

## **Prevalence and Correlates of Complicated Grief among Parentally Bereaved Children in Siaya County, Kenya.**

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### **Abstract**

Death of a parent is considered as the most traumatic event that a child could go through. The psychological vulnerability coupled with sociocultural factors associated with bereavement further predispose children to risks of developing complicated grief. Although many of the reactions experienced by bereaved children are below the level that would indicate a disorder, orphaned children experience the significant difficulty that warrants clinical diagnosis and treatment. Considering that complicated grief in children is a less researched area particularly in Kenya, there is limited literature on the prevalence of complicated grief among orphaned children. Therefore, the objective of this study was to determine the prevalence of orphaned children aged 10-15 years in selected public primary schools in Siaya County and assess risk factors associated with the development of complicated grief. The participants in this study were orphaned children who had experienced the death of at least one parent. A total of 426 orphans from 12 public primary schools were screened using the Brief Grief Questionnaire (BGQ). Those found to have elevated grief scores on the BGQ were then administered the Inventory for Complicated Grief to determine the clinical levels of grief. Out of the 426 participants screened, there were 397 valid screens in which 34% ( $n=134$ ) scored less than 5 points while 263 participants (66%) scored 5 points and above indicating that they had significantly elevated/pathological grief symptoms. A binomial test was used to determine the prevalence of grief, and linear regression analysis was used to establish risk factors associated with complicated grief. Using the Inventory for Complicated Grief (ICG), to determine the clinical levels, a mean grief score of 31.6 ( $SD = 9.52$ ) was recorded. The results further revealed that the number of siblings, separation from siblings, and level of closeness to deceased mother were associated with significantly elevated grief scores while age, gender and level of closeness with deceased father were not associated with increased levels of grief. The results on prevalence and risk factors are critical in identifying bereaved children at high risk of developing complicated grief and targeting grief interventions for these vulnerable groups.

*Key Words:* Complicated grief, Orphaned children, Parental death, and Pathological grief.

## **Introduction and Background**

It has been estimated that about 10%-20% of the bereaved population will experience complicated grief (Kersting, Brähler, Glaesmer, & Wagner, 2011; Enez 2018). Unfortunately, even though this prevalence may be considered low, in at-risk populations, the prevalence is much higher ranging from 20%, to 50%, among bereaved person who have experienced parental death, death of close relatives, among caregivers of patients with dementia and HIV patients and as high as 78% in violent deaths. (Papa, Rummel, Garrison-Diehn, & Sewell, 2013). Although complicated grief in adult bereavement has been highly studied, the development and prevalence of complicated grief in bereaved children and specifically, those faced with parental death has not received much attention.

In complicated bereavement, the process of adapting and accepting the finality of the death of a loved one is slowed and complicated in the sense that the bereaved individual is unable to re-adjust back to normal functioning (Simon, 2013). During the grieving process, the bereaved is expected to redefine their goals and restore a meaningful life that is satisfying without the deceased (Koon & Neo, 2016). Just as in adults, children also go through a period of mourning and bereavement characterized by a significant grieving process (Akerman & Statham, 2014). When this grief is not managed, children are at an increased risk of developing complicated grief disorders leading to socio-cognitive impairment in children, which for school going children, is manifested in their negative behavior and poor academic performance (Huyah, 2017).

## **Methodology**

The targeted population of orphaned children were identified from a total of 12 public schools in Siaya county with two schools drawn from the six subcounties within the county (Ugunja, Alego, Gem, Ugenya, Bondo, and Rarieda subcounties) Specifically, all the 12 schools school provided information on the total population of the school as at 2018. In addition to this, the total population of children enrolled in classes 3-7 was provided. This particular group (class 3-7) was selected because the targeted population was children aged 10-15 years. Each of the schools, through their class teachers, further provided a list of names of all orphans (single and double) who were enrolled in the specific classes. A summation of these records was then done to determine the total school population, population of the

targeted group, and the number of orphaned children aged 10-15 years and enrolled in the selected primary schools.

The grief screening was done using the Brief Grief Questionnaire (BGQ). Items that make up the BGQ come from the proposed 5 criteria for Complicated Grief. They consist of intrusive images of the deceased, avoidance of reminders of the loss, trouble accepting the death, feeling numb and detached, and overall interference with ongoing life. Respondents are asked to report the frequency (0 = not at all; 1 = somewhat; 2 = a lot) of each item. A score of 5 or greater on the BGQ indicates the presence of complicated grief.

To determine the clinical levels of the grief symptoms as presented by the Brief Grief Questionnaire, those who scored 50% on the BGQ were again subjected to the Inventory for Grief tool. ICG has 19 items with each item on a 5-point Likert scale. The scales have a score ranging from 0-4 points; 0-never, 1-seldom, 2-sometimes, 3-often, and 4-always. The cut-off point for the ICG score used in this study was 25 points. Finally, after the screening, further sociodemographic characteristics of the respondents were gathered using a researcher-made sociodemographic questionnaire.

In order to determine if there was any significant association between elevated grief and specific risk factors, univariate analysis was done to describe the means based on ICG means scores against the risk factors followed by a linear regression analysis to test the specific relationship. The risk factors assessed were age, gender, number of siblings, closeness to a deceased parent, nature of death, sibling separation following parental death.

## **Results**

The number of orphans was calculated based on school records retrieved from the school administration of the 12 public primary schools. A summation of these records was then done to determine the total school population, population of the targeted group, and the number of orphaned children enrolled in the selected primary schools. Based on the school records there was a total population of 5164 children enrolled in the selected primary schools. The enrollment by gender was 50.2% (n =2592) for boys and 49.8% (n = 2572) for girls. Out of this total population, the targeted population were those aged 10-15 years and comprised a total of 2674. From this target group, the total number of orphans was 766; 393 males and 373 females.

A total of 426 orphaned children from the 12 schools were screened for complicated grief out of which 397 were considered valid screens. Out of the 397 valid screens, 134 participants (34%) scored less than 5 points out of a possible 10 points in the BGQ indicating that they showed low grief symptoms and were therefore not included in the study. On the other hand, 263 participants (66%) scored 5 points and above indicating the presence of complicated grief.

To test whether the prevalence was statistically significant, a binomial test with a test proportion of 0.35 was used (the 0.35 test proportion was based on existing literature that prevalence of grief disorders among children was 35.2%) Table 1 shows that, the prevalence of elevated grief was 0.66 (66%) in the observed data and was found to be greater than the expected proportion of 0.35 ( $p=0.000$ ).

*Table 1: Binomial Test of Prevalence of Elevated Grief for the Entire Screening Sample*

	Category	N	Observed Prop.	Test Prop.	Exact Sig. (1-tailed)	
BGQ screening	Group 1	Elevated Grief	264	0.66	0.35	0.000
	Group 2	Minimal grief	134	0.34		
	Total		397	1.00		

The high prevalence could be because the participants in this study are from a high-risk population, Similarly, the high prevalence established in this study could also be explained by the fact that most of these participants had lost their parents through sickness, which again is considered a high-risk factor for developing complicated grief among bereaved persons. Siaya County was among the top-ranked in relation to the prevalence of HIV and HIV deaths. There is a likelihood that most of the deaths are a result of HIV and AIDs and that the participants may have experienced the suffering of their parents before they died, thus predisposing them further to complicated grief.

Prevalence by Age and Gender

*Table 2: Screening Results- Brief Grief Questionnaire*

		Age Grouping			Total	Gender		Total
		10-11 (preteen)	12-13 (early teen)	14-15 (mid teen)		Male	Female	
Minimal grief	N	37	74	23	134	78	56	134
	% within	27.6%	55.2%	17.2%	100.0%	58.2%	41.8%	100.0%
Elevated grief	N	105	91	67	263	133	130	263
	% within	39.9%	34.6%	25.5%	100.0%	50.6%	49.4%	100.0%
Total	N	135	165		397	212	186	397

As seen in Table 2, out of the 263 participants who showed elevated grief scores, 39.9% (n = 105) were aged 10-11 years (preteens), followed by 12-13 years at 34.6% (n = 91). Finally, 25.5% (n= 67) of participants with elevated grief scores were aged 14-15 years. These results show that the majority of those with elevated grief scores were younger children as compared to older teens. These results could be explained by the fact that the younger the child, the more they need for an attachment figure. Losing an attachment figure, in this case, the parent, is likely to disorient the younger participants more compared to the older ones who may already be gaining some level of independence. Based on the screening results the gender composition for those who showed elevated grief scores, comprised males at 50.6% (n= 133), and females at 49.4% (n = 130). The 263 participants who recorded elevated grief scores on the BGQ were again administered the Inventory for Complicated Grief to determine their clinical levels of the complicated grief. The participants were also administered a sociodemographic questionnaire to establish key risk factors associated with complicated grief. Only 241 participants responded to the ICG and a mean grief score of 31.6 (SD= 9.52) was recorded.

*Table 3: Key Sociodemographic Characteristics of Participants*

		Count (N)	Percentage (N %)
Age Group	10-11(preteen)	95	39.4%
	12-13(early teen)	85	35.2%
	14-15(mid teen)	61	25.3%
Gender	Male	123	50.1%
	Female	118	48.9%
Subcounty	Ugunja	57	23.7%
	Alego	39	16.2%
	Gem	27	11.2%
	Ugenya	53	22.0%
	Rarieda	31	19.9%
	Bondo	34	14.1%
Which parent did you lose though death?	Both parents	47	19.4%
	Mother	58	24.1%
	Father	136	56.5%
Whom are you currently living with?	Mother	90	37.4%
	Father	28	11.6%
	Relative	108	44.8%
	Children's home	5	2.1%
	Guardian (not relative)	9	3.7%
	Other	1	0.4%
If you are living with a family/relative, what is the relationship between you and your caregiver?	Aunty/Uncle	26	27.1%
	Grandparent	79	65.5%
	Older sibling	9	7.4%
How did your parents die?	Sickness	179	74.2%
	Accident/Sudden	33	13.6%
	I don't know	29	12.2%

As seen in Table 3, the distribution of participants by age and gender showed that the majority of participants were aged 10-11 years (preteen) at 39.4% (n = 95), followed by those 12-13 years old (early teen) at 35.2% (n = 85) and finally those aged 14-15 years (mid-teen) at 25.3% (n = 61). In the case of gender distribution, there were a total of 123 males (51%)

and 118 females (49%) participants in the study. These results mean that there were slightly more males than females though the difference was minimal.

The highest number of participants was from Ugunja and Ugenya subcounties at 23.7% (n=57) and 22% (n=53) respectively. The lowest number of participants were in Alego and Gem subcounties at 16.2 % (n= 39) and 11.2% (n=27), respectively. Results on parental death showed that in total, 56.5% (n=136) had lost only a father compared to the 24.1% (n=58) of the participants who had lost only a mother, and 19.5% (n= 47) who had lost both parents. These results showed that over half of the participants were paternal orphans.

Participants' living situation after the death of a parent was also assessed. Participants were asked to state whom they were currently living with. The majority of the participants were living with a relative 44.8% (n= 108) while only 2.1% (n =5) was living in a children's home. These results showed that a majority of the participants were being taken care of by relatives as opposed to institutionalization. Specifically, for those who live with their relatives (other than their surviving parent), the nature of the relationship to this relative was also assessed. It was observed that, with the majority of participants who were living with relatives, the relative was a grandparent at 65.5% (n= 79) while 7.4% (n= 9) were living with older siblings. These results confirmed that in most cases, grandparents are more likely to take over the burden of caregiving for orphaned children following parental death.

Finally, in relation to nature or cause of death, majority of the participants had lost their parents through sickness at 74.2% (n = 179), while only 13.6% (n = 33) lost their parents through accidents, and 12.2% (n = 29) indicated they did not know the cause of death. These results indicated that the major cause of parental death was sickness.

Descriptive statistics showed significant differences in the mean scores for the number of siblings, separation from siblings, and the level of closeness to deceased mother. Further tests of association also showed that the number of siblings, separation from siblings, and level of closeness also showed a significant relationship with levels of complicated grief.

*Table 4: Descriptive Statistics on Grief Mean Scores by Number of Siblings, Siblings Separation and Level of closeness with Deceased Mother.*

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
How many siblings do you have?	One	30	34.10	6.013	1.097	31.85	36.34	19.00	44.00
	Two	42	32.31	7.527	1.161	29.96	34.66	17.00	57.00
	Three	48	30.79	8.937	1.289	28.19	33.39	11.00	48.00
	Four and above	121	31.97	8.416	.765	30.46	33.49	10.00	55.00
	Total	241	32.06	8.122	.523	31.03	33.09	10.00	57.00
Do you currently live with any of your siblings?	No	88	32.44	8.849	.943	30.56	34.31	10.00	57.00
	Yes	153	31.84	7.694	.622	30.61	33.07	13.00	51.00
	Total	241	32.06	8.122	.523	31.03	33.09	10.00	57.00
How close were you with you deceased mother?	Not close at all	30	29.40	9.593	1.751	25.82	32.98	10.00	47.00
	A bit close	23	32.48	6.761	1.409	29.55	35.40	18.00	44.00
	Very close	54	34.20	7.993	1.087	32.02	36.39	13.00	57.00
	Total	107	32.49	8.415	.813	30.87	34.09	10.00	57.00

The participants were asked whether they had one, two, three or four and above siblings; Table 4 presents results of mean grief scores by the number of siblings. The results showed that about half of the participants 50.2% (n=121) had four or more siblings. Participants who indicated they had one sibling had a mean of 34.10 ( $SD = 6.013$ ) while respondents who had more siblings (four and above) grief scores at 31.97 ( $SD = 8.416$ ). The results of the linear regression showed a weak negative correlation between the number of siblings and complicated grief ( $r = -0.068$ ,  $p = 0.047$ ). Based on these results, there is a likelihood that when a child has other siblings sharing the same grief, the bereaved child may find some comfort in this, hence reducing the chances of developing complicated grief.

To determine if the participant was separated from their siblings following the death of their parent, participants were asked whether they were living with their brothers or sisters at the time of the study. Results presented in Table 4 show that participants who did not live with their siblings had slightly higher grief scores 32.44 ( $SD = 8.849$ ) compared to those who lived with their siblings 31.84 ( $SD = 7.694$ ). A linear regression analysis was done to determine if

there was a significant relationship between sibling separation following parental death and the level of grief scores. There was a weak negative correlation between sibling separation and complicated grief ( $r = -0.036$ ,  $p = 0.038$ ). Loss and grief happen in death and also in separation. High grief levels among participants who said they were not living together with their siblings may be explained in that, the child may interpret this as a double loss. There may also be worry and longing to be with their siblings that may further complicate the healing processes leading to high levels of grief.

Respondents were asked to rate their level of closeness or close relationship with their deceased mother at three levels, not close, a bit close and not close at all. Results, as presented in Table 4, presents the descriptive statistics of the mean ICG scores by participants' perception of the level of closeness with the deceased mother. Of those who had lost their mother, the ones who indicated that they were very close to their deceased mothers had higher grief scores 34.20 (SD = 7.993) while those who said they were not close at all to their deceased mothers was 29.40 (SD = 9.593). Those who said they were a bit close had grief mean score of 32.48 (SD = 6.761). These results indicate that the closer the participant was to the mother, the higher the grief scores after losing the mother through death.

Linear regression to test the association of grief and closeness to deceased mother showed that there was a moderate positive correlation between the level of closeness with deceased mother and level of grief ( $r = 0.241$ ,  $p = 0.006$ ). This confirms a potential link between the very close relationship to the deceased mother and the relatively high mean ICG scores. In general, mothers are the primary caregivers to children right from birth. In most cases, the mother is also the first attachment figure that the child starts to relate to after birth. Therefore, the higher the level of closeness to a loved one the more intense the grieving process is likely to be.

Descriptive statistics showed minimal differences in the mean scores for age, gender, and level of closeness with the deceased father. Further tests of association also showed that age, gender and level of closeness with deceased father did not show any significant relationship with levels of complicated grief.

*Table 5: Descriptive statistics of grief mean scores by age, gender and level of closeness with deceased father*

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Age	10-11(preteen)	95	32.34	10.035	1.029	30.29	34.38	10.00	57.00
	12-13(early teen)	85	32.19	6.541	.709	30.77	33.59	16.00	51.00
	14-15(mid teen)	61	31.46	6.756	.865	29.72	33.18	11.00	46.00
	Total	241	32.06	8.122	.523	31.03	33.09	10.00	57.00
Gender	Male	118	31.51	8.120	.747	30.03	32.99	13.00	48.00
	Female	123	32.59	8.121	.732	31.14	34.04	10.00	57.00
	Total	241	32.06	8.122	.523	31.03	33.09	10.00	57.00
How close were you with deceased father?	Not close at all	72	31.69	9.123	1.075	29.55	33.83	10.00	47.00
	A bit close	27	30.29	8.402	1.617	26.97	33.62	16.00	46.00
	Very close	84	32.62	7.009	.764	31.09	34.14	13.00	55.00
	Total	183	31.91	8.099	.598	30.73	33.09	10.00	55.00

The mean ICG scores are presented in Table 5 above. In the comparison of means, the results showed that the younger age groups 10-11 years (preteens) showed slightly higher CG scores 32.34 ( $SD = 10.035$ ) while the eldest respondents in the age group 14-15 years had the least grief scores with a mean of 31.46 ( $SD = 6.756$ ). Although there was a slight difference in grief scores among the age groups the results from the linear regression showed that there was no significant difference in means ( $p = 0.265$ ). These results mean that even though the younger participants showed higher grief means compared to the older ones, no linear relationship was established between the age of the participant and complicated grief.

The scores presented in Table 5 above show the mean ICG scores by gender for the entire sample of respondents. The mean grief scores for both genders were not significantly different from male participants' mean grief scores of 31.51 ( $SD = 8.120$ ) and females recording grief mean scores of 32.59 ( $SD = 8.122$ ). An independent sample t-test to determine the equality of the means showed that there was no significant difference means by the two genders ( $p = 0.532$ ). These results showed that gender was not associated with increased risks in the development of grief.

Finally, respondents were asked to rate their level of relationship with the deceased father at three levels: not close, a bit close and not close at all. Table 5 above shows the descriptive statistics of grief mean scores and the level of closeness the participant had with their deceased father. The scores showed that those who stated that they very were close to their fathers had a grief score of 32.62 ( $SD = 7.009$ ) while those who said they were not close at all to their deceased fathers had mean grief of 31.69 ( $SD = 9.123$ ). The linear regression results determined that the differences in grief scores in relation to closeness to the deceased father were not statistically significant. ( $p = 0.229$ ).

## **Discussion**

Based on the school records there was a total population of 5164 children enrolled in the selected primary schools. These results showed that the enrollment in the school by gender distribution was 50.2% ( $n = 2592$ ) for boys and 49.8% ( $n = 2572$ ) for girls, showing that there was an almost even distribution of boys and girls enrolled in the 12 public primary schools sampled in this study. These results are in line with results from the 2014 school census in basic educational institutions in Kenya by MoEST and UNICEF, (2014) which showed that there were 50.1% boys ( $n = 128,593$ ) and 49.1% girls ( $n = 128,548$ ) enrolled in public primary schools. In terms of age and gender distribution of the orphans, the results from this study showed that there were more orphans in the lower age groups of 10-14 years compared to those of higher age groups.

In relation to the nature or cause of death, majority of the participants had lost their parents through sickness at 74.2% ( $n = 179$ ), while only 13.6% ( $n = 33$ ) lost their parents through accidents, and 12.2% ( $n = 29$ ) indicated they did not know the cause of death. These results indicate that the major cause of parental deaths was sickness. Deducing from the results that the majority of deaths have been through sickness, it could be concluded that HIV was a major cause of orphanhood in Siaya county. A 2016, report by NASCOP, showed that counties in Western Kenya recorded the highest prevalence with Siaya coming third at a prevalence rate of 24.8%. The same report showed that Siaya HIV infections were also reported to be 4 times higher than total Kenya's national prevalence of 21% with at least 2645 deaths recorded in the county in the year 2015 (NASCOP, 2016). According to KNBS (2018), Siaya County recorded the second highest number of orphaned children at 12.7% after Migori County, which recorded 18% of the total child population as orphaned.

Results on parental death showed that in total, 56.5% (n=136) had lost only a father as compared to the 24.1% (n=58) of the participants who had lost only a mother, and 19.5% (n=47) who had lost both parents. These results showed that over half of the participants were paternal orphans. The findings from this study can be related to the results from the National Aids Council, (2018) which shows that the mortality for male adults has consistently been higher in comparison to that of females with the national adult HIV deaths for males standing at 55.6% (n = 13,289) and female adult deaths at 44.4% (n = 10,074).

The results from this study showed that a majority of the orphaned children were living with their relatives (44.8%) with only 2.1% found to be living in a children's home. These results showed that kinship care was more common in comparison to institutionalization. The results of this study are in line with those from a study conducted in Busia County in 2015, which aimed at understanding Kinship care or alternative care. The 2015 study concluded that, in Kenya, "communities have historically and traditionally cared for and protected orphaned, abandoned and vulnerable children within the extended family." (Save the Children, 2015).

Specifically, for those who live with their relatives (other than their surviving parent), the nature of relationships to this relative was also assessed. It was observed that the majority of the participants who were living with relatives, the relative was a grandparent at 65.5% (n=79) while 7.4% (n=9) were living with older siblings. These results confirmed that grandparents took over the burden of caregiving for orphaned children following parental death and are in line with findings showing that as at 2017, the burden of care largely remained with grandparents who were expected to take up full parental care of orphaned or abandoned children (Kagendo, 2017).

In this study, the prevalence of complicated grief was estimated at 66% among orphaned children. The high prevalence could be associated with the facts and findings from other studies that have shown that parental death was a very devastating and traumatic event for children (Heeke, 2018). In the general population the prevalence of grief has been estimated at 10-20% (Shear et al., 2011; Kersting, et. al., 2011) Similarly, although a general prevalence of complicated grief has been approximately 10%, the prevalence of grief has been found to increase to highs of 78% in high-risk population as traumatic deaths and prolonged sicknesses (Enez, 2018). Finally, the high prevalence could be related to the fact that most of the orphans in the current study had indicated that their parents had died of

sickness and the majority confirmed that they had taken up caregiving roles during the prolonged illnesses, and others indicating they had seen their parent die.

The risk factors of the number of siblings, separation from siblings and level of closeness with the deceased mother before their death were significantly correlated with increased means scores on the inventory for Grief tool while those of age, gender, and level of closeness to deceased father were not associated with high levels of grief. Participants with a higher number of siblings presented with lower grief mean scores ( $M = 30.79$ ) as compared to those who said they had one sibling ( $M = 34.10$ ) with a weak negative correlation, ( $r = -0.068$ ,  $p = 0.047$ ). Participants who did not live with their siblings had higher grief scores 32.44 with results showing a weak negative association between sibling separation and complicated grief ( $r = -0.036$ ,  $p = 0.038$ ). These results can be related to those by Gong et al (2009), which investigated the psychological impact of sibling separation among orphans in rural China. Although the study focused on psychological effects in general and not complicated grief, the results showed that orphans separated from their siblings are more likely to present with increased psychological distress in comparison to those who remained with their siblings after the death of the parent. These results also confirmed that the care arrangement should focus on accommodating the siblings in one home instead of spreading them across many relatives as in the Siaya study.

In regards to the level of closeness with deceased parents, the level of closeness to deceased mother showed significantly higher grief scores with significantly moderate positive correlation ( $r = 0.241$ ,  $p = 0.006$ ) while level of closeness to deceased father did not show any significant effect on the grief scores ( $r = 0.055$ ,  $p = 0.229$ ). These results show that the level of closeness with a deceased father had no relationship with complicated grief. These results could be justified by results from studies that have confirmed that mothers are the primary attachment figures for children, in the theory of loss and attachment by Bowlby (1983). The loss of an attachment figure through death leads to the disorientation of the bereaved child and may interfere with the ability to rebuild new attachment relationships (Aleem, 2018; Stroebe, et.al., 2010). This inability to reestablish security and new relationships is associated with complicated grief. In addition, by looking at studies that have investigated the relationship between closeness to the deceased and level of grief, the level of closeness has been associated with higher or prolonged grieving beginning from the inability to accept the

death of the loved one and yearning for their return. (Kübler-Ross, 1978; Stroebe et al., 2010).

There were no statistically significant differences in grief scores by age of participants. While descriptive statistics of the variation of ICG scores among different age groups showed that respondents in the younger age groups, 10-11 years (preteens) showed slightly higher CG scores as compared to their older counterparts, a test of association showed no significant association ( $r = 0.055$ ,  $p = 0.229$ ). Previous research findings have found that age is a determinant of complicated grief with higher grief symptoms seen among elderly bereaved persons (Miller, 2012; Shear, 2013). Numerous studies conducted have clearly compared grief symptoms between different age sets such as youth versus elderly, adolescents versus adults and so on. No study was found that set out to determine the difference in complicated grief levels for specific ages (such as 10 years old). The fact that the respondents in this study were all within the same age category (10-15) could explain why there was no significant difference when comparing their mean grief scores against their specific ages.

Finally, although the results showed that grief scores were slightly higher among females the mean difference in grief scores across gender was not statistically significant hence gender was not considered a determinant of complicated grief ( $p = 0.532$ ). These results could compare to the findings by Wing, Callaway, Clance, and Armstead (2001) who concluded that both genders experience grief only that the presentation and expression of the grief may be seen to be intense among females because it is externalized. Females may present as having more grief because they present with intuitive grief characterized by more feeling than thinking, open displays of intense affect (Zonnebelt-Smeenge & DeVries, 2003), waves of emotional reactions (Wing et al., 2001), and desire to express the feelings and seek support. On the other hand, males were found to present instrumental grief which engages a lot of thinking rather than feeling. There is less display of emotions, and a lot of camouflaging of emotions and grief is expressed cognitively (Shear & Shair, 2005).

## **Conclusion**

Ideally, normal grief does not need clinical intervention; however, acute grief could become a chronic incapacitating condition called complicated grief. The results presented in this paper show that orphaned children are a high-risk population when it comes to the development of complicated grief. Prolonged sickness and caring for a sick parent have been shown to

increase the chances of development of complicated grief and the fact that many of the orphans in this study had lost a parent through sickness justifies the high prevalence of complicated grief. This study scope was limited to orphaned children aged 10-15 years and therefore the effect of age on grief may have not been distinguished significantly because the respondents fell within the same age bracket. Although there are numerous studies showing the presentation of grief by age and gender there is limited research specifically showing a predisposition to complicated grief based on specific developmental stages among orphaned children. It is recommended that future studies compare the differences in grief levels for a larger age bracket 6-18 years old or compare grief among children, adolescents, young adults, and adults. The results from this study not only present statistics on prevalence and risk factors but provide an opportunity for more focus into such studies to understand the true picture of orphanhood and complicated grief in Kenya.

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