

Khululeka Motivation



Why is bereavement support necessary in South Africa

In 2018, there were 2.7 million orphans in South Africa¹. Research has shown that bereaved children, i.e., children who have experienced the death of someone close to them, are at risk for developing depression, problems at school, behavioural problems and substance abuse². Poverty, and its subsequent lack of access to services, add to this risk. The poorest households carry the greatest burden of care for orphans – close to half (48%) of all orphans are resident in the poorest 20% of households¹.

Moreover, multiple studies show that sexual risk behaviours are more prevalent among orphans and vulnerable children. Research in KwaZulu-Natal, South Africa shows a clear relationship between the death of a parent and HIV prevalence; with those who lost only one parent being less at risk for HIV infection, than those who lost both, and non-orphaned adolescents being least at risk³. Parental death, in lower and middle income countries, is associated with HIV positive status in females⁴.

In 2016, the global number of adolescents aged 10-19 living with HIV rose to 2.1 million, a 30% increase since 2005⁵. Three in four new HIV infections among adolescents occur in sub-Saharan Africa⁵, and adolescent girls are especially burdened. Adolescent Girls and Young Women (AGYW) are the most critical to South Africa's HIV epidemic⁶. It is estimated that a third of all new HIV infections in the country occur in AGYW age 15-24 years³.

The most common method of HIV transmission worldwide, at almost 70% of infections, is unprotected heterosexual intercourse⁷. However, given limited success in reducing HIV incidence, there is increasing recognition of the critical need to address upstream factors that shape risky behaviours⁶.

A study examining the association of depressive symptoms with HIV incidence among AGYW in South Africa, found prevalence of depressive symptoms of 18.2% in this young adolescent population, which

¹ Hall, K. (2019). Demography of South Africa's children. In Shung-King, M., Lake, L., Sanders, D., & Hendricks, M. (eds.) *South African Child Gauge 2019*. Cape Town: Children's Institute, University of Cape Town.

² Aynsley-Green, A., Penny, A. & Richardson, S. (2012). Bereavement in childhood: risks, consequences and responses. *BMJ Supportive Palliative Care*, 2(1), 2-4; and Kaplow, J. B., Saunders, J., Angold, A. & Costello, E. J. (2010). Psychiatric Symptoms in Bereaved versus Non-Bereaved Youth and Young Adults: A Longitudinal Epidemiological Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(11), 1145–1154.

³ Abdool Karim, Q., et al. Prevalence of HIV, HSV-2 and pregnancy amongst high school students in rural KwaZulu-Natal: a bio-behavioural cross-sectional survey. *Sexually Transmitted Infections 2014*; 90(8):620-626.

⁴ Sherr, L. & Mueller, J. 2008. Where is the evidence base? Mental health issues surrounding bereavement and HIV in children. *Journal of public mental health*, 7 (4), 31-39.

⁵ Children and AIDS: Statistical Update. UNICEF; 2017. In Goin, D.E. et al. (2019). *Depression and incident HIV in adolescent girls and young women in HPTN 068: Targets for prevention and mediating factors*. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. Downloaded from <https://academic.oup.com/aje/advance-article-abstract/doi/10.1093/aje/kwz238/5609195> by University of Cape Town Libraries user on 09 April 2020.

⁶ Goin, D.E. et al. (2019). *Depression and incident HIV in adolescent girls and young women in HPTN 068: Targets for prevention and mediating factors*. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. Downloaded from <https://academic.oup.com/aje/advance-article-abstract/doi/10.1093/aje/kwz238/5609195> by University of Cape Town Libraries user on 09 April 2020.

⁷ Shaw GM, Hunter E. HIV transmission. *Cold Spring Harb Perspect Med*. 2012 Nov 1;2(11). In Goin, D.E. et al. (2019). *Depression and incident HIV in adolescent girls and young women in HPTN 068: Targets for prevention and mediating factors*. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. Downloaded from <https://academic.oup.com/aje/advance-article-abstract/doi/10.1093/aje/kwz238/5609195> by University of Cape Town Libraries user on 09 April 2020.



was almost twice the prevalence recorded in a nationally-representative survey of adults in South Africa⁶.

The findings of this study suggest that having depressive symptoms in adolescence may also increase risk of HIV infection. This demonstrates that depression is longitudinally related to HIV acquisition among AGYW in sub-Saharan Africa. The results are especially important given the high burden of depression among adolescents and point to areas for prevention strategies⁶.

This study suggests that interventions that improve mental health among AGYW may also improve HIV prevention efforts⁶. While depression is a modifiable public health problem, access to mental healthcare services in South Africa is currently quite poor⁶. In spite of South Africa's internationally renowned legislative framework for human rights, there is a marked lack of capacity in several government departments at the coalface of service delivery⁸, there are insufficient numbers in the social work workforce and the existing workforce is poorly prepared to work in child care and protection⁹.

Non-Profit Organisation staff working in disadvantaged communities are typically working for small Community Based Organisations (CBOs) and medium sized Non-Governmental Organisations (NGOs) servicing children in communities characterised by a lack of safety, high levels of violence, and a lack of services. Nevertheless, relatively low-cost interventions, delivered by lay workers in the community, have been shown to be effective in low and middle-income countries, such as the rural South African context⁶.

The Abangane programme is one of these locally developed, evidence based, interventions. The Abangane grief support curriculum is Khululeka's most important success. [Khululeka Grief Support](#) is a Cape Town based nonprofit organisation which specialises in grief and bereavement support for children and teens.

Abangane was developed under Khululeka's leadership in partnership with local South African and international specialists. It is the only South African grief support group model that shows clear published and peer reviewed evidence for impact.

Abangane is the result of a 5 year PEPFAR funded programme. Khululeka partnered with Child Welfare Bloemfontein & Childline Free State from 2012 to 2017 where Khululeka trained and mentored facilitators to implement grief support groups, and they implemented the support groups. These started as the more generic support group model and then it developed into one specifically aimed at teen girls. Over time it also became more scripted to ensure that all the facilitators followed exactly the same programme. Khululeka extensively trained and mentored the facilitators (social workers and aux social workers) on Abangane.

A Randomised Controlled Trial of the Abangane Support Group Programme was conducted by the [Highly Vulnerable Children Research Center \(HVC-RC\)](#) of the U.S. based Tulane University.

⁸ Parliamentary Office of the Community Law Centre. 2014. Initial Complementary Report to the African Committee of Experts in response to South Africa's Initial Country Report on the African Charter on the Rights and Welfare of the Child. Cape Town: University of the Western Cape.

⁹ National Department of Social Development. (2012). *Conceptual Framework for Capacity Building of Social Service Professionals and Occupations in Child Protection*. Khusela Project. Pretoria: National Department of Social Development.



This study found that teen girls demonstrated a statistically significant improvement in their mental health compared to the wait-listed participants, including a decrease in problematic grief, depression symptoms and attention problems. These findings were published in peer reviewed highly acclaimed journal [The Lancet, 24 April 2017](#).

The programme has since been refined and further improved, which could result in even more robust effects. However, to achieve these results, it is important to ensure that the Curriculum is followed precisely and implemented by appropriately trained facilitators. Khululeka developed a detailed training programme to train organisations in the implementation of the Abangane programme.

Both USAID Southern Africa and the Global Fund to Fight AIDS, TB and Malaria (South Africa Portfolio) now recognise Abangane as a valuable group-based intervention for Adolescent Girls and Young Women (AGYW). The programme is currently being implemented with grant funds from both donors via HIVSA, Future Families and NACOSA targeting communities with a very high HIV burden. Abangane is very well positioned to be an important layer of services to help AGYW to acknowledge grief and loss, tackle mental health and promote coping skills.

Khululeka Grief Support's administrative office has been on the property of Marsh Memorial Children's Home in Rondebosch since 2015. Khululeka staff have provided grief and loss support group interventions for the children of Marsh Memorial as well as training for the Marsh social workers and child and youth care workers. The Director, Deborah R. Diedericks, has been a member of Claremont Methodist Church, Wynberg Circuit, Cape of Good Hope District since 2004.

The churches of South Africa provide a traditional safe space for bereavement counselling and counselling in general. In the context of Covid-19 and its aftermath, the need for effective bereavement support specifically for children and teens is extremely important and yet, churches are often not the most child friendly spaces. Jesus said "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." (Mat 19:14). If the work of the church is ultimately to lead people to Jesus we would do well to capture the hearts of children and young people by providing them with loving, warm spaces where they could talk of their losses and grief without judgment.

Deborah R. Diedericks, in her capacity as Director, also serves as a board member. Deborah has been the Director of Khululeka since May 2010. Deborah is passionate about grief support with a focus on brain based interventions and mindfulness. She is furthermore interested in adult learning with the aim of facilitating children's bereavement. Deborah is experienced in programme and curriculum development and training, and fundraising and management. She has an under-graduate degree in Sociology and Journalism, and a Master's degree in Adult Education and Development (MPhil). Registered workplace Coach (Results International Coach Federation).