

Chapter 1: Background to the Study

1.1 Introduction

The purpose of the study is to implement and evaluate a bereavement training programme for volunteers at a community centre in Daveyton. The motivation for the study stems from the increase in the number of bereaved children who have experienced the loss of one or both of their parents because of increasing numbers of deaths, resulting from both natural and non-natural causes. The purpose of the training programme in the local community is to equip a group of volunteers at a community centre with the knowledge and skills needed to provide a bereavement programme for children in grief. The necessity for the volunteers to undergo such a training programme is due to a lack of 'qualified' personnel at the centre to deal with the increased number of children who are vulnerable to psychological distress brought about by loss and grief. The findings of the study will have practical and therapeutic implications for the provision of services at the centre, as well as contribute to the existing knowledge of children in grief within the South African context.

1.2 The increase in death rates in South Africa

The Medical Research Council (MRC) in South Africa has reported that the death rate in South Africa has increased by 57 percent between the years of 1997 and 2003 (www.iafrica.com). These rates can be divided into two categories: non-natural and natural deaths. Non-natural deaths encompass deaths that are as a result of violence, including homicide and suicide and deaths by accidents, such as road accidents, burns and falls. Natural deaths are deaths as a result of disease including cancer, heart disease and HIV/AIDS, or age.

1.2.1 Non-natural deaths

Violent crime and violent deaths are a reality in South Africa. Goldstone (2005) quotes the MRC in reporting that violent deaths in South Africa are eight (8) times the world average. In 2003, 48 percent of all non-natural deaths were due to violence. Burrows (2001) states that the Gun Control Alliance (GCA) in South Africa reported homicide as the major cause of non-natural deaths, accounting for 45 percent of all non-natural deaths. The number of people killed by guns has increased annually from 41 percent of all murders in 1994, to 49.3 percent in 2000. According to the GCA, more people are shot and killed in South Africa than die in car accidents (Burrows, 2001).

Other causes of non-natural deaths are attributed to road accidents, guns, alcohol and suicide (Goldstone, 2005). In the GCA's profile of fatal injuries in South Africa in 2000, they report that non-natural deaths due to road accidents, burns, falls, drowning and other external causes accounted for 35 percent of fatal injuries. Of these, 72 percent were attributed to road accidents, 12 percent were due to burns, 7 percent due to other external causes, and 4 percent respectively for drowning and falls (Burrows, 2001). The number of suicides has also increased dramatically over the past few years. In 2000, suicides accounted for 9 percent of non-natural deaths in South Africa (Burrows, 2001). Suicide rates in children have also increased in South Africa, particularly children in the 15 – 19 year age range (Shung-King & Proudlock, 2002). This indicates that there is a great need for relevant services for children that are in psychological distress.

1.2.2 Natural deaths

As stated previously, the death rate in South Africa has risen by 57 percent between 1997 and 2003. From an analysis of these statistics, HIV/AIDS emerges as one of the dominant contributors to death statistics (www.iafrica.com). The MRC further reports that AIDS has become South Africa's number one cause of

death, contradicting President Thabo Mbeki's claim that violence is the biggest killer. Approximately 39 percent of premature deaths in adults in 2000 were attributed to HIV/AIDS.

According to UNAIDS (2001, in Gow & Desmond, 2002) approximately 45 million people worldwide have been infected with HIV/AIDS, and over 85 percent of these people live in Africa. Within the South African context, it is estimated that a total of between 5 and 6 million people will have died of AIDS by 2010. Furthermore, it is anticipated that the number of HIV/AIDS deaths will exceed the number of deaths by all other causes by the year 2007 (Gow & Desmond, 2002).

1.3 Death rates and children in South Africa

The above statistics paint a grim picture of the reality of the increase in the number of deaths in South Africa over the last few years. The relevance of these statistics in relation to the present study is the impact that this death rate will have on the children of South Africa. It is obvious that the number of children affected by the death of a parent or parents in South Africa has risen due to the increasing incidence of AIDS deaths and deaths related to violence and other non-natural causes (Worden & Silverman, 1996).

When one looks at the figures of homicide in relation to the age of the victim, the number of homicide victims rises abruptly in the 15 – 19 year age group, peaking in the 25 – 29 year age group, and remaining high until the age of 44 years (Burrows, 2001). In terms of other non-natural deaths, the majority of victims are young adults with 37 percent of all cases aged between 15 – 29 years, and 36 percent between 30 – 44 years (Burrows, 2001). There is the likelihood that these young adults who fall victim to non-natural causes of death, might be parents. Thus it would be reasonable to conclude that with the increasing number of non-natural deaths, there would also be a rise in the number of children affected by the death of one or both of their parents.

In the case of natural deaths, orphans are one of the most tragic results of the AIDS epidemic. It is estimated that there were 13 million AIDS orphans in Africa in 2000 and this figure is expected to rise to 24 million orphans by 2010, and reach an estimated 40 million orphans by 2020 (UNAIDS, 2001 in Gow & Desmond, 2002). Researchers in the field of HIV/AIDS postulate that AIDS orphans will constitute between 9 and 12 percent of the population of South Africa by 2015 (Gow & Desmond, 2002).

1.4 Projects and services available to orphans

With the increase in the number of children who experience the death of one or both of their parents due to natural or non-natural deaths, there has also been an increase in the need for the provision of projects and services aimed at meeting the educational, health-care, social and psychological needs of such children.

Around the world, and indeed in South Africa, many organisations have risen to the challenge of meeting the needs of orphans. It would seem that these organisations, whether they are governmental or non-governmental, focus their services primarily on education, health-care and support. There are numerous campaigns to educate people and increase their awareness of HIV/AIDS, as well as projects focusing on disease prevention and health promotion. Many clinics and hospitals throughout South Africa offer educational programmes and provide treatment, including antiretroviral therapy for adults and children, as well as ensuring a supply of drugs for treatable opportunistic infections. Healthcare workers are also trained to provide appropriate care to those with HIV/AIDS (Gow & Desmond, 2002).

In terms of support, a number of services are available to orphans such as residential or foster care, home-based care and support, adoption, drop-in centres, community centres and hospices. There are also a number of life-skills

programmes targeted at youth (Gow & Desmond, 2002). The importance of such projects, services and education campaigns is considerable. However, there appears to be few services available that target the mental health or psychological well-being of the orphans. In this regard, the motivation for the present study becomes clear.

1.5 The impact of death on children

The rise in the number of children whose parents have died or are in the process of dying, means that there are a greater number of children that are vulnerable to suffering loss and complicated grief.

There are two general categories of loss: physical loss and psychosocial loss.

Rando (1993) describes a physical loss as the loss of something tangible, for example the loss of a car due to theft or an accident. In contrast, a psychosocial loss is described as the loss of something intangible, i.e. the loss is psychosocial in nature. Examples of psychosocial losses are divorce or the death of a loved one (Rando, 1993). As a consequence of the initial loss, a secondary physical or psychosocial loss may occur. For example, with the death of a loved one, the mourner experiences the secondary physical loss of the loved one's presence. If the mourner has to relocate due to economic hardship after the death, this creates another secondary physical loss (Rando, 1993).

In the case of HIV/AIDS, the multiple stresses that accompany other terminal illnesses are compounded by anger, ambivalence, guilt, stigmatisation, social disenfranchisement and problems obtaining health-care (Rando, 1993). Despite its similarity to bereavement following other terminal illnesses, mourning associated with an AIDS-related death incorporates greater than usual rage, fear, shame, and unresolved grief (Rosen, 1989 in Rando, 1993). Also, clinical research has shown that "the emotional havoc and devastation in families of people with AIDS far surpasses that experienced in any other life tragedies,"

(Giacquinta, 1989 in Rando, 1993 p632). It is not unusual for more than one family member to be infected with HIV/AIDS and therefore a large number of AIDS orphans will lose more than one family member (Borr & Elford, 1994). This further complicates the natural grieving process.

1.6 Meeting the psychological needs of orphans

The AIDS epidemic continues to grow uncontrollably. Such unparalleled growth means that an increasing number of families will have a member who will be diagnosed with AIDS (Gray, 1990 in Newnes, 1991). Similarly, more young children will witness their parents dying or succumbing to a fatal illness, and therefore, social agencies will be increasingly called upon to assist these families affected by AIDS. However, the need to counsel infected and affected people will soon far exceed the capacity of all the trained counsellors in Sub-Saharan Africa (Van Dyk, 2001). Therefore this makes it vitally urgent to equip everyone who is able and willing, with the necessary skills to be effective counsellors.

Letsebe (1984 p25) states that the “greatest advocate for the use of lay people in helping roles is Carkhuff,” and he is reported as saying that lay people can learn to help as effectively as professionals. By lay people he means people who have not been professionally trained but who are interested in helping others. The use of lay counsellors in helping relationships is an effective way of dealing with the shortage of counselling services in some communities. The reason that lay counsellors may be effective helpers in the community is their capacity to motivate and involve people within the community. This is because of the trust that they already enjoy, and because of the community knowledge that they already possess (Letsebe, 1984).

1.7 Conclusion

With the rise in the number of natural and non-natural deaths among young adults within South Africa, individuals who are very possibly parents of young children, there has been an increase in the number of children suffering loss and grief, as well as an increase in the number of orphans, specifically AIDS orphans. Many agencies and organisations throughout South Africa have responded to the basic needs of these children however, it would seem that these children's psychological needs are not being sufficiently met. In order to meet the psychological needs of these children, and to address the shortage of qualified people available to meet the demand, the opportunity arises for professionals to utilise their time and resources more effectively by training lay counsellors. Thus, it is with this aspect of the shortage of trained counsellors available to meet the psychological needs of the increasing number of children who are experiencing grief, that motivates the present study.