus of the Capability Approach was on human development instead of per capita income (Robeyns, 2016). Martha Nussbaum extended the original ideas of Amatye Sen. Nussbaum streamlined the Capability Approach by outlining the criteria for measuring well-being. She advocated the original ideas of Sen but extended them by outlining the criteria for the measurement of well-being. Sen advocated that the development of capabilities was essential for all human beings. To outline the criteria for measurement of economic progress, Nussbaum identified ten human capabilities which, she believed, were essential for effective living (Nussbaum, 2000). To level the playground for all people, the Capability Approach placed the responsibility for capability development on the government and other social institutions, such as the family (Nussbaum, 2000). According to Nussbaum, all human capabilities are essential for living functional and productive lives and should, therefore, be developed for all people, including parents as caregivers (Nussbaum, 2000). Moreover, the well-being of the parents is important because they play such an important role in the baby's physical, social and emotional development.

The capabilities that people have allowed them to live lives in which they have the freedom to make choices (Nussbaum, 2011). Having capabilities empower parents to have the personal skills and the opportunities to live effectively. Having all capabilities will empower parents to make life choices best suited to their situation (Nussbaum, 2000). They will, in turn, contribute towards the capability development of their children (Nussbaum, 2011). Parents' options may come from various opportunities available in all spheres of their lives (Nussbaum, 2012). The capabilities that they have may affect the choices that they make in their lives. It may affect how they feel and act. It may affect how they give expression to their emotions. Furthermore, the choices that the parent, as the primary caregiver, may affect their emotions. How they give

expression to their emotions may affect the baby. Therefore, having all the capabilities contribute to the right of the caregiver as an individual to live autonomously and achieve self-efficacy (Nussbaum, 2012). For parents having options and opportunities may empower them to live their lives more effectively and in the way they choose. It allows for autonomy as it places the caregiver in a position of freedom where they have control over their lives. They can, therefore, be more effective in living and caregiving (Robeyns, 2016). This, in effect, may contribute to their well-being. In addition, it also affects their feelings and how they can connect with other people, including the baby, in the first 1000 days.

According to the Capability Approach, a prerequisite for having the freedom to make choices is that people should have all of the capabilities (Nussbaum, 2012). As mentioned previously, having capabilities refers to the options, skills and opportunities available to live their lives with autonomy and dignity (Robeyns, 2016). Dignity refers to living a worthy human life characterised by self-respect and respect for others (Nussbaum, 2000). When parents as caregivers have capabilities, they can make choices which may translate to well-being (Nussbaum, 2000).

Nussbaum refined Sen's original theory by identifying a list of ten capabilities. Having all ten capabilities puts the caregiver in a position to function more effectively in life and caregiving. Capabilities contribute to caregivers' right to autonomy and freedom in how they choose to live their lives. On the other hand, effective functioning contributes to well-being. For example, when caregivers function effectively in caregiving, it affects how they feel and connect with others, including the baby, in the first 1000 days. It can be noted that parents as caregivers should have all ten of the capabilities. Nussbaum (2000) included the following human capabilities in her list:

- living out a full and fulfilling life;
- having good health; having bodily integrity;
- avoiding non-beneficial pain
- enjoying pleasurable experiences;
- having emotions and making connections;
- being able to make use of the senses, imagination and thought;
- to have attachments to things and persons outside oneself;
- to have concern for other species;
- to be able to play;
- to have control over one's environment (Nussbaum, 2000).

All of these capabilities contribute to the well-being of the caregiver. Having all ten of the capabilities or a lack thereof may affect how caregivers live their lives. It may affect the choices they have in life. It may also affect their well-being and their emotions. How they express their emotions influences and affects how they can connect with the baby. If parents as caregivers are not able to give expression to their emotions, it may affect their behaviour and their actions. They may not know how to console the baby when stressed. Of equal importance, they may also not know how to laugh and play with the baby. When parents are stressed, they may not be able to model how to handle emotions effectively to the baby or be as attentive to their baby's needs as they should be. This may impact their behaviour as caregivers. It may impact the way that they can relate to the baby. Giving expression to all emotions effectively may serve as a guide and directly affect the baby's emotional development. Showing love and care through appropriate actions may positively affect the caregiver's connection with the baby.

2.3.1 The functioning of Capabilities

This list of ten capabilities, as identified by Nussbaum, serves as the minimum criteria for ensuring functional and productive living (Robeyns, 2016). It prescribes the minimum criteria that a dignified human life should have. A certain level of development for each capability is a prerequisite for it to be functional (Nussbaum, 2000). In other words, all ten capabilities were essential, and each should be functional to a certain level to be effective. A functional capability refers to the minimum level of development of a capability that benefits the caregiver and may also contribute to well-being in caregiving (Nussbaum, 2000). A capability that is developed to its maximum cannot compensate for a capability which is not adequately developed (Robeyns, 2016). Although the capability of emotion is essentially the capability under scrutiny in this paper, the effective functioning of the capability of emotion is co-dependent on the existence of all the other capabilities in the parent as a caregiver in the first 1000 days of life (Nussbaum, 2012). To be able to give expression to emotions effectively, the parent must have the capability of emotion adequately developed. For the capability of emotion to function effectively, the caregiver should also have all the other capabilities developed.

Many factors may impact the caregiver's ability to express emotions, such as challenges which may affect how the caregivers feel and can give expression to their emotions. The factors that could negatively influence their emotional development could be the caregivers' past experiences, such as how their parents raised them. In caregiving, it could also be that they are faced with so many challenges that it affects them emotionally, which results in their inability to make effective emotional connections with the baby. In addition, social and emotional circumstances may also impact how the parent as a caregiver may feel and behave towards the baby.

2.3.2 The Capability of Emotion

Having the capability of emotion is vital in caregiving. The capability of emotion refers to the ability of the parent to experience, process and express a range of emotions adequately (Nussbaum, 2006). Having this capability may contribute to the parent being more effective in caregiving. It allows the parents as caregivers to be in touch with their emotions and to be able to express emotions adequately in the caregiving process. It alludes that parents as caregivers can express their emotions and cope with the baby's emotions effectively. For example, parents can soothe the baby and bring about laughter and fun in play. Being able to express the right emotions adequately at the right time fosters a connection between the caregiver and the baby in the first 1000 days (Richter, 2015). It means that parents can process and express emotions efficiently. The appropriate actions displayed with the necessary emotions contribute to the baby's sense of safety and security (Richter, 2015). Having an emotional connection with the baby is important for the baby's development. Therefore, having the capability of emotion is necessary to foster an emotional connection with the baby. How the caregiver handles emotions is important because it provides the baby with a blueprint for handling emotions and challenges later in life.

The importance of the emotional connection between the caregiver and the baby is well documented (Richter, 2015). However, little is known about how capable parents are of displaying the emotions and the appropriate actions needed to facilitate connection and guide the baby emotionally during caregiving in the first 1000 days of life. If the capabilities of the primary caregiver are not adequately developed, it influences the caregiver's well-being and how they respond to the baby (Hoffmann & Metz, 2017). If parents are not "taught" how to express their emotions, they may find it difficult to express their emotions to their babies. Various factors

contribute to the parent's stress as a caregiver, such as social and emotional problems and economic stress. In addition, a lack of knowledge support may also increase stress. In effect, it may influence the way the caregiver feels and responds to the baby. Therefore the capability of the parent's emotions is essential to foster a positive connection with the baby. It may influence the ability of the caregiver to display and express the necessary care and emotions needed to connect effectively with the baby in the first 1000 days of life.

Nussbaum asserts that the upbringing that the parents as caregivers were exposed to influence their capability of emotion (Nussbaum, 2011). It can be noted that parents' capability of emotion was primarily influenced by the emotional connection that they shared with their parents. The connection the parents experienced with their parents in the past may have contributed to their ability to connect emotionally to their babies (Nussbaum, 2012). Research has proven that the emotional experiences of the parents in the past subconsciously contribute to how they respond to their babies in caregiving. Their parental experiences contribute to their level of development of the capability of emotion (Nussbaum, 2011). In other words, how the caregiver connected with their parents contributed to how they respond to their babies in the first 1000 days of life. If the parents were not exposed to the love and care required when they were babies, it might have influenced their behaviour towards their babies (Schore, 2012). As a result, the parent may also try to over-compensate for the lack of love and attention experienced in the past, as their past experiences may subconsciously influence and shape their immediate reactions and responses.

Suppose the caregiver is not able to display the necessary emotions in caregiving. In that case, it may impact how the baby connects with the parent and other human beings in the future (Richter, 2015). In turn, when they become parents, it may also affect their relationship with their children in the future. The implication for caregivers in the caregiving process is that

providing a good foundation, such as ensuring a secure attachment, may significantly contribute to the successful connections of the baby with the caregivers and with other people later in life. This connection may contribute to the baby's healthy emotional development as an individual and as a future citizen who will, in turn, contribute to social and economic development. Exploring other characteristics of the Capability Approach may clarify why it is essential for human and emotional development.

2.3.3 Characteristics of the Capability Approach

The following characteristics of the Capability Approach may provide further insight as to why it was viewed as relevant to this research study.

2.3.3.1 Human Dignity

Of central importance in the Capability Approach is the belief in the human dignity of each person (Nussbaum, 2012). Each person is valued as an individual citizen because of their inherent worth. Everyone should be allowed to develop and live with autonomy and self-efficacy as a citizen. This right applies to everyone, including the parent and the baby, in the first 1000 days of life. Capability development contributes to the development of dignity (Nussbaum, 2012). Human dignity refers to the worthiness and value of each person. Therefore, all human capabilities should be developed to ensure the dignity of all people. Capability development enables all people to function effectively and live fulfilling lives (Nussbaum, 2000). The capabilities that people have allowed them to live lives in which they have the freedom and the opportunities to make choices from a range of opportunities available to them in all spheres of their lives (Hoffmann & Metz, 2017). Having all capabilities developed contributes to well-being.

2.3.3.2 Individualism

Another central characteristic of the Capability Approach is that it is a theory that is both individualistic and universal. Individualism refers to the fact that this theory focuses on the individual's well-being. Universalism refers to the fact that it is universally applicable and applies to all human beings across cultures. As a theory, it is individualistic because it is underpinned by a belief that every citizen's well-being matters. Well-being should, therefore, be promoted and developed for every person, including the caregiver and baby, in the first 1000 days. This process of promoting well-being and enabling support may be achieved by providing every citizen with adequate opportunities for human development. The inherent belief of the Capability Approach is that every human deserves the right to opportunities for personal development and growth. It is a prerequisite for a person to flourish. Furthermore, flourishing in this context means living a productive life where individuals, including caregivers and their babies, can function and perform optimally (Nussbaum, 2000). The Capability Approach places responsibility on the state to ensure that opportunities for the minimum level of development of capabilities are available for everyone (Nussbaum, 2000). Capabilities for personal, social and economic growth and development should be available to everyone.

2.3.3.3 Social Support

Babies need responsive emotional care in the first 1000 days (Richter, 2015). The caregiving relationship takes place in the context of a family unit. Since the family is the foundation of human development (Bowlby, 1969), the Capability Approach believes that government should support families. State support should be provided to ensure circumstances and opportunities conducive to effective human flourishing for each individual (Nussbaum, 2011; Bowlby, 1969). The state should support parents by equipping them with the necessary knowledge, skills and

resources for effective living. State intervention in caregiving should be provided to ensure that parents are supported and empowered in caregiving. This intervention may contribute to the emotional support and well-being of the parents. Flourishing parents may be happier and more responsive in caregiving. Consequently, this may contribute to the well-being of babies as it may also contribute to them flourishing in the first 1000 days of their lives.

2.3.3.4 Universalism

Another characteristic of the Capability Approach is the fact that it is universal. Universal means that it applies to all human beings. By implication, this means that the development of capabilities is equally important for everyone. It includes everyone from across the world, irrespective of nationality or creed, including caregivers and babies. The Capability Approach does not discriminate against any person or deem one group more important than another (Robeyns, 2016). It believes that capability development is essential for all citizens of all ages worldwide (Hoffmann & Metz, 2017). Disadvantaged individuals should be supported more to provide equal access to opportunities (Nussbaum, 2012). Since the first 1000 days are fundamentally important in shaping the baby's development, ensuring the well-being and flourishing of the caregivers and their babies are essential. They should be supported and protected by the government and society as a whole. Ensuring the well-being of parents as caregivers can contribute to them being better able to handle the challenges of parenting and caregiving. Capable caregivers can actively contribute to the capability development of babies in the first 1000 days of life.

2.4 Capability Approach and Human Development

The abovementioned focus on the individual makes the capability theory of central importance to this research paper. The Capability Approach has embedded in its rationale the notion of the

importance of each person as an individual, which entails that everyone matters. Therefore, all citizens' capabilities should be developed, including the primary caregiver and the baby. Government and society have the responsibility and the moral obligation to ensure the development of the capabilities of all its citizens. Parents, as caregivers, should be supported and equipped with the necessary information and skills to be effective in the caregiving process. Moreover, this support will contribute to the well-being of parents and their babies. The parents should be emotionally capable of effectively connecting with their babies in the first 1000 days of life. Therefore, the rationale for this research study is that understanding caregivers' emotions are essential in caregiving. Caregivers should be able to convey love and care to the baby (Nussbaum, 2000). It is essential since making the necessary emotional connections and forming a secure attachment with the baby is essential for the capability development of the baby. Furthermore, ensuring parents receive the necessary support and have the opportunities and capabilities for self-actualisation will contribute to their well-being. Parents who are not overly stressed and can express their emotions are able to connect better with their babies. Therefore identifying challenges may ensure adequate support for caregivers in the future.

To ensure that capabilities are developed adequately, society and government must provide opportunities to promote the well-being of all its citizens (Sen, 1999). When capabilities are adequately developed, they will contribute to the protection of the dignity of all citizens (Nussbaum, 2012). Another aspect of the Capability Approach is the belief that social factors impact capability development. Therefore, ensuring social circumstances conducive to social growth is an essential aspect of all people's social and emotional development. Investing in the capability development of all citizens may not only provide opportunities to prosper but may also provide parents with support in caregiving, which may contribute to babies' emotional, social

and even intellectual development (Gerhardt, 2015). This investment in capability development on a personal level may positively impact economic growth and contribute to personal well-being and social cohesion (D'Mello et al., 2018).

Therefore, according to the Capability approach, all human capabilities are equally important and necessary for the individual to flourish (Nussbaum, 2011). To flourish means to live one's life in a meaningful way with agency and self-efficacy. Agency refers to having a sense of self and self-importance. Efficacy refers to the potential to self-actualise and prosper. It empowers the caregivers to be in a position where they can make choices that will translate to well-being for themselves and their babies in the first 1000 days (Robeyns, 2016). To flourish, therefore, means to have a full set of capabilities (Nussbaum, 2011). It also means being enabled, by internal capabilities and external opportunities, which work together, to provide circumstances conducive to making personal choices which may enhance well-being (DeHaan et al., 2016). According to the Capability Approach, capabilities should be developed for all human beings worldwide (Nussbaum, 2012). The capabilities that people have allowed them to have the freedom of choice. It places them in a favourable position where they have available options and opportunities, which may enable them to act autonomously (Nussbaum, 2012). Capabilities, therefore, refer to options and opportunities available for individuals to live in a way where they have freedom of choice and expression (Robeyns, 2016). Capability development and having all capabilities provide caregivers with access to knowledge, support and opportunities. This, in turn, may enable productive living and well-being (Robeyns, 2016).

2.5 Capability Approach and Emotions

As mentioned, the capability of emotion is vital for connection in caregiving. The capability of emotion refers to the ability of the parent to experience, understand and express a range of

emotions adequately (Nussbaum, 2011). Being able to express emotions adequately is essential because emotional connection is integral to human development (Schore, 2012). Research studies have indicated a direct correlation between capability development and well-being (Anand et al., 2009). In the same way, a lack of capabilities leads to a lack of well-being (Anand et al., 2009). If the parents' capabilities are not adequately developed, it may influence their well-being. It may negatively impact their behaviour and the connection that they may have with the baby. It may influence how the parent as a caregiver feels and possibly responds to the baby. Therefore, this research explored if parents could show the emotions necessary to connect and establish a secure connection with the baby in the first 1000 days of life. For parents as caregivers to form secure connections with the baby, they must be able to display the relevant emotions to connect with the baby. Nussbaum claims that if a person's life lacks any one of the ten capabilities, no matter what else it has, it will fall short of being a good human (Nussbaum, 2011).

2.5.1 Capability Approach and capabilities of Women as Caregivers

Nussbaum (2011) claims that women are deprived of their capability development. This deprivation may be due to several reasons. These reasons may include social burdens placed on women due to cultural expectations (Nussbaum, 2011). Society expects women to conform and submit to gender and role expectations (DeHaan et al., 2016). These expectations may make women caregivers feel "overburdened" (Nussbaum, 2011). Furthermore, it may place them in a disadvantaged position due to the burden of the strain put on them by society. Social pressure to conform to the stereotypical gender role expectations may cause stress for women (DeHaan et al., 2016). It may negatively impact their physical and emotional well-being. This lack of

capability development and well-being is problematic since women generally do most caregiving in society.

2.5.2 Fathers

Fathers generally play an important role as a support to mothers and babies in the first 1000 days. However, fathers as caregivers may be constrained by cultural and social biases that may dictate their roles in the family. Culture usually prescribes that men should be less emotional and emotionally expressive. This places pressure on men's role in society, and this process of male stereotyping may impact the emotional development of fathers in caregiving. It may influence their ability to connect with the baby in caregiving in the first 1000 days of life and affect how they relate and react to the baby. Therefore, this research will also explore how fathers, as secondary caregivers, support caregiving and their connection with their babies.

2.6 The Relevance of the Capability Approach for this research

The capability of emotion is important in parenting and caregiving. In this research, the emotions of the parents as caregivers and of pregnant women are explored. This study aims to explore the capability of the emotion of the parents. It is to explore the emotions that they experience and to determine if they can make a secure emotional connection with the baby in the first 1000 days of life. The capability of the emotion of the parents plays a critical role in connection with the baby. Exploring the emotions of the parents as caregivers in the first 1000 days of life is important. The emotions they experience and can express may impact their connection with the baby. If women experience lots of stress or trauma during their pregnancy, it may affect the emotional and brain development of the baby. If the baby was not planned or wanted, it might affect the emotions of the pregnant mother and how she relates to the baby. It may also affect the development of the

baby negatively. Since the capability of emotion is an essential aspect of caregiving in the first 1000 days, caregivers must be empowered and supported in developing this capability. Social pressure and circumstances may limit the options available to women. The lack of freedom and choices deprives women of agency and control over their lives. It affects the quality of the emotional connection between the caregiver and the baby and influences the attachment bond that develops in the first 1000 days of life. In turn, the quality of the connection between the caregiver and the baby affects the attachment process, influencing the baby's emotional development.

2.7 Summary of the Capability Approach

As Nussbaum stipulated, all ten capabilities contribute to the individual's right to live autonomously and achieve self-efficacy (Nussbaum, 2012). The capability of emotions is especially important in caregiving and having capabilities allows for options. With options and opportunities available, people can live their lives more effectively, and in a way, they may choose. It places a person in a position of control, and they can be more effective in living their lives (Robeyns, 2016). According to the Capability Approach, a prerequisite for having this freedom to have choices is that people should have all of the capabilities (Nussbaum, 2012). Capabilities refer to the options, skills and opportunities available to people to live their lives with autonomy and dignity (Robeyns, 2016).

This list of ten capabilities serves as the minimum criteria for ensuring functional and productive living. It prescribes the minimum criteria that a dignified human life should have. A certain level of development for each capability is a prerequisite for it to be functional (Nussbaum, 2000). In other words, all ten capabilities were critically essential, and each should be functional to a certain level to be effective. A functional capability refers to the level of development of a

capability that is useful to the caregiver and may contribute to well-being (Nussbaum, 2000). A capability that is developed to its maximum cannot compensate for a capability which is not adequately developed (Robeyns, 2016). Although emotion is essentially the capability under scrutiny in this paper, its effective functioning is co-dependent on the existence of all the other capabilities (Nussbaum, 2012).

2.8 Conclusion

The purpose of the two theories explored in this chapter was to gain a theoretical basis for understanding the parents' emotions in the first 1000 days of a baby's life and the impact it has on the baby's development. To explore the importance of human connection and attachment, the *Attachment Theory* provided useful insights. The Attachment theory was explored for its contribution to understanding the attachment bond between the caregiver and the baby. It was also explored for its impact on the baby's emotional development. In other words, the researcher explored how attachment contributed to the baby's ability to experience emotions and connect with others. Martha Nussbaum's contribution to the *Capability Approach* was explored to understand why the capability of the parent's emotion is vital in the caregiving process.

These theories provided a basis for the understanding of the data as yielded by the qualitative study. It underpins the understanding of emotions and highlights the importance of connection in the first 1000 days. It contributed to understanding the emotional connection that may develop between the caregiver and the baby in the first 1000 days of life. It also provided a framework for understanding the data collected in this qualitative research study.

CHAPTER THREE

LITERATURE REVIEW

3.1 Introduction

This chapter explores the importance of emotions and connections for all the role players in caregiving in the first 1000 days of life. The literature will be explored to gain more insight into the importance of the first 1000 days in the baby's life. The first 1000 days is a developmental phase which includes the time from conception of the baby to the first few years of life. Since the parent as the caregiver plays such an important role in the baby's development, the emotions and the factors influencing their emotions are relevant to this study and will be explored in this chapter. In addition, the importance of connection and the factors influencing the connection with the baby will also be explored. Furthermore, this study aims to provide more insight into the importance of the caregiver's ability to connect with the baby. How parents express their emotions and connect emotionally with other people may impact their ability to connect with the baby. Exploring the literature may broaden our understanding of the importance of emotional connections in caregiving.

3.2 The First 1000 Days

The first 1000 days are of fundamental importance in the baby's emotional development. During this development period, neurological pathways are formed at an intense rate in the baby's brain. The first 1000 days represent the timeframe of maximal brain development (Lancet, 2016). Research shows that emotions affect the development of the baby's brain (Schore & Marks-Tarlow, 2018) and social interactions affect the baby's development. Moreover, brain development occurs through emotional connections forged with caregivers (Richter, 2015).

3.2.1 Brain Development in the first 1000 days

The baby's brain development within the first 1000 days of life primarily occurs in the brain's right hemisphere (Schore & Schore, 2011). The right hemisphere of the brain is primarily involved with emotions. It is also involved in the baby's emotional development as an individual (Richter, 2015). Through interactions with the baby, the caregiver forges emotional connections with the baby. These connections directly influence and shape the brain's structure by affecting the synaptic connections that develop. It can be noted that emotional experiences not only shape brain development but also create a blueprint stored in memory.

Brain circuitry is developed and shaped by the interactions between the baby and the primary caregivers (Schore & Marks-Tarlow, 2018). Caregivers need to be able to display love and care to the baby effectively, which can be displayed and communicated to the baby through the appropriate actions of the caregiver (World Health Organization, 2016). The connection is forged through the interactive engagement of the caregiver with the baby. Connection is created by having perfect emotional "attunement" that takes place between the caregiver and the baby. Attunement refers to the emotional connection between the caregiver and the baby. It also alludes to the caregiver's influence over the baby's emotions (Schore, 2016). Developing this connection requires the caregiver's conscious awareness, alertness and responsiveness to interpret the baby's cues. When the correct response is provided, it leads to an alignment in their emotions. It means that the emotions experienced and displayed by the caregiver affect the emotions of the baby positively. Connection takes place when the connectedness is experienced by two beings functioning on the same brain wave level (Schore, 2016). It occurs when the caregiver adequately meets the baby's physical and emotional needs.

Scientific evidence confirms that positive and negative emotional experiences activate different circuits in the brain (Schore, 2012). This activation which develops between the caregiver and the baby in the first 1000 days, may have a lasting impact on the emotional and brain development of the baby (Richter, 2015). The emotional experiences provided by the primary caregiver influence and shape synaptic connections in the baby's brain. A loving, caring, sensitive and emotionally responsive caregiver makes all the difference in the world for the baby (Richter, 2015), as it reinforces connectedness and strengthens attachment with the caregiver.

Studies have revealed that the attachment style that the baby develops is generally established by the age of three. A secure attachment style accurately predicts future success (Layard et al., 2014). Insecure attachment has been connected to high dropout rates from school (Ramsdal & Wynn, 2022). Furthermore, the connection between attachment and school dropouts was found to be the case in 77% of the population studied. In addition, studies also reveal that an insecure attachment style was linked to 91% of alcoholism cases studied (Wedekind et al., 2013).

3.2.2 Challenges in caregiving in the first 1000 days

Parents as caregivers exert a powerful influence on the baby's development. Many factors may influence the emotions that parents experience in the first 1000 days. Stress and strain caused by work, socio-economic circumstances, lack of supportive relationships or physiological challenges may impact the caregiver-baby relationship. These challenges may influence the caregiver's emotions, impacting their behaviour and how they respond to the baby. When burdened to the extent where they are emotionally affected by circumstances, caregivers may not be able to respond with the necessary sensitivity, love and care. Responding with love and care to the baby's needs requires more than being physically present. It requires a caregiver who is emotionally engaged in what they are doing. What is required in caregiving is a caregiver who

understands the baby's needs and responds appropriately to meet the needs with loving care in the first 1000 days of life (Sanders et al., 2015).

3.2.3 The importance of caregiving in the first 1000 days

How the caregiver relates to the baby emotionally impacts the baby's development during the first 1000 days of the baby's life (Schore & Schore, 2008). Various other studies confirm that infants connect best with caregivers who respond with love and consistency to meet their needs (Steward, 2013; Richter, 2015). The caregiver must have the necessary skills, knowledge, capabilities, support, resources, and emotional and physical abilities to respond appropriately. Appropriate responses should be executed timeously to meet the baby's needs and to make emotional connections with the baby.

The role of the primary caregiver in the caregiving relationship in the first 1000 days highlights the importance of governmental and societal support. Support and interventions are needed to ensure the well-being of the caregivers. This support, in turn, may impact the baby's emotional well-being and capability development (Richter, 2015). In addition, the genetic makeup with which the baby is born needs social experiences (Schore, 2012). Stipek and Valentino (2014) states that a baby's experiences shape the brain's structure and influence its functioning (Stipek & Valentino, 2014). Therefore, the caregiver's emotional state and emotions are important. It can be noted that the attachment style that the baby develops with the caregiver has implications for the baby's development. Therefore, the caregiver's role is significant in ensuring the baby's survival and centrally important in the emotional development of the baby in the first 1000 days of life (Richter, 2015).

3.2.4 Investing in the first 1000 days

The quality of caregiving in the first 1000 days affects the baby's development. Investing in the baby in the first 1000 days may be a more productive and economically sounder means of solving societal problems. Supporting the caregiver is important. More emotionally healthy individuals may grow through adequate and effective early childhood development and caregiving interventions. Furthermore, it could affect social cohesion by strengthening people's connection with others (D'Mello et al., 2018). This connection, in turn, may contribute to the baby's emotional well-being as an individual. It may, therefore, positively influence their future contribution to social cohesion and social stability.

3.3 Parenting in the first 1000 days

Parents play a significant part in the lives of their babies. How the primary caregiver can give expression to emotions impacts parenting. It may influence how the parent as the caregiver can relate and respond to the baby. The following section will explore the dynamic relationship between the parent as a caregiver and the baby in the first 1000 days.

3.3.1 Parents and parenting

How parents handle or express their emotions is very important. How the parents as caregivers deal with emotions and can express them has important implications for the baby's emotional development (Sanders et al., 2015). Babies are sensitive to the emotional cues displayed by the primary caregiver. What the caregivers feel and how they express their emotions have implications in caregiving.

Parents face many different challenges. These challenges may affect them on an emotional level. It may affect how they feel and how they give expression to their emotions. It may even affect

the quality of care that they can provide. Babies respond sensitively to the emotional cues of their parents. Parenting requires that the parents should be able to express and respond with the appropriate care and emotions. Good parenting requires the parent to have insight into the baby's needs. It requires that parents have the means and the skills to respond appropriately to the baby's needs (Bowlby, 1969). On a conscious level, parents may not always be aware of the emotional signals they send to their babies. Parents' circumstances and challenges may subconsciously affect their emotions and behaviour. The challenges they face and their burdens may preoccupy their minds to the extent that they may not be able to engage emotionally with the baby.

3.3.2 Parental responses

When parents are unable to respond adequately to the baby's needs and cues of emotional expression, it leads to disturbances in the mechanisms of emotional development of the baby (Schore, 2016; Sanders et al., 2015). These disturbances are referred to as emotional dysregulation (Schore, 2016). Dysregulation refers to an internal state of discontent and trauma (Schore & Schore, 2008). It impacts the baby's emotions and development. Where there are inappropriate responses to the baby's signals of emotional needs, it creates stress and internal discord in the baby. Studies reveal that these babies display reduced emotional coping strategies (Sanders et al., 2015). Later in life, they also develop fewer coping mechanisms to stress.

It was found that when parents are unresponsive or emotionally unavailable to meet their baby's needs, it negatively affects their emotional development. Saunders et al. (2015) assert that these babies are more inclined to display anger, sadness, and depressive symptoms through their behaviour. This emotional dysfunctioning underlines that the emotional support and loving care parents provide contribute to the baby's emotional well-being. World Health Organization

(2016). (2016) concurred with these findings that emphasise the critical role that mothers and fathers play in the emotional development of their babies. Emotional well-being is one of the most critical indicators of adult life satisfaction (Layard et al., 2014). It affects all other areas of the baby's development and life.

3.3.3 Support for caregivers

Each person in the caregiving process may experience a different set of challenges. These challenges may impact their emotions, coping strategies and their family. The family context, the most basic unit of society, creates an environment in which the baby develops. Caregiving usually takes place in some family context. The cohesiveness and stability of society mostly depend on the family's unity and strength (Bronfenbrenner, 1986). Parenthood is very challenging. Many factors may impact family dynamics (Bronfenbrenner, 1986). Challenges to the family may include poverty, work, relationships, and lack of spousal and societal support, to mention just a few. Also, external circumstances may impact the role-players in the caregiving process (Baird et al., 2018). These circumstances may affect the caregivers and possibly their effectiveness in the caregiving relationship. To labour this point, the challenges of each role-player will briefly be addressed in the following paragraphs.

3.3.4 Past experiences of the caregivers

The parents' life circumstances affect their emotions and emotional development (Nussbaum, 2001). Social circumstances such as poverty, stressful relationships, a lack of support, draining work conditions, personal trauma, and financial challenges may affect their emotions and wellbeing. Their personal experiences in the past with their caregivers may affect how they can relate to the baby (Nussbaum, 2001). It may affect their behaviour towards their baby on a subconscious level. Longitudinal studies have revealed that around seventy percent (70%) of

adults still had the same attachment style they adopted with their parents (Leckman & March, 2011).

Studies also revealed that when a caregiver feels overwhelmed or unsure in caregiving, they may resort to the stored memories of their past attachment, which they had with their caregivers (Nussbaum, 2001). Numerous other studies concurred that the past relationships of the primary caregiver might affect their existing relationships (Fraley et al., 2013). Similarly, Schore (2014) indicated that past experiences may contribute positively or negatively to the parents' behaviour and existing relationships. Nussbaum (2011) noted that their past experiences may influence how they view themselves, trust others, and relate to others (Nussbaum, 2011).

3.3.5 Stress and parenting

Parents who experience stress may be unaware that it gets communicated to the baby through subtle cues. Babies are susceptible to these cues (Sanders et al., 2015). Babies may sense the caregiver's stress and internalise it, which may come across to the baby as a lack of interest and caring. Moreover, caregivers' unresolved emotional issues may subconsciously be communicated to the baby, affecting their ability to connect with the baby. The mental issues of parents may be communicated to the baby through their behaviour. This may interfere with their ability to connect with the baby, and it may affect the baby's development and advancement. Furthermore, unconscious fears and phobias may be transferred to the baby in the caregiving process. Babies may learn non-verbal cues and signals that parents display. The belief that parents have may subconsciously influence their actions.

3.4 Role-players in Caregiving

The role of the various role-players in the baby's life will be explored in the caregiving process.

3.4.1 **Pregnant mothers**

When the baby is in the mother's womb, the baby is affected by all of the mother's emotions. The mother and baby bond usually begin during pregnancy. Around twenty weeks, the mother starts feeling the movement of the baby. Around the same time, the baby becomes aware of the mother's heartbeat and begins knowing her voice. Usually, around seven months, an emotional connection is already formed between the mother and the baby. If the pregnancy were planned, the bond would develop more naturally (Racine et al., 2018; Biaggi et al., 2016). However, in the case of an unplanned pregnancy, the challenges of bonding may be more difficult (Biaggi et al., 2016). Problems in the bonding process may lead to emotional problems for the baby. Later emotional challenges such as depression and attention deficit hyperactivity disorder have been linked to prenatal stress experienced by the mother (Biaggi et al., 2016).

Difficult life circumstances may also impact the mother's well-being during pregnancy Challenging socio-economic circumstances, trauma, and lack of social and emotional support may affect how the mother feels. Subsequently, babies are exposed to what the mother experiences. Stress hormones released over a long period in the mother's body may affect the baby's development as it influences the baby's brain development.

3.4.1.1 Post-natal depression

Postnatal depression affects many women after pregnancy. Studies reveal that around 15% of women may experience postnatal depression at once (Ghaedrahmati et al., 2017) Its onset can be due to many reasons. According to Ghaedrahmati et al. (2017), the most prevalent are maternal age, previous history of depression, debilitating social circumstances and whether a pregnancy was planned (Ghaedrahmati et al., 2017). Therefore, providing support for women during pregnancy may contribute to their well-being and ability to cope emotionally.

3.4.2 Women as Primary Caregivers

Women generally have to fulfil many roles. Women usually do the majority of the work at home. Caregiving is stereotypically viewed as a women's responsibility. Caring for a baby is a full-time responsibility. Women need to be supported in caregiving. If there is insufficient support for physical and emotional care, women may find it hard to cope. Added to caregiving responsibilities, women may experience other social and economic problems, resulting in stress. When stress continues over a period, and when support is lacking, it may lead to feelings of anxiety and depression (Racine et al., 2018). These emotions may affect how the mother responds to her baby in caregiving. A mother that is physically, psychologically or emotionally unwell may struggle to cope with the caregiving responsibilities. Stress and strain may drain the mother's emotions to such an extent that she may not be able to display the emotions needed to connect with the baby. Furthermore, stress may cause a mother to be physically present but emotionally absent. Emotional connection is essential for the baby's development. A mother's inability to meet the baby's emotional needs may negatively affect the baby's emotional development.

3.4.3 Fathers as Caregivers

The baby requires a committed relationship with at least one person (Bowlby, 1982). It should be provided for the baby by the primary caregiver. Although less common in society, fathers are just as capable as mothers of success in caregiving (Makusha & Richter 2018). The factors inhibiting them may be more external than internal (Makusha & Richter 2018). Social expectations and cultural roles often influence and restrain them from participating fully in the caregiving relationship. Social expectations around the father's traditional role have made them less open and available to the idea of being the primary caregiver. Stereotyping which exists

around their identities also makes men less inclined to step into this role. Although dated, this information is still relevant in most cultures where men still share less of the burden and responsibilities than women in the caregiving process (Nussbaum, 2000).

As awareness is raised around these issues, more men are becoming involved in raising their children. Spending more time with the baby, being present at birth and allowing fathers to be actively involved in caregiving have contributed to the shift in perceptions (Bakermans-Kranenburg et al., 2019). The father's involvement in caregiving is essential (Makusha & Richter 2018). Bonding with the father in the first 1000 days is vital for the baby. Bonding with the father has been found to positively affect the infant's neurodevelopment (Makusha & Richter, 2018).

3.4.3.1 Impact of Fathers in Caregiving

Encouraging fathers to be involved with the baby from birth encourages bonding (Richter, 2015). Father involvement has been found to have several positive effects on the baby's development (Makiwane & Berry, 2013). It has been found that father involvement in the first few weeks after birth decreased the infant mortality rate. Increased father involvement provides a great source of comfort and support to the mother. These babies are more likely to be breastfed and receive proper immunisation. The equal involvement of the father in the caregiving process has several other important implications for the baby's development (Richter, 2015). These babies have higher emotional, social, physical and mental functioning abilities. Involved fatherhood in caregiving contributes to the baby's wellbeing. It may lead to babies thriving and may contribute to their future success. It may also help to eliminate social oppression and gender stereotyping in the future (Legal Resources Centre, 2015).

3.4.3.2 Challenges to Fatherhood and Caregiving

External factors influencing the father's bonding behaviour could be his relationship with his father (Shorey & Ang, 2019). Another significant influence is the quality of his relationship with his spouse (Shorey & Ang, 2019). When the father has an involved father, he is likelier to follow the same pattern. In the same way, when a father is actively involved in the caregiving process, this pattern is more likely to be repeated in the next generation. Additionally, if the relationship between the parents is stable, the father will be more involved in the caregiving process.

3.4.3.3 Positive effects of Father involvement in Caregiving

Promoting father involvement is essential. It is not only essential for the development of the baby, but it also provides mothers with much-needed support. Fathers should be informed and provided with skills and knowledge about infant care (Shorey & Ang, 2019). The father's role continues to change as traditional roles become less defined. However, traditional implicit rules about social roles and cultural expectations continue to exert a powerful influence on the father's role in caregiving (Matusha & Richter, 2018).

3.5 The Baby

In the first 1000 days of a baby's life, emotions play an essential role in the baby's development (Schore, 2017). What babies experience and are exposed to influences their emotions, and their emotions may influence their well-being. Through its influence on synaptic connections, emotions may affect the baby's brain development (Richter, 2015). Not only is the capability of the parents' emotions essential for their wellbeing, but it contributes directly to the baby's emotional development in the first 1000 days. What parents feel and how they relate to the baby have significant consequences. It influences and directs the perceptions and emotional experiences of the baby (Steward, 2013). In the long term, it may affect the baby's emotional

health (Schore & Marks-Tarlow, 2018). The baby's feelings and reactions may also influence the caregivers. Loving care expressed by the caregiver may lead to a more responsive baby. A happy and emotionally responsive baby may, in turn, affect the caregiver positively (Schore et al., 2018). The baby's response reinforces the connection the caregiver makes with the baby. A stressful caregiver may influence the baby's emotions negatively. Caregivers able to express positive emotions contribute to the baby's emotional health. Emotional health pervades all aspects of the baby's development (Leckman & March, 2011).

3.5.1 The Development of the Baby

A baby is born with the innate need and ability to experience emotions. Babies are born with the instinct and ability to connect with the primary caregiver (Stipek & Valentino, 2014). Babies always seek to connect with other humans, especially the primary caregiver. They are naturally attracted to human faces, especially those of caregivers (Bowlby, 1969). Babies have an inherent ability to interpret emotions and human faces. They are driven by an instinctive need to seek connection with the primary caregiver. A need for safety and security drives this need. It stems from the baby's survival instinct (Bowlby, 1951).

3.5.2 Love and Brain development

Research studies have indicated that the brain is hardwired for love and connection (Schore & Mark-Tarlow, 2018). A baby thrives and develops best with love and adequate care (Richter, 2015). Connection starts before the baby is born. Within the womb, the baby already connects emotionally to the mother. Research evidence has confirmed that social interactions influence brain development (Schore & Marks-Tarlow, 2018). The emotions the baby experience may affect and shape the structure of their brains, especially in the first 1000 days.

Within this context of the primary caregiving relationships, the baby's genetic material gets activated or distorted (Schore & Mark-Tarlow, 2018). The social context and the emotional atmosphere created by the parents directly determine the development of the genetic potential with which the baby was born (Bronfenbrenner, 1986). Experiencing healthy emotions lead to secure attachment. Meeting the baby's emotional needs leads to developing a secure attachment with the caregiver (Leckman & March, 2011). Many studies have linked adult mental illnesses to attachment challenges that developed in the first 1000 days (Bowlby, 1982; Schore & Mark-Tarlow, 2018). Secure attachment is essential for healthy emotional development. It also provides a framework for the baby to develop the ability to handle emotions effectively (Schore & Mark-Tarlow, 2018).

3.5.3 Development of the Emotional Bond

From birth, babies tend to focus on human faces. They are born with the instinct to connect with others, especially the primary caregiver (Richter, 2015). The caregiver should, therefore, be able to make emotional connections with the baby in a manner that the baby can interpret positively. Loving care provided by the caregiver should be effectively communicated to the baby. The loving care should be communicated to the baby through the external expressions of the caregiver. It may be conveyed via direct eye contact, tone of voice, loving touch and generally just by the quality of caring portrayed through the interaction.

The actions and responses of the caregiver influence the way the baby may respond to the caregiver. The "Still-face" experiment demonstrated the devastating effect of a caregiver who is non-responsive (Ainsworth & Bell, 1970). Babies showed signs of experiencing trauma when mothers showed no reaction to their attempts to connect. In caregiving, the caregiver must be physically and emotionally available to meet the baby's needs. When parents fail to respond with

the necessary attention to the baby's cues, it leads to a dysregulation in the baby's emotions (Schore & Marks-Tarlow, 2018; Sanders et al., 2015). When this dysregulation in the baby's emotional development occurs frequently, it causes the baby to display more negative emotions such as anger, sadness and even depressive symptoms (Sanders et al., 2015). It may lead to emotional dysfunctions in later life.

3.5.4 Context of Caregiving

Effective caregiving requires a caregiver who performs ritualistic actions and has the emotional capability to portray the interest and emotions necessary to make and maintain emotional connections with the baby. Caregivers should be physically and emotionally present to meet the baby's needs. Caregiving requires a caregiver that is emotionally available and capable of meeting the baby's needs.

Babies are emotionally sensitive and always seek to connect emotionally with their caregivers. The baby is born with the innate ability to interpret feelings (Richter, 2015). The social and emotional environment, and the quality of the nurturing care to which the baby is exposed, shape the caregiver-baby bond. Furthermore, it also influences and shapes the brain development of the baby. Through their connections with the caregivers, the baby forms perceptions about themselves and others. These perceptions may affect their self-esteem and perceptions of other people's trustworthiness.

Babies who suffer relationship trauma due to abuse or severe neglect may develop trust issues (World Health Organization, 2016). Research shows that the baby's brain development is affected by exposure to trauma (Schore, 2018). This trauma may, on a subconscious level, affect the baby's behaviour and even their future relationships. Certain parts of the brain associated

with emotions are activated more in times of trauma. Emotional dysfunctions, such as the Autism spectrum, have been linked to problems in attachment. However, hormones such as oxytocin and dopamine are released when the baby's needs are adequately met, and the baby feels emotionally connected to the caregiver. These hormones are released during joyful experiences. These hormones positively affect the brain, the baby's body, and the adult (Schore & Schore, 2008).

When babies receive the love and care they need from their caregivers, they learn to depend on and trust other people (Richter, 2015). The baby may internalise the care provided in caregiving. They may attach value and worth to themselves based on the quality of caregiving they receive from the caregiver

3.6 Connection

Babies are genetically primed to form connections with other humans (Bowlby, 1982). Connecting with other humans is a primary need of the baby (Richter, 2015). The need to connect is rooted in the survival instinct of the baby (Bowlby, 1982). Every baby needs an adult that makes them feel safe and secure (World Health Organization, 2016). In the context of the caregiving relationship, the baby seeks to bond. This bonding relationship is called attachment. Secure attachment makes the baby feel safe (Richter, 2015).

Exploring the connection between the caregiver and the baby is essential. The emotional interactions between the caregiver and the baby help shape the baby's emotional development (Schore & Mark-Tarlow, 2018). Exploring parents' emotions in caregiving may contribute to our understanding of the emotional capability of the parents as caregivers. Exploring the caregiver's emotions in this way and the role they play in the baby's emotional development may highlight challenges that need to be addressed.

3.6.1 Babies and Connectedness

Infants develop in the context of relationships (Richter, 2015). Babies learn who they are from experiences that they have in relationships with significant others (Bowlby, 1982). Their humanity and sense of identity get shaped by their social experiences (World Health Organization, 2016). These aspects of their identity get shaped by their interactions and relationships with significant others. The baby needs to be cared for by a caregiver in a stable environment to develop optimally. The role of the caregiver is primary in the baby's survival (Richter, 2015). In 1951, Bowlby advocated that having a loving, stable parental relationship was as critical for the baby's survival as food and healthcare (Bowlby, 1969).

A baby's physical and emotional health depends on external factors. The baby develops as an individual in the context created through their relationships with significant others. In the family context, it is usually the relationship with the parent or parents as caregivers. The context created by the caregiver determines the quality of the connection that develops. It is within the context of these relationships that attachment and bonding take place. Attachment and bonding shape and directly impact the baby's brain development

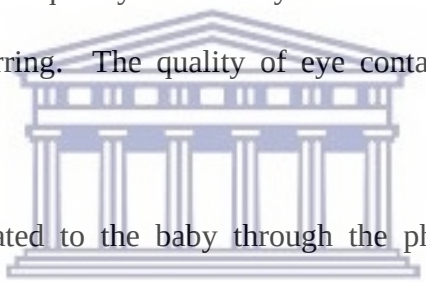
3.6.2 Forging Connections

Loving care requires the caregiver to be able to connect with the baby on an emotional level. This emotional connection happens when caregivers meet the emotional and physical needs of the baby adequately (Richter, 2015). This loving care requires the caregiver to actively engage in making a connection with the baby through the display of appropriate behaviour. Connection refers to the emotional bond between the baby and the caregiver (Bowlby, 1982). The emotions of the caregiver affect the baby and vice versa. A connection is established with the baby by the actions displayed by the caregiver. Actions must be expressed through loving care. Love and

care are communicated to the baby via facial expressions, tone of voice, touch, and regular eye contact.

3.6.3 Challenges to Connection

The burdens caregivers carry may affect the quality of care they can provide for the baby. They may not be able to connect emotionally with the baby when they experience stress. Their minds may focus on something else while they look at the baby. The baby may interpret this preoccupation of the caregiver as a lack of caring. Although dated, the following statement remains relevant. When the parent as a caregiver cannot respond appropriately to the baby's cues to connect, it causes the baby emotional trauma (Ainsworth and Bell, 1970). Clinicians can determine from the intensity and frequency of direct eye contact between a caregiver and a baby that brain development is occurring. The quality of eye contact reveals the strength of the attachment relationship.



The quality of care communicated to the baby through the physical display of appropriate emotions influences the development of an attachment bond with the baby. Nurturing and stimulating interactions between babies and their parents can positively and permanently strengthen the ability of the baby to learn. The emotional capability of the parents is of extreme importance in that it may influence how they relate, respond and connect with the baby (Hoffman & Metz, 2017). If parents cannot display affection and care in their interaction with the baby, it may negatively influence the baby's development. That is why, in this research paper, the capability of parents to make emotional connections with their babies will be explored to gain more insight into this topic.

3.6.4 Importance of Connection

Various studies have confirmed that remediating societal problems once they have occurred may not be the best way to deal with the social and emotional problems we face (Richter, 2015). Studies have indicated that a proactive approach to solving these problems may be a more effective means of remediating these social and emotional problems (Lancet, 2012). Emotional health has been proven to accurately predict adult life satisfaction (Layard et al., 2014). Intellectual development, as presumed, was not as significantly correlated with well-being and life satisfaction (Layard et al., 2014). On the other hand, emotional health and well-being contribute significantly to the well-being and future success (Layard et al., 2014). Therefore, investing in the baby's wellbeing may affect more positive social change than remediating problems that may develop due to a lack of adequate care (D'Mello et al., 2018).

3.7 Emotions

Emotions form an integral part of all aspects of our being and behaviour. It influences our thinking, responses and actions (Nussbaum, 2011). Human emotions intrinsically motivate us to perform or excel in life (Berridge, 2018). It also has the power to limit and restrict us in our personal development and decision-making (Berridge, 2018). It affects our thinking and our actions. What significantly differentiates human beings from animals may be the depth, variety and significance that people attach to their emotions (Paul & Mendl, 2018). In humans, the line between reason and emotion is not always clear-cut. The past stored memories may subconsciously affect the immediate responses (Nussbaum, 2001; 2012). Emotions influence the thinking and reasoning of an individual. It plays a vital role in humans' life decisions (Nussbaum, 2011). In this way, emotions may influence thinking and therefore affect lives.

3.7.1 Definition of emotion

The definitions of emotion are as vast and varied as the opinions about it. Emotion is a strong feeling derived from one's circumstances, mood, or relationships with others. Although there is no consensus regarding a specific definition, certain elements are common in most definitions. Emotion is a complex psychological state accompanied by physiological changes and an external response. It is a conscious reaction, such as fear or joy, which is motivated by subjective experiences. Both physiological and behavioural changes in the body accompany the reaction. Although there are many different emotions, they can generally slot under these basic categories – love, joy, surprise, fear, sadness, anger, disgust, shame and pride (Tyng et al., 2017). These are known as primary emotions.

In psychology, emotion is defined as a complex state of feeling that results in physical and psychological changes in a person (LeDoux, 2012). Feelings refer to the emotional reaction to a stimulus that precipitates or accompanies the outward expression or reaction thereof (Lan et al., 2011). These physiological and psychological changes caused by our emotions influence our thoughts and behaviour

3.7.2 Origin of emotions

Mostly, emotion is regarded as a responsive state brought on by neurophysiological changes in the body. Feelings hidden inside the individual can cause the origin of these thoughts and responses. Past experiences form the basis of these feelings. These feelings can be brought about by internal and external impulses or drives which affect and motivate people. The source and responses of these emotions may be pleasurable or unpleasant. How the emotion is expressed depends on how the individual interprets the circumstances (Tyng et al., 2017). In other words, our emotions are highly subjective. Emotions can be positive expressions such as happiness, trust

and joy or negative expressions such as shame, fear, anger and guilt. Emotions exert a powerful influence on human behaviour. In the first 1000 days, it directly impacts how the baby's brain develops.

In this thesis, emotions are viewed as subjective states of being which are outwardly expressed through our feelings (Lane et al., 2011). Our emotional states, therefore, are combinations of physiological stimulations, cognitive evaluations and subconscious interpretations. Therefore different people may have different emotional experiences even when faced with similar circumstances (Lane et al., 2011). In essence, emotions are influenced by a person's experiences, background and culture.

3.7.3 Emotions and Trust

Human beings depend on others for their development (Richter, 2015). Babies need their parents to develop and grow up physically and emotionally. In 1965, Winnicott reported that babies depend on their caregivers' care for their development (Winnicott, 1965). This point was reinforced by Malekpour (2007), who declared that infant competency is directly linked to the caregiving relationship. Recent studies have confirmed that the context in which babies grow up and how they are raised determines to a large extent, the attachment and trust that they may develop with other people (Richter, 2015). As social beings, our interaction with others is essential for social, physiological, psychological and emotional development (Bronfenbrenner, 1986). The connection established with the baby by the parents in caregiving has profound implications for the baby's development. How parents handle their emotions and express nurturing care has important implications, not only for their well-being but also for their babies.

3.7.4 Emotions of Parents

It is imperative to explore the emotions that parents experience and how they can express them in caregiving. Exploring parents' emotions may provide some understanding of the emotions that parents experience in caregiving and their challenges. This chapter explored a general overview of the information available on emotions. It provided a synopsis of the functions and purposes of emotions. Looking at the theoretical understanding of emotions in this way may advance our understanding of the role emotions play in the first 1000 days. It also contributed to our understanding of how emotions relate to connectedness. Exploring the emotions in this research highlights the significance of emotional health and its contribution to wellbeing.

The emotions that parents express play a critical role in ensuring the baby's healthy emotional development. Ensuring healthy emotional development is significant in the first 1000 days of the baby's life. This phase is critical in the baby's emotional development. Human emotions can be a powerful driving force. It can propel us to success or severely hamper our progress and personal development. The emotions we are exposed to early on in life influence our emotional development. How we handle and express our emotions may influence our decisions and whom we become. Therefore it is imperative to know which emotions parents display in caregiving.

Through this research, exploring the emotions of some parents may give some insight into the emotions that parents experience and can express in caregiving. Therefore, this chapter explores emotions and their role in human functioning and connection. This chapter will also explore some of the challenges experienced by role-players in the caregiving process. It will explore what possible impact the caregivers' emotions may have on the baby's emotional development in the first 1000 days.

3.7.5 Emotions of the mother in Pregnancy

The effect that a parent's emotions have on the baby's development is evident from conception. During the pregnancy, the emotions of the mother affect the baby. The emotional state of mind of the mother has a direct impact on the baby's development. Stress affects the emotions of the mother. A high-stress level which occurs over a long period is referred to as toxic stress (Racine et al., 2018). Toxic stress is stress against which the pregnant mother has no resistance. Long-term stressful emotions cause specific physiological changes in the body of the mother. During prolonged stressful episodes, the mother's body secretes Cortisol, a stress-responsive hormone. This hormone travels through the placenta and affects the developing baby (McEwan, 2013). Long-term exposure to Cortisol affects the baby's brain development (Schore & Marks-Tarlow, 2018; Folger et al., 2018). In pregnancy, this link between stress and the baby's brain development can be observed in scans done on the baby's brain (Schore & Marks-Tarlow, 2018). The effects of toxic stress can put the baby at risk for physical and mental disorders later in life (Schore & Marks-Tarlow, 2018).

3.7.6 Emotions and Connectedness

The emotional connection between the caregiver and the baby forms an essential part of the caregiving relationship. Making positive emotional connections is the mechanism through which attachment occurs. These emotions get expressed and conveyed to the baby through the actions and emotions displayed by the caregiver. Adequate caregiving is about meeting the baby's physiological and emotional needs on time (Richter, 2015; World Health Organization, 2016). Good caregiving requires an adult who is physically and emotionally available. This emotional availability expressed through loving care allows caregivers to adequately meet the baby's needs.

3.8 Conclusion

This chapter explored extant literature regarding the importance of emotions and connection in the first 1000 days. It highlighted the role of emotions and the implications of connection for all the role-players in caregiving. Since emotions play such an important part in connection and caregiving, ensuring the development of the capability of the emotion of parents is vitally important. Having this capability contributes to the well-being of parents. It may also contribute to the well-being of babies. How parents respond in caregiving is important for the baby's emotional development. Loving care from emotionally responsive parents will ensure babies thrive in the first 1000 days.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

The preceding chapter discussed extant literature on the baby and parents as caregivers' first 1000 days of life. This chapter discusses the research methodology that is used to answer the research question and achieve the objective. The first section discusses the aims and objectives of this study. The second section discusses the research methodology (qualitative method) and approach used. Next, the data collection process is identified and the steps used to analyse data.

4.2 Aims and Objectives

This study explores the human capability of emotion and its contribution to connectedness with the baby in the first 1000 days of life. To achieve this aim, the following objectives were focused on in this study:

- Exploring the capability of the emotion of parents in caregiving in the first 1000 days.
- Exploring the importance of the human capability of emotion, emotional responsiveness and connectedness within the first 1000 days.
- Exploring the human capability of emotion (according to Nussbaum) and how parents express it in caregiving;
- Exploring how parents can display emotion and connect with their babies.

4.3 Research Methodology

For this study, the researcher made use of a qualitative exploratory approach. This approach allowed the researcher to make an in-depth exploration of parental connection and emotions in the first 1000 days.

A qualitative research methodology was utilised in the research process because it is a form of research that "elicits participant accounts of meaning, experience and perceptions" (de Vos et al., 2011, p.65). Qualitative research assumes that individuals socially construct meaning as they engage with others and their world (Merriam & Grenier, 2019). It places value on people's insight as they recount their lived experiences (Creswell & Creswell, 2018). Therefore, this methodology is applicable to exploring emotions that parents experience and can express in caregiving (Creswell & Creswell, 2018). In other words, qualitative research allowed the researcher to gather in-depth, personal information on parents' emotions and emotional experiences in the first 1000 days. Therefore using a qualitative exploratory approach allowed for an in-depth exploration of the capability of emotions of parents in caregiving.

Saunders et al. (2012) argue that the purpose of exploratory research is not intended to provide conclusive evidence. Its role is to help researchers to have a better understanding of the problem. Therefore, exploratory research was used in this study. As a methodology, it is also more flexible compared to other research methodologies. Exploratory research is a continuous process that needs continual improvement. Therefore exploring the capability of emotions and parental connection may contribute to the existing body of information on this topic.

The study explored the influence of parents emotions on their connection with the baby. This study also explored the impact of past experiences on the emotional development of parents and how this impacted the connection with the baby and others. Since the interviews were completed shortly after the peak of the Covid-19 pandemic, the pandemic's influence on parents' emotions could not be ignored.

4.4 Research Approach

In this study, the researcher used an exploratory research methodology. Exploratory research explores new research areas in which little or very little information is available. The aim is to explore the field for new information that may be expanded in the future. Exploratory research, therefore, creates the scope for future research studies. This study requires the researcher to lean on existing theories to frame and guide the research process. It lays the groundwork for future studies. It can assist researchers in finding possible causes for the problem. As is the case with all research, it can add to the information, which may lead to informed decision-making around policy implementation.

The qualities of an explorative methodology that makes it particularly useful for this study is that it is not dogmatic and conclusive. It does provide some insights that may lead to further exploration of this topic. It may provide information on whether a problem or area of focus is worth pursuing in the future. This approach is useful for exploring the lived experiences of participants. Therefore, an explorative qualitative methodology was suitable to explore the emotions parents experienced and expressed in caregiving. The qualitative research allowed the researcher to get insight into the emotions that parents experienced and could express. It explored their perspective based on their personal experiences and their interpretation of their situations (Bless et al., 2013). In other words, explorative qualitative research allowed the researcher to gather in-depth, personal information on the emotions and connections of parents in the first 1000 days. Using a qualitative exploratory approach allowed for an in-depth exploration of the capability of emotions of parents in caregiving. Parents of babies within the first 1000 days residing in the Western Cape Metropolis participated in the research process. Parents shared their experiences and the emotions they experienced in the caregiving relationship with the baby.

Questions of an exploratory nature were asked to gain information on parents' emotions to explore the phenomena under investigation more thoroughly (Creswell, 2012).

4.5 Participants

Sampling is a selection of study participants from a population according to specific rules (Flick, 2015). Since the parental connection and the human capability of emotion were explored by parents in the first 1000, participants were purposively selected. A purposive sample refers to selecting participants with characteristics particular to the group under investigation. Due to the nature of the research, a purposive and homogenous sampling technique was used (Taylor et al., 2016). What this technique implies is that the participants were purposefully chosen. Using a purposive, homogenous sample allowed for the flexibility of choosing participants willing to provide information based on their specific experiences concerning the research topic (Creswell & Creswell, 2018).The qualifying criteria were that the participants had to be parents of babies in the first 1000 days. These included mothers and fathers of babies as well as pregnant mothers. The parents residing in the Western Cape participated in this study. Due to Covid-19 restrictions, the specific protocols had to be adhered to. The researcher and the participants followed the Covid-19 protocol (e.g. social distancing and mask) wearing. Participants were encouraged to keep on their masks if they preferred to do so.

The researcher approached qualifying individuals for their permission to participate in the study. These individuals were usually parents of babies in the first 1000 days and pregnant women. Initially, these individuals were local community, church and workplace members. Subsequently, participants would refer the researcher to other qualifying participants from surrounding areas. The sample of parents selected for the study included colleagues, church members, and qualifying community members. Socio-economic status, culture, marital status or

the age of the respondents were not determining factors in the selection process of suitable candidates. These parents, however, had to be pregnant or parents of babies in the first 1000 days. Twenty-two interviews were conducted with parents. The group comprised of mothers, fathers and pregnant women. Both men and women were interviewed separately and were conducted until data saturation was reached. The interviews were conducted at the participants' homes at the most suitable time. This ensures that they would have the least interruptions to answer the questions. Interviews were completed in a controlled setting where there were no external disturbances.

Sample testing was done at the beginning of the data-gathering stage of this research. Sample testing served as a means to access the feasibility, strengths and weaknesses of the interviewing process and evaluate the relevance of the questions on the interview schedule. The first two parents interviewed served as sample testing for this study to evaluate for possible weaknesses. After carefully evaluating the transcripts and recordings, the questions on the interview schedule were found to be valid. The feedback provided by the supervisor motivated the researcher to probe more and explore certain questions. In the subsequent interviews, the researcher applied this advice to seek more in-depth information. The original interview schedules were not changed in any way. The researcher proceeded with the research process as the interview schedule was found to be valid for gathering information that may contribute to the body of knowledge on the research topic of this thesis.

4.6 Data Collection

This study made use of semi-structured, individual, face-to-face interviews. This process allowed for better understanding and immediate clarification of responses to questions on parental emotions and connections. It highlighted the participants' thoughts, values, biases and feelings

(Taylor et al., 2016). For this study, a semi-structured interview schedule was utilised (Addendum A1 & A2). The semi-structured approach also allowed the participants to "deviate from questions to reflect on information which they deem as valuable or essential to the discussion" (VanderStoep & Johnson, 2009, p.225). This was important, as qualitative research interviews were less concerned with generalisations and more focused on trustworthy and authentic representations of the participants' perspectives on the topic (Kvale & Brinkman, 2009). These conversations provided immediate responses and opportunities for the researcher to get more clarification (Laverty, 2018). Questions relating to the emotions that parents experience in caregiving and their ability to express emotions and show affection were included. This allowed for eliciting meaningful information about the participants' experiences with emotions and connections. An interview schedule with open-ended questions, and probes, were used to interview the participants. Questions explored the emotions experienced by the parents and their ability to express these emotions. It also explored their connections with their parents and how they impacted their responsiveness to the baby. Questions centred around the parents' emotions and their connection with the baby in caregiving were asked.

Examples:

1. Do you understand your feelings, and are you able to give expression to them always?
2. What emotions do you experience as a parent caring for your baby?
3. What do you do if you spend time with your baby?

During the interviews, the researcher was attentive and made written notes of any non-verbal cues the interviewees displayed. An audio device (cellular phone) was employed for recording. Recordings were transcribed, and the information was safely stored away.

4.6.1 Data Collection Process

The Senate Higher Degrees (SHD) and the Human Sciences Research Ethics Committee (HSSREC) at the University of the Western Cape granted permission for the study to be conducted. Once permission was granted, participants were approached by the researcher to request their permission to participate in this study. The researcher contacted all the interested parties to participate in the study. Once they consented to partake, an information sheet was provided to them. The information sheet (Appendice A) explains the study in detail. In addition, the information sheet outlined the aims and objectives of the study as well as answers to any questions they may have. Furthermore, a consent form (Appendice B) was also completed. In the consent form, they were informed of their right to withdraw from this study at any time. It explained that they had the right to refrain from answering specific questions when participating in this study. Their permission to have the interview recorded was requested verbally and in writing. The questions on the interview schedules (Appendice C and D) were guided and semi-structured to allow participants some freedom to express their views. Twenty-two interviews were conducted. Each interview was between 30 and 45 minutes long. All interviews were audio-recorded, subject to permission granted by the participants. Field notes were taken during the interview process as non-verbal cues added valuable insights (Creswell & Creswell, 2018). All the Covid-19 safety protocol was adhered to by the researcher and the participants in this study.

4.6.2 Individual Interview Sessions

The participants were selected based on their being parents of babies in the first 1000 days. Socio-economic status, culture, marital status or the age of the respondents were not determinant factors in choosing participants. Participants were selected on the basis that they were pregnant

or parents of babies in the first 1000 days. These individuals could be single parents or married. Twenty-two participants were interviewed until the researcher felt satisfied that data saturation was reached. The data-gathering process (interviews) occurred over a period of two months. The timeframe for the interviews stretched from the 20th of September 2020 to the 19th of November 2020. All the interviews were audio-recorded. The recording of one of the interviews was spoiled. It was not included in the final dataset, forming part of the data analysis process. Recordings of these interviews and transcriptions are available for proof and verification. Of the twenty-one recordings transcribed, eighteen interviews were completed in English, while three were completed in Afrikaans. The three Afrikaans recordings were first transcribed in Afrikaans and then translated professionally into English by an individual who does transcriptions and translations. The researcher checked the transcriptions for any deviation and was satisfied that it was an accurate translation and a true reflection of the original Afrikaans script.

4.6.3 Data Analysis

The researcher approached the qualitative research with the guidelines prescribed for the data inquiry process in mind. Data inquiry is the process of bringing order, structure and clarification to collected data (Merriam, 2009). Qualitative data analysis involves organising, accounting for and explaining the data. In other words, making sense of the data by taking into account the participants' definitions of the situation, noting patterns, themes, categories and regularities (Cohen et al., 2007)

Qualitative research searches for general statements about relationships and underlying themes and builds grounded theory (Strauss & Corbin, 1997). Grounded theory is a methodology involving the construction of inductive reasoning to understand what occurred (Noble & Mitchell, 2016). It was done by comparing the research data with existing theories. Thus, to

understand the raw data collected from the field, it was necessary to analyse it so that the researcher could make sense of the data (Creswell & Creswell, 2018). Therefore, the analysis separated the data into manageable themes, patterns, trends and relationships (Mouton, 2001).

In principle, these steps and processes were followed by the researcher. It was done to show the relationship between concepts, constructs and variables. The first step of analysis for the researcher involved listening to the collected audio data several times. The audio recording was transcribed verbatim. This process demanded rigorous reading and re-reading of the text. When transcribing was completed, the researcher checked and rechecked the data several times to verify its correctness. Becoming acquainted with the data gave the researcher the best chance to become familiar with the information. This process of checking and re-checking was done with the research questions and the focus of the study in mind. Going through the transcribed data, making notes, and highlighting certain responses and repetitions, formed an essential part of the researcher becoming acquainted with the data.

Following these processes allowed the researcher to become acquainted with the information more intimately. Thorough searching and scanning of the data led to an understanding of emerging themes which could be used in the data analysis process. Emergent patterns that occurred frequently would be analysed, categorised and then classified. Comparisons and contrasts were made between the information shared and existing theory, namely Attachment Theory and the Capability Approach.

Atlas Ti. A computerised system was employed to analyse the data. After reading and re-reading transcriptions, each one was coded. Coding was completed by highlighting and selecting relevant information from the transcripts. Descriptive codes were developed based on the information

provided, as the researcher did not approach the data with pre-existing codes. The data determined the codes ascribed to the information selected. Initially, 613 quotations and phrases were selected. These selections made of the transcriptions were deemed relevant to the researcher's pursuit of information. Each quotation, or segment highlighted, had a code attached to it. Initially, one hundred and eleven codes were attached to the 613 quotations. Firstly, the number of codes was reduced to 53 codes. Due to certain similarities and repetitions, the researcher found that the number of codes could be reduced further. Finally, it was reduced to 35 codes. Codes addressing a common idea or field of knowledge were then grouped. These codes were then organised into code groups. These code groups were then considered as the "themes" of the information gathered from the interviews.

The next step in the data analysis process is to analyse each code group or theme individually. The information organised under the theme was analysed and summarised. The focus was on what was said by the participants. The researcher then considered how each of these themes contributed information to the research questions. The contribution it made to the overall understanding of the research questions was then addressed.

To summarise the process, the following steps of data analysis were undertaken by the researcher:

1. The researcher prepared and organised the data.
2. The data was reviewed and explored.
3. Initial codes were created.
4. Codes were reviewed, revised and combined.
5. The information gathered was presented in an organised manner.

With information separated into manageable pieces, the researcher sorted and sifted through them, searching for types, classes, sequences, processes, patterns or wholes/connections. This process aims to assemble or reconstruct the data in a meaningful way, connecting similar information to provide an overall view of the whole and making it comprehensible (Cresswell, 2012).

4.7 Self-Reflexivity

The researcher is a woman and a mother. Keeping personal bias and opinions from interfering with the interview process was kept in mind throughout the study. The influence of culture was another factor the researcher had to consider as women and men from different cultural groups were interviewed. Cultural biases or prejudices were factors which could potentially interfere with objectivity and perceptions. Gender and prescriptive gender roles remain sensitive issues. Therefore, staying true to the participant's points of view and perspectives was essential. Other factors that could potentially interfere with the validity of the results were time constraints and the sample size. The research process occurred over an extended period. The limited number of interviews completed may yield results not completely representative of the population. These factors may influence the outcomes of this study. However, the researcher made every reasonable attempt to remain objective and unbiased as far as possible.

4.8 Bias and Objectivity

Qualitative research contributes to understanding the human condition in different contexts and situations. The groundwork for credibility initiates when the planning of a study begins. External and internal resources have to be identified that could impact the results and validity of the study. The researcher had to consider her own experience of the phenomena to minimise any bias of her

influence. The purpose of content analysis is to organise and elicit meaning from the collected data, drawing realistic conclusions.

Getting an overall understanding of the text assisted with the analysis process. Content analysis focuses on the text as a means to determine its meaning. The use of content analyses enabled the researcher to "quantify and qualify' the presence of meaning and relationships of certain words, themes and concepts in the analysis process (Roulston, 2014). It is a research method used to identify patterns in recorded communications. To do content analysis, the researcher had to collect data from a set of texts systematically. Thematic analysis is the process of engaging with the text without engaging in pre-existing themes. It is a search of the text which leads to the discovery of themes and patterns (Taylor et al., 2016).

The researcher's self-reflection is essential to qualitative research (Creswell, 2014). "To have preconceived knowledge of the subject and to be familiar with the context can be an advantage as long as it does not affect the informant or the interpretation of the results" (Elo et al., 2014). As the researcher, I have striven to ensure credibility. I understood the dynamics of laying aside my preconceived ideas about the theme under investigation. Staying true to what the interviewee expressed and framing it in their framework of reference prevents the researcher from making speculations.

Merriam (2009) advised that the researcher should be aware of her own biases. The researcher determined not to follow her own assumptions, worldview, and theoretical orientation at the study's outset. The researcher, therefore, was reflective and remained alert throughout the study to monitor the data collection process and analyse it without bias.

4.9 Trustworthiness

Thorough reporting of the research process and results remain important in ensuring that trustworthiness exists in the study (DeJaeghere et al., 2020). Therefore, the researcher endeavoured to comply with the principles of trustworthiness throughout the research. To establish quality and validity in this study, this research applied credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Although dated, this information remains relevant. The trustworthiness of the study addresses the issue of credibility. It ensures that the researcher depends more on the richness of the information gathered than on personal interpretations. Establishing austerity is essential for all qualitative research studies. Trustworthiness ensures austerity in a qualitative study and adds significant value to the researcher's study. It refers to being accurate and authentic to the participant's information without intentionally transcribing it to the researcher's understanding.

In conducting any study, the researcher must remain conscious of the bias that the researcher may bring to the study. Throughout the study, the researcher needed to remain aware of any preconceived ideas or assumptions that may interfere with interpretations. To ensure the credibility of this study, the researcher laid aside any preconceived ideas about the theme under investigation. Staying true to what the interviewee expressed and keeping it in their frame of reference prevented the researcher from making speculations. Responsibility involves the following elements: credibility, dependability, confirmability and transferability.

1. Credibility refers to how congruent your findings are with reality. It is one of the most important factors in establishing trustworthiness (Creswell, 2014). Credibility exists when the research findings reflect the perceptions of the people in the research.
2. Using peer analysis as a means to test trustworthiness. Peer examination adds value to the study (Creswell, 2014).

3. Merriam and Tisdell (2015) advised that the researcher should be aware of his own biases. The researcher should not follow his assumptions, worldview, and theoretical orientation at the outset of the study. The researcher engaged continually in reflective commentary throughout the process.
4. Transferability refers to the results of qualitative research that can be transferred to other respondents (Elo et al., 2014). Therefore, the selection of the participants was considered purposefully to elicit relevant and useful data.

4.10 Ethical Considerations

Ethics refers to the honesty and integrity of the researcher and the research process. The concept of ethics emphasises the responsibility of the researcher to adhere to a standard of conduct (Bless et al., 2013). All procedures to adhere to ethical standards were followed by the researcher. Permission to conduct this study was sought from the Senate Higher Degrees and Ethics committee (Appendice E). Interviews were conducted shortly after the First lockdown. The researcher adhered to all the Covid-19 protocols (e.g. wearing of facial mask, social distancing and sanitising). The researcher had sanitiser and extra protective facial masks available for the participants to use if needed. Participants were informed of all their rights. Participants signed a consent form to acknowledge that they had been informed that their participation was voluntary (Appendice B). It clearly stated that they had the right to withdraw from the interview process and to refrain from answering any questions. They were informed and had to give written consent for the interview to be recorded.

All procedures to adhere to ethical standards were followed. Pseudonyms were used to identify participants, and the data was stored safely. Due to the sensitive and personal nature of the

content of the interviews, information about counselling services was available. All measures were taken to ensure that this research process caused no harm.

4.11 Conclusion

The chapter provided a detailed account of the methodology used in this study. It described the research population, data collection process and the ethical considerations this research followed. The succeeding chapter will discuss the research findings in light of the literature on the capability of emotions and connection or attachment.

CHAPTER 5

PRESENTATION OF FINDINGS AND DISCUSSION

5.1 Introduction

The previous section discussed the research methodology that was used in this study, the research population and data collection. This chapter focuses on presenting the findings of the research. In this chapter, the researcher will discuss the results that emerged from the data collected. The results will be discussed in the context of the theoretical frameworks explored in this study, viz Attachment Theory and the Capability Approach. Through the data analysis process, six themes were identified. This chapter commences by discussing the demographics of the participants. It will include a summary of participants' demographics in table format. The following section will then present the research finding with a table depicting the themes derived from the data collected.

5.2 Demographics of the Participants

The sample of participants included in this study all resided in the Western Cape. The participants selected were parents of babies in the first 1000 days. This sample also included pregnant mothers. Furthermore, age, socio-economic status, nationality and family size were not determining factors in the selection process. Participation was voluntary, and participants were informed of their rights. Interviews were audio-recorded and transcribed verbatim. Each interview lasted between 30 – 45 minutes. The demographic data of participants is presented in Table 5.2.1.

5.2.1 A summary of the information of the participants and the interviews

Table 1 present the demographics of the participants. The table shows the twenty-two people we interviewed. As shown in Table 1, most of the participants are mothers (13), five are fathers, and three interviews (4th - recording spoiled; excluded from the final dataset) were with pregnant women. Moreover, seven interviews were conducted in Kuilsriver, six in Blackheath, seven in Eersteriver, one in Brackenfell and one in Malibu.

Table 1: Demographics of participants

No.	Participant Number/Code	Role	Date-interview	Place – interview	Age Baby
1.	12-F	Mom	20/09/20	Kuilsriver	1yr-3months
2.	2-F	Dad	20/09/20	Kuilsriver	1yr-3months
3.	15-M	Mom	29/09/20	Blackheath	4 months
4.	10-M	Mom	29/09/20	Eersteriver	2yrs-6months
5.	1-F	Dad	29/09/20	Eersteriver	2yrs-6months
6.	21-P	Pregnant	05/10/20	Eersteriver	9th month
7.	14-M	Mom	05/10/20	Eersteriver	1yr-2months
8.	M19	Pregnant	13/10/20	Eersteriver	9th month
9.	18-M	Mom	14/10/20	Blackheath	2yrs-2months
10.	7-M	Mom	15/10/20	Kuilsriver	1.5 months
11.	3-F	Dad	15/10/20	Kuilsriver	1.5 months
12.	6-M	Mom	19/10/20	Eersteriver	8 months
13.	Spoiled - Rejected	Pregnant	21/10/20	Eersteriver	7th month
14.	13-M	Mom	22/10/20	Blackheath	4 months
15.	11-M	Mom	05/11/20	Malibu	2yrs-5months
16.	17-M	Mom	06/11/20	Blackheath	2yrs-5months
17.	9-M	Mom	13/11/20	Kuilsriver	1yr-1month
18.	4-F	Father	13/11/20	Kuilsriver	1yr-1month
19.	8-M	Mom	13/11/20	Brackenfell	9 months
20.	16-M	Mom	16/11/20	Blackheath	1yr-3months
21.	5-F	Father	16/11/20	Blackheath	1yr-3months
22.	20-P	Pregnant	19/11/20	Kuilsriver	7th month

5.3 Presentation and Discussion of Findings

Once the data was collected, audio recorded and transcribed, the data was analysed. After the data was analysed, it was divided into themes and sub-themes. Six main themes were derived from the data. In the following section, 5.3.1, the themes are identified.

5.3.1 Themes and sub-themes

This section discusses the outcomes of the data analysis. Table 2 provides a summarised view of the data that emerged from the interviews. It includes descriptors of the codes/subthemes and the theme description.

Table 2: Themes and sub-themes (codes) that emerged from the data collected

Theme	Codes	Description of theme
Parents' Ability to EXPRESS EMOTIONS	Ability to express emotions Express emotions parent Relating to others emotionally Understanding personal emotions	This code group is about the parent's emotions, their understanding of their own emotions, relating to others and how they can express their emotions.
EMOTIONS Experienced in Parenting	Consoling the baby when the baby is stressed Emotions baby unwell Emotions experienced in parenting Emotions in Pregnancy Expressing emotions to baby Show affection/love to the baby Showing affection towards others	This code group refers to the emotions parents experience in pregnancy and parenting. It explores the ability of the parent to express their emotions to the baby and others. It explores how the parent can show affection to others and the baby.
CHALLENGES	Challenges in Parenting Challenges in Pregnancy Cultural perceptions Depressed? Perceptions influenced by media, culture, etc., of what is manly The primary caregiver in the baby's life	This code group refers to the many challenges that may impact the parent. It may be external challenges, such as financial stress, or internal challenges that may impact the parent's relationship with the baby.
CONNECTION	Baby Planned Connecting with people Connection Activities with baby Connection with baby Connection with the baby in Pregnancy Experiences that influenced connection Involvement in parenting Parenting Experiences Rate your connection with your baby Support system	This code group refers to the parent's connection with the baby. It also refers to factors influencing their ability to connect with others and how they can share their emotions and connection with others.
BACKGROUND	Family background Favourite Statement of the interviewee. How their parents expressed their emotions / Affections Reasons for emotional development Relationship with their parents	This code group refers to the parent's connection with their parent/s and their past experiences. It also refers to other factors that may impact their emotional development.
Covid-19 Effects (Lockdown 1)	Covid-19 Connection with the baby Challenges	This code group refers to the effects of Covid-19 and the lockdown on the parent and the relationship with the baby.

5.3.1.1 Graphics: Individual Themes

G – Groundedness: Number of times code appears in data. It is indicated by a number or a graph bar.

Six themes emerged from the data analysis process. Below find a graphic representation of these themes and the codes included in the theme. Following in this chapter will be a discussion of each of the themes and the sub-themes of the study.

Theme 1 – The ability of Parents to express Emotions

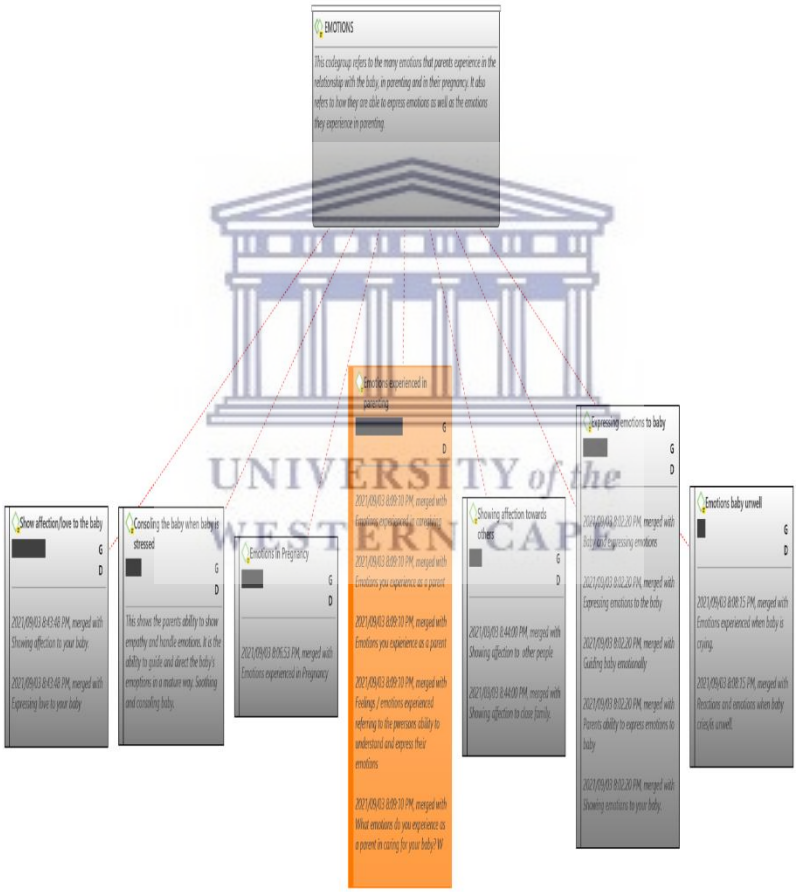


Figure 1: Theme 1– The ability of parents to express emotions

Theme 2 – Emotions experienced in parenting

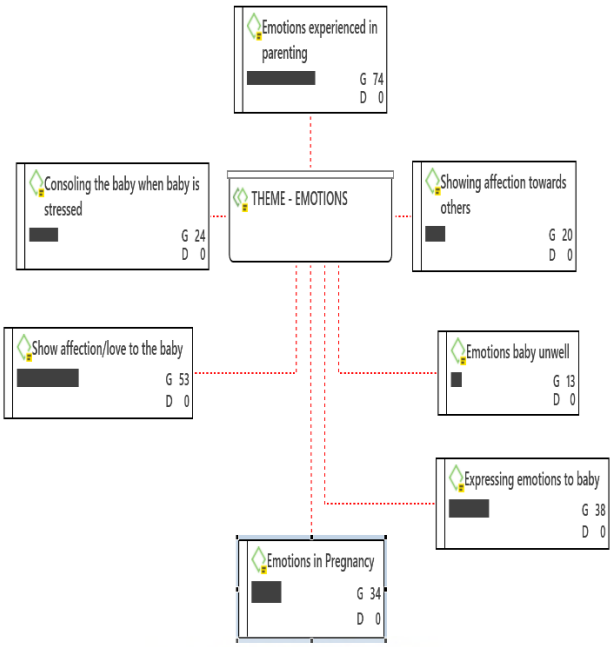


Figure 2: Theme 2 - Emotions experienced in parenting

Theme 3- Connections

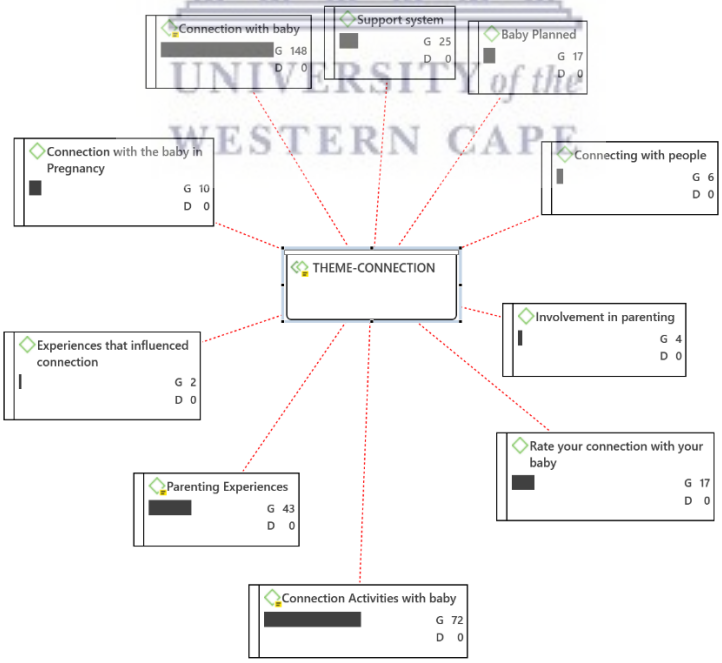


Figure 3: Theme 3– Connection

Theme 4 – Background of the Parents

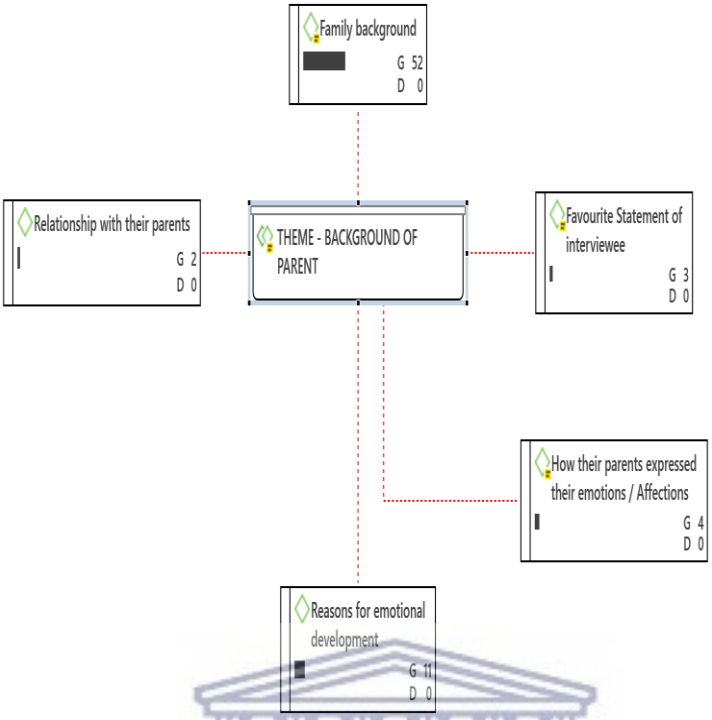


Figure 4: Theme 4 - Background of the Parents

Theme 5 – Challenges that parents experienced

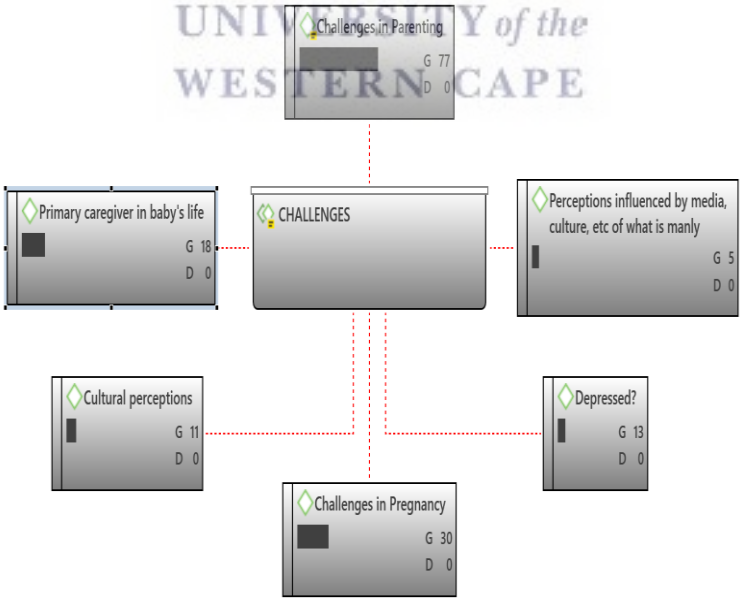


Figure 5: Theme 5 - Challenges that parents experienced

Theme 6 – The role of Covid-19

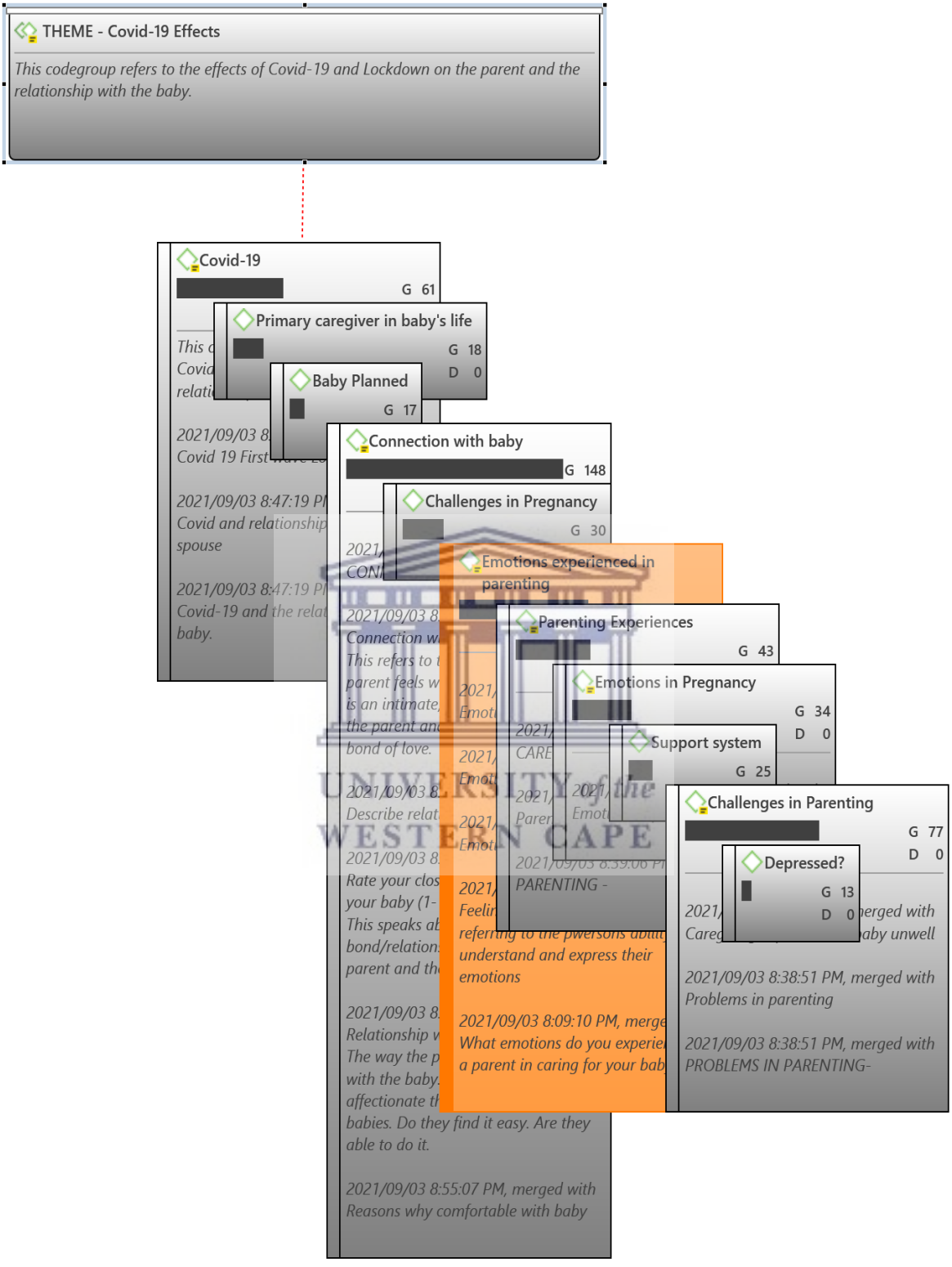


Figure 6: Theme 6 – The role of Covid-19

5.4 Theme 1: Parental ability to Express Emotions

This theme, "Parental ability to express emotion", explored the emotions that parents experienced. It focused on their understanding of their emotions and how they can express them. The following sub-themes emerged from the exploration of the data on this theme:

- Sub-theme 1: Learning to Express Emotions in caregiving
- Sub-theme 2: Alternative Strategies used by Parents
- Sub-theme 3: Using Body Language
- Sub-theme 4: Influence of Culture

5.4.1 Sub-theme 1: Learning to Express Emotions in caregiving

All parents cannot equally give expression to their emotions. People differ in their ability to express emotions. Having the capability to experience and positively express a range of emotions is an important aspect of emotional health (Berridge, 2018). Emotional health is an important contributor to the health and well-being of an individual (World Health Organization, 2016). People who can express their emotions are more resilient to the challenges of life (Nussbaum, 2006). They have stronger bonds of attachment with other people. Having this connection with other people is important. Giving expression to their emotion makes available avenues for parents to seek emotional support. It provides an important emotional support resource and improves emotional health and well-being.

Being able to express all of your emotions is a sign of emotional intelligence (Berridge, 2018). Having the capability of emotion means that a person can experience and express emotions effectively (Nussbaum, 2013). Effective emotional functioning refers to the ability to experience and express emotions constructively. For parents, expressing emotions constructively is a natural form of emotional and psychological stress release (Berridge, 2018). Having this capability not

only improves well-being but it contributes to the well-being of others, especially the baby, in the first 1000 days.

Suppressed emotions may influence behaviour in negative ways (Nussbaum, 2011). It may lead to frustration, anxiety and depression. The research data revealed that most of the participants in this study struggled to express their emotions. Seventeen of the twenty-one participants in this study admitted that they struggled to express their emotions effectively. The data revealed that most of the parents were not able to express their feelings and their emotions fully. Feelings are outward expressions of internal emotion. For these participants, it was not easy to verbalise their emotions to other people. It was also difficult for them to give expression to these emotions. The following statements are typical examples of the statements made by the parents regarding their ability to express their emotions.

"I would rather keep it all inside and think about it, but in my mind, I want to say it, but never get to that point of saying it." (Participant 2F)

"Since I was very little, I tend to keep things in, and I came to realise now that I'm married I have to open up. So that is something I struggle with to...to, ja, just speak my emotions loudly." (Participant 4F)

"I don't trust people and I'm a very private person…, because of the way I grew up…" (Participant M6)

"No. I am not a person to speak about my emotions easily. It takes quite a lot of time before I can utter anything." (Participant M17)

From the above statements made by parents, it is evident that the parents interviewed felt restricted in their ability to express their emotions.

The data also revealed that two of the parents interviewed directly linked their inability to verbalize their emotions as a direct cause of depression (11M, 18M). This concurs with what the studies reveal about the negative consequences linked to an inability or a restriction on the ability to express emotions.

> *"I've kept for a while, while I was pregnant, I kept everything to myself, I went into a depression for three months, I think." (Participant 18M)*

> *"No, you see, sometimes when you keep something in your heart, it's heavy…It's very, very stressful during that time. You know you have a lot on your mind, like income – nothing! Those things are in the head and emotions." (Participant 11M)*

From the statements above, it is evident that most participants did not feel comfortable sharing their emotions with others. The participants (18M and 11M) realised that their inability to express their emotions was directly linked to depression. Not being able to express emotions may have important implications for the well-being of the parents. The Capability theory states that all ten capabilities are important for living a complete and effective human life (Nussbaum, 2012; Robeyns, 2016). The data from this study revealed that the capability to express the emotion of most of the parents interviewed appeared to be lacking.

This information may have significant implications for the caregiving process. The role of the parent in "providing a mirror" for the baby (Bowlby, 1969) demands that parents should have the capability of emotion. They should be able to understand their emotions and should be able to give expression to them (Richter, 2015). Parents model the behaviour the babies may learn in the first 1000 days and store it in their subconscious minds. How parents handle their emotions and give expression to them affects the baby. Being exposed to the parent as a caregiver handling

emotion in a particular way may affect the baby's emotional development. Therefore, the pattern of behaviour that the parent displays may influence how the baby handles and give expression to emotions.

The data revealed that only three of the twenty-one parents interviewed were comfortable expressing their emotions (7M, 5F, 9M). These participants could verbalise their feelings to other people. Furthermore, they felt comfortable displaying their emotions and feelings to other people. These parents could express all sorts of emotions, including sadness and joy, without reservations. They were comfortable crying and expressing love and affection to others. In other words, they could acknowledge the emotions they experienced in themselves and others. They could express their emotions verbally and display them through actions and words. The following participants indicated that;

> *"Yes. I easily talk about my feelings. I carry my feelings on my shoulders. As I said, everyone can see it. (Prompt). Because I grew up in such a household. My mother was like that. She could easily talk about something. There were no secrets. So I'm like that. Actually, our whole family is like that – very easy to talk to. And once you've said something, it's out there. It may bother you, but it's said. They are very open people." (Participant 7M)*

> *"Yes, because I was brought up in a house like that where we expressed our feelings and, uhm, we affirmed one another and gave each other hugs and it was a very loving household." (Participant 9M)*

From the information gathered, it appears that the parents referred to above could share their emotions with other people. Additionally, these parents stated that they grew up in households

where their parents encouraged them to express their emotions. They had parents who could give expression to their emotions. Their parents modelled the behaviour through their actions. This is evident from the following statement:

> *"We were taught from a very young age to express ourselves, and our emotions. Our emotions ……. My father always told me to come chat to him about anything, about any feelings I might have. So from a young age, I was always comfortable with sharing my emotions or my concerns with the people closest to me." (Participant 5F)*

Not all parents stated that they could express their emotions. However, some people can learn to do it from other people. The research revealed that some parents could learn how to express their emotions from others. In households where parents were encouraged to speak and share their emotions, they grew up to become parents who could express their emotions. However, from the data, some parents revealed that they became more expressive due to an encouraging and supportive spouse. The following excerpts provide evidence:

> *"I think it's after I got married. Jah definitely, cause he is a loving person." (Participant 13M)*

> *"(My husband) is so connected with me… so he knows when he see that I'm not looking well. He always checks up, "Are you okay? Are you fine? Are you feeling sad? How are you feeling? Are you feeling okay" So …. , jah that's obviously a gateway for me to open up with my, my emotions." (Participant 16M)*

Research findings indicate that parents directly impact the baby's emotional development (Schore, 2017). The data of this study revealed that not all the parents interviewed had the capability to express their emotions. However, some parents were able to learn how to express

their emotions. Some parents could learn to be more expressive about their emotions. From the above quotations, it appears that some parents could overcome their inability to express their emotions. This was due to having a very supportive spouse who could express their emotions and encourage them to do the same. Parents can therefore learn to express emotions and show affection if they have a supportive spouse or partner.

5.4.2 Sub-theme 2: Strategies that parents used instead of expressing their emotions

Most of the parents who participated in the research could not express their emotions. This may indicate that their capability of emotion was not fully developed. Not being able to express emotion may lead to a number of problems. They applied several strategies to compensate for that inability. Following will be a brief discussion of these methods used by them.

Expressing emotions are important. When parents cannot express their emotions, they learn to develop several maladaptive coping strategies. A number of these strategies were used by the parents interviewed. These were the parents who struggled with expressing their emotions. These coping strategies included withdrawal from others emotionally. One parent stated that she made a conscious effort to cut people out of her life.

> *"I don't trust people and I'm a very private person…, because of the way I grew up…" (Participant 6M)*
>
> *"I try to block people out of my life." (Participant 6M)*
>
> *"Like I said, I don't express. I don't show my emotion, I'm always bottling everything up." (Participant 6M)*

Another coping strategy mentioned by parents that they used to protect themselves emotionally was to hide their emotions. Two of the parents interviewed stated that they hid their emotions

from others. Hiding their emotions was a way of covering how they felt. Not expressing their emotions meant that they were not comfortable sharing their emotions. They did this to protect themselves. Instead of revealing what they felt, they kept their emotions hidden. It appears as if they feel more comfortable "hiding their emotions". In their understanding, it is part of their personalities and makes them less vulnerable. As the parents stated:

> *"With adults, I'm more so-so. Many people say I have a cold face. I don't show my emotions easily, and I'm fine with it because that's me." (Participant 12M)*

> *"(My wife) would say I'm a very emotionless person." (Participant 2F)*

> *"I'm a person who talks a lot, but not a person who wants to talk a lot about my emotions." (Participant 2F)*

The data from the parents interviewed also revealed another coping mechanism that a parent used. She suppressed or "bottled up" her emotions. She kept her emotions locked inside until she exploded. This is what she said about the way she handles her emotions:

> *"I will be irrational when coming to saying how I feel. It sometimes causes a bit of conflict, but jaa…(Prompt – when?) Yes, yes, ja probably…So it is bottled-up feelings that is exploding basically." (Participant M15)*

The emotions she wanted to communicate came out in a way that misrepresented her emotions. It caused conflict.

Parents avoid sharing their emotions for many reasons. The data revealed a number of reasons why the parents suppressed their emotions. These reasons included: - parents feeling guilty for having these emotions, fear of the responses of others or simply not knowing how to express

what they felt. It may also be due to a combination of all these reasons provided. All of the strategies mentioned above: Suppressing emotions, “ignoring it”; or “hiding it”, are ineffective ways of handling emotions. It may cause the emotion to come out inappropriately. Furthermore, it may lead to conflict. Suppressing emotions may lead to depression and/or other mental or emotional dysfunctions. In addition, it may affect the parents’ well-being and their behaviour and responses in caregiving.

When parents cannot express their emotions effectively, it affects their well-being. As caregivers, they are also role-models. When parents cannot express their emotions effectively, it may affect their behaviour and emotions, and children may learn their behaviour.

5.4.3 Sub-theme 3: Using Body Language to express Emotions

Instead of expressing their emotions fully, another coping mechanism that the parents in the study mentioned was using their body language instead of words to express themselves verbally. Using body language is a non-verbal way of expressing your emotions (Berridge, 2018). The non-verbal expression of emotions is also a way of expressing how one feels without verbally expressing the emotion. Non-verbal expression, however, is not an effective means of communication. In other words, using body language to communicate emotions may not be the best way to communicate emotions and express oneself. It is not always clearly understood by others. It may be interpreted incorrectly by other people. Depending on body language as a means of expression creates much room for misunderstanding. Since culture has an important influence on how people experience, express and label emotions, non-verbal forms of communication may not only lead to miscommunication but may teach the wrong behaviour patterns to the baby in the first 1000 days (Bowlby, 1982). These parents may feel frustrated. The baby may pick up on the parent’s emotional signals and interpret them incorrectly.

Moreover, growing up in an environment where parents cannot express their emotions may affect the baby's emotional development. In effect, the baby may also learn the behaviour patterns displayed by the parents (Nussbaum, 2001).

This is what some parents from the data gathered in the research revealed about the way they communicated through their body language:

> *"Not verbally, but you'll be able to see in my expression and body language if I'm not happy."(Participant 8M)*

> *"I might not talk about it, but you would be able to feel the emotion I am trying to portray." (Participant 14M)*

As shown by the data gathered in the research, when parents cannot verbally express their emotions, they may use non-verbal ways to give expression to their emotions. Using non-verbal communication as a means of expression may be intentional on the part of the parents. It is therefore based on a conscious decision to act in this way. It may also be based on a subconscious decision, as parents may not be consciously aware of what they communicate through their body language to other people. Depending solely on non-verbal communication as a means of emotional expression can be confusing for others. It, therefore, is an ineffective means of communication. Therefore, using non-verbal ways to communicate emotions may lead to miscommunication and misunderstanding. Using non-verbal expressions of emotions also requires another person to have the skill to decode the emotion expressed. The ability to decode emotion may not be equally developed among people (Edgar et al., 2012). Therefore, parents need to be able to express emotions properly, which can be understood by everyone to avoid

misunderstanding. This is important since expressing emotions promotes healthy relationships and well-being (Rueda & Paz-Alonzo, 2013).

In caregiving, parents may not be aware of non-verbal and unintentional messages they may be communicating to the baby. As the proverbial saying goes, "actions speak louder than words". Non-verbal communication is an important part of how we communicate. Babies are especially sensitive to non-verbal cues. They may, however, not be able to interpret it correctly. Self-regulation refers to the guidance the parent as caregiver provides to the baby regarding handling emotions. Caregiving requires an emotionally capable parent. When parents cannot effectively express their emotions, they may learn maladaptive ways of expressing them. These patterns of behaviour may then unconsciously be transferred to the baby. This could happen since their "maladaptive" coping strategies may be reflected in their behaviour during caregiving.

5.4.4 Sub-theme 4: Influence of Culture on the expression of Emotions

Culture strongly influences how emotions are expressed (Nussbaum, 2008). It prescribes certain behaviours for men and women. It may pressure people to conform to the gender roles and expectations placed on them by others (Nussbaum, 2008). Cultural and social influences on gender and social role expectations may pressure parents to conform in certain ways. Women should be caregivers and men are providers, which are some of the prescribed cultural and social norms. These social role expectations also exert an influence on how people can give expression to their emotions. What is deemed emotionally acceptable in one situation may not be acceptable in another (Berridge, 2018). What may be appropriate behaviour for women in a specific situation may not necessarily be appropriate for men. Crying as a means of expression is deemed more appropriate for women than men. Men are "expected" to be less emotional. Showing emotion is seen as a weakness for men. Women are automatically regarded as "primary

caregivers". Taking care of the baby and the household while having a full-time career is a social expectation placed on women. Outside pressure influences parents to respond or act a certain way. It is evident that the influence of culture on behaviour and gender roles still exists. Fathers may be pressurised to be less emotional or less inclined to express emotion.

> *"..I'm a person who talks a lot, but not a person who wants to talk a lot about my emotions. (Prompt). It sure could be...uhm, a seed because I don't believe...in our home my dad was not the type of person to show emotion. So I think it originates from there ." (Participant F2)*

> *"Well, I understand my feelings. I don't always think my people understand my feelings, but I understand it. (Prompt) No, not easily. As I've said, I will if it really bothers me, but will only start communicating it after thinking about it for some time, but not just like that." (Participant F2)*

Four of the five fathers interviewed acknowledged that they were not raised in households where they were encouraged as men to express their emotions. They did not have role models demonstrating emotions and affection at home while they were growing up. Two participants explicitly stated that they believed their parenting style directly opposed how their parents raised them. Their parents did not express affectionate emotions towards the family members in their households. They also did not discuss their emotions or freely displayed affection. They described their parents as emotionally aloof. However, they try to be more affectionate to their babies.

One father (F4) acknowledged that in his household, it was seen as a weakness to be emotional. Three mentioned that they never were exposed to speaking about emotions in their families (F2,

F4). In addition, their parents rarely expressed emotions of affection or expressed feelings and showed emotions of sadness, etc.

Only one father grew up in a household where he was encouraged to show and express his emotions by his father (F5). He seems to be quite comfortable expressing his emotions to his son. He mentions crying in front of his son, openly talking about his emotions, and expressing sadness, grief, and all other emotions.

Fathers as role-models may exert a powerful influence on the emotional well-being of their families. If they cannot effectively express their emotions, they learn to find other means of expression that are less effective. People who cannot express themselves may turn to other means for emotional release, such as substance abuse or withdrawal from their families. If parents are not able to express themselves emotionally, it has serious implications for the wellbeing of their families, and it may also affect their health.

5.5 Theme 2: Emotions experienced in parenting

The theme, "Emotions experienced in Parenting", refers to the emotion's parents of babies in the first 1000 days experience in caregiving. Exploring the emotions of parents is relevant to the research topic, as it may provide some insights into the emotions that parents experience in the caregiving process. As the ability of the parent to make emotional connections with the baby is central to this study, it may provide some insight into the ability of the parents to make emotional connections with the baby.

Expressing emotions to the baby is important (Bowlby, 1969). It influences the attachment bond with the baby. The baby may not perceive what the parent believes to be expressing love and care (Gerhardt, 2015). Effective communication is about "emotional attunement and loving care"

that is communicated to the baby in a way that the baby can understand. (Schore, 2016). All the parents interviewed revealed that they could show affection to their babies. This was evident by the following statements:

> *"I'd go with the easy-to-show affection. Look, I (laugh), she's just that type of baby that, that it's not hard to show affection to…."(Participant 1F)*

> *"I don't talk so much about my emotions, but I can show them to my baby. But our relationship...I think we do have a good relationship as it should be between a father and his daughter at her age" (Participant 2F)*

> *"Many times I'd say to my baby, I love you, and stuff like that. I hug him, I kiss him. So that's my way of showing love to him. So I do do it." (Participant 3F)*

> *"I have…. my main emotion is gratefulness…the feeling of, how can I say, the privilege of having to care for this little person. And it's an overflow of love and care and joy taking care of her." (Participant 10M)*

These are just some examples of how the parents felt towards the baby. The parents interviewed all expressed their love for the babies. They stated that they could make eye contact, give hugs and kisses and express their love verbally to the baby. These very important actions lead to a positive connection between the parent and the baby. However, parents also had many challenges to their well-being. Following will be a description of some of the emotions that parents experienced and the challenges thereof on their emotions.

In the following section, the sub-themes will be explored.

5.5.1 Sub-theme 1: Challenges to Express Emotions

This sub-theme refers to various challenges that the parents in this study experienced regarding expressing emotions in caregiving. Emotionally capable parents can express all emotions (Nussbaum, 2013). Some parents struggled to express sadness. When parents cannot model how to handle all emotions or express them, it may lead to problems (Schore & Marks-Tarlow, 2018). Some of the other emotions experienced by parents will also be discussed under this sub-theme. The challenges experienced by the mothers as caregivers will be discussed in the following section.

5.5.2 Sub-theme 2: Expressing Sadness

Some parents struggled to express certain emotions like sadness. Although the parents interviewed expressed a desire to have a close and intimate relationship with the baby, they struggled to express certain emotions fully. Some emotions they tended to shelter their babies from. A few parents expressed that they were uncomfortable showing and sharing sadness with the baby. Their perception could be that they were protecting their babies, but they may be just protecting themselves from their most vulnerable emotions. This is what they said:

"But that is just...not the sad emotions. No, I don't show her that."(1F)

"Sadness I don't usually express. Uhm, to be...like I said the whole point of this interview is, to be honest, and in-depth" (Participant 3F)

"For me it is easier to show her the happy side, but the sad side is not that easy." (Participant 14M)

"Yes, but that is just …, not the sad emotions, no, I don't show her that." (Participant 17M)

The above statements indicate that parents struggle to express certain emotions like sadness. They may subconsciously have an emotional wound that may affect their behaviour. It may also be that they learnt how to handle this emotion from their parents. Having the capability of emotion means that people can effectively express their emotions (Nussbaum, 2012). Some of the participants were not able to express sadness. How they handle this emotion may reflect their model behaviour toward the baby. This may affect the way the baby will give expression to this emotion. It may influence the baby's emotional development and how they can guide the baby through these emotions. Parents experience many other emotions in parenting. These emotions affected them negatively.

5.5.3 Sub-theme 3: Experiencing Fear

Parents experience fear in parenting. Two mothers admitted to experiencing fear during their pregnancy. The fear was caused by being pregnant during the pandemic. Fear is a crippling emotion. It may influence your thoughts, perceptions and actions. Three of the mothers had previous miscarriages, and this affected them emotionally. Fear significantly affected her emotions and actions for one of these mothers. She admitted that she did not connect with the baby during her pregnancy for fear that she may have another miscarriage. This had a significant influence on her connection with the baby. She did not allow herself to become emotionally attached to the baby from the information she provided. She stated the following:

> *"I was scared. I had a very difficult pregnancy and we've been struggling to conceive for so long and it was just a crazy experience [laughing]"(Participant 17M"*

"...the shock was actually to me. I only realised after the first month that I have a baby. But I was very careful that she might fall, or I might do something wrong. I was very scared with her." (Participant 17M)

From the information provided by her, it seems that the baby was more attached to the father. This case supports the fundamental principles of attachment theory, which state that the parent's behaviour influences the attachment bond with the baby. The emotions that parents experience can affect the baby's development in the womb. If parents live with fear, they may transfer this fear to the baby in caregiving. In the case above, the fear of losing her baby stopped her from emotionally connecting with her baby.

5.5.4 Sub-theme 4: Pressure on women as Primary caregivers

This sub-theme refers to the contribution of stress or pressure on women to conform and submit to certain social role expectations. Women are generally expected to care for the baby, clean and cook, despite having full-time careers. When women are burdened with expectations placed on them, it may affect them emotionally and physically. It may affect how they act and respond in caregiving (Richter, 2015). The responsiveness of the parent affects the connection with the baby. When mothers are physically and emotionally overwhelmed, it may affect their behaviour and connection with the baby in the first 1000 days.

Mothers as women still face many challenges. They have to fulfil so many roles. Many mothers felt overwhelmed by the responsibility placed on them by society to be mothers, homemakers and career women. Nussbaum (2011) stated that women as caregivers are expected to be equally effective in different roles. They are expected to be caregivers, homemakers, and careerwomen simultaneously. Despite fathers becoming more involved in caregiving, it was still a "well-

accepted" fact by men that women are the primary caregivers. Many women mentioned that the responsibility of caregiving mainly fell on them. Mothers, although they loved their babies, admitted to struggling in caregiving. The following statements were made by mothers:

> *"Yes, it is very stressful. One feels like pulling your hair out. The winds won't come out. You pat and pat" (Participant 7M)*

> *"I was a bit frustrated also. I felt as if my husband wasn't doing as much as I was doing…" (Participant 15M)*

> *"I would ask myself why, why like why what's wrong and it was a bit how can I say…a bit challenging…definitely, because I had to do everything on my own"(Participant 15M)*

Caregiving is still viewed as mainly the primary responsibility of the mother. Nussbaum states that social and cultural expectations still place the responsibility for caregiving mainly on the mothers' shoulders. Tiredness was a major cause of the mothers feeling frustrated and stressed. First-time mothers, especially, mention a lack of sleep. This contributed to their frustration. Mothers generally struggle to cope without proper support from others, especially their spouses.

5.5.5 Sub-theme 5: Spousal Support in caregiving

This theme deals with the importance of spousal support. Spousal support is necessary to ensure the mother's well-being as the primary caregiver (Layard et al., 2014).

Lack of spousal support was also a source of concern and stress for some parents. The data revealed that the young, first-time mothers, 17M and 10M, felt that the spouses did not carry the burden of parenting. Most women felt that parenting was mainly the responsibility of the mother. Society puts less pressure on men than women to be caregivers and to do household duties. This is accepted as a given role of women, irrespective of whether they are working mothers or not.

The mother (15M) admitted to silently resenting the fact that the father could sleep while she had to care for the baby alone.

> *"I felt angry as well, uhhh, because like I said, I felt like I was doing all of this on my own…and then the fact that also, uhmm,hardly slept, still don't sleep, uhmm, it… it really made me angry!" (Participant 15M)*

'Most mothers felt that they were expected to do the caregiving and household chores, even if they had full-time jobs outside of their homes.

> *"That also made me a bit frustrated cause umm, my husband would sleep, I couldn't…I felt like I was doing all of it on my own…" (Participant 15M)*

> *"I was a bit frustrated also. I felt as if my husband wasn't doing as much as I was doing…"(Participant 15M)*

> *"So sometimes I would feel frustrated and angry because I don't have five minutes to myself." (Participant 12M)*

According to the evidence provided by the data above, most women are still "overburdened" (Nussbaum, 2011). From the evidence provided by the interviews, the mothers with a good support network coped better emotionally and with caregiving. The mothers without a good support network struggled more emotionally and with the caregiving process. It was very stressful for the mothers when the baby was sick. Most felt a sense of helplessness, especially first-time mothers. The caregiving process places much strain on the mothers. Nussbaum states that the state is responsible for ensuring that capabilities are developed for all citizens. This seems to be a very common area in which mothers are still struggling.

5.6 Theme 3: Connection with the Baby

This code group, "connection with the baby", deals with some of the issues identified by parents as factors influencing their connection with the baby. The connection with the baby refers to the parents' perceptions about their connection with the baby. Connection activities explore the practical application and implications of the connection with the baby. Rating their connection allows the parent to rate how connected they feel with to baby. It also allows the researcher to compare their rating with the provided information. Exploring this topic allowed the researcher to explore the parental connection with the baby. It provided some information on how parents were able to connect with their babies.

The following will be a discussion of the theme "Connection with the baby" and the sub-themes linked to this theme. Each sub-theme linked to this theme will then be explored individually.

The data reveals that parents felt very connected with their babies. According to the Attachment theory, how the parent can relate to the baby influences the attachment process (Schore and Schore, 2008). It affects the connection that they share with the babies. The quality of the interaction between the parent and the baby affects the attachment bond (Bowlby, 1982). Based on the information provided by the parents interviewed, they were able to show affection to their babies in the following ways:

- They expressed loving care through their words, tone of voice, and actions.
- They were able to hug the baby.
- They could also express their love verbally to their babies.
- They played games with their babies and were able to make them laugh.
- They spend time with the baby.

- They made eye contact with the baby.

The attachment process is central to all human relationships (Bowlby, 1969). Attachment is the process whereby humans form relationships with other people. It refers to the connections that human beings share with other humans. The primary caregiver is the person most influential in the baby's life. Almost all of the participants who were mothers were regarded as the primary caregivers. Both the male and female participants shared this view. Mothers are still considered by society and themselves as the primary caregivers. All the mothers, despite them working, had to do most of the household chores and most of the caregiving. According to the mothers and the fathers, the baby wanted to be with the mothers. The one father, however, admitted to playing a role in caregiving.

> *"I try to be there for her in every situation, trying to feed her, bath her, clean her – I think that's what fathers need to do – to be the helping hand of the mother and I feel that connection is growing stronger because I'm always there for her." (Participant 4F)*

The above example is, however, not common in all families. As explained by the father:

> *"We have a lot of friends who...they like to give the baby to the mom and go out with their friends, or watch TV and now it's mom's responsibility, or they feel it's mom's responsibility for the bath. But there's a lot of friends also of me that do these kind of things, but I don't think as much as I do." (Participant 4F)*

Only one participant indicated that her baby was more attached to the father (17M). She did not allow herself to become too attached to the baby while she was pregnant. She did this to protect herself. She was the one who had the previous miscarriages. This affected her relationship with the baby. She (17M) stated that she "becomes scared" in caregiving. The baby picked up on her

emotions, and this, in turn, affected the baby's behaviour. According to the mother, the baby seeks out the father more. She contributes this to the fact that she has more responsibilities at home. The mother stated that she felt "jealous" of the time her baby spends with her husband. In this case, it shows that the parent's emotions affected the connection with the baby.

> *"She is more a daddy's girl. So I have to bribe her [laughing] for some attention, but we do bond when he's not at home." (Participant 17M)*

> *Whatever she needs she will ask me, but furthermore, she will just sit by her daddy and they will just cuddle. I have to beg him to go to the loo and close the door and just go and work on his laptop, or whatever, just to spend time with her. (Participant 17M)*

The evidence above indicates, contrary to popular belief, the baby can become more attached to the father. Rabe and Naidoo (2015) support this view that fathers can be as successful in caregiving as mothers, provided that they can show and express the required responsiveness through loving care in caregiving in the first 1000 days.

Following will be several sub-themes that are included in the theme. These factors affected the connection between the mother and the baby.

5.6.1 Sub-theme 1: Connection - Unplanned pregnancies

When a pregnancy is planned, and the baby is wanted, the emotional bond with the baby will be formed sooner. There seems to be a positive correlation between whether the baby was planned and the emotions the mother experienced during pregnancy. Six of the sixteen mothers interviewed indicated that the baby was unplanned. Two of these mothers (11-M and 18-M) stated that they struggled to accept the pregnancy. They admitted to not wanting the baby.

"I didn't want the baby. I was really depressed. I never planned for a pregnancy, over 40. I really didn't want the baby." (Participant 18M)

According to them, the major reason for it was the fact that they struggled financially. Two of the other mothers who had unplanned pregnancies (8-M and 19-P) found it less difficult to accept the baby because they were in a better position financially. Both, and their husbands, worked and earned a steady income. Their spouses were also supportive. For interview 19-P, although unplanned, the pregnancy was welcomed. The mother seemed to have a good support system and was not struggling financially. These may have been contributing factors to the fact that she welcomed the pregnancy. It seems evident that financial stability plays a role in financial well-being. Having supportive husbands also made it easier for them to accept their unplanned pregnancies.

The two younger mothers struggled to cope emotionally. They admitted to struggling with loneliness and depression during and after their pregnancy. The reason stated by one of the mothers was that she trusted no-one. Her lack of trust in others stemmed from how she was raised. She was a matric student who could not continue schooling due to the Covid pandemic and her pregnancy. She was unmarried and had to raise her baby alone. Although the father lived with her, they hardly saw each other due to his work schedule. Lack of support and capability development impacted the well-being of the mother.

The other mother had to leave her studies and get married. She was experiencing depression during her pregnancy. She could not continue her studies due to Covid-19, her pregnancy and financial challenges. These may have been the reasons that contributed to the depression she experienced.

5.6.2 Sub-theme 2: The other factors that influenced the connection with the baby:

Mothers play an important role in caregiving. Women as mothers experience many challenges in caregiving and life. This study confirmed that women are generally more deprived of their capability development. A lack of capabilities led to a lack of opportunities and a lack of well-being. Challenges that these women experienced affected their emotions and well-being. The data revealed that mothers experienced the following challenges. Following is a discussion of some issues mentioned by pregnant mothers that affected them emotionally. It contributed to them experiencing stress during their pregnancies.

5.6.2.1 Previous Miscarriages - The role of past experiences

The experiences of the past, how parents were raised, and the emotions they were exposed to, affected them consciously or sub-consciously. According to the data, past experiences that influenced their behaviour were:

Three of the sixteen mothers interviewed had previous miscarriages. Of the three, one mother admitted that she did not connect with the baby for fear of the possibility that she may have another miscarriage. A month after giving birth, the mother accepted the fact that she had a baby. From what the mother said, this baby seemed to have a closer attachment bond with the father.

> *"I was scared. I had a very difficult pregnancy and we've been struggling to conceive for so long and it was just a crazy experience [laughing].." (Participant 17M)*

> *"...the shock was actually to me. I only realised after the first month that I actually have a baby now. But I was very careful that she might fall, or I might do something wrong. I was very scared with her." (Participant 17M)*

5.6.2.2 Parental influences - Fathers

How parents feel and react to their babies affects their connection with the babies. Four of the fathers referred to their parents. Father two felt his upbringing was lacking in emotional support and the showing of affection. He was more of an absent father with his previous two children. He was much more involved in the caregiving process with his third child.

> *"I do feel, although my parents cared for us, I do think there were more that they could have done for us. Not financially or materialistically, but perhaps more affection or showing of feelings. It was somewhat abstract at home. And so it plays a big role in the person I am today." (Participant 2F)*

One father indicated that he had a close relationship with his father. This affected his relationship and his connection with his son.

> *"I feel like a father's role in a son's life is monumental, because he will look up, like I looked up to my dad as an example of being a father. So that will be his example one day. When he looks at me I hope I can give him that great example of how to be a father one day, or not just a father, but a man as well." (Participant 5F)*

Having the fathers present at birth affected their spouses and their relationship with their babies (Shorey & Ang, 2019). According to Shorey and Ang (2019), having the father present at birth strengthens the paternal instinct to care for the spouse and the baby. This is what one father stated about being present during the birthing process:

> *"I don't know a lot of parents get the opportunity to be at the actual birth of the baby. So, I was in there. I saw her come out. I counted the toes and feet"*
>
> *"I was the first one too, not the first one too, not the first – for me it was the life-changing experience in hospital" (Participant 1F)*

5.6.2.3 The Pandemic, the first Lockdown and Connection with the Baby

Covid-19 was challenging. However, concerning the connection with the baby, it helped the relationship. Covid-19 contributed to strengthening the connection between the parent and the baby. It allowed them to spend more time together. Fear of loss due to Covid made people treasure their babies more,

> *"Like I said earlier on, it's more… it's stronger now, cause I value the…, I value them more because with the pandemic has made you aware, anybody can get sick and anybody can get taken away from you. So you sort of need to value that more at the moment. "If anything, it made my emotions stronger towards my daughter. And that is it."*
>
> *(Participant 2F)*

Although parents experienced fear during the Covid-19 pandemic, parents that stayed home stated that it was beneficial for their connection with the baby. Covid-19 played a role in the parents' relationships with their babies. It allowed them more time with their own family. It allowed them to experience more developmental milestones the baby had reached.

5.6.3 Sub-theme 3: Rating the connection with the baby

This theme explored the factors that influenced the connection with the baby. Many factors cause stress in pregnancy and caregiving, affecting the parents emotionally. It also affected their connection with the baby in the first 1000 days. Following will be information parents provided to rate their connection with the baby. A rating scale was used in the study. Parents had to rate their connection with the baby out of ten.

The parents interviewed rated their connection with the baby as quite high. The scoring they gave themselves indicated that they felt connected to their babies. The fathers rated their

connection with the baby as a seven out of a possible ten. Mothers scored themselves an average score of eight out of a possible ten. This scoring correlates with their intentions and actions to connect closely with their babies. It, however, also showed the parents' awareness that there were areas in which they could improve. Significantly, the participant (5-F) scored his connection with the baby as a twelve. This father could give expression to his emotions. He also shared a close bond with his father and with his baby. The lowest score was given by a pregnant mother who suffered from depression. She rated her connection with the baby as a five (21P).

The rating indicated the level of connection the parent felt with the baby in caregiving. Although subjective, it provided information on how connected the parents felt with the baby.

5.7 Theme 4: Challenges in Parenting

This code group deals with some of the issues identified by parents as challenges they face in the first 1000 days of parenting. Examining some of the information parents shared during the interviews may give a synoptic view of some of the challenges parents face in caregiving. Following will be a summary of what parents said about their challenges. Parents experienced many challenges which affected them emotionally.

The challenges that parents' experienced will be discussed in the following section under the following sub-headings:

- New Mothers
- Pressure on women
- Sleeping disturbances
- Not Expressing emotions - Minimizing feelings
- Financial Strain

- Tiredness: Emotional and Physical

5.7.1 Sub-theme 1: New Mothers

Motherhood is challenging, but it seems to have been exacerbated by Covid-19. The new mothers experienced many challenges. They felt overwhelmed in the caregiving process. Due to Covid-19 restrictions, their support networks were limited. They did not have access to the support of other family members, like their parents. The uncertainties of caregiving and caring for the baby was the cause of much stress for first-time mothers. The mothers interviewed were not always confident that they were doing the right thing when caring for the baby. When the baby cried, and they did not know how to console the baby, they felt helpless and frustrated. One mother admitted that the feeling of not knowing what to do was very frustrating for her. She remarked that she wanted to pull her hair out.

> *"... as I've said, the emotions I experience – I am tired. You are. You are not aware of whether you are doing the right thing for the baby. So yes... (Prompt). Yes, it is very stressful. One feels like pulling your hair out." (Participant 7M)*

> *"Uhmm, sometimes then I'm so frustrated that I yell and say, I don't know what to do!"(7M)*

Quite a few of the mothers interviewed expressed the same sentiment.

5.7.2 Sub-theme 2: Pressure on women

Most of the mothers also felt that the bulk of the caregiving responsibilities and caring for the household were placed on their shoulders. As Nussbaum (2000) stated, women in society are "overburdened". This continues to be true, as proven by the following statements:

"..it's almost, I don't get help with my daughter. And her father lives with us. But he works most of the time. So nobody really helps me with her." (Participant 6M)

"As a working mom. It doesn't leave us much time in the week, so when I do get home… you know there's that time where you first need to do what you need to do, or by the time that you are done baby is tired." (Participant 8M)

"I would say… even though the father might be working whole day…uhhhmm, it…the load is still on the mother being the caretaker of the house and the children and the husband (laugh). They just bring in the money (laugh) But all the other emotional things, I think, add to the complexity of what the mother has to deal with."(Participant 10M)

It is still a common misconception by men that women who stay home and do the caregiving are not "really" working. Participant 11 stated that her husband feels he must rest after work, but he does not consider that she is also tired after taking care of the children and the household.

"Like my husband will say, "I want to rest, now you do nothing, you do nothing, I need more…"(Participant 11M)

As she puts it:

"One day you must just stay with these people, you will see what I'm passing through." (Participant 11M)

She means that men do not understand how much effort goes into caregiving.

Participant 15 admitted that she felt angry with her husband. She felt that she hardly slept during the first months. Yet she could not express her feelings to him as she did not want to "hurt his feelings".

"I was a bit frustrated also. I felt as if my husband wasn't doing as much as I was doing." (Participant 15M)

"I couldn't…I felt like I was doing all of it on my own…and I would find myself complaining to my friend. And tell her I was doing all of this on my own. Uhm, I didn't tell him. Like I said, I didn't want to hurt his feelings. And also how I felt at the time." (Participant 15M)

According to the data, the mothers still felt that they needed more support. The parents mentioned that they felt they did not get enough support from their spouses. One parent stated that her husband believed that his main contribution was to provide financial support (10-M). The data gathered supports the view of Nussbaum that women in society need more support. Society still oppresses women because certain expectations are still placed on them to fulfil certain roles. The common misconception remains that the household responsibilities and caregiving of the children are supposed to be part of the woman's duties.

This view is supported by the statements the following participants made:

"We have a lot of friends who … they like to give the baby to the mom and go out with their friends…they feel it's mom's responsibility…"(Participant 4F)

"I feel there is pressure to do for a woman to do these things and it's affected by society. You get raised to know that the woman does the work in the house and the husband goes out to m so amazed to hear that, it's so unusual. So I do believe there is a lot of pressure, because of the uh uh perception of society And even in school, I grew up in school teaching me that the girl is the one that make the food … you know and the boy's

outside…so I would say the influence of society has put that pressure on women."(Participant 10M)

"The social thing is, the husband, his friends, I don't do that in my house and okay, I'm not going to want to compete with you, so I'm not also going to do that. I'm not going to wash the dishes because Joe isn't washing the dishes for his wife." (Participant 17M)

"..it does because I'm tired. That still needs to be done. You guys are sitting over there and nobody's worried about me standing in the kitchen." (Participant 17M)

The above statements are what some participants, male and female, made about the influence of cultural and societal gender role expectations. Culture continues to play a significant role in influencing role expectations. It pressures both mothers and fathers to conform to a prescribed form of conduct.

5.7.3 Sub-theme 3: Sleeping Disturbances

Some of the mothers mentioned that their sleeping patterns were disrupted. This adversely affected their emotions. Participants 7, 11, 15 and 16 stated that they found the disruption in their sleeping patterns emotionally challenging.

"if you don't speak it out, there's a problem. It will hinder for you to sleep." (Participant 11M)

Raising a first child could place strain on the marriage. Parents have different approaches to how challenges should be addressed. Women generally feel tired and unsure whether they are doing the right things in caregiving. They also feel that most of the pressure of raising the baby falls on them. Men are still not as involved in the caregiving process as women.

5.7.4 Sub-theme 4: Acknowledging / expressing emotions

This theme deals with the fact that women did not feel comfortable stating what they felt**.** It is of notable concern that few mothers felt confident enough to express exactly how they felt. They tended always to minimise their emotions. This could indicate that they felt guilty for having these emotions in the first place. Examples of these expressions include:

- Participant 8 had "little meltdowns" and "little emotional breakdowns".
- Participant 9 mentioned 'a little bit of a struggle".
- Participant 15 was a "bit frustrated" and felt "a bit challenging".
- Participant 16 mentioned that the uncertainty was "a bit stressful". At times she felt a "bit upset". She also mentions feeling a "bit on edge".

This may indicate the pressure women as mothers are under in order not to admit that they are struggling in their roles as caregivers. When people do not feel free to speak about their emotions, it may show that they feel guilty for having these emotions.

5.7.5 Sub-theme 5: Financial strain

Financial pressure may contribute to stress. When parents are stressed, it may affect their emotions, behaviour and actions.

Lack of income has been a source of strain for some of the parents interviewed. Participants receiving a salary were more at ease during the lockdown. The data indicate that two participants had financial problems due to failing businesses. Participant 11 and participant 18 were under great financial strain as both pregnancies were unplanned. This added burden made these mothers depressed for some time during their pregnancies. They struggled to accept their pregnancies. Parents (18-M and 11-M) found Covid-19 and the lockdown very challenging since

they were experiencing financial stress. For one mother (11M), this fact and the added strain of having all the children at home impacted her emotions negatively.

"No income, no-one to run to…. it's very stressful."(Participant 11M)

Mothers struggling to accept their pregnancies had concerns about coping financially and emotionally. They had concerns about whether their rent and debt would be paid. This placed some parents under a lot of emotional strain and stress. It affected their well-being and relationships with their family, including the baby.

5.7.6 Sub-theme 6: Tiredness

Most mothers remarked that they felt tired. Tiredness was a major cause of the mothers feeling frustrated and stressed. A lack of sleep is mentioned by first-time mothers especially. They found this very frustrating. One mother admitted to silently resenting the fact that the father could sleep while she had to care for the baby alone. Most mothers felt they were expected to do the bulk of the caregiving, even if they had full-time work outside their homes.

It was also very stressful for the mothers when the baby was sick. Most felt a sense of helplessness, especially first-time mothers.

"Yes, it is very stressful. One feels like pulling your hair out. The winds won't come out. You pat and pat" (Participant 7M)

"So yes, it is very stressful, on the marriage too. We are both new parents, so both of us don't know whether we are doing the right thing." (Participant 7M)

"Uhmm, sometimes then I'm so frustrated that I yell and say, I don't know what to do! Maybe it has an influence on him" (Participant 7M)

Caregiving is mainly still viewed as the primary responsibility of the mother. Nussbaum (2011) states that social and cultural expectations still place the responsibility for caregiving primarily on the mothers' shoulders. Most mothers remarked that they felt tired. Tiredness was a major cause of the mothers feeling frustrated and stressed. A lack of sleep is mentioned by first-time mothers especially. They find this frustrating. Mothers generally struggle to cope without proper support from others, especially their spouses. From the evidence provided by the interviews, the mothers with a good support network coped better emotionally and with caregiving. The mothers without a good support network struggled more emotionally and with the caregiving process.

5.8 Theme 5: Background – How parents were raised by their parents

This theme explored the connection history of the parents with their parents.

Our parents play a significant role in our emotional development (Attachment Theory; Bowlby, 1982). Their roles as caregivers place them in a position of influence over the baby in the first 1000 days. Parents model behaviour patterns that may shape the baby's development. Their actions towards the baby will not only influence their connection with the baby but may play a significant role in the baby's development emotionally. Experiences and actions they express and expose the baby to may influence whom the baby will become as an individual.

5.8.1 Sub-theme 1: Past Experiences

Research shows that most parents raise children the way they were raised. All the parents interviewed admitted that their background played a role in their emotional development.

The parents interviewed struggled to express their emotions to other people. The data revealed that a significant number of the parents interviewed had parents that were not emotionally expressive. Most parents admitted to growing up in households without being encouraged to

speak about their emotions. As their caregivers and role models, their parents were also not very expressive with their emotions.

> *"I find that I'd rather keep my emotions in than obviously expressing it." (Participant M16"*

> *"I never had like my parents back then showing that type of affection." (Participant 16M)*

According to data provided by the parents interviewed, many of them did not have a close attachment bond with their parents.

> *"I don't trust people and I'm a very private person…, because of the way I grew up…" (Participan 6M)*

The parents that could express their emotions attributed this ability directly to the example that their parents had set. Their parents not only encouraged them as children to be emotionally expressive but also modelled the behaviour they had encouraged. These parents of children in the first 1000 days were encouraged to express themselves. This is what they said:

> *"I easily talk about my feelings. I carry my feelings on my shoulders. As I said, everyone can see it. (Prompt). Because I grew up in such a household." (Participant M7)*

> *"I was brought up in a house like that where we expressed our feelings and, uhm, we affirmed one another and gave each other hugs and it was a very loving household." Participant 9M)*

> *"So I know, like crying or showing my emotions, even in front of my wife or my child, because it's human. So I just think that's part of life." (Participant 5F)*

The parents interviewed admitted that their connection with their parents played a role in their emotional development. Most of them did not share a close emotional connection with their parents. Most parents were not very expressive emotionally. Two parents admitted that they tried to be different in their parenting approach from their parents.

The study concurs with the research that states that when parents show emotion and guide children to express emotions effectively, it impacts the baby's emotional development (Schore, 2019). Allowing children to express their emotions without shame, guilt, or anger develops the baby's emotional capabilities. This, in turn, allows them to grow up to be parents who can show emotions to others (Nussbaum, 2001).

5.9 Theme 6: Covid-19

This code theme deals with the effects of Covid-19 on the parents' emotions. It also deals with how it affects the parent's relationship with the baby. People experienced different emotions and challenges due to Covid-19. For most, it caused more stress, fear and anxiety. At the same time, parents report that it contributed to family unity and connection with the baby. The following section will examine the emotions of fathers, mothers and pregnant women separately. Each of the groups in the research revealed challenges. These challenges will be discussed in the following section under the following headings:

- Covid-19: Fathers
- Covid-19: Mothers
- Covid-19: Giving Birth
- Covid-19: Isolation
- Covid-19: Anxiety

- Covid-19: Pregnancy and Work

5.9.1 Sub-theme 1: Covid-19: Fathers

The effects of Covid-19 and the lockdown were ambivalent. In some cases, parents stated that it was positive. In other specific incidents, it contributed to emotional stress and strain. It also appeared as if there was a difference in the effects that Covid-19 and the lockdown had on fathers' emotions based on whether they worked from home or not. One father stated;

> *"It made my emotions stronger towards my daughter." (Participant 1F)*

Another father confirmed the aforementioned. He mentioned that he was more aware of his vulnerability. This deeper reflection and awareness of his vulnerability positively influenced his relationship with his baby.

> *"It made me think a lot about myself and what's the priorities in life." Participant 2F)*
>
> *"I value them more, because with the pandemic has made you aware, anybody can get sick and anybody can get taken away from you. So you sort of need to value that more at the moment. "If anything, it's made my emotions stronger towards my daughter." (Participant 1F)*

These fathers feared not only for their health but also for the health of their loved ones. It also stressed them, thinking of its negative effect on them and the family.

Participants 3, 4 and 5 worked from home. They indicated that the lockdown, during the first wave of Covid-19, was beneficial to their relationship with the babies. Lockdown was beneficial in that it allowed them to work from home. They could spend more time with the baby. It allowed them opportunities to experience a lot of the baby's milestones. It allowed them time

with the baby they would not have been afforded otherwise. Spending more time with the baby strengthened their connection with the baby.

5.9.2 Sub-theme 2: Covid-19: Mothers

Most mothers commented that Covid-19 and the first Lockdown allowed them more opportunities to bond with their babies. It allowed them to have family time that they would not have had otherwise.

> *Mother 8 remarked, "If you look at our family situation and how we are apart, it has been awesome to be together."*

Interviewee 10 says she has been happier since the lockdown because she could work from home. This made it possible for her to spend more time with her baby.

> *"I got to see her walk, I would have missed it…, to see her grow and reach her milestones, so I'm grateful…" (Participant 10M)*

She sees it as having positively affected her connection with her baby. She states that it brought them closer and that *"I get to do more than I would if I wasn't at home." (*Participant *10M)*

Another participant stated*: "I had all my kids with me. I had my husband with me. For us, it was nice, financially straining, but nice.*" (Participant 8M)

In that regard, she viewed the Covid-19 pandemic and lockdown as having positively affected her connection with the family.

5.9.2.1 Covid-19 and giving birth

For the mothers giving birth during Lockdown, it was frightening. A few mothers admitted to having a fear of giving birth alone without their partners to support them. Research studies reveal

that the father's presence at birth contributes to paternal instincts to care for the mother and the baby (Shorey & Ang, 2019). Fathers could not be present due to Covid-19 restrictions at hospitals. This contributed to more stress for the mothers who had to give birth without their spouses present during Covid Lockdown 1. On top of dealing with the fear of being exposed to the virus in the hospital, mothers had to give birth alone. It caused stress for the mothers and may have interfered with the fatherhood role in the caregiving process.

- Interviewee 14 mentioned that it was challenging for her to go to the hospital alone. Her husband was not allowed to be with her when she gave birth.
- Interviewee 15 was also alone in the hospital when she gave birth. It was her first baby, and she found the process traumatic.

5.9.2.2 Covid-19 and Isolation

Some mothers (7-M; 9-M) described themselves as "spontaneous", "affectionate", and "people's person". They missed the connection with other people. Notably, the two very extroverted mothers missed the support and connection with their other family members.

> *"It did frustrate me much because we couldn't go to the family…I felt as if I was in a cage…It put much pressure on our marriage too…" "Yes, so this Covid thing is very frustrating. I also feared it." (Participant 7M)*

The other woman describes it like this, *"It's like you experience loss."* (9M). She felt that losing connection with other people was the hardest for her. In that way, it was a negative experience for her.

5.9.2.3 Covid and Anxiety in mothers

It is evident from the data mentioned above that women experienced Covid and lockdown differently based on their personalities and their situations. Of the thirteen mothers interviewed, six experienced a positive effect. They mentioned time with the baby and family as the primary reason for their response. The five experienced negative effects due to the Covid-19 pandemic and Lockdown. This was primarily due to anxiety and fear levels which increased in them due to the virus. It was also due to stress caused by financial restraints imposed on them due to the virus. The mothers mentioned that there were both positive and negative effects. They experienced anxiety due to the virus, but the lockdown allowed them the time to spend with their babies that they would not have had otherwise.

5.9.2.4 Work, Pregnancy and Covid-19

Two of the pregnant women interviewed worked in the medical field. Both confessed to experiencing strain because of their work.

> *"Whenever I went to work I was always scared... I have to perform, I can't think of myself... I think that was a big stressor." (Participant 20P)*

> *"I would maybe say maybe my work was a bit stressful, but now that I'm taking less time it's becoming a little bit better, because every time when I went to work I was always scared, you know, what if I overdo it, or what if something happens, or what if I have to perform now and then I can't think of myself. So that was...I think that was a big stressor, and also the environment, picking up a lot of germs, getting the Covid, all those things. I think in the beginning of my pregnancy that was a big concern, and we also had to work in the wards where the Covid patients are. So that was a big stress" (Participant 21P)*

All three of the pregnant women interviewed stated that they experienced increased stress levels due to Covid-19. Notably, two of the three women interviewed worked in the medical field. One was a nursing sister, and the other a medical doctor. Both worked with Covid-19 patients until they were far advanced in their pregnancy. The third woman stated that she had been depressed since her pregnancy and the first Lockdown. She feared the thought of giving birth without her husband by her side. She felt that Covid-19 and the lockdown had deprived her of many experiences

> *"Okay, I was affected a lot. There were days as I said, I felt very depressed for the lockdown because there were many things I could not do . . . and also now that it's lockdown I cannot have a birth partner. So, that is the main stress . . . That is also another stress that I stress about "coz" I was like , uhmm, like my husband wants to be with me and he feels like they taking away from, they stealing from him as well by not having him there to go with me through the process. So yes, Covid has stressed me in a lot of ways." (Participant 21P)*

The results showed that Covid-19 during the first lockdown contributed much stress for everyone. It made the fathers interviewed value their babies. The mothers working from home also felt the relationship with the baby benefitted from spending more time together. However, it was very stressful for pregnant women. The situation was unfamiliar to these women. They did not know how to cope with the many challenges that Covid-19 and the first lockdown presented. It was unchartered waters. Generally, parents agreed that spending more time with the baby was beneficial to their connection with the baby.

The results will be summarised and reviewed in light of the research questions in the following chapter.

CHAPTER 6

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter summarises the conclusions that were drawn from the data. It will also explore the research objectives as well as attempt to answer the research questions. One of the objectives of this study was to identify research areas which may need further exploration. The findings may reveal some avenues that may require further exploration. Before concluding this study, the researcher will mention some methodological limitations of this research process.

6.2 Summary of the Research Findings

The aim of this study was to explore the capability of emotion and its contribution to connection in the first 1000 days. To recapture a summary of the conclusions drawn from the themes will be provided in this chapter. What emerged from the data analysis were as follows:

6.2.1 Theme 1 – Parents' ability to express emotions

From the information explored in theme one, it seems that most of the parents had challenges expressing their emotions. Phrases like "I only express if need be" (1F, 3F, 15M) were often used to express their emotions. The parents interviewed acknowledged that they were rarely open about their emotions to others. The main reason they provided was that often they dreaded or "feared" (10M, 15M, 8M) the other person's reactions to them expressing their emotions. They were tentative about how, when and with whom they would express their emotions.

When people live with such reservations, it shows that they may have had negative experiences in the past. These negative experiences may have been stored in their memory (Schore, 2013).

As the data revealed, their parents were not very expressive about their emotions towards them or were not openly affectionate. In other words, most of them did not have parents who freely gave expression to their emotions and encouraged them to express their emotions. They struggle to express emotions to others. How they handle their emotions and can express it may affect the baby. Transference of behaviour patterns can play a role in the baby's emotional development. Babies may learn the behaviour patterns of parents.

6.2.2 Theme 2 – Emotions experienced in parenting

The data revealed that the parents interviewed could express love for their babies. All parents of babies in the first 1000 days acknowledged that they loved their children. They stated that they were able to be affectionate, as well as show their emotions, to their babies. They expressed a desire to be open and emotionally available to their babies. However, it is still unclear whether these parents who struggle to be emotionally vulnerable with other people will have the capabilities to transcend their inability to be completely emotionally vulnerable with their babies. It also remains to be explored whether parents can guide their children to become emotionally capable while they admit to struggling with giving expression to some emotions. For parents to guide their babies effectively would require parents who can be emotionally expressive and can effectively demonstrate how to express these emotions.

6.2.3 Theme 3 – Connection with the baby

The parents admitted to feeling very connected to their babies. They could show affection to their babies. Most of the pregnancies of the parents interviewed were planned. However, a few parents also did not plan to fall pregnant. These parents did not initially feel any connection with their babies during pregnancy. They struggled emotionally. Two of the sixteen female participants were young mothers (twenty and younger). Their pregnancies were unplanned, and

both admitted they struggled with depression. According to both parents, the baby was not the direct cause of the depression. However, circumstances surrounding the onset of their pregnancies caused them to become depressed. Two elderly mothers admitted that they did not want to have babies. They struggled with accepting that they were pregnant again and suffered from depression during their pregnancies. One mother, who had experienced previous miscarriages, emotionally blocked herself from connecting with her baby during her pregnancy. She did this to protect herself from the fear of loss again. It is significant that this was the only mother who mentioned that her baby was more attached to her husband. This implies that a significant proportion of the mothers interviewed struggled with an emotional connection with the baby at some point. Five of the seventeen mothers struggled emotionally and mentioned that it affected their emotions and connect with the baby.

All the fathers interviewed admitted that the babies were more attached to the mothers as the primary caregivers. Two of the fathers mentioned that this bothered them slightly. All of them said they helped with caregiving and spending time with their babies. According to them, the babies preferred to be with the mothers as the primary caregivers. The parents interviewed rated their connection with their babies as quite close on the rating scale. The average rating was seven out of a possible score of ten. This is in line with their desire to have a close relationship with the baby.

6.2.4 Theme 4 – Challenges in parenting

This theme refers to the many challenges that impacted the parents. The areas identified by the parents interviewed were: lack of finances, lack of knowledge, and a lack of support. Some of the other challenges mentioned by the parents were: emotional challenges like loneliness, fear, over-tiredness, overburdened mothers, anxiety and depression. All these challenges placed a

strain on parents. It contributed to stress for the parents. Stress may affect the emotions of the parents. This, in turn, may impact the parents' connection with the baby.

6.2.5 Theme 5 – Background – How parents were raised by their parents

This theme refers to the connection that the participants shared with their parent/s. It is about their past emotional experiences. It refers to factors that may have impacted their emotional development. Most parents admitted to having had parents that did not teach them to express their emotions (1F, 2F, 3F, 4F, 6M, 8M, 12M, 13M, M15, M16, M17, M18). In other words, their parents were also not very expressive about their emotions. Most participants admitted to finding it challenging to express their emotions. Some said that they rarely opened up or felt comfortable expressing their emotions. Most parents linked their emotional development to how their parents raised them.

6.2.6 Theme 6 – Covid 19

This theme referred to the effects of Covid-19 and the first lockdown on the parent. It looked at how it impacted them emotionally. It also looked at how it impacted their relationship with the baby.

The challenges mentioned by the parents were primarily the result of the isolation and loneliness that the pandemic brought about for some people. The pregnant mothers admitted that they found it challenging to give birth alone without their partners. They expressed more anxiety because of being alone in the hospital. Some mothers admitted that they missed out on the support of other members of their family. Two mothers in the medical field admitted that they experienced fear and much stress during their pregnancies due to their line of work.

However, most parents admitted that the isolation that Covid-19 brought about was beneficial for their relationship with their babies. It allowed them to spend more time together. They were able to witness more of the milestones of the baby. In that way, it supported the connection with the baby.

6.3 Summary of Chapter

This section provides an overview of what this study revealed. The information is based on the aims and objectives of this study. The research approach that the researcher opted for in this qualitative explorative study was one of interpretivism. The reason was that the study explored parents' capability of emotion and its contribution to connection in the first 1000 days.

The objectives of this study were:

- Explore the human capability of emotion, emotional responsiveness and connectedness as informed by the first 1000 days
- To enquire about the human capability of emotion and the ability of parents to express emotion.
- To comment on how parents can display emotion and connect with their babies.

As mentioned, emotion is an outward expression of feelings experienced internally (Nussbaum, 2012). Emotional connection refers to the ability to connect emotionally with other people (Berridge, 2018). Emotional maturity is the ability to express one's emotions in a healthy and balanced way (Nussbaum, 2012). It refers to understanding what one experiences and why one experiences it. Being in touch with one's emotions and giving healthy expression to these emotions is important. It contributes to emotional health and wellbeing (Richter, 2015). Emotional intelligence is especially important in parenting (Schore & Mark-Tarlow, 2018). The

parent models the behaviour patterns that will impact the baby's emotional development (Gerhardt, 2015).

The research has revealed that emotional connection is an essential aspect of human development. It is of primary importance in the first 1000 days of a baby's life. Research has also revealed that the quality of emotional care and experiences the baby is exposed to may shape their emotional development and sense of self-worth (Richter 2015). How parents can give expression to emotion may also affect the emotional development of the baby. It may also affect the ability of the baby to relate and connect with other people.

The research results revealed the following information about the parents' abilities to give expression to their emotions:

Of the 21 interviews selected for this study, most parents admitted to being unable to express their feelings. The reasons they provided for this were:

- Not trusting the reactions of other people (M8; M12)
- Fearing the responses of the other person. (M6)
- Not wanting to make the other person feel bad. (M14)
- Men feared being considered "unmanly". (4F)
- Not knowing how to express their emotions to others. (3F)
- Being uncomfortable expressing their emotions. (1F; 2F)
- Feared being considered weak by others for expressing their emotions. (M18)

It is evident from the data that most of the parents interviewed were not comfortable expressing their emotions. Many of the participants mentioned that they feared the other person's reactions.

According to Bowlby (1969), experiencing fear in a relationship is a consequence of an unhealthy attachment. It may indicate an insecure attachment with a significant person, such as a parent. Many participants also mentioned that their parents' role models were not emotionally expressive.

Only three of the twenty-one parents indicated they were comfortable expressing their emotions. These participants also had parental role models that encouraged them to be expressive emotionally. Their parents did not only encourage them to be emotionally expressive, but they also modelled their behaviour. In other words, they were shown and encouraged to be emotionally expressive by their parents. The data gathered supports this research finding (Bowlby, 1969). This is in line with current research findings that indicate that parents play a significant part in the emotional development of their children (Richter, 2015). Their caregiving roles affect how the baby develops emotionally (Bowlby, 1982). This happens through their expression of emotions and their ability to express love and care for their babies. These actions of responsive parents impact the emotional development of the children (Bowlby, 1969).

While admitting to being unable to express their emotions easily, many of the parents interviewed claimed they understood their own emotions. They also claimed to understand why they had these emotions. Although they claimed to understand their emotions, the parents were mostly not always able to express the emotions that they experienced to other people.

According to the data collected, the parents experienced stress in parenting because of the following reasons:

- Mothers admitted that the pressure from society was still on them to be caregivers and homemakers even when they worked full-time. It seems it was still mainly the women's role (Nussbaum, 2001). This led to tiredness.
- Anxiety because they could not always console the baby.
- Frustration because of the uncertainty of knowing if they are doing the right things in caregiving.
- Financial lack
- Fear of giving birth alone without their spouses/partners.
- Isolation from other family members or friends.
- Lack of support.

The researcher will discuss the research questions to conclude this research. A summary of what information the data provided about the research questions will be provided.

6.3.1 Question 1

1. Explore participant understanding, experience and application of the capability of emotion in caregiving in the first 1000 days;

Most of the parents admitted that they were uncomfortable expressing their emotions. The following strategies were used by the parents in the first 1000 days:

- They will assess the situation before speaking out of fear of the other person's reactions.
- They will only express what they feel if they have no other option.
- They will keep emotions bottled up until they explode.
- They will repress their emotions so much that the emotions no longer influence them on a conscious level.

Very few parents stated that they were comfortable with expressing their emotions. Most attributed this to the way that their parents raised them. Some mentioned that they feared offending other people. Others expressed their fear of the other person's reactions. It is very concerning that many parents with children in the first 1000 days of life admitted that they could not freely share their emotions.

6.3.2 Question 2

2. Explore the importance of the human capability of emotion, emotional responsiveness and connectedness within the first 1000 days.

Research has proven that babies seek a connection with a primary caregiver (Richter, 2015; Bowlby, 1969). They are both physically and emotionally dependent on a caregiver. The quality of the emotional connection between the caregiver and the baby is of utmost importance for human survival. The emotions a parent can express influence the connection with the baby (Steward, 2013). The parent's ability to connect emotionally to the baby affects the baby physically and emotionally. If a parent cannot connect emotionally with the baby, it disturbs the baby's emotional development (Bowlby, 1969). Emotional development is important to human development (Richter, 2015). It has implications for the development of the baby as a person. It also has implications for how this person can contribute to social development and cohesion in future (Richter, 2015). A healthy emotional development ensures a sense of self-worth and confidence. It allows a person to be emotionally expressive. It may also contribute to becoming a citizen, which will contribute to social stability.

The parents in the research stated that they were able to respond with love and affection to their babies. They mostly rated their connection with the baby quite high. Most of the parents

interviewed stated that they could communicate their love and affection to the baby. They did this by giving them hugs, kisses, words of affirmation, making eye contact and playing with their children. Most parents interviewed admitted to being emotionally guarded with other people. They were careful about expressing their emotions to others. Most of them did not trust others with their emotions. The expressed desires of the parents interviewed, and their actions did not always align. They expressed a desire to be very emotionally connected to their babies. They, however, struggled with expressing themselves. They were also not so inclined to share their affections with other people easily. This dichotomy between actions and words may have some implications for the connection with the baby. On a subconscious level, they may be communicating a different message than what they intended. Their actions may interfere with the message they are trying to convey to the baby in the first 1000 days.

Many of the parents interviewed expressed their desire to have a different relationship with their children than they had with their parents. They want to have a secure attachment with their babies. They felt that their connection with their parents was limited by the way their parents showed affection to them. They also stated that their parents could not easily speak about their emotions. They were also not encouraged by their parents to speak about their emotions with them. This behaviour impacted them. Two parents stated that they wanted to do parenting directly opposite to the way their parents did.

The participants in this study revealed that they have the desire to be emotionally expressive toward their children. This mismatch between their intentions and actions may be more significant than they anticipate. Exploring this contradiction between intentions and actions could be of importance. This area for further research was not intended to be addressed by the

researcher in the present study. Nor does the information gathered provide sufficient insight into these aspects of parenting and emotions.

6.3.3 Question 3

3. Explore the human capability of emotion (according to Nussbaum) and how parents express it in caregiving;

Parents care about having a positive and healthy emotional connection with their babies. They raise the babies to the best of their knowledge and abilities. A lack of knowledge about emotions and emotional development has serious implications for caregiving. Many parents do not fully recognise and understand their role in the baby's emotional development. This is a significant defect in our society. Some cultures prescribe that children should be seen and not heard. This may give the impression that good parenting includes keeping the baby quiet. This may lead to the impression that the suppression of the expression of emotions is "good parenting".

The parents interviewed dealt with many challenges that impacted them emotionally. Mothers still felt over-burdened (Nussbaum, 2011). Their financial situation impacted them emotionally. The lack of finances brought about significant stress. Two mothers admitted to feeling depressed due to a lack of financial support. The lack of support available to parents impacted them negatively emotionally. When parents, or primary caregivers, have adequate support, like a caring spouse, they cope better emotionally.

Covid-19 and lockdown 1 caused havoc during the time in which the research was in progress. The parents mostly affected by it were in households where they experienced financial challenges. For a few parents, isolation from other people was an issue. It affected their emotions negatively. For most of the participants in this study, however, Covid-19 and lockdown were

described as “beneficial” in that the situation allowed them more family time. This was especially beneficial in the relationship with the baby. Parents mostly stated that it allowed them to spend more time with the babies. They were able to be part of caregiving and raising the baby more than they would have been without the pandemic. A few stated that it allowed them to “witness the baby’s developmental milestones”. According to most of the participants interviewed, this was one of the positive outcomes of Covid-19 and lockdown 1.

6.3.4 Question 4

4. Explore how parents can display emotion and connect with their babies.

The parents were able to show love and affection to their babies. They were able to hug, kiss, and play with their babies. They expressed their love verbally. They also made eye contact when interacting with the baby. They also expressed their desire to have a closer relationship with the baby than their parents had with them.

Some concerning issues that came out of the research were:

- Parents struggled with showing certain emotions, such as sadness, to the baby. They also wanted to shelter babies from experiencing sadness.
- Two mothers admitted they did not want to have the babies due to financial constraints. Both had limited emotional support from other people. One mother stated that she was surprised that she received no emotional support and counselling from the clinic.
- One pregnant mother admitted to feeling depressed. She was young and had to get married and drop her studies.
- A young single mom admitted to having no support and not trusting others emotionally. Generally, there is a lack of support for mothers as caregivers.

- Quite a few first-time mothers admitted to feeling overburdened in caregiving. Most of the responsibility for caregiving still fell on them, although they were also held responsible for their other duties. Caregiving was still seen in society as being primarily the mother's responsibility.
- One of the three mothers who had two previous miscarriages admitted that she did not allow herself to connect to the baby until the first month after the baby's birth. This is the only mother that stated that the baby was more connected to the father.
- Parents feel powerless due to not knowing if they were doing the right thing.

Generally, the sample of parents interviewed was able to make emotional connections with the baby. The question is whether parents can teach and guide their children to be emotionally expressive individuals when they struggle with expressing emotions. This is a question that this research paper cannot answer. It, however, remains a point of concern that needs further exploration. Emotional health and well-being are significant in the individual's future development and societal role. Emotional health is linked to future success and contributes to social development and raising emotionally healthy children (Richter, 2015; D'Mello et al., 2018). Further studies are required to determine if these parents can overcome the barrier of their inability to express their emotions and guide the baby to become emotionally capable. In that way, they will achieve what their parents have possibly not given them.

6.4 Limitations of this study

The following factors limited the extent to which data of this research may be used:

- The pandemic's influence on people's emotions is due to loss or fear. People were more stressed. The strain they were under may have impacted their emotions.

- Due to the scope of this study, individual aspects relating to parenting and emotions could not be explored to the full extent. Time limitations of interviews are factored in here.
- The study was limited to a particular geographical area. Participants in the Western Cape who participated are mainly from the Kuilsriver, Eersteriver and surrounding suburbs. A nationwide study exploring parents' emotions across cultures and socio-economic groups would have provided a broader perspective. Each category of parent – mother, father or pregnant mother.
- Due to the Pandemic, parents were more reluctant to participate in studies. A request was made to a church member to refer qualifying candidates to participate in the study.
- Length of this study – Due to personal challenges in the researcher's life, the study took more than three years to complete.
- Due to the scope of the study the researcher engaged with various groups and categories of parents. Although information provided useful overall insights, each category of parenthood needed to be explored more in-depth.
- Dealing with different categories of parents, mothers, fathers and pregnant women. Each one of these groups of people experienced its challenges. Each need to be explored in depth. The scope of this study did not make it possible.

6.5 Areas for further studies

- Dealing with different categories of parents, mothers, fathers and pregnant women. Each of these groups of people experienced its own challenges. Each need to be explored in depth. The scope of this study did not make it possible.

- A lack of follow-up on this research study to determine if parents could overcome their emotional barriers and build strong connections with their babies.
- Why do people, especially women, tend to minimise the emotions they experience in caregiving? This came up several times with different participants. It appears as if they feel guilty about having these emotions in caregiving. They need to explore why they do not fully acknowledge their emotions. The reasons and the effects of doing this should also be explored.
- Why do men continue to have a lack of understanding of their role in caregiving and support despite all the information available? Men are not as involved as women in caregiving. The influence of culture, stereotyping and social pressure on men in caregiving.

6.6 Recommendations

1) Women as caregivers need more support. The study revealed that women still struggle due to the unfair burden placed on them in caregiving. Stigma, stereotyping and cultural and social role expectations continue to burden women and their capability development.
2) The state has a responsibility to provide support to parents. Women need emotional help and support during pregnancy. State resources and interventions are still too scarce and unobtainable for most women. Data revealed that mothers in need of emotional support did not have access to counselling and the support they needed.
3) It is concerning that many mothers and caregivers experience stress at the uncertainty they experience in pregnancy and caregiving. The state should provide a helpline with professional support to ease some of the stress of especially new mothers.

4) Continued advocacy for male roles to be more prominent in caregiving and the support they should provide.
5) A restructuring of policies around maternal and paternal leave. Both should be lengthened.
6) Education on the importance of making emotional connections with the babies in the first 1000 days.
7) Increased focus in education on developing the emotional intelligence of children.
8) Raising awareness of the role of men in society and as caregivers in the first 1000 days of life.

6.7 Self-Reflection

The research results confirmed the data on the significance of our emotions and the impact on our relationships. The correlation between the parent's parenting style and the present behaviour of parents was evident. It was significant that no one was unaffected by their past. What has been astounding to the researcher was the evidence to which extent the parental influences of past experiences impacted the current parenting style of parents. No one was unaffected by their past experiences. This highlights the importance of this crucial stage of human development. It is undeniable that investing in the well-being of parents in the first 1000 days may significantly impact the future development of a nation. To support the participant who shared feelings of depression, the researcher will provide details of a psychologist and also a depression counselling group. The researcher will also offer support by following up regularly to ensure that participants receive the necessary support.

6.8 Conclusion

The data gathered in the research allowed the researcher to explore the capability of the emotion of parents in the first 1000 days. This chapter summarised the study's findings and answered the aims and objectives. It also provided an overview of some limitations and recommended addressing some challenges revealed through the data. Suggestions for further research were also presented. If challenges continue in caregiving which prevents emotional connection, it will continue to affect emotional health and well-being. If the parents are challenged in developing the capability of emotion, they could transfer the wrong behaviour patterns to their children. Society is in dire need of change. Change has got to start at the most basic level of society, the family. Enabling emotional health in children may have far-reaching implications for the development of society as a whole. Therefore, investing in the capability development of the parent as a caregiver may contribute to the emotional health and well-being of the baby in the first 1000 days of life.

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Appendices

Appendice A : Information sheet

Project Title:

An exploration of parental connection and the human capability of emotion in the first 1000 days.

What is this study about?

This is a research project being conducted by Chalmaine Marshall at the University of the Western Cape. We are inviting you to participate in this research project because you are a parent of a baby. The purpose of this research project is to explore the emotions that parents experience in caregiving and their connection with the baby.

What will I be asked to do if I agree to participate?

You will be asked to fill in the agreement form for the interview. A qualitative research method will be followed, which means that you will be interviewed. You will be asked to answer specific questions which may bear relevance to the topic. It can be answered in English or Afrikaans. The questions will revolve around your emotions as a parent and your relationship with the baby. The interview will be audio-recorded if you consent to it. You may respond to interview questions in the way that you understand them. The meeting will take about 30 - 55 minutes. The interview may take place in a suitable room at a local clinic or a residence agreeable to both parties.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. *To ensure your anonymity*: - Your name will not be included for any purpose in this research project.

- The interviews are anonymous and will not contain information that may personally identify you.

- A code will be used to differentiate between different transcriptions of participants.
- Only the researcher will be able to link your identity and will have access to the identification key for verification purposes.

To ensure your confidentiality, the interviews will be copied to a computer as soon as possible and deleted from the audiotape. It will be kept in a protected folder which will be known by the researcher only. The transcriptions will be identified with codes and stored in a lockable filing cabinet/safe. If a report or article is written about this research, your identity will not be disclosed.

Following legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. *In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.*

What are the benefits of this research?

The research may not be directly useful to you, but indirectly may provide you with some valuable personal insights. The results may help the investigator to access information on the capability of the emotion of parents and their connectedness with their babies. We hope that, in the future, other people might benefit from this study through an improved understanding of emotions and connectedness.

What are the risks of this research?

All human interactions and talking about self or others carry some risks. There may be some minimal risks from participating in this research study. We will nevertheless minimise such risks and act promptly to assist you if you experience any psychological or otherwise discomfort during your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is entirely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Chalmaine Marshall from the Child and Family Studies at the University of the Western Cape. If you have any questions about the research study itself, please contact me at 071 245 2781 or e-mail at chalmainemarshall@gmail.com**.**

Should you have any questions regarding this study and your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:

Dean of the Faculty of Community and Health Sciences:

Prof José Frantz

University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

UNIVERSITY OF THE WESTERN CAPE

INFORMATION SHEET TEMPLATE

ADDITIONAL GUIDANCE FOR SPECIFIC ISSUES

Informed Consent

Informed consent is a process, not just a form. Information must be presented to enable persons to voluntarily decide whether or not to participate as a research subject. Therefore, informed consent and its documentation must be written in language understandable to the people being asked to participate.

Research Involving Minors

For research involving individuals under the age of 18, a Parental Permission Form to ask parents for consent to their child's participation and an Assent Form to ask the minors if they agree to participate in the research, depending on whether the children are capable of assenting should be completed. The Parental Permission form should contain all of the elements of the sample consent form. However, the parental permission form should be written in language appropriate for parents granting permission for their child's involvement rather than as though they will be participating (e.g. we are inviting your child to participate, the risks to your child's participation include). When determining whether the children are capable of assenting, take into account the ages, maturity, and psychological state of the children involved. Assent forms should be written in age-appropriate language.

Research Involving Individuals with Impaired Decision-making Capacity

Using the Informed Consent Form Template, prepare a consent form to ask the research subject's authorised representative for consent to the participation of the research subject. Prepare an assent form to ask the research subjects if they agree to participate in the research, depending on whether the subjects are capable of assenting.

When determining whether the subjects are capable of assenting, take into account the decision-making capacity of the research participants.

Audio taping/Videotaping/Photographs/Digital Recordings

This research project involves making audiotapes of you. The audio tapes are means of collecting valuable information needed for the study. Only the chief investigator and the supervisors will have access to the recordings. The recordings will be safely stored in the drive, and passwords will be used to access the drive

___ I agree to be [audiotaped] during my participation in this study.

___ I do not agree to be [audiotaped] during my participation in this study.

INLIGTINGSBLAD

Projek Titel: **n Oorsig/eksplorasie van ouerlike konneksie en die menslike kapasiteit van emosie in konteks van die eerste 1000 dae.**

Waaroor handel die studie?

Hierdie is `n navorsingsprojek wat gedoen word deur Chalmaine Marshall by die Universiteit van Wes-Kaap. Ons nooi u uit om deel te neem aan die navorsing studie omdat u ervaring het as ouer van n baba/ tans swanger is.

Wat sal van my verwag word as ek deelneem aan die studie?

Dit sal verwag word van u om deel te neem aan individuele onderhoude met die navorser en u sal dus vrae moet beantwoord wat die navorser aan u sal stel. Die vrae sal handel oor u emosies en emosionele band/ konneksie wat u ervaar met u baba.

Word my deelname in die studie vertroulik gehou?

Die navorser onderneem om u identiteit en die aard van u bydrae te beskerm. U naam en bydrae sal anoniem gehou word. ’n Skuilnaam sal gebruik word en geen dokumentasie sal onder u naam aangeteken word nie. ’n Kode sal ook gebruik word op alle gekollekteerde data. ’n Identifikasie sleutel sal aan u identiteit gekoppel word wat slegs aan die navorser bekend sal wees. Om u identiteit te verseker sal alle inligting in ’n geslote kas gehou word en identifikasie kodes sal op die data geplaas word.

Indien ’n verslag of ’n artikel geskryf word, sal u identiteit ook beskerm word. Hierdie navorsingstudie sal gebruik maak van ’n band-opname. Toestemming sal van u verkry word om u op te neem en die onderhoude sal beskerm word deur ’n wagwoord te plaas op die rekenaars wat vir die doel gebruik gaan word.

Na aanleiding van die regs vereistes en professionele standaarde word dit verwag dat enige inligting met betrekking to kinderverwaarlosing , mishandeling of moontlike skade aan persone aangemeld word by die toepaslike professionele persone. U sal dan ingelig word dat indien die vertrouens verhouding verbreek sou word, en ook indien hierdie inligting aan die betrokke owerheid gerapporteer word.

Wat is die risikos in die navorsing?

Daar mag risikos wees in die navorsing. Alle menslike interaksie en gesprekke oor ander en jouself mag sekere risikos inhou. Ons sal egter probeer om die meeste risikos te minimaliseer en sal die nodige ondersteuning bied indien u enige ongemak , hetsy psigologies of andersins, ervaar gedurende u deelname in die studie. Indien noodsaaklik, sal `n verwysing gemaak word na ’n geskikte professionele persoon vir ondersteuning.

Wat is die voordele van die navorsing ?

Die navorsing is nie ontwikkel om jou persoonlik te bevoordeel nie, maar die resultate sal egter die navorser help om die emosies wat ouers ervaar, en hoe dit hulle verhouding met die baba beinvloed, te verstaan. Ons hoop dat ander persone in die toekoms baat sal vind by hierdie studie.

Moet ek deel wees van die studie en mag ek my enige tyd van die studie onttrek?

Jou deelname in die navorsing is heeltemal vrywilliglik. Jy mag kies om nie deel te neem aan die studie nie. Indien jy besluit om nie deel te wees nie of om enige tyd jou te onttrek van die studie, mag jy nie gepenaliseer word nie en sal jy dus nie enige voordele verloor nie.

Wat indien ek enige vrae het?

Hierdie navorsing word uitgevoer deur Chalmaine Marshall, by die Universiteit van Wes-Kaap. Indien u enige vrae het oor die navorsing studie , kontak my, Chalmaine Marshall by 0712452781.

Indien u enige vrae het met betrekking tot die studie en jou regte as `n deelnemer of indien u enige problem ervaar met betrekking tot die studie , kan u die volgende persone kontak:

Hoof van die Departement: Professor N. Roman

Maatskaplike Werk Departement

Universiteit van Wes-Kaap

Privaatsak X17

Bellville 7535

Epos: nroman @myuwc.ac.za

Tel: 021 959 2970

Dekaan van die fakulteit Gemeenskap en Gesondheids Wetenskappe:

Prof Anthea Rhoda

Universiteit Wes-Kaap

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaap se Senaat Navorsing en Etiese Komitee.

Appendice B: Consent Form

Title of Research Project: **An exploration of parental connection and the human capability of emotion in the first 1000 days of life.**

I, with this, declare the following to be true:

The study has been described to me in a language that I understand. My questions about the study have been answered.

Answer: *Yes* or *No*

_____ I agree to allow the researcher to interview parents/ pregnant mothers.

_____ I am aware that the interview will be audiotaped if the participants consent.

_____ A suitable venue will be provided.

Supervisor's name: ……

Supervisor's signature: ……

Date: ……

TOESTEMMINGS VORM

Titel van die Navorsings Projek

n Oorsig/eksplorasie van ouerlike konneksie en die menslike kapasiteit van emosie in die eerste 1000 dae van lewe.

Die studie is aan my verduidelik in die taal en op n manier wat ek verstaan:

- My vrae oor die studie is beantwoord.
- Ek verstaan dat my identiteit geensins bekend gemaak sal word nie.
- Ek verstaan dat ek enige tyd my toestemming mag onttrek van die studie sonder om ’n rede te verskaf en sonder om enige vrees of negatiewe gevolge of skade te lei.

Merk die toepaslike antwoord met n kruis: x

____ Ek verleen hiermee toestemming dat ouers/swanger vroue genader mag word vir toestemming om deel te neem aan die studie.

_____ Ek verleen hiermee geen toestemming dat die onderhoud op hierdie perseel mag geskied.

Bestuurder/Hoof se naam: ……..

Bestuurder se handtekening: …….

Datum: ……

Plek: ……..

Addendum A – Section 1

BIOGRAPHICAL INFORMATION

Participant number: ……

CIRCLE OR FILL IN THE CORRECT DETAILS

1. Mother / Father

2. Married / single / divorced / other (specify): ……. ……..

3. Your Age: …….

4. Ethnic Group: Colored / Black / White / Other (specify): …….

5. First child: Yes / No

6. Age of baby: ….. Year/s ……. Month/s

7. Career / Work: ……

Date: ……..

Place: …….

****

Appendice C: Interview Schedule for parents

Section 2 - Emotions

INSTRUCTIONS: Please answer the following questions as completely as possible:

1. How in touch are you with your emotions?

2. Do you understand your feelings, and are you able to give expression to it always?

3. Do you talk about your feelings easily? Do you find it difficult to speak about your emotions to other people? Why?

4. Are you able to show affection easily to other people? Why / why not?

5. Are you able to show emotions to your baby? Why / why not?

6. Describe to me your relationship with your baby.

7. What emotions do you experience as a parent in caring for your baby? Why?

Prompts

- How do you feel when baby cries? What do you do?
- Do you make your baby laugh? How?

8. How do you show affection/love to your baby? How do you act/react? When?

Prompts

- How much time do you spend playing with your baby?
- Do you talk to your baby? How?
- Do you make your baby laugh? How?
- Do you make direct eye contact with your baby?
- Do you hug the baby? When?

9. Choose the answer that best describes your relationship with your baby:

"I find it: - easy to show affection / not so easy to show affection / difficult to show affection." Say why?

Section 3: Connectedness

1. Talk to me about your connection that you feel with your baby.

Prompts

- How do you communicate with your baby? Why?
- How do you feel? Explain.

2. What do you do if you spent time together? How do you connect with the baby?

Prompts

- Do you talk to your baby?
- Make direct eye-contact?
- Do you play with your baby?
- What else?

3. How do you express your love for your baby?

4. How do you respond or console your baby when the baby cries / feels upset?

5. On a scale of 1 – 10, rate how connected you feel with your baby:

1 (not at all) - 10 (completely connected)

Explain why you say so.

****

Addendum A – SECTION 1

BIOGRAPHICAL INFORMATION – Pregnant Mothers

Participant number: ……

CIRCLE OR FILL IN THE CORRECT DETAILS

2. Married / single / divorced / other (specify): ……

3. Your Age: …….

4. Ethnic Group: Colored / Black / White / Other (specify): …….

5. First child: Yes / No

6. Month of Pregnancy: 1st ; 2nd ; 3rd ; 4th ; 5th ; 6th ; 7th ; 8th ; 9th

7. Career / Employment: ……..…

Date: ……..

Place: …….

****

Appendice D: Interview Schedule – Pregnant woman

Section 2 - Emotions

INSTRUCTIONS: Please answer the following questions as completely as possible:

1. What emotions are you experiencing during your pregnancy?

2. Do you understand your feelings, and are you able to give expression to it?

3. Do you talk about your feelings easily? Do you find it difficult to speak about your emotions to other people? Why?

4. Are you able to show affection to other people easily? Why / why not?

5. Are you experiencing any stress in your pregnancy? Why / Why not? Explain.

6. Describe to me your support system.

7. Describe to me your feelings towards your baby.

8. Choose the answer that suits your situation: Explain why?

I am seldom stressed.

I am stressed sometimes.

I am always stressed.

9. On a scale of 1 to 10, how stressed are you? Why?

10. How often do you feel depressed? CHOOSE THE ANSWER:

Never; Sometimes; Always

Explain why you say so.

Section 3 – Connectedness

1. **Was this pregnancy planned?**

2. **How has this pregnancy changed your life?**

3. **Speak to me about your connection with the baby?**

4. **On a scale of 1 to 10, how connected do you feel with the baby? Why?**

5. **Complete the sentence: In this pregnancy, if I could, I would …….. .**

Explain why you say so.

Addendum A – Afdeling 1

Inligting – Ouer

Deelnemer-Kode: ……

OMKRING OF VUL IN DIE KORREKTE INLIGTING:

1. Moeder / Vader

2. Getroud / Enkel / Geskei / Ander (spesifiseer): ……..……..

3. Ouderdom: …….

4. Etniese Groep: Kleurling / Swart / Blank / Ander (spesifiseer): ……..…….

5. Eerste baba: Ja / Nee

6. Baba se ouderdom: …... jaar/jare ……. Maand/maande

7. Beroep: ……

Datum: ……..

Plek: …….

****

ONDERHOUDSKEDULE - PARENTS

Afdeling 2 - Emosies

INSTRUKSIES :BEANTWOORD DIE VRAE SO VOLLEDIG AS MOONTLIK:

1. Hoe in aanraking met u emosies is u?

2. Verstaan u altyd die gevoelens wat u ervaar en kan u uiting aan dit gee?

3. Praat u maklik oor u gevoelens? Vind u dit moeilik om met ander mense oor u gevoelens te praat? Hoekom?

4. Is u instaat om maklik liefde aan ander mense te wys? Hoekom of hoekom nie?

5. Is u gemaklik om liefde aan die baba te wys? Hoekom of hoekom nie?

6. Beskryf vir my die verhouding wat u het met die baba?

7. Watter emosies ervaar jy as ouer in die versorging van jou baba? Hoekom?

Fokuspunte:

- Hoe voel u as die baba huil? Wat doen u?
- Laat u die baba lag? Wat doen u?

8. Hoe wys u liefde vir u baba? Hoe tree u op? Wat doen u?

Fokuspunte:

- Hoeveel tyd bring u deur met die baba ?Praat u met die baba? Hoe?
- Laat u die baba lag? Hoe?
- Maak u direkte oog-kontak met u baba?
- Omhels u die baba? Wanneer?

9. Kies die antwoord wat u verhouding met die baba die beste beskryf:

"Ek vind dit : ***maklik om liefde aan my baba te toon / nie so maklik om liefde aan my baba te toon / moeilik om liefde aan my baba te toon."*** **Sê hoekom.**

Afdeling 3: Konneksie (Emosionele band)

1. Gesels oor die konneksie/emosionele band wat u het met die baba.

Fokuspunt

- Hoe kommunikeer u met u baba? Hoekom?
- Hoe voel u oor u baba? Verduidelik.

2. Wat doen u met die baba as u tyd saam spandeer? Hoe maak u n konneksie met die baba?

Fokuspunte

- Gesels u met die baba? Do you talk to your baby?
- Maak u direkte oogkontak?
- Speel u met die baba?
- Is daar enigiets anders wat u wil deel oor u verhouding met u baba?

3. Hoe wys u liefde vir u baba? Hoe word dit in u gedrag gewys? Wat doen u?

4. Gesels oor hoe u optree /wat u doen as die baba huil/ontsteld is. Hoe troos u die baba?

- Hoe voel u as die baba aaneen huil?
- Hoe tree u op?
- Wat doen u?

5. Op n skaal van 1 tot 10 dui aan hoe heg is die band tussen u en die baba?

Kode 1: (glad nie heg nie) - Kode: 10 (uiters heg)

- **Verduidelik waarom u so sê.**

****

Addendum A – Afdeling 1

Inligting – Swanger Vroue

Deelnemer Kode: ……

OMKRING OF BEANTWOORD DIE VOLGENDE:

1. Moeder / Vader

2. Getroud / enkel / geskei / ander (spesifiseer): ……

3. Ouderdom: …….

4. Etniese Groep: Kleurling / Swart / Blank / Ander (spesifiseer): …….

5. Eerste baba: Ja / Nee

6. Maand van swangerskap: 1ste ; 2de ; 3de ; 4de ; 5de ; 6de ; 7de ; 8ste ; 9de

7. Beroep: ……..…

Datum: ……..

Plek: …….

****

Onderhoudskedule – Swanger Vroue

Afdeling 2 - Emosies

INSTRUKSIES : Beantwoord asseblief so volledig as moontlik:

1. Watter emosies ervaar u gedurende die swangerskap?

2. Verstaan u die gevoelens wat u het en kan u maklik daaraan uiting gee?

3. Praat u maklik oor u gevoelens? Hoekom dink u is dit so?

- Wat doen u as u hartseer / kwaad / ongelukkig / frustreerd voel?

4. Kan u maklik liefde/ omgee aan ander toon? Hoekom of hoekom nie?

5. Ervaar u enige stress in u swangerskap? Hoekom/ Verduidelik.

6. Gesels oor u ondersteuningsnetwerk? Watter ondersteuning het u van Ander mense, groepe of instansies?

7. Praat oor u gevoelens oor die baba.

8. Kies die antwoord wat u die beste beskryf: Verduidelik hoekom u so sê.

"Ek voel baie min gestres."

"Ek voel somtyds gestres."

"Ek voel altyd gestres."

9. Op n skaal van 1 tot 10; hoe gestres voel u? (1 – geen stress ; 10 gedurig

gestres. Hoekom sê u so?

10. Voel u ooit depressief? (n Diep, donker gevoel van hopeloosheid?) Kies die antwoord wat die beste pas:

Nooit; Somtyds; Altyd

- **Verduidelik waarom u so sê.**

Afdeling 3 – Konneksie (Emosionele verbintenis)

1. Was dit n beplande swangerskap?

2. Hoe het die swangerskap u lewe verander?

3. Praat oor u band/konneksie met die baba.

Besprekingspunte

- Voel u n konneksie met die baba? - Do you think the baby feels connected to you?

- Praat u met die baba in u baar?

- Wat doen u nog?

4. Op n skaal van 1 tot 10, hoe heg is u band met u baba? Hoekom se u so?

5. Voltooi die sin: As ek kon, sou ek graag …….. .

- Verduidelik waarom u so sê.

****

CONSENT FORM – PREGNANT WOMAN

PLEASE CIRCLE AND COMPLETE THE FOLLOWING:

Age:…….

Married / single / in a committed relationship / divorced/

other: (specify) - ……

Month of pregnancy: 1st ; 2nd ; 3rd ; 4th ; 5th ; 6th ; 7th ; 8th ; 9th

Title of Research Project: **An exploration of parental connection and the human capability of emotion in the first 1000 days of life.**

I agree with the following statements:

The study has been described to me in a language that I understand. My questions about the study have been answered. I know what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I am aware that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

_____ I agree to be audio-taped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

Participant's name: ……..……..

Participant's signature: ..……

Date: ..……

CONSENT FORM – Permission

Title of Research Project: **An exploration of parental connection and the human capability of emotion in the first 1000 days of life.**

I with this declare the following to be true:

The study has been described to me in language that I understand. My questions about the study have been answered.

Answer: *Yes* or *No*

_____ I agree to allow the researcher to interview parents/ pregnant mothers.

_____ I am aware that the interview will be audiotaped if patients consent.

_____ A suitable venue will be provided.

Supervisor's name: ……..

Supervisor's signature: ……

Date: ……

CONSENT FORM - PARENTS

Please circle or complete:

a. Father / Mother

b. Married / single / divorced / separated / other: (specify): ……

c. Ethnic group: Coloured / Black / White / other: (specify): ……

d. Age: ……

e. Age of baby: ……

Title of Research Project: **An exploration of parental connection and the human capability of emotion in the first 1000 days of life.**

I agree with the following statements:

The study has been described to me in language that I understand. All questions about the study have been answered. I know what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. ***I consent to participate in this research programme.***

_____ I agree to be audio-taped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

Participant's name: ……

Participant's signature: ……

Date: ……

TOESTEMMINGS VORM

Titel van die Navorsings Projek

n Oorsig/eksplorasie van ouerlike konneksie en die menslike kapasiteit van emosie in die eerste 1000 dae van lewe.

Die studie is aan my verduidelik in die taal en op n manier wat ek verstaan:

- My vrae oor die studie is beantwoord.
- Ek verstaan dat my identiteit geensins bekend gemaak sal word nie.
- Ek verstaan dat ek enige tyd my toestemming mag onttrek van die studie sonder om ’n rede te verskaf en sonder om enige vrees of negatiewe gevolge of skade te lei.

Merk die toepaslike antwoord met n kruis: x

____ Ek verleen hiermee toestemming dat ouers/swanger vroue genader mag word vir toestemming om deel te neem aan die studie.

_____ Ek verleen hiermee geen toestemming dat die onderhoud op hierdie perseel mag geskied.

Bestuurder/Hoof se naam: ……..

Bestuurder se handtekening: ……..

Datum: ……

Plek: ……..

TOESTEMMINGS VORM

Ouers / Swanger vroue

Titel van die Navorsings Projek

n Oorsig/eksplorasie van ouerlike konneksie en die menslike kapasiteit van emosie in die eerste 1000 dae van lewe.

Die studie is aan my verduidelik in die taal en op n manier wat ek verstaan:

- My vrae oor die studie is beantwoord.
- Ek verstaan wat my deelname sal behels en ek kom ooreen dat ek vrywilliglik en uit eie keuse deel neem aan die studie.
- Ek verstaan dat my identiteit geensins bekend gemaak sal word nie.
- Ek verstaan dat ek enige tyd mag onttrek van die studie sonder om 'n rede te verskaf en sonder om enige vrees of negatiewe gevolge of skade te lei.

Merk die toepaslike antwoord met n kruis: x

_____ Ek verleen hiermee toestemming dat die onderhoud op band opgeneem mag word tydens my deelname aan hierdie studie

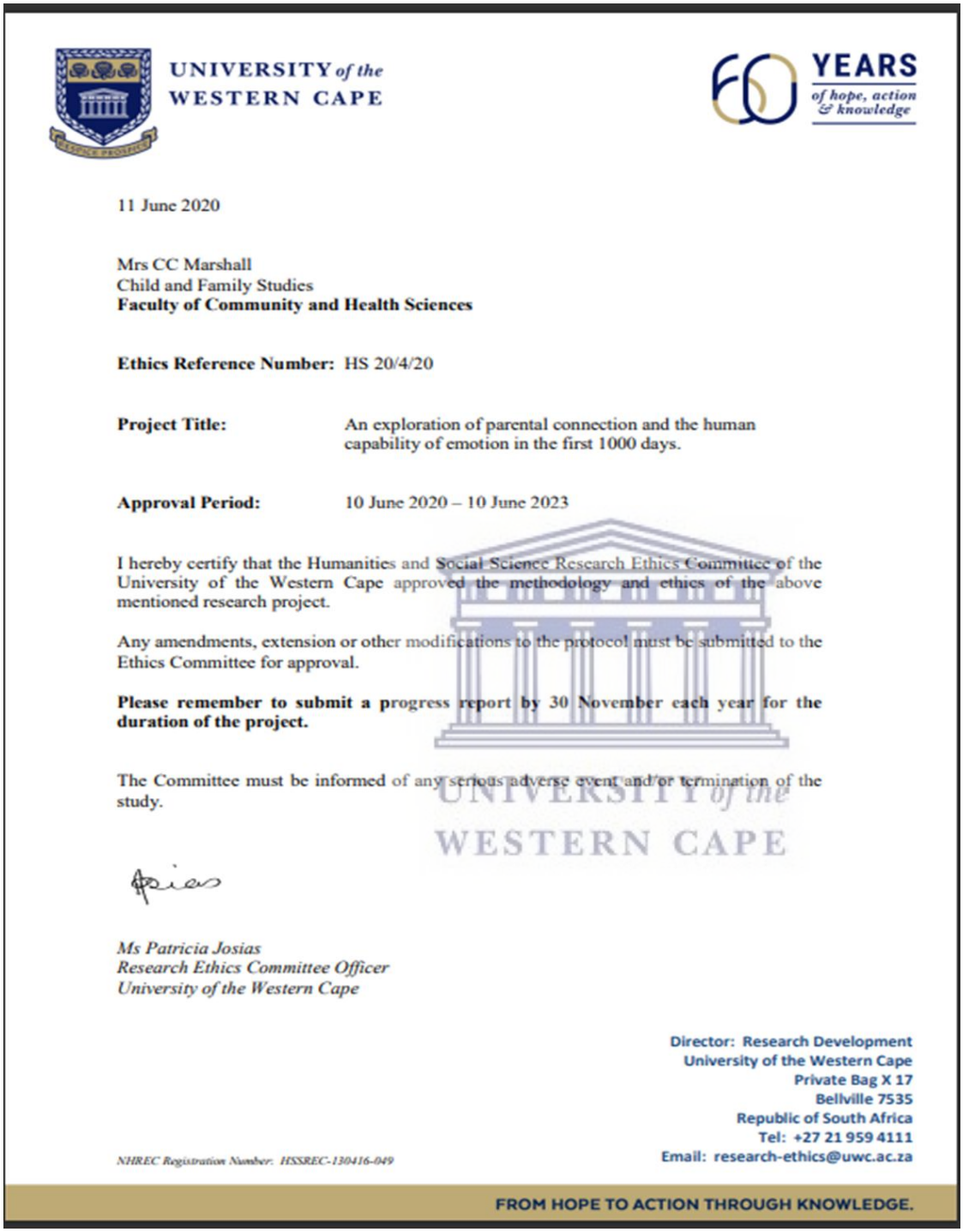
_____ Ek verleen hiermee geen toestemming dat die onderhoud op band opgeneem mag word tydens my deelname aan hierdie studie nie

Deelnemer se naam: ……..……..

Deelnemer se handtekening: ……..

Datum: ……

Appendice E : Senate Higher Degree and Ethics Committee Approval Letter



UNIVERSITY of the WESTERN CAPE

60 YEARS of hope, action & knowledge

11 June 2020

Mrs CC Marshall
Child and Family Studies
Faculty of Community and Health Sciences

Ethics Reference Number: HS 20/4/20

Project Title: An exploration of parental connection and the human capability of emotion in the first 1000 days.

Approval Period: 10 June 2020 – 10 June 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

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NHREC Registration Number: HSSREC-130416-049

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