

An Exploration of the Quality of Primary Caregiving Relationships between Adolescents Orphaned through AIDS and Their Grandmothers, Based on the Narratives of Stakeholders

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Abstract—This qualitative study presents an exploration and findings thereof the quality of primary caregiving relationships between adolescents orphaned through Acquired Immune Deficiency Syndrome (AIDS) and their grandmothers. This exploration was based on in-depth narratives of six stakeholders who provided community-based psychosocial support services to children and families affected by AIDS. The narratives show that grandmothers provided high-quality parental care and support to the orphans. Furthermore, stakeholders categorised grandmother caregiving as genuine. Findings also show that the orphans thrived emotionally, socially, and cognitively and performed well academically. However, it was also identified that grandmothers' caregiving had elements of overprotectiveness as well as susceptibility to manipulation -which appeared to be a threat to the positive development of the orphans. Relevant interventions, with a special focus on strengthening grandmother caregiving, are needed. Special attention should be on equipping grandmothers with a better understanding of adolescent behaviours and abilities to provide appropriate monitoring and supervision.

Keywords—Adolescent orphans, AIDS, caregiving relationships, grandmothers.

I. INTRODUCTION

RESEARCH worldwide shows that, adolescents orphaned by AIDS often experience poor social, educational, and psychological outcomes associated with parents' AIDS illness and death, unstable care arrangements, poor social support and economic difficulties [19], [20], [30], [32]. Studies provide clear insight into the lives and experiences of adolescent children prior to AIDS-resultant death of a parent and post parental death. These studies reveal that adolescents who live in households where a parent or both are HIV positive undergo emotional and social hardships due to witnessing the parent's health deteriorate, having to drop out of school to find a job to contribute to the household income generation, and having to carry the burden of keeping parental HIV' status a secret [13]. Many other studies focused on AIDS orphanhood and the vulnerabilities attached to it in the lives of affected children and adolescents [4], [19], [31]. A systematic review regarding perceived social support offered to children and adolescents orphaned through AIDS, shows that the orphans experience lower levels of social support from carers, friends and school

staff [26]. The reviewed studies further revealed that most orphans reported experiences of rejection and ostracisation - instead of support. Other studies also provide evidence showing that, children and adolescents orphaned by AIDS indeed face stigma and discrimination in their interpersonal interactions at school, home and within their local communities [15], [29]. These situations make them vulnerable to mental health problems. Reference [9] conducted a cross-sectional survey in China with a representative sample of 467 AIDS-orphaned adolescents and 856 non-orphans of Yi ethnic minority investigating the rates of depression and sleep disorders. The findings show that AIDS-orphaned adolescents experienced higher levels of depression and sleep disorders than non-orphans. Furthermore, it has been indicated that, due to the identified unique vulnerabilities, high quality parental care that is intentional and consistent, is needed to enable positive development of these orphans [7], [24], [33]. These studies provide evidence that emotional and social support from caregivers has a higher potential to protect orphans from poor mental health [16], [27], [21]. Based on the narratives of stakeholders, the present study explores the quality of primary caregiving relationships between adolescents orphaned by AIDS and grandmother carers. The study seeks to find out whether the mentioned relationships are perceived as enhancing the orphans' emotional, social and psychological wellbeing.

II. METHODS

A. Setting and Participants

The study took place in Khayelitsha -one of the biggest townships in South Africa. This township is situated in the Cape Metropole, in Western Cape Province. The township consists of low-income communities that are under resourced [3], and poverty stricken [23]. Khayelitsha has often been the focus for clinical research initiatives due to its high rate of HIV and AIDS prevalence [10]. The study involved six purposefully selected stakeholders who provide psychosocial and educational support services to orphans and primary caregivers within the township. Participants were four females and two males in the age range of 27–67 years. They were recruited from various local non-governmental organisations (NGOs) and

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governmental departments.

B. Data Collection

Qualitative method with a narrative inquiry approach was employed to gain insight into the qualities of the caregiver-adolescent relationships. Semi structured in-depth interviews were conducted with six stakeholders who were purposefully selected.

C. Data Interpretation and Analysis

Collected data were coded, meticulously arranged into themes, and thematically examined.

III. FINDINGS

Findings are categorised into the following three themes: the nature of orphan-grandmother caregiver relationships, the overprotectiveness of the grandmother, and the orphan's manipulation of grandmother.

A. The Nature of Orphan-Grandmother Caregiver Relationships

Most stakeholders described the orphan-grandmother caregiver relationship as affectionate, genuine, and very strong. They further explained that the orphans felt loved by their grandmothers. According to [6], quantitative findings, such qualities in a caregiving relationship, were found able to nourish the mental health and functioning of orphans and vulnerable adolescents. The findings also show that, the identified qualities provide platforms for the formation of attachment bond. In the extracts below, stakeholders' perceptions of the said caregiving relationships are adequately presented:

'...there is a lot of love that is shared between the grandmother and the grandchildren when they are young.' (The NGO Manager-Stakeholder)

'...yeah with the grandparents -I think for me that is genuine [the caregiving], that is really genuine because ahm... some of these kids [orphans] they actually remind them of their own children that actually passed on. You know. So, that's the connection now they have with the children that passed on because of the pandemic. So yeah -that is genuine. It's very genuine. Ahm... these kids [orphans] they feel loved.' (The Community and Youth Development Work Practitioner-Stakeholder)

'...the relationship is very strong because.. ah.. because is their grandchildren, you understand.' (The Social Auxiliary Worker-Stakeholder)

Furthermore, the extracts below shows that orphans performed well psychosocially and academically.

'...we assist them with school work, on Wednesdays. Wednesdays are for school work. As a result, it's been 3 years now and children that are attending our programme we have a 100 percent pass rate. Because we are helping them. Yes.' (The Social Auxiliary Worker-Stakeholder)

'...the only thing they will tell you is that they only play soccer. It's soccer. They've got the teams of their own. It's something that is keeping them busy.' (The Teacher-

Stakeholder)

Indeed, parental social support, acceptance and warmth have often been found playing positive role on the orphans' school grades and attendance [17], and overall wellbeing [11].

B. The Overprotectiveness of the Grandmothers

It is in the maternal nature to provide protection and safe spaces for children to grow and develop healthily. In the current study, grandmothers were applauded for being able to provide such caregiving to the orphans. However, where protection is overly provided, the very same desire to achieve positive developmental outcomes may be at risk of failing [14]. The stakeholders have identified that the grandmothers' genuine and affectionate caregiving also had an element of overprotectiveness. The extracts below best express stakeholders' concern:

'...they are very protective of their grandchildren you see. As a result they don't see the wrong side of what their children are doing. You see.'

'... I I don't want to say that they are not fit to take care of the children -you understand. They are fit but they are very protective of their grandchildren you see. And also, you will find out that if it's raining they don't want their children to go to school. What is that?' (The Social Auxiliary Worker-Stakeholder)

C. The Orphan's Manipulation of Grandmother

According to reference [28] the word manipulate is defined as: "control or influence [a person or situation] cleverly, unfairly, or unscrupulously." (p. 8). Stakeholders reported that adolescent orphans often used manipulative strategies to have their needs to explore social life fulfilled. One of the stakeholders mentioned that:

'Ahm.. and sometimes, maybe the grandparents doesn't.. is not ahm clued-up enough with the activities that are happening at school. Ahm... and adolescents -they do see these opportunities and then they do take those advantages. For example, adolescents will come and say at school they say we're going out over the weekend. And these kids nowadays they have an access to a computer, they write a letter, they fake a signature and they bring it to the grandparent. And the grandparent, they -grandparents don't question things that are being, -that ahm come from professionals. That's why they don't complain to the nurses, that's why they don't complain to the social workers, that's why they don't complain to the teachers. Because once you have that title, to the grandparents then you're always right, you know everything. So, everything that you say cannot be questioned. So that's where my concern is right now.' (The Community and Youth Development Work Practitioner-Stakeholder)

This manipulative behaviour reflect that both the orphan and the grandmother are vulnerable in their caregiving relationship. The grandmother's vulnerability is in her overprotective caregiving style, whereas the orphan's vulnerability is in being unable to express that his or her social capabilities are being

overly limited.

IV. DISCUSSION

Stakeholders described the primary caregiving relationships of AIDS-orphaned adolescents and grandmother caregivers as genuine, full of love and strong. They further stated that, such qualities were found nourishing to the development of the orphans as most of these vulnerable adolescents fared well socially, emotionally and cognitively, and performed highly academically. These findings are consistent with several other studies which have previously reported that, the grandmother's genuine love and care had a great impact on positive mental health resilience and academic performance of the orphans [5], [12], [17], [22]. Despite the physical health challenges and socio-economic hardships of raising adolescent children at old age, grandmothers flourished on mental health and their capabilities to provide positive caregiving to orphans. Most of them actively engaged in psychosocial and educational programmes offered to them through community-based services. The services included sewing, gardening, grandmother caregivers support groups as well as parent-child communication stimulation workshops. The gardening project enabled them to feed themselves and the orphans, while sewing enabled them to create beautiful garments which they could sell and earn much needed extra cash. As identified, grandmother caregivers possess character strengths such as love, kindness, hope, genuineness, help-seeking -which enables them to endure and rise above difficulties. One of the stakeholders stated the following: '...we often say that the grandmothers are the backbone of the community, and I firmly believe that, -you know. So often it is a grandmother who keeps a family alive, who keeps a family together. And the grandmothers are resilient. I, I find that. You know what I mean. They have problems -but they work through their problems. You know. And they, and ahmm some of them come here with problems and they go home with smiles on their faces because they have learned something here on the day that can help them take that [problem] out.' Similar findings regarding grandmother caregivers' enduring strengths have been reported by [8] and [18]. However, although the orphan-grandmother caregiving relationships have been commendable for the positive development of adolescents orphaned through AIDS, there has been an identification of adverse parts in these relationships. It has been stated that grandmothers' caregiving had elements of unintended overprotectiveness. This was identified in situations where the orphans were not permitted to attend school during rainy weathers to avoid cold-related illnesses. Furthermore, it was also stated that grandmothers were often susceptible to the orphans' manipulation tactics. Instances where orphans faked school trip letters to be allowed to spend time away from home were identified. A recent systematic review shows that overprotective parenting give rise to negative schemas in adolescent development [2]. Furthermore, studies also report that children and adolescents engage in manipulative behaviours as an attempt to get their social or/and emotional needs met [1], [25]. But without intervention, such behaviours may lead to poor psychological outcomes [28].

V. LIMITATION

It is worth noting that, the stakeholders' perceptions were limited to children and grandmothers who were involved in psychosocial and educational support services, thus these findings cannot be generalised to contexts of orphans and grandmother caregivers who are not part of the programmes. Also, the study did not include the orphans and caregivers themselves -it would be interesting to hear about their caregiving relationships based on their own narratives. Furthermore, the research only involved six stakeholders who provide community-based services -which is a limitation on two levels: first, it is a small sample, second, similar service providers from private sectors and private practices were not engaged. That said, future studies are recommended to explore the mentioned gaps.

VI. CONCLUSION

The findings shows that grandmother primary caregiving has the potential to achieve positive developmental outcomes in adolescents who were made orphans by AIDS. And that being the case, interventions are needed to further equip grandmothers with skills to adequately manage adolescent behaviour and provide appropriate supervision. Culture-sensitive approach interventions may be most relevant with each unique community.

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