

## Research Brief 10: Grief among rural Zambian orphaned children\*

*This is no 8 of a series of briefs providing new insights on the wellbeing 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.*

**According to the Zambia Demographic Health Survey 2007, 25% of children aged 10-14 and around 30% of children aged 15-17 are orphaned. Experiencing intense grief is a normal and necessary process immediately following parental death. However, when the intensity of this grief still persists more than a year after the death, it is called "complicated grief". Complicated grief impairs normal functioning. Complicated grief in children is a relatively new concept in mental health work, and little research has been conducted, especially within the Sub-Saharan context. This research explored the prevalence of grief and complicated grief in rural adolescent orphans, and found that reducing daily stress levels and ensuring stable and positive new caregiver relations were instrumental in addressing complicated grief.**

### Research Questions

- How many youths who have suffered parental death go on to experience complicated grief?
- What factors influence complicated grief?

### Research Methodology

- Participants: 17.6% maternal orphans, 51.6% paternal orphans, 30.8% double orphans (Figure 1).
- 43.8% were identified as children orphaned by AIDS, 56.2% were orphaned by other causes or unclear causes.
- Standardised interviews with 376 orphans (12-20 years) conducted in 2010.
- Measures: culturally adapted version of the UCLA Expanded Grief Inventory and standardised psychometric scales.
- To date, no norms exist for diagnosing complicated grief. Cut-off criteria was theoretically based: grief was classified as complicated if the death occurred at least two years ago and symptoms (e.g., intrusive memories, longing for the deceased, loneliness, emptiness or painful emotions) were experienced fairly frequently in the past 4 weeks.
- Multivariate regression models were used to identify predictors.

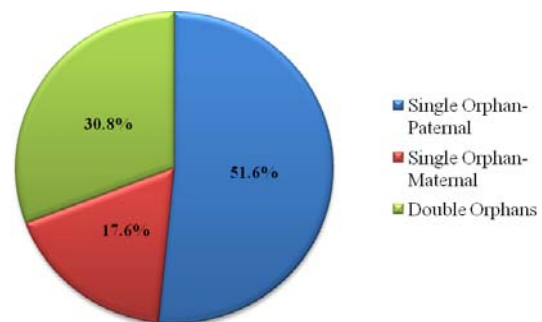


Figure 1: Orphan status of study participants

### Key Findings

#### 1. Normal grief is associated with recent bereavement, being a double orphan, and other mental health challenges:

- **Time has a "healing effect" for normal grief:** Children who have recently lost a parent (< 2 years) show higher levels of grief than children who have lost a parent some years ago (> 2 years). However, the level of grief at two years after parental death does not decrease any further with time.
- **Double orphans show higher levels of grief than single orphans.** However the difference is small and does not contribute to explaining ongoing, complicated grief.
- **There is a linear relationship between levels of grief, depression and suicidal thoughts.** Orphans with higher levels of grief showed **higher levels of depression and suicidal thoughts** than children with lower levels of grief.

\* In this study, participants were aged 12-20

## 2. Complicated grief is frequent in rural Zambian orphans

- Approximately one third (30.2%) of orphans show complicated grief patterns two years after their parent has died (Figure 2).
- Children orphaned by AIDS have the same risk of experiencing complicated grief as other orphans. Therefore the cause of orphaning is not associated with experiencing complicated grief.

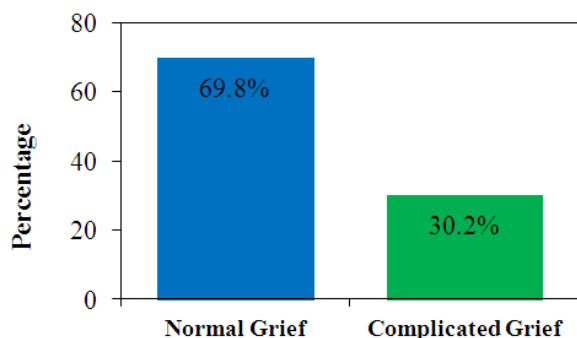


Figure 2: Prevalence of complicated grief

## 3. Factors that influence intensity of grief:

- **Frequency of changes in primary caregiver:** Orphans who have more frequently experienced caregiver changes show higher levels of complicated grief than children who have experienced fewer caregiver changes.
- **Experience of daily stress:** Orphans with higher levels of daily stress, show more grief than children with lower levels of daily stress. Key dimension of daily stress associated with grief are: worrying about family members; feeling unsafe in their neighbourhood; excessive household chores; looking after sick people; and uncertainty about where they would be sleeping.
- **Peer bullying:** Orphans who feel they have been victimised (physically, emotionally or socially), by their peers within the past four weeks show higher levels of complicated grief than children who feel less bullied by their peers.
- **Within-household discrimination:** Orphans who feel they have the same access to clothes, food and school essentials as other children within the same household show lower levels of grief.
- **Negative relationship with current primary caregiver:** Orphans who report

negative emotions such as anger and frustration and low attachment towards their current caregiver show more grief.

- **Theoretical risk factors that were not found to predict complicated grief:** Grief literature suggests that complicated grief in orphans is affected by the following factors surrounding the parental death: sudden, unexpected or violent death; having lived with the deceased parent prior to their death; or prolonged illness prior to their death. Associations between these factors and levels of complicated grief for orphans were not found in this study.

## Conclusions

- **Around a third of orphans still show relatively high levels of grief two or more years after their parent's death. These children with complicated grief show difficulty coping with normal daily tasks. Given the high numbers of children orphaned by AIDS across Sub-Saharan Africa, effective interventions for complicated grief are urgently needed.**
- **These results suggest that levels of grief are influenced by current living conditions, rather than factors associated with the circumstances of the parental death. Programmes should therefore:**
  1. **Focus on normalisation of living conditions following parental death, with a particular focus on improving the household situation (e.g. ensuring equal access to resources and minimising daily stress).**
  2. **Encourage stable and positive relations between orphans and their caregivers, and reduce the number of primary caregiver changes, especially due to sequential loss.**
  3. **Address bullying of orphans by peers, for example in the context of schools.**
- **More research is urgently needed especially to explore protective factors that could prevent enduring levels of complicated grief.**

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