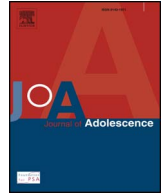




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Brief report

Complicated grief and caregiving correlates among bereaved adolescent girls in South Africa

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ABSTRACT

To our knowledge, this is the first study to document correlates of complicated grief among bereaved adolescents in sub-Saharan Africa. Participants included 339 female adolescents in South Africa who experienced the loss of a loved one at least six months prior to the survey; their primary caregivers were also surveyed. One-fifth of adolescents were classified as having complicated grief using the Inventory of Complicated Grief Revised for Children in conjunction with grief-induced functional impairment. The loss of a biological parent, the primary caregiver's level of grief, and economic stressors since the loss were associated with increased odds of complicated grief among adolescents. Adolescents' age, residential changes, time since the loss, multiple losses, bereavement due to death by illness, and caregiver depression did not affect the odds. Findings signal the potential of family-centered interventions and economic support services for bereaved adolescents.

1. Introduction

Adult mortality in sub-Saharan Africa is among the highest in the world (WHO, 2015) and over 56 million children there have lost one or both parents (UNICEF, 2013). However, little is known about the bereavement experiences of children in low-income countries, including those in HIV-endemic settings where loss is common (Sherr & Mueller, 2009). In South Africa, almost a fifth of South African children have lost a parent and many more have experienced the death of another family member (Hall, Meintjes, & Sambu, 2015). Greater understanding of African children's psychological responses to loss has the potential to improve the effectiveness of bereavement interventions targeted to this group.

Although most individuals return to normal functioning following a loss (Dowdney, 2000), a significant minority experience “complicated” grief that does not resolve within six months – also termed prolonged, maladaptive or pathological grief (Prigerson, Vanderwerker, & Maciejewski, 2008; Shear et al., 2011). Complicated grief is described as intense, persistent and acute yearning and longing for the deceased, preoccupied thoughts and memories, and associated functional impairment (Shear, 2015). Associated responses include disruption in daily activities (Monk, Houck, & Shear, 2006), sleep disturbance (Hardison, Neimeyer, & Lichstein, 2005), and even suicidal ideation (Latham & Prigerson, 2004; Melhem, Moritz, Walker, Shear, & Brent, 2007).

Substantial research documenting outcomes among bereaved children in high-income countries highlights the role of the

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caregiving environment. The mental health status of the surviving caregiver has been found to affect children's responses to parental loss (Brown et al., 2008; Cerel, Fristad, Verducci, Weller, & Weller, 2006; Melhem, Porta, Shamseddeen, Walker Payne, & Brent, 2011). Secondary stressors, events and changes that occur in a child's life following the loss can also heighten distress (Thompson, Kaslow, Price, Williams, & Kingree, 1998). Studies from sub-Saharan Africa document elevated poverty and residential instability as common post-loss disruptions (Sherr & Mueller, 2009), and bereaved children's caregivers may also face high levels of grief and depression (Boon et al., 2010; Kuo & Operario, 2011).

The extent to which these factors are correlated with complicated grief for children in sub-Saharan Africa is unknown. This study attends to this gap by investigating complicated grief and its correlates among bereaved female adolescents in South Africa, with attention given to modifiable factors in the caregiving environment.

2. Methods

2.1. Participants

Data were collected from 339 adolescent girls and their primary caregivers during the baseline phase of an evaluation of a bereavement support program (Thurman, Lockett, Nice, Spyrelis, & Taylor, 2017). Participants were identified through a school-based intake process coordinated by the program implementer, Child Welfare Bloemfontein and Childline Free State, a non-governmental organization based in South Africa's Free State province. Program eligibility criteria included: female, enrolled in 9th grade at one of 11 peri-urban schools where the program is offered, bereaved, and interested in participating in a support group.

2.2. Procedures

Participants were interviewed in their homes by interviewers unaffiliated with the program. Surveys were primarily conducted in Sesotho (7% of adolescents requested English administration) using professionally translated, back-translated and pre-tested instruments. The study was approved by the Ethics Committee at the University of the Free State in South Africa and the Tulane University Human Research Protection Program in the United States.

2.3. Measures

Adolescents reported the number of people important to them who had died and were asked to identify the death that affected them the most, with subsequent questions about grief oriented to this focal loss. Adolescents completed the six-item Inventory of Complicated Grief-Revised for Children (ICG-RC), which demonstrated high internal consistency ($\alpha = 0.90$) and has been validated for use with children and adolescents (Melhem, Porta, Walker Payne, & Brent, 2013; Prigerson et al., 1995). Complicated grief was based on an ICG-RC score of ≥ 14 (Melhem et al., 2013), focal loss at least 6 months prior to the survey (Prigerson et al., 2008), and affirmative response to a question about whether grief inhibits the respondent's ability to perform daily activities (Prigerson & Maciejewski, 2005). Adolescents were also asked questions adapted from the Stress Test for Children (Elkind, 1988) about secondary stressors since the loss.

Due to its simplicity and to promote comparability, the ICG-RC was also used with caregivers ($\alpha = 0.92$); caregivers who did not report experiencing a loss in the previous five years were assigned a score equivalent to those with this loss history but no symptoms. The 10-item version of the adult Center for Epidemiologic Studies Depression Scale (CES-D) was used to identify depressive symptomatology in caregivers (Andresen, Malmgren, Carter, & Patrick, 1994).

2.4. Analyses

Analyses were conducted in SAS version 9.3 and included frequencies, chi-square and t-tests, and logistic regression. Analyses tested the hypotheses that factors within the caregiving environment, including caregiver mental health and stressors since the focal loss, would be associated with complicated grief among adolescents. The role of individual-level factors and characteristics related to the loss were also explored. The dichotomous indicator of complicated grief was the outcome variable in a logistic regression model that included the following predictors: the adolescent's age, whether she had experienced multiple losses, years since the focal loss, whether the loss was a biological parent, due to illness, or resulted in major stressors, and whether the caregiver had depression, and the caregiver's ICG-RC score.

3. Results

Tables 1 and 2 present sample characteristics and regression results, respectively. The focal loss of a biological parent doubled adolescents' odds of complicated grief (OR = 1.99, 95% CI = 1.09–3.65). Adolescents' age, time since loss, and illness as the cause of death were not associated with complicated grief. For each unit increase in the caregiver's ICG-RC score, the odds of the adolescent exhibiting complicated grief were significantly increased by 4% (OR = 1.04, 95% CI = 1.00–1.07); caregiver depression was not associated with this outcome. Economic stressors since the loss heightened adolescents' odds of complicated grief by 88% (OR = 1.88, 95% CI = 1.06–3.32), while residential instability was unrelated.

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