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Expansion and Deepening of Social Support Systems for Female Caregivers Who Attended a Group-Based HIV Prevention Programme in Soweto, South Africa

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ABSTRACT

The steady rise of family-based interventions to prevent HIV infections among adolescent girls has necessitated the need for empirical evidence to gauge their acceptability and impact. This qualitative study explored the experiences of female caregivers who attended the "Let's Talk," HIV prevention Programme. The study used semi-structured interviews with caregivers who participated in the Let's Talk Programme. Twelve caregivers were purposively sampled to participate in the study. Data was analyzed using a thematic analysis approach, which entailed manual categorization and coding the data into themes and subthemes using a deductive approach. The findings indicate that through attending Let's Talk sessions, the caregivers' social support networks widened and deepened, ultimately leading to sharing and transference of problem solving and parenting skills. The conclusion is that the expansion and deepening of the caregivers' social networks provide empirical evidence of Let's Talk's efficacy in facilitating desired outcomes. It is recommended that the Let's Talk Programme needs to be up scaled in its current format within South Africa and other resource limited settings of Africa. This study only covered a small geographic area of Soweto, there is therefore scope for further research incorporating a bigger sample of participants drawn from a larger geographic area.

KEYWORDS

Caregivers; Let's Talk; social support; adolescent girls; HIV prevention; South Africa

Introduction

The Let's Talk Programme fell within a larger HIV prevention Programme targeting adolescent girls and young women called DREAMS. The Programme focused on adolescent girls to make them **d**etermined; **r**esilient; **e**mpowered; **A**IDS free; **m**entored and **s**afe, hence the acronym. The larger DREAMS package of interventions included condom promotion; HIV testing services; post-violence care; sexual reproductive health and rights services; social asset building; parenting programmes; education subsidies and socio-economic combination approaches (Cluver et al., 2016). Let's Talk is the structured curriculum used to reach out to both female caregivers and adolescent girls in their care. In Let's Talk, caregiver refers to the person who has primary custody of the adolescent girls; this person can be the biological mother of the adolescent girl(s) or an alternative, depending on the unique circumstances of every girl in the programme (Thurman, 2016).

The Let's Talk Programme comprises 12 sessions for caregivers; nine sessions for adolescents and four joint sessions combining caregivers and adolescents (Thurman, 2016). The whole programme is held in three phases and all the sessions are completed in about 17 wk. Phase 1 is exclusively for caregivers and is designed to help caregivers build social relationships and networks, confront and cope with their stress; build their resilience; improve communication skills; increase self-awareness and to equip caregivers with positive coping and adaptive behaviors. Phase 2 of

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the Let's Talk Programme aims to help caregivers improve their parenting skills while also helping them to understand adolescents' behaviors. In Phase 3, the emphasis is on promoting healthy behaviors for adolescents in the context of HIV and their Sexual Reproductive Health and Rights (SRHR) with caregivers playing critical support roles (Thurman, 2016).

Evidence from other group-based interventions indicates that significant numbers of caregivers reported feelings of less social marginalization after attending group-based interventions (Wang et al., 2014). This is because caregivers were able to share their psychosocial challenges in perceived safe spaces. Empathic discussions during the group sessions facilitated emotional and social bonds among the caregiver participants leading to the formation of new social systems in which the caregivers received emotional, informational and social support (Thurman et al., 2012, 2016; Visser et al., 2012; Wang et al., 2014). Interactions within the group system improved the caregivers' self-esteem and confidence and this helped the caregivers to form and strengthen social relationships with family and community members (Thurman et al., 2012, 2016; Visser et al., 2012; Wang et al., 2014). Consequently, caregivers felt more integrated within their family and social circles and some caregivers reported less stigma and discrimination (Thurman et al., 2012, 2016). However, there has been no study conducted to explore the effectiveness of the Let's Talk programme in building participants' social support networks. As such, the guiding research questions for this study were: 1. What psychosocial challenges were experienced by care givers before attending the Let's Talk programme? and 2. How did participating in the Let's Talk programme affect the caregivers social support systems?

Background

Caregivers in high HIV endemic areas face multiple psychosocial challenges that compromise their parenting skills and by extension the protective effects against HIV infection for adolescents (Thurman et al., 2012, 2016; Toska et al., 2016). Some of the challenges include poverty hardships, limited social support, family discord, chronic illnesses, children misbehaving, communication taboos around sex and HIV with adolescents and HIV positive status disclosure to children (Kuo et al., 2016; Rochat et al., 2013; Thurman et al., 2012, 2016; Toska et al., 2016). In the light of these challenges, caregiver-adolescent relationships are usually sub-optimal, marked by tension and communication challenges.

Over the decades there have been steady thrusts to spread the ambit of HIV prevention beyond the bio-medical model to incorporate community and household empowerment approaches in group settings. Gendered HIV prevention and social protection interventions are now appreciated as a significant component of the basket of HIV prevention services that can be implemented at scale (Thurman et al., 2016). A significant number of these interventions deliberately focus on expanding and deepening the participants' social support networks so that the participants can draw from the collective social pool in times of personal and family crises (Kuo et al., 2016). These community led responses have met with varying degrees of success in South Africa. The Let's Talk programme is one such novel intervention developed in 2016 and its efficacy in fostering positive communal relations has not been fully explored in the South African context.

Literature Review

Parental caregivers in resource-limited settings like Soweto, South Africa often encounter numerous psychosocial challenges with limited social support networks (Thurman et al., 2016). Poverty, challenging adolescents' behaviors and caregivers' infection with HIV are the salient issues caregivers grapple with to the detriment of their psychosocial adjustment and parental competencies. The lack of or inadequacy of family and community support systems tends to engender generational vicious cycles of family instability, crises, abuse, unemployment and HIV infection.

Poverty

In South Africa, household poverty is a significant challenge confronting most caregivers in resource limited settings that also tend to be high

HIV endemic areas (Thurman et al., 2012, 2016). The poverty is usually manifested in the form of household food insecurity, poor nutritional status, shack dwellings and general financial hardships. Household poverty is also usually compounded in the presence of HIV infected members in the household (Thurman et al., 2012, 2016). Caregivers have reported challenges of adolescent girls and young women engaging in risky transactional sex with older men to escape from household poverty (SANAC, 2017). However, there is evidence that the impact of HIV on household economic poverty has been ameliorated by the country's comprehensive ART Programme that has seen millions of caregivers regaining and maintaining full functional health (SANAC, 2017).

Limited Social Support

Caregivers in resource limited settings like Soweto in South Africa often have to face the challenge of poverty with limited social support (Thurman et al., 2012). This is usually because the social safety nets usually provided by the extended family have been eroded due to worsening economic conditions in the country (Thurman et al., 2012). Increasing numbers of households are characterized by family discord precipitated by issues, including competition for scarce resources, accusations of witchcraft and other social strains (Kuo et al., 2016). The lack of social support leaves most caregivers stressed and with feelings of general inadequacy regarding their caregiving and parenting abilities (Thurman et al., 2016, 2012).

Adolescents' Behavioural Problems

Many studies have shown that most caregivers in poor settings like Soweto in South Africa often have to contend with problematic adolescent behaviors (Katherine Hutchinson et al., 2012; Kuo et al., 2016; Madiba & Mokgatle, 2016; Miller et al., 2017; Shai & Sikweyiya, 2015; Thurman et al., 2012, 2016). Some of the conspicuous adolescent behavior challenges include risky sexual behaviors, teenage pregnancies, alcohol and substance abuse and general mood swings (Katherine Hutchinson et al., 2012; Kuo et al., 2016; Madiba & Mokgatle, 2016; Miller et al., 2017; Shai & Sikweyiya, 2015; Thurman et al., 2012, 2016). The situation is often worsened by the fact that caregivers lack the appropriate parenting skills to ameliorate these behavioral challenges. In frustration caregivers often resort to aggressive approaches including physical punishments that often result in even worse noncompliance behaviors (Thurman et al., 2012). Weakened relationships between caregivers and adolescents (especially females) open pathways for increased HIV risk as some of them run away from home to go and stay with boyfriends (Kuo et al., 2016; Thurman et al., 2012).

Caregivers' Infection with HIV

Research has shown that most caregivers infected with HIV face mental health challenges including stress and depression arising from their own positive HIV status (Eloff et al., 2016; Sikkema et al., 2015; Thurman et al., 2012, 2016; Visser et al., 2012). Caregiver HIV infection has also been noted to create tension in the household due to accusations of infidelity as the cause of infection (Eloff et al., 2016; Sikkema et al., 2015; Thurman et al., 2012, 2016; Visser et al., 2012). In most cases the infected caregivers lack the skills to disclose their positive HIV status to their children. Some of the caregivers have reported fears of stigmatization and causing emotional difficulties for their children, including poor school performance. Consequently, caregivers fail to engage adolescents on topics of sex and HIV because of unresolved negative feelings and perceptions arising from their own infection. The situation is worsened by cultural and traditional taboos that discourage caregiver-adolescent communication on sex and HIV (Kuo et al., 2016).

A review of the literature has highlighted the psychosocial challenges that impair the caregivers' coping and parental capacities in a high HIV endemic setting. The absence of adequate social support leaves caregivers dangerously exposed to the vagaries of poor adolescents' behaviors, HIV infection and poverty. This study therefore sought to explore, firstly the psychosocial challenges faced by the caregivers prior to their participation in the Let's Talk programme, and secondly how participating in the programme affected their social relationships and networks. This was

done by asking the following questions: 1. What psychosocial challenges were you experiencing before attending the Let's Talk programme? 2. How did participating in the Let's Talk programme affect your relationships and social support systems?

Methods

This study utilized a qualitative cross-sectional design to explore the experiences of female caregivers who attended the Let's Talk Programme with adolescent girls in Soweto. The study was carried out at four Community Based Organizations (CBOs) in Soweto where the Let's Talk Programme was implemented. Data was collected through semi-structured interviews with caregivers at selected CBOs between January and March 2019. The study population comprised female caregivers who completed all thirteen Let's Talk Programme sessions. Simple random sampling as described by Bryman (2015) and De Vos et al. (2011) was used to select the four CBOs out of the 12 that implemented the Let's Talk Programme in Soweto. Twelve caregivers were then purposively sampled from the four CBOs. The inclusion criteria stipulated that a participant had to be a female caregiver who attended let's talk sessions and was conversant in English, able, willing, and available to participate in the study.

A semi-structured interview guide (with open ended questions) was the primary data collection tool. One of the questions on the interview guide was, "May you please talk about the challenges that you faced before attending the Let's Talk programme." Data collection occurred at the CBOs in the form of semi-structured interviews. Note taking (memos) and audio recording were used to capture raw data during the interviews. The PI conducted data quality checks by listening to the audio tapes before transcribing the data.

De-identification of data to maximize confidentiality was done during the transcription process. Audio data were transcribed by a Research Assistant (RA) after being trained by the PI. The PI wrote analytic memos in preparation for data coding. Data coding was manually done by the PI after deciding on the color codes for themes and sub themes beforehand (De Vos et al., 2011). Safe storage of raw data (audio tapes; field notes and transcripts) was ensured by locking the raw data in a locked cabinet after fieldwork.

Major aspects of data analysis comprised manual categorization and coding the data into themes and sub themes using a deductive approach. Deductive data coding into themes and sub themes was based on the study objectives (Bryman, 2015) i.e. challenges faced by caregivers before Let's Talk and the caregivers' support/coping systems during and after attending the programme sessions.

During data analysis, room was also left for codes to be developed inductively for emerging themes. Themes and sub themes were captured in the code book in table format (Bryman, 2015; De Vos et al., 2011)The PI used open, axial and selective coding. Open coding was used to generate concepts through breaking down, examining and comparing data (Bryman, 2015) gathered from the semi-structured interviews. Through axial coding, two or more concepts generated through open coding were subsumed into a category (Bryman, 2015) representing the experiences of the female caregivers. A category became a core category/theme buttressing a number of categories through selective coding whereupon relationships between concepts and/or categories were explored; developed; refined and validated (Bryman, 2015). The PI also used the Framework approach to thematic analysis as a way of mapping and visualizing the data (Bryman, 2015). In the Framework approach, an index of core and sub themes was represented in the matrix, thus aiding data visualization in preparation for writing up the analysis (Bryman, 2015).

Ethics clearance for this study was granted by an institutional review board of a university in South Africa. Practical steps were taken to avoid emotional harm to the participants. Participating caregivers were well informed of the potential negative consequences that could arise from their involvement in the study, and they were provided with the opportunity to withdraw from the study at any time

Caregivers were informed that if they needed on-going counseling and emotional support, social workers from HIVSA were available for

referral support and were provided with contact details. At the conclusion of every interview, participants were given the opportunity to express any feelings; thoughts; views or ask any questions arising from or related to the interview as part of debriefing. None of the caregivers who showed emotional reactions in the interviews. All participants signed a letter of informed consent which stated that their participation in the study was voluntarily, and that they were fully aware that they were entitled to withdraw from the study at any time and for any reason. To aid the foregoing, the PI fully explained the broad research topic, who was undertaking and why the research was being done

The PI ensured that identities and records of study participants were kept confidential. Interviews with participants took place in offices at the CBO sites where no other people could hear what was discussed. Codes were used to identify participants and the participants' list, and their code names are being stored separately in a locked cabinet file. Identifying details of the participants were removed from all transcripts and the transcripts and electronic recordings have been locked away in a cabinet.

Findings

The findings of the study are presented in this section, starting with the demographic characteristics of the participants. The study findings capture the personal challenges faced by caregivers before Let's Talk and the support systems for the caregivers that emanated from their attendance of the Let's Talk sessions.

Socio-Demographic Characteristics of Participants

All female caregivers who participated in the study were assigned pseudonyms for confidentiality purposes. The age range of the participating female caregivers was 26—49 years old while the age range of adolescent girls they cared for was 11—19 years old. Regarding the highest level of education attained, nine caregivers had secondary education; two had tertiary qualifications while one had primary education. Eight caregivers had only one adolescent girl in their care while four cared for two adolescent girls. The most common relationship between female caregivers and the adolescent girls in their care was that of mother and daughter (nine) followed by aunt and niece relationship. All the female caregivers and adolescents in their care resided in Soweto. Table 1 below summarizes the socio-demographic characteristics of the twelve caregivers who participated in the study.

Challenges Experienced by Caregivers before Attending the Let's Talk Programme

Caregivers reported experiencing a variety of personal and social challenges that negatively affected their wellbeing and family functioning. Salient challenges experienced by caregivers related to their difficult upbringing; experiences of sexual abuse; strained family and social relationships; loss of loved ones and dealing with adolescents' difficult behaviors. Some of the caregivers indicated that they had grown up with feelings of hurt and shame as they struggled to come to terms with the challenges in their lives. One of the caregivers who experienced sexual abuse

Table 1. Summary of participants' (caregivers) socio-demographic characteristics and relationships with adolescent girls (AGs).

Caregivers' pseudonyms	Ages	Education level	Number AGs	Ages AGs	Relationships with AGs	Residence in Soweto
Phumzile	26	Tertiary	2	14 & 17	Nieces	Diepkloof
Mpho	29	Secondary	1	13	Daughter	Diepkloof
Andile	33	Secondary	2	11 & 12	Daughter & niece	Diepkloof
Lerato	34	Secondary	1	14	Daughter	Emdeni
Thandeka	37	Secondary	1	15	Daughter	Meadowlands
Nthabiseng	41	Secondary	2	13 & 14	Daughters	Meadowlands
Boipelo	41	Secondary	1	16	Daughter	Emdeni
Ayanda	42	Tertiary	1	14	Daughter	Meadowlands
Fezile	43	Secondary	1	19	Daughter	Diepkloof
Akhona	46	Secondary	1	15	Niece	Dobsonville
Zodwa	48	Secondary	1	14	Daughter	Diepkloof
Lebohang	49	Primary	2	12 & 19	Daughters	Dobsonville

mentioned that she attempted to commit suicide at one point as she could not cope with the emotional burden brought about by the abuse. For some of the caregivers, Let's Talk afforded them their first opportunity to confront and talk about their challenges publicly thus beginning to take the first steps toward personal healing and mending their social relationships. The next paragraphs highlight some of the challenges experienced by the caregivers in more detail.

Experience of Growing up without One or Both Parents

Difficult challenges experienced by caregivers while growing up included living without one or both parents. In the case of Boipelo, the absence of her mother affected her emotionally and she became a shy person:

> I did not grow up in a house with both parents. My family structure was not in a good way…It affected me a lot especially emotionally. I was not a strong person…I did not put myself out there; I was a very shy person.

One of the caregivers narrated her ordeal of growing up without her mother; sexual abuse and conceiving her son through the same violent act; anger; dropping out of school and attempting to commit suicide. The lack of support from the family made her plight even more difficult as she had to navigate the court processes on her own. Lerato expressed her challenges as follows:

> When I was a child, we grew up without a mother… so I had that anger, and when I was 14 years I was raped and that is where I got the anger. I did not want that to happen to my child, but it did happen again … It affected me a lot because I could not complete school. I dropped out in Grade 9…I tried to kill myself and did things I don't know, and I did not communicate much at that time, and I had my child through rape. … he [man who raped her] was arrested, and when I attended the court, I went alone … nobody was there for me.

Family Turmoil Due to Accusations of Witchcraft

One of the caregivers narrated the ordeal of witchcraft accusations against her mother while growing up. Consequently, she grew up hurting, feeling shame and witnessing the once close-knit family disintegrating. Remembering her difficult childhood and the relief she felt when telling her story, Zodwa said:

> I told the story of how I grew up in my family's house. My mother wasn't married. I lived with my grandfather, and I never knew my grandmother because she passed on when I was still young. I lived with my grandfather, my uncles, my aunt and my mother. My mother was very sick and had to go do the rituals of becoming a sangoma (traditional healer). Because she was not working, she had to stay there for a very long time, for more than 10 years. We had no mother in the house and were depending on the aunts, uncles and grandfather. When my mother came back home it was not fun anymore because they were calling her names like, 'witch' and so on. We started falling apart as a family, the close-knit family. We started being apart, every time they would say something about my mom, I would feel bad and start hurting…It was so hard.

Perceived Neglect by Parents and Siblings

One of the caregivers recalled how her sisters neglected and disrespected her while her mother was not hands-on disciplining her. Feeling ashamed of the way her sisters and mother neglected her, Nthabiseng explained:

> My sisters neglected me… my sisters didn't respect me. They did as they liked with me because I was the youngest… I feel bad because I didn't have a chance to be in my mother's arms…I used to tell my aunt that my mom wasn't hands-on with disciplining me; she thought my sisters would advise me about stuff as older girls.

Perception of Betrayal by Family Members

When her brother revealed secrets of a deep personal nature, one of the caregivers felt betrayed by her brother. The feelings of betrayal were so deep that the caregiver kept emotional and social distance from her brother. While recounting the betrayal, Ayanda expressed her desire to let her brother know how deeply betrayed she felt:

> My brother and I had issues. We didn't know how to solve them, and I actually distanced myself from him, because I didn't want to …. I was very angry …I felt so betrayed by what he said. I didn't expect that from him because my brother and I were close. We were

> like twins; we shared deep secrets. I trusted him with some things I thought I could only tell him and felt betrayed by what he did. He revealed some of the secrets I told him to a friend of mine. He told her some of the things I didn't want anyone to know.

Marital and Spousal Challenges

Some of the caregivers reported challenges in their relationships due to husbands and spouses that cheated. For Thandeka the experience was so stressful that she could not cope at work; she had a miscarriage at work and had to quit the job. Highlighting her experience Thandeka reported that:

> My relationship with father of my children was a mess, … He was cheating all-over this township… Like the major problem is that at work I couldn't cope, and I had a miscarriage at work…, and I decided to quit the job… That anger, I would take it out to the children most of the time because I don't know how to deal with the issues…

Death and Bereavement

The loss of a partner who used to provide for the family brought challenges to Fezile regarding supporting her family. She pronounced her experience of losing her partner as follows:

> Last year I lost the father of my two kids…He was the one who was supporting us and doing everything for us, but after he left then I was not feeling ok.

For one of the caregivers, Ayanda, the passing of her mother proved very difficult emotionally necessitating her to be referred for counseling. This is how she expressed the painful emotions she still felt when she talked about her mother:

> For me personally, I was going through a rough patch… My mom was very sick last year, she was suffering from COPT. She passed away last year, and I didn't handle it well emotionally. It was draining, I had to talk to someone, … I'd be lying if I said I was coping, I am still experiencing those emotions, and whenever I talk about her it's painful…. I still cry a lot when I talk about my mom, we were very close.

Disappearance of a Child

The disappearance of her daughter for months brought emotional and psychological stress to one of the caregivers, Akhona. She reported fearing the worst regarding her daughter's life as she noted that usually women get killed when they disappear for such prolonged periods of time:

> I have a big problem…His mother [mother of grandson] left, and I don't know where she is. She just left the children with me. I don't know where she is since end of February. She lost her job and received some money. She then left and never came back, and I don't know what to do… And the worst part of it is that her phone is not working. They [police] touched on the issue of the boyfriend and asked me if it was the first time she was doing this? And I said no, because she once left before…she left as if she was going to school, and when I searched for her at school, they told me she never came. She came back after a few years with a new baby, Jabulani who was only 3 weeks at the time… I don't know [if she will come back again]. You see, because women are being killed …that is what is stressing me"

Social Support Systems for Caregivers Were Boosted through Let's Talk

Before attending the Let's Talk programme, most caregivers reported having limited social support systems. The most common form of social support was provided by one or two best friends. Social support networks available to the caregivers widened and deepened during Let's Talk sessions. Caregivers utilized opportunities to talk about personal challenges and provided social, moral and emotional support to each other. Other sources of social support for caregivers during Let's Talk sessions included the programme facilitators who conducted the sessions.

On some occasions caregivers were referred to other organizations for further support in the form of counseling. After the sessions some caregivers continued social interactions with fellow caregivers from Let's Talk by forming special friendships and engaging each other on social media. Deeper insights into the caregivers' experiences of social support before, during and after Let's Talk are provided in succeeding sections.

Moral Support to Reconnect with Extended Family

Upon sharing their challenges in the group, many caregivers reported getting moral support and sometimes real advice to confront their

challenging situations. In one case, Zodwa (48) reported how she got empowering support from fellow group members to reconnect with extended family members since her mother passed on:

> They also wanted to know how we were coping since my mother had passed away. The house is still there, and my uncles and aunt are still there, and we moved out from the house. They wanted to know if we are still seeing each other. Somebody was there to listen to me, and they gave me ears…They made me see that I wasn't going home at all since my mother passed on. So, since they talked to me, I go home now and again when I have time to see my uncles and aunt. We have rebuilt that relationship again…I used to hate them a lot, and I did not even want to know them but today I have their contacts, and I can share with them my problems.

Emotional Support to Confront Painful Childhood Sexual Abuse

Let's Talk offered broad emotional support to the caregivers, most of whom grew up with unresolved emotional challenges. The unresolved emotional challenges negatively affected the caregivers' social relationships and interactions especially with their adolescents. One of the caregivers, Lerato (34) narrated the happiness she experienced when she shared in the sessions how she suffered sexual abuse as a teenager:

> I was happy because I started to talk. Yes, I disclosed [sexual abuse] to the group because I still had the anger…so when they asked why the anger? That is why I came out. They asked about what made us sad when we were growing up. I then shared everything about my childhood and what made me sad, and that I am now going for therapy…I got happiness [from sharing in the group], the support I got brought happiness because I could see the anger going away… They [group members] encouraged me to be strong, and comforted me, by saying things will be better and God will help me. It was very meaningful and good… we had time to talk and talk. I like to talk, and I was the first one to talk, and I would tell them that I slept well because I talked with them… I feel happy because the things in my heart got out

Peer Support on Anger Management

Several of the interviewees acknowledged their long running challenges with managing their anger and how other Let's Talk participants discouraged aggressive communication and disciplining techniques. Caregivers appreciated the non-judgmental atmosphere in which they were able to share their anger management issues freely without other participants condoning such behavior as demonstrated by Fezile's account:

> I received a lot of support because as we are parents, we have so many challenges…and we were talking about our situations and emotions. The support I received was good because some parents advised me that as you are a mother you must do this and that… so do not be angry too much and do not shout…I am a shouting person, when it comes to my kids Ìm not good and Ìm a person who likes to hit almost all the time. So, the other parents talked with me about that and advised me not to do that because sometimes that will send your child to the streets if you are always hitting her… I listened to what they said, and even if I meet them on the streets, they ask how Ìm coping with my child and I tell them that we are good… I enjoyed how to talk with other people and sharing ideas

Perceptions of Safety and Being Accepted in the Group

Feelings of acceptance and positive reinforcement provided in the Let's Talk groups by peers gave caregivers opportunities to build and guide one another. Some caregivers cherished the fact that they managed to come together and shared common challenging experiences in the community like poverty and low educational attainment. Besides the group rules that emphasized acceptance and non-judgmental tendencies, the participants felt they had a lot of common characteristics necessary for mutual and symbiotic growth. Participants started viewing each other more as assets and building blocks than just mere strangers in diverse and mixed townships. The fellowship of being in the same space with other caregivers who used to be strangers was especially appreciated by Boipelo who felt a sense of belonging as her narrative below shows:

> Yes, there was a chance for us to share because I was in a group with other women my age that have children of the same age group, so there we could share with each other and even build each other. We realised that our experiences were similar, so I got the chance to put it out there and receive positive responses and guidance from the facilitators… I felt much better; I never thought I would have that kind of platform for

> people to listen to things that seemed not important from people who were experiencing similar problems… In the group people had a chance to comment on what you say and to also share their own experiences. We accepted each other because it was like a rule in the group. We did not laugh at each other regardless of what you were putting out there…We accommodated each other within the group…Because this neighbourhood has a lot of poverty, so when you come here it feels safe to mingle with certain people because we are sometimes prejudiced towards each other because of the clothes we wear. So, when we are here, we are treated equally. We don't need to be people that we are not, and even our educational levels are never reasons to be treated differently

Caregivers Found Sharing Their Challenges to be Healing and Therapeutic

Feeling the safety guaranteed in the Let's Talk groups, several caregivers reported feelings of healing after sharing their difficult challenges in the groups. This is because the caregivers had lived with the traumatic experiences most of their lives and never had the opportunity to disclose their trauma with guarantees of acceptance and not being judged. This was particularly the case for Lebohang (49) who reported getting to heal through sharing her challenges with other caregivers in the Let's Talk group:

> I thanked them because my life was better since I had other parents to share my problems with and they also were able to share theirs. This really relieved me from the pain I was going through…This Programme healed a lot of my wounds.

Caregivers Shared Common Parenting Challenges

Most caregivers reported negative experiences regarding adolescents' difficult behaviors and how Let's Talk provided them with a platform to share such experiences and come up with practical remedial solutions. This was particularly the case for Lebohang who reported getting ideas after sharing her challenges with other parents in the Let's Talk group:

> We also shared ideas on how to deal with our children better. They told me that they were also experiencing challenges with their own children, and I was not alone. So, we shared ideas on how to overcome our challenges with our children, like showing our children love. I told the ladies that I was doing my best to show my daughter that I love her, but she continued to hurt me. The only thing my daughter saw me valuable for was money, and nothing else. The ladies advised me to talk with my daughter and explain it to her when I'm unable to do certain things for her. I have been doing just that, and it has helped improve my relationship with my daughter.

Sharing Dreams of Better Lives for Children

As well as discussing and sharing negative experiences with their children, caregivers in Let's Talk also shared dreams for bright futures for their children. After discussing dreams for a bright future for her daughter in the group, Thandeka proceeded to discuss the same dreams with her daughter and the two came to one common understanding:

> We shared dreams of where we'd like to see our daughters in 5 years. I said I would like to see my daughter run her own business; independent; and choose a right person for self; have her own house and children so that she can learn. It made me feel good and I also discussed it with my daughter, and she agreed that she wants to make the right choices and avoid bad outside influence, and she needs to listen to me first before anybody else…

Support from Let's Talk Facilitators

Some caregivers reported being more comfortable sharing and discussing their experiences with Let's Talk facilitators outside of the group setting. The privacy afforded by such engagements with facilitators was more appealing for the concerned caregivers as opposed to sharing in the group. Some caregivers preferred to receive some types of social support individually. One of the caregivers, Fezile came to attend Let's Talk sessions while still grieving the passing of her partner. She opted to confide in and get grief support from the Let's Talk facilitator instead of sharing in the group. Despite not have fully recovered yet, Fezile acknowledged the fact that grieving was a step-by-step process and that she hoped to eventually heal:

> As I have said Patricia (pseudonym), I used to call her separately…Yes… I used to talk with her about the feelings I have, and she is younger than me, but she always counselled me in a good way. She would

> tell me that things happen, and things are going to be better, and I must tell myself that he is already gone, and I must move on with my life, you can't raise your kids with an emotional burden… she would also say I should try to adjust, and I used to ask her how? She would tell me that she knows I am a strong person, and she knows I can do it, so since I was speaking with Patricia at least I have tried but I'm not…Yes, I am not there yet in fact…Step by step

Caregivers Referred Elsewhere for Further Support

There were some caregivers who experienced very challenging situations that needed further professional help in the form of counseling. Thandeka is one of the caregivers who were referred to a professional counseling agency considering her husband's serial infidelity. She reported that she was coping better after attending the counseling sessions. This is how she narrated her experience of getting counseling upon being referred by the Let's Talk facilitator:

> I didn't know how to deal with stuff at first, but when I started with the Let's Talk sessions, I asked that I be helped with counselling, because there were a lot of things in my mind, and things happening at home that were making me sick sometimes but now I know how to cope. From here they transferred me somewhere else… Because there I did go for the first time and then that lady told me to write down the things which I don't like, and then she said to me don't write the bad things, take them out, remember who Thandeka is. Just put it on the paper, what do you like? Where do you see yourself in 5 years to come? And what did you experience in life? I did write that…It made me feel happier because I didn't know how to handle some situations, and after that counselling I did see that…because she made some examples for me. She said your husband is going out, and he came up late, for now you must tell yourself you are going to deal with your husband and your kids at the same time. You must make your kids love you and be happy with your kids. If you come along, he will see that these people are all happy and how am I going to fit there into that position that they have.

Extended Social Support for Caregivers beyond Let's Talk

Many caregivers reported that the social bonds and friendships they established during Let's Talk outlived the Programme. Some caregivers continued to tap into such relationships through extended social and emotional support thus helping them cope better with challenging experiences. The experiences of Zodwa highlight how some caregivers established strong bonds akin to a close-knit family during Let's Talk and continued to benefit from such support networks after the sessions:

> There's this lady by the name of Seiphati (pseudonym), we call each other every time…yesterday I met one of the women who were attending 'let's talk' together, and we stood and spoke about DREAMS… We were a close-knit family with those people. When we see each other we will remember everything…But with Seiphati we have contacts, I call her and she calls me…Seiphati used to have problems with the kids, I could go to her house and speak to her kids for her…The kids would come back late from school, and I would tell them about the risks of getting raped or abducted…Yes, there is a lot of change (observed in the children) they are even doing homework now.

Most of the caregivers remained in contact with the friendship networks beyond Let's Talk. Such networks allowed the caregivers to continue offering and getting support from each other in case one of them experienced challenges. While being a member of such a collective, Ayanda emphasized that their engagements with the other caregivers were solution oriented:

> We communicate very well. Whenever I have a problem, I can go and talk to them and we talk about it and maybe come up with a solution…I go, we don't live very far. Some of them live close by…Most of the time we discuss our kids, family life and things like that…You know we women we talk about everything. When I am angry at my husband I go and talk to them… They receive it with an open mind, we talk about it, and come up with solutions if there's a solution, and we feel better at the end of the day

Some caregivers used social media to keep virtual contact with fellow participants after formal Let's Talk sessions came to an end. Such networks allowed the caregivers to continue offering and getting support from each other in case one of them experienced challenges. Boipelo shared her experience of being part of a WhatsApp group after the Let's Talk Programme ended:

> Because of Let's Talk we still have groups where we talk to each other and send text messages on WhatsApp. We did not know each other though we

> stay in the same area. We then had the WhatsApp groups and sit-ins. It feels like we belong somewhere, and we have people to share things you would not share with just anyone.

Discussion

The study explored the psychosocial challenges faced by caregivers before attending the Let's Talk programme and the effect of their participation in the programme on their social support networks. The findings have shown a multiplicity of issues the caregivers struggled with including family strife, sexual abuse, marital challenges and death and bereavement. The study results also clearly show that the caregivers' social support networks expanded and deepened after their participation in the Let's Talk programme, speaking to the programme's efficacy in achieving desired outcomes. Let's Talk applies Cognitive Behavioral Techniques (CBT) to explore socio-emotional challenges faced by parental caregivers. CBT is based on the premise that an individual's thoughts, feelings and behaviors all affect each other (Thurman, 2016). Positive adjustments in one of the domains (thoughts, feelings and/or behaviors) have the potential to initiate positive adjustments in other domains as well and vice versa. Study findings have shown that many caregivers faced significant socio-emotional challenges that negatively affected their emotional adjustment as well as their thoughts and actions. Most caregivers reported being trapped in vicious circles of despondency and helplessness.

The socio-emotional challenges described by the caregivers in this study are consistent with those found in similar studies of caregivers living in HIV endemic and low resource communities (Cluver et al., 2017; Eloff et al., 2016; Thurman et al., 2012). As in this study, other studies had comparable findings including reports of emotional ordeals emanating from caregivers' difficult upbringing, especially in the absence of mothers (Rochat et al., 2013). The absence of mothers seemed to open up other channels of abuse including traumatic sexual abuse leaving the affected caregivers with deep seated and unresolved anger, also found in other studies (Rochat et al., 2013). Other emotional difficulties faced by caregivers, such as ongoing family challenges like death, allegations of betrayal and infidelity in spousal relationships (to the detriment of their relational and parenting abilities) have also been noted in the literature on HIV positive caregivers in low-income South African families (Eloff et al., 2016; Lachman et al., 2016). This study has made the novel finding that HIV negative caregivers also contend with the same relational and parenting challenges as their HIV positive counterparts.

Study results showed that social support options available to caregivers increased and improved during and after attending the Let's Talk Programme, corresponding to other study findings in South Africa and Kenya (Thurman et al., 2012, 2016). Due to the interpersonal nature of Let's Talk, most caregivers reported that they only started sharing their deep-seated socio-emotional challenges and traumas in the safe environment provided by Let's Talk sessions. Findings on increased social support in this study are consonant with other studies that have shown that social group interventions boost social and emotional support for increased self-esteem, problem solving and more help seeking behaviors (Muhwezi et al., 2015; Thurman et al., 2012).

Let's Talk sessions were run in the form of closed groups. This provided a safe interactive space conducive for meaningful mutually supportive dialogue among those facing similar challenges (Muhwezi et al., 2015; Thurman et al., 2012). The maintenance of the social support beyond Let's Talk group sessions is another feature identified in other studies in similar environments (Lachman et al., 2016; Miller et al., 2017). This reinforces the claim that such interventions are capable of building internal momentum to sustain positive outcomes beyond project closure.

Like other studies (Moorhead et al., 2013; Osunyomi & Grobbelaar, 2015), this study has noted the organic formation and expansion of social support for caregivers facing similar challenges using the Short Message Service (SMS) platform and instant messaging services like WhatsApp. Social support available to caregivers outlived the formal Let's Talk sessions and continued courtesy of social media platforms like

WhatsApp. Like the other studies (Moorhead et al., 2013; Osunyomi & Grobbelaar, 2015) have observed, social media, SMS and instant messaging services like WhatsApp provide platforms for wider layering of social support. Social media platforms can therefore be strategically used to entrench and sustain desirable intervention outcomes (social support and caregivers' mental health) beyond formal group contact sessions.

Conclusion

The findings show that all the caregivers expanded and deepened their social support networks thereby increasing their resilience and capacity to cope with multiple socio-emotional stressors. This is important because most caregivers reported facing various challenges and lacked the skills and support to cope with the challenges before attending the Programme. The Let's Talk Programme therefore helped to expand the psychosocial and emotional support systems available to the caregivers. There is evidence that increased support available to caregivers boosted their mental health and psychosocial adjustment. The insights from this study can therefore be leveraged to scale up the Let's Talk Programme in South Africa as one of the novel Social and Behavior Change Communication (SBCC) vehicles to promote parental mental health and psychosocial wellbeing.

Limitations

The study had a small sample size and only covered a small geographic area of Soweto, hence the transferability of results beyond the study area must account for context. Due to social desirability, the caregivers might have reported more on their positive experiences and downplayed the negative ones so that they could be viewed in a socially favorable light. Purposively sampling caregivers with basic proficiency in English could have potentially biased the study findings. English language proficiency could reflect prior academic background, and this could have impacted on family dynamics including parent—adolescent connectedness and communication styles. Therefore, academic background is a potential confounder in this study. This study was conducted through semi-structured interviews with female caregivers who attended the Let's Talk Programme. This means that the experiences of the female adolescents were not directly captured in this study.

Significance of the Study

Relevant data and prior studies have been interrogated and integrated to demonstrate how this study builds on and differs from existing research on the subject. This study picked out some specific elements of the Let's Talk programme that produced desirable outcomes in boosting the caregivers' social support networks. The study therefore contributes to the body of scientific and empirical evidence which strengthens the argument for the value of caregiver-focused interventions. The study also highlights relevant findings related to social support and parenting skill development, demonstrating the study's relevance to social service delivery, social work and public health practice. Overall, the findings offer valuable insights for practice and future program development as well as opportunities for further research.

Recommendations

The Let's Talk Programme needs to be up scaled in its current format within South Africa and Africa as a whole. Let's Talk was designed to accommodate both male and female caregivers. In this study only female caregivers were interviewed because they participated in the DREAMS programme that focused exclusively on adolescent girls. Male caregivers can therefore be included in Let's Talk where there are no programmatic restrictions.

Study findings have shown that social media platforms can be strategically used to entrench and sustain desirable intervention outcomes (social support and caregivers' mental health) beyond formal group contact sessions. There is therefore a need to make social media interactions integral components of family-centred interventions like Let's Talk.

Based on the empirical evidence from this and similar interventions, more resources (financial, human, technical assistance and capacity development) need to be invested in SBCC interventions like Let's Talk by government departments including Department of Social Development, Department of Health, and the South Africa National AIDS Council.

Consent

The participants gave informed consent to participate in the study.

Ethics Approval

The study received ethical clearance (Reference number: M170860) from the Human Research Ethics Committee at the University of Witwatersrand, South Africa.

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