

Research Brief 2: Prevalence of mental health challenges among vulnerable rural Zambian children*

This is no 2 of a series of briefs providing new insights on the well-being of rural children in Sub-Saharan Africa, a previously much under-researched population. Findings are derived from a longitudinal (2008-2010) controlled study in 5 communities of Kafue District, Zambia. This study was aimed at evaluating and developing a results-based intervention programme focussed on the interface between psychosocial wellbeing and livelihood. In addition, the study identified particular risk and protective factors for the psychosocial wellbeing of vulnerable children.

This study provides good evidence that the prevalence of mental health challenges in vulnerable Zambian children (all orphans, and those living with a chronically ill and/or elderly caregiver) is worryingly high. This is particularly the case for levels of depression. It is worth noting that children who experience multiple vulnerabilities, for example orphanhood and living with a chronically ill caregiver, have increased risk for depression. Low cost community-based programmes are needed. Our focus on vulnerability should be broadened to include not just orphans, but also those children living with an elderly and/or chronically ill caregiver.

Research Questions

- What is the prevalence of mental health challenges in rural Zambian children?
- Do orphans have higher risk with regard to mental health than non-orphans?
- Are some orphans more vulnerable to mental health challenges than other orphans?
- Do other vulnerable groups of children show greater mental health challenges?
- Are there cumulative mental health effects for children who fall into more than one risk group?

Research methodology

- Standardised interviews (n=960 participants) in 2008 with children aged 10-18 years: orphaned (50.1%); vulnerable non-orphans children (living with an elderly and/or chronically ill caregiver) (12.8%); and non-vulnerable children (37.1%).
- Culturally adapted versions of standardised clinical screening instruments (Children's Depression Inventory, UCLA PTSD Reaction Index)

Key findings

1. Mental health prevalence, particularly depression prevalence, is high for vulnerable rural Zambian children

- **Depression prevalence:** Prevalence among study participants was 28.3%. This is significantly higher than the US norm for

children of the same age, which is 10% (figure 1). It is worth noting that prevalence for non-vulnerable children was also high (20.8%).

- **Suicidal thoughts prevalence:** 33.7% of study participants report having suicidal thoughts. Prevalence for non-vulnerable children was similarly high (31.0%).
- **Post traumatic stress disorder prevalence:** 6.1% of participants suffered from post traumatic stress disorder (PTSD) compared to an estimated lifetime prevalence of 1.6% in high-income countries. Prevalence for non-vulnerable children were lower (2.2%) than vulnerable children.
- **Exposure to traumatic events was very high:** 53.5% of children in the sample reporting experiencing a severe traumatic event in their lifetime. Of these children, 12.2% developed a PTSD.

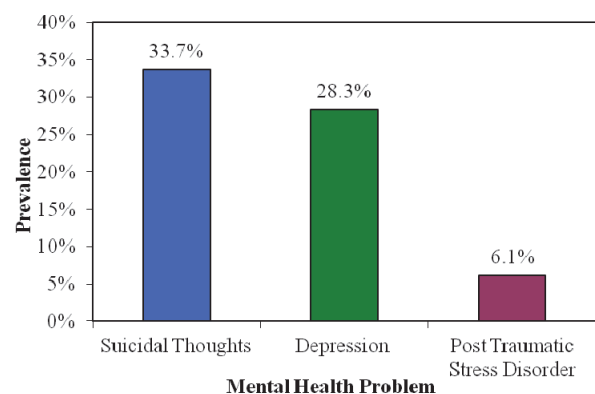


Figure 1: Prevalence of mental health challenges is high

From this point forward discussion moves on from prevalence and addresses the degree to which various groups experience mental health challenges.

2. Orphans are more affected by mental health challenges

- Orphans experienced higher levels of depression and PTSD than non-orphans.

3. Double orphans and those orphaned by AIDS are most affected by PTSD

- Double orphans and those orphaned by AIDS showed higher levels of PTSD compared to other orphans and non-orphans (Figure 2), but do not show significantly more depression.

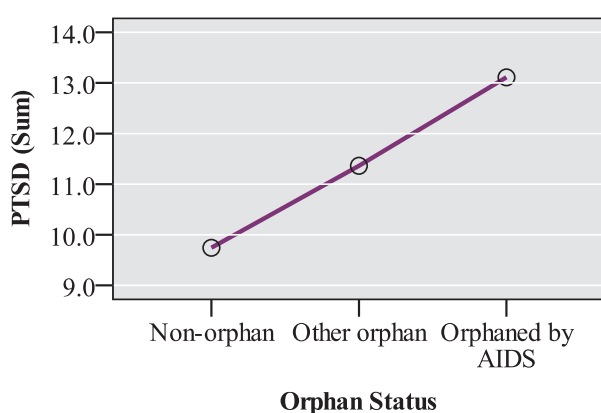


Figure 2: PTSD levels are significantly higher for children orphaned by AIDS and other orphans

4. Children living with a chronically ill primary caregiver are more affected by mental health challenges

- Children living with a chronically ill caregiver showed higher levels of depression and PTSD than children living with a healthy primary caregiver.
- Children living with an elderly caregiver also showed higher levels of PTSD, but not depression.

5. Risk factors of orphanhood and living with a chronically ill caregiver have a cumulative effect on depression

- As highlighted in Policy Brief 1, children who are both orphaned and living with a chronically ill caregiver showed higher levels of depression than children who fall into just one of these two risk categories (Figure 3).

- All orphaned children who have a chronically ill caregiver were similarly affected with regards to depression.
- No significant cumulative effects were found between orphan-hood and living with a chronically ill caregiver for PTSD.
- No cumulative risk is found for children who are both orphaned and live with an elderly caregiver.

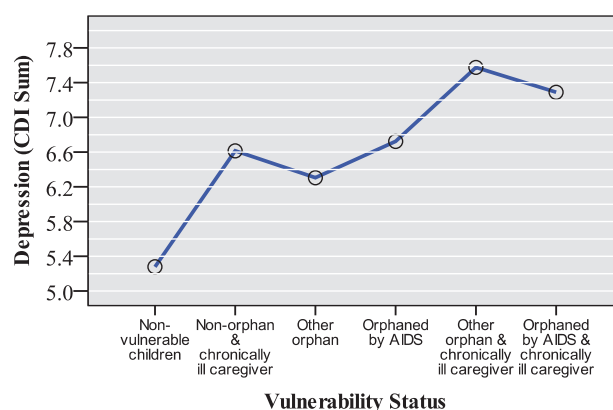


Figure 3: Depression levels in orphans and children living with a chronically ill caregiver

Conclusions

- Prevalence rates found for clinical depression, suicidal thoughts and PTSD were high across all children, and significantly higher than rates found in high-income countries. Low cost community-based health interventions need to be developed to effectively address these mental health challenges.
- Children living with chronically ill caregivers are specifically at risk of developing higher levels of mental health challenges. They are a much neglected group that needs greater attention through intervention programmes.
- This study highlights the cumulative negative impact on mental health for children who are both orphaned and are living with a chronically ill and/or elderly caregiver. Community support programmes could broaden their focus on vulnerability to include the family support structures for these children.

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