

## 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)

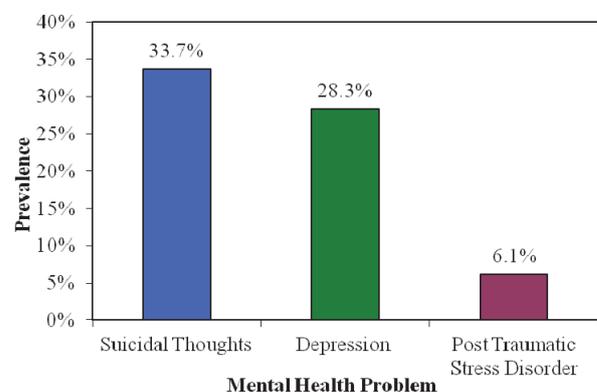
### Key findings

#### 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.

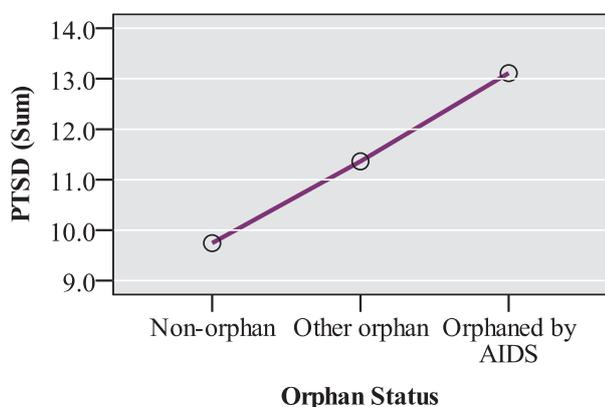


Figure 2: PTSD levels are significantly higher for children orphaned by AIDS and other orphans

## 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.

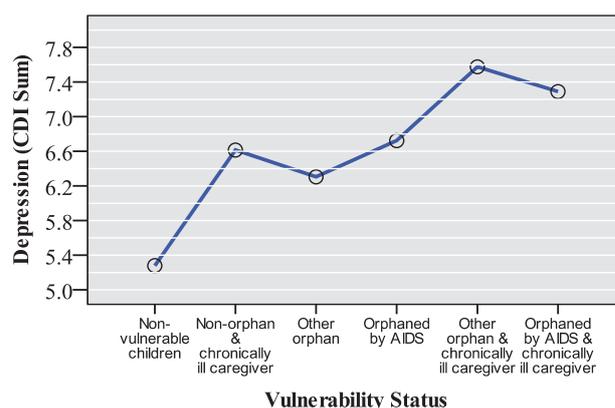


Figure 3: Depression levels in orphans and children living with a chronically ill caregiver

## 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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