SOURCES OF DISENFRANCHISED GRIEF EXPERIENCED BY ORPHANED PRIMARY SCHOOL CHILDREN IN AKITHI DIVISION, TIGANIA DISTRICT, KENYA.

BY

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Sources of disenfranchised grief

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DECLARATION

This thesis is my own work and has not been presented for a degree in any other university.

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DEDICATION

This thesis is dedicated to my late parents John and Teresia, my mother-in-law Martha Limukii, my husband Evans Kaberia, children John, Agata and Mweteri and to all bereaved children who yearn to mourn their parents.
IV

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ABBREVIATIONS

ADEC: Association for death education and counselling
SbTD: School based Teacher Development Programme
KRT: Key Resource Teachers
DEO: District Education Officer
INSET: In servicing of Teachers
MOEST: Ministry of Education Science and Technology
HCBS: Harvard Child Bereavement Study
EPL: Early Parental Loss
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Children are victims of disenfranchised grief because of their age factor and the circumstances of some deaths (e.g. AIDS related deaths, suicide, criminal offences). The very nature of disenfranchised grief creates additional problems for the griever while minimizing their sources of support (Doka 2002). The school is the child's second home and thus an important grieving ground for the bereaved child. In addition, the school community interacts with the bereaved child. Thus, it has a role to play in the child's grief process. Available literature indicates that children above 9 years conceptualise death. At the same time, the mourning process is necessary for one to cope with bereavement. During the mourning process children have grieving needs. Also, they have tasks they need to work on before mourning can be said to be complete. Literature review indicates that children have a special attachment to their parents who are their main attachment figures. In Kenya, the Guidance and Counselling unit in schools is expected to take care of children's grieving needs. Disenfranchised grief is a counselling issue children deal with. The literature review identifies the need to get first-hand information from the bereaved children in order to establish the nature and the factors of disenfranchised grief in Kenya. The study was carried out in Akithi Division, Tigania District. Ex-post facto design was used. The study population was primary school children who had lost one or both parents as well as the Teacher Counsellors. A total of 63 orphaned children and 12 teacher counsellors took part in the study. Data was collected through questionnaires, which included sentence completion, and an interview schedule, which were administered personally by the researcher. The data was analysed mainly through themes, categories and patterns derived through available theories and other sources. Quantitative data took the form of tables for presentation, which were organized using simple descriptive statistics. SPSS was used to work out the cross tabulations on the various variables under study. The findings indicated that both interpersonal and intrapersonal sources contribute to disenfranchised grief. The study found out that there was minimal grief counselling that was going on in schools. The study recommended the introduction of grief education to all stakeholders. In addition, the study recommended enhancing dialogue on death matters between all the stakeholders. These recommendations would help maximize the sources of support for all the bereaved children while enfranchising the grief already experienced by the parentally bereaved children.
CHAPTER ONE
INTRODUCTION

1.1 Background of the study

Doka (1989) introduced and defined the concept of disenfranchised grief as the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported. In other words, the grievers are not accorded the right to grieve. Doka borrowed the term ‘disenfranchised’ from the root word ‘enfranchise’. According to Corr, (in Doka 2002 pg 39-60) to speak of disenfranchisement in relation to bereavement and grief is to recognize that in various spoken and unspoken ways, social and cultural communities may deny recognition, legitimation or support of the grief people experience. Grief on the other hand, is the reaction that a bereaved person goes through in the process of coping with loss. These reactions are both internal and external. Disenfranchising grief hinders the bereaved from expressing the necessary grieving behavior.

Doka’s (1998) concept of disenfranchised grief gave a new direction of addressing grief. He provided an appropriate reference to the injustice practiced against the bereaved in the field of grief. Initially, Doka (1998) had identified three categories of disenfranchised grief. However, in his later work, Doka (2002) another two categories were included relating to differences in the ways persons grieved as well as disenfranchised deaths. The five categories therefore are (1) lack of recognition of the relationship; (2) lack of acknowledging the loss; (3) the exclusion of the griever; (4) the ways individuals grieve; and (5) the circumstances of the loss. This study focuses on the children disenfranchised grief after losing a major attachment figure - parent.
Children have been cited as belonging to the group of disenfranchised grievers. Rapheal 1983 (cited in Doka 2002) observe that often both the elderly adults and young children are excluded from discussions and rituals concerning the loss. This is in spite of research showing that both groups are capable of grieving. This is especially so when children loss a significant person in their lives like a parent.

Disenfranchising grief resulting from parental deaths will subject the bereaved children to intense unattended grief reactions. According to Bowlby’s (1969) attachment theory, the bond between a child and the mother is so strong that a mere separation brings about anxiety on the child. This is not only true for human beings but for other animals as well. Ideally, parents support their children, both physically and emotionally; they provide a stable home environment in which children can grow and mature; and they serve both as the children’s protectors and as their models (Worden, 1996). The attachment theory supports the view that failure to support parentally bereaved children cope with grief may cause disenfranchised grief. This study considers that social support is extremely crucial in order to help bereaved children cope with loss.

One major way through which the bereaved child suffers disenfranchisement is by being excluded as a griever. According to Doka’s report in *Dying, Death and Bereavement* (98/99) the griever is not recognized since the person is not socially defined as capable of grief; therefore there is little or no social recognition of his or
her sense of loss or need to mourn. One main reason of sidelining children occurs because the caregivers believe that children are too young to grieve. As a result, they are left out of discussions and rituals associated with death (http://www.kidsource.com).

The exclusion of the griever poses serious challenges to the mourner. The bereaved child may suffer complicated grief. This is because the normal reactions present during normal grief can be intensified since they are not recognized. The already lacking social support minimizes the factors that facilitate mourning. These factors include actively being involved in the funeral and the right to accurate information about the death.

The circumstances of the loss have been cited as a source of disenfranchising grief. This refers to how the death occurred. Doka (2002) feels that the nature of death may constrain the solicitation of the bereaved for support as well as limit the support extended by others. Such deaths include those resulting from AIDS, suicide, homicide and criminal offences. Worden (1991) puts it that how the person died will say something about how the survivor grieves.

Children can also be disenfranchised depending on how they grieve. This is because sometimes adults doubt whether children grieve in the first place. A simple way of establishing whether children grieve is finding out if they are capable of loving. Obviously, children not only love their parents but are also strongly attached to them.
Adults often shy away from getting involved with grieving children. In the process the way children go through their grief is a possible source of disenfranchisement. The children’s model of the task theory developed by Worden (1996) has widely been accepted as an important development in helping the bereaved cope with loss. This was after studying, 70 families with 125 children aged between 6-17 years.

The effects of disenfranchised grief create a number of serious consequences to the griever. For instance, there may be delayed grief reactions where new grief may build on or trigger old, unresolved grief reactions. Grief reactions may be masked and grief may express itself in a variety of physical, psychological or behavioral manifestations (http://www.indiana.edu/~famlygrf/units/ambiguous.html). Furthermore, the effects of bereavement go beyond childhood. Major physical and mental illnesses occur more often in the adult lives of those who were bereaved as children (Kastenbaum, 1995).

The keyword from Doka’s definition of disenfranchised grief that is applied to this study is the lack of social support. The very nature of disenfranchised grief precludes social support (Doka 2002). Perhaps children are unrecognized especially in the location of the current study due to the changes that have affected the traditional set up. In the first place, clearly the traditional coping strategies upon bereavement are giving way to a more individualistic society. The attachment figures of the child are becoming fewer as a result of the nuclear family set up. Secondly, the mortality rate has gone up mainly because of HIV/AIDS pandemic. It is estimated that 60% of 1.8
million orphans in Kenya, have been orphaned by AIDS (Daily Nation, February 21, 2006).

Thirdly, there is a strong indication resulting from available literature on the Meru customs that death was not so detached from the living. For instance, Fadiman (1982) reports that there were frequent contacts with the living in dreams or even face-to-face contact. Dying occurred in the home environment with family members present. In addition, death was handled communally. There is hardly any evidence on how the individual handled grief. Clearly, the modern bereaved child is not the traditionally bereaved child. Therefore, the increase of mortality rate, decrease of the attachment figures and the distancing of occurrence of death may contribute to heightening of disenfranchising the bereaved child’s grief in Kenya and Meru in particular.

The school is not only the child’s second home but also an important source of social support. Members of the school community form the child’s other attachment figures. Studies (Worden 1996, Smilansky 1987, Rowlings 2003) show that teachers play an important role in the child’s grief process. Other pupils, workers and the school administration, have an impact in the bereaved child’s grieving pattern.

In Kenya, the child as a pupil forms an important member of the primary school community. The primary school pupils form the majority of these members. The introduction of Free Primary Education (FPE) in January 2003 resulted in an increased enrolment of children from 5.9 million in 2002 to 7.2 million in formal
public primary schools alone in 2004 (Sessional Paper 1 of 2005). This increase in number implies that the teacher has an increased workload. At the same time, the population of the bereaved children has also increased. The FPE benefited mainly the orphans who could not have gone to school due to lack of money and other necessities. According to KESSP 2005-2015 (July 2005) prior to implementation of FPE, many school-age children were kept out of school because among others, many children were orphaned as a result of HIV/AIDS pandemic and other causes and therefore could not afford the school requirements.

The school community experiences loss through death. This happens when members of the school community lose relatives, friends, neighbors or one of their members. Smilansky (1987) found out that children are able to understand the concepts of irreversibility, finality, causality and the inevitability of death. There is also strong indication that the school has an important role to play in the child’s mourning process. Rowlings (2003) views the school community as the organizing supportive framework of young people. The school community has always handled grief. However, there has been an increased death rate in Kenya. For example, in Meru North alone, there was an increase of death rate from 939 in 1997 to 2445 in 2004 (Ministry of Health Meru-North 2004 Annual Returns). Therefore the previous roles played by the school community need to be revised.
Grief is one form of counseling issue that can be brought up by pupils in school. The MOEST in Kenya has a vibrant Guidance and Counseling Unit in primary schools. The Ministry initiated an in-service of Teachers (INSET) unit designed to implement a number of programmes over the 1997 – 2004 period. Part of this is the School based Teacher Development (SbTD) launched in 2001 and completed in 2004. The new phase of SbTD was launched in early 2005 and aims at training an additional 18,000 guidance and counseling Key Resource Teachers (KRTs) in the country. The programme was completed in 2006. The Ministry continues to strengthen the G&C in primary schools through in-service programmes. Teachers are therefore receiving basic counseling skills to help them attend to the pupils’ needs. This step has implications on grief in general and disenfranchisement of grief in particular.

Teachers have important roles in helping children cope with loss. They are role models to be emulated by their pupils. The teachers can exploit these roles for the purpose of developing the pupils’ sensitivity for the needs of a mourner. The teacher should not abstain from discussing death with children and help them understand the concept of death and its various elements in a realistic way (Smilansky, 1987).

The parentally bereaved child needs to go through the mourning process in order to cope with loss. At the same time, mourning (adaptation to loss) is a very necessary requirement in coping with loss resulting from death. The orphan is in constant interaction with the school members. According to Smilansky (1987) the tragedy of a
parent’s death has inevitable and far-reaching implications for the child since his reality has suddenly changed and he must struggle with intense emotional difficulties.

Therefore, the school community as the grieving ground for the bereaved child is the subject of this study. Due to the sensitive nature of death especially with regard to children, it is the feeling of the researcher that the school community has a role to play in helping the orphaned child (one of the members of the school community) to cope with parental loss. In the process, a number of factors may be agents of disenfranchising or enfranchising the grief experienced by the bereaved children. The study sought to find out these factors and the nature of this disenfranchised grief.

1.2 Statement of the problem

Although bereavement is inevitable to everybody, it is a challenge to children in a special way. Enfranchising grief is a necessary requirement if children are to cope with parental loss as a contemporary challenge. Disenfranchised grief however, interferes with normal grief reactions because they persist over a long period of time. The very nature of disenfranchised grief creates additional problems for the grievers while minimizing their sources of support (Doka, 2002). Children are one population cited as belonging to the class of disenfranchised grievers. Pupils experience various types of losses while they are still members of the school. The education set up form most of child’s early years. On average children spend more of their education time in the primary school than in any other institution of learning.
The school community has an important role to play in socially supporting the bereaved child. However, the members of the school community are part of the larger society, which withdraws such support. This disenfranchisement is a challenge facing the whole world and Kenya in particular. This is because of other sensitive issues surrounding bereavement like AIDS.

In an attempt to address these issues, the Kenya Government developed the School based Teacher Development (SbTD) Guidance and Counseling Material for the Teacher Counselor. However, there is lack of literature to show the effectiveness of these efforts with reference to disenfranchised grief. This is especially critical when research in other countries of the world has shown that disenfranchised grief needs to be enfranchised in order for the bereaved to cope with the loss. There is also evidence the bereaved children are a vulnerable population of griever because of their age factor. The long term effects of disenfranchised grief are strongly captured by Kauffman (in Doka 2002) when he states that old disenfranchised grief may be passed across generations as familial, societal and cultural norms. Primary school children have to be given psychological support to accept various types of losses they experience in order to achieve their educational objectives. In addition, bereaved children need the social support and counseling provided by the school community. There was need to find out the sources that inhibit grief social support in primary schools in Kenya.

1.3 Purpose of the study
This study is guided by the fact that disenfranchised grief hinders the bereaved from coping with the loss. Disenfranchising grief denies the bereaved child the social support required at this very critical time. The study sought to find out the extent to which children are denied the social support required to cope with parental deaths in school. It also sought to find out ways that contribute to this disenfranchised grief. This would lead to finding out the sources of disenfranchised grief experienced by primary school children in Akithi Division, Tigania District, Kenya.

1.4 Objectives of the study

The main objectives of the study are:

i. To find out ways in which orphaned children experience disenfranchised grief.

ii. To find out factors which lead to disenfranchised grief, experienced by orphaned children.

iii. To establish ways through which the schools help orphaned children cope with parental deaths.

1.5 Research questions

(i) In what ways do orphaned children experience disenfranchised grief?

(ii) What factors lead to disenfranchising grief in orphaned children?

(iii) What methods do schools use to help children to cope with parental deaths?
1.6 **Significance of the study.**

It is hoped that the findings and recommendations of this study should:

- Benefit the planners and policy makers to make and adopt policies that address counseling in order to lay emphasis on grief counseling.

- Benefit the planners, policy makers especially in guidance and counseling department under the MOEST. The ministry endeavors to strengthen this department through the Key Resource Teachers. The department needs to evaluate the present situation of the bereaved child especially with regard to grief counseling.

- Benefit the primary school members by correcting any previous misconception with regard to the grieving child. Once this is done pupils will benefit from the corrected impression of disenfranchised grief. This especially critical given that primary school children make the highest number of the members in this sector of education and that they spend most of their education life in primary schools.

- Help fill the gap in research in this needy, sensitive and contemporary area of grief counseling. It is expected to prompt other researchers to undertake similar studies in other disenfranchised issues in grief.

1.7 **Scope and limitation of the study**

1.7.1 **Scope**
The study intended to get in depth information from the informants under study. For this reason the data was collected from Akithi division in Tigania District. This division has the biggest number of public primary schools and the total primary school enrolment in this District. It had 29 public primary schools with an enrolment of 14,015 in 2006 (D.E.O’S office Meru North). This provided for a selection of the desired sample from a relatively large population. The bereaved children and the Teacher Counselors formed the respondents of this study. These children were sampled from 11 public schools in the division. The study limited itself to public primary schools since they were the beneficiaries of the MOEST Guidance and Counseling programme. Every public primary school has a government appointed Key Resource Teacher in guidance and counseling.

1.7.2 Limitation

The study was affected by the short time available to get to the final stage. Sensitivity of grief posed special challenges during data collection. Therefore, more time was required in collecting and analyzing data. The short time available was a limitation for this study. In addition, the limited funds available posed a challenge to this study. For instance, enough time and funds would have enabled the researcher to carry out this study using a wider area since grief is a relative concept that is experienced differently by individuals. It would also have been possible to carry out a longitudinal study as bereavement is a process that takes
time. Time and funds were limiting factors since the researcher is a self sponsored student.

The fact that grief is a much avoided topic of discussion, there is limited written material on it. This is especially so in Africa. Scarcity of grief material has contributed to limited points of reference for the current study.

1.8 Assumptions of the study

The assumptions of this study were:

- The parental deaths had occurred while the pupils were still members of the school.

- The school community members were aware of these deaths and had interacted with these orphans.

- The bereaved children counselors would express their true feelings experienced after the death of their parents. On the other hand, the teacher counselors would provide correct information on way these children were handled.

- The bereaved children and the teacher counselors would be willing to share their feelings. The assumption was that this was not going to affect them.
1.9 The Theoretical Framework

1.9.1 The Attachment Theory by John Bowlby.

All the studies that Bowlby uses point out to the fact that there is strong attachment behavior between the infant and the mother. The major indicator of this attachment is that there is a strong need to be close to each other. This is what he calls proximity. Proximity occurs at two levels, with child and mother complementing one another. The mother makes an effort to search for the child when he wanders away from her especially at an early stage. On the other hand, the child uses whatever is at its disposal to seek for the mother especially if alarmed.

Attachment behavior is present at age 6 months. At this age, the child begins to show signs of discriminating the mother from the rest by perceptual discrimination. This is the only ability at the baby's disposal. As he grows older he takes up the role of maintaining proximity more than does the mother.

Attachment is developed due to the need for security and safety. Worden (1991) notes that these two develop early in life and are usually directed towards a few specific individuals. At the same time, they tend to endure throughout a large part of the life cycle. In this case attachment is present and necessary in life. Only the attachment figures may be substituted. This need for security and safety is manifested
especially when a child is alarmed. When this happens the child quickly withdraws to the mother and only when close to the mother does he venture to find out the source of the alarm.

According to this theory death permanently separates the child from the main attachment figure. The attachment was so strong that the separation is a major blow to the child’s normal life. Death of a parent means the attachment bonds are disconnected leaving the child to feel insecure and sad. Other common disturbances that find their root in separations are tendency to make excessive demands on others and being overly anxious when these demands are not met like in dependent and hysterical personalities. There is also inability to get involved in deep relationships like the case in affectionless and psychopathic personalities.

The attachment theory is relevant to the current study because it explains why grief is intense when child losses the parent. The attachment theory shows that parental loss should not be underrated. The special tie between the parent and the child means that care needs to be taken in order to help the bereaved child.

1.9.2 The Task Theory by Worden

The task theory suggests that the bereaved need to go through four tasks in order to successfully complete mourning. Though his first proposal was meant for the grieving adult, he came up with the similar tasks for the children taking into consideration the child’s cognitive, social and emotional development. The first task is to accept the
reality of the loss. For children to go through this task, they need to believe that the loss has actually taken place. To negotiate the first task of mourning, children need to be told about the death in ways that are accurate and in a language that is age appropriate (Worden, 1996). The task is intended to prevent the bereaved from resulting to denial. Traditional rituals help the bereaved to move towards acceptance. Strategies that are cited as hindering the completion of this task include denying that the death is irreversible, not accepting the facts of the loss, blocking the reality of the loss, and spiritualism. This task depends on the cognitive ability of the child’s understanding of the finality of loss.

The second task is to experience the pain and the emotional aspects of the loss. Pain is a necessary component of grief. Worden (1991) observes that not everyone experiences the same intensity of pain or feels it in the same way, but it is impossible to lose someone you have been deeply attached to without experiencing some level of pain. The theory acknowledges that people strive at minimizing or avoiding pain altogether. According to this theory, working out this task late can be a complex and difficult task. The initial well established social support system may not be there.

The third task is to adjust to an environment in which the deceased is missing. This means that the bereaved finally manage to live without the deceased. The multiple roles played by the parent disappear with the death thus posing a serious challenge to the child. Attempts to fulfill the deceased roles may fail and this can lead to a further sense of lowered self-esteem (Ibid, 1991).
The final task is to relocate the dead person within one’s life and find ways to memorize the person. This task involves finding ways of emotionally relocating the deceased in their lives as opposed to giving up the relationship altogether. It has been termed as the most difficult task to accomplish. The child must be helped to transform the connection to the dead parent and to place the relationship in a new perspective rather than to separate from the deceased (Worden, 1996).

1.9.3 The Concept of Disenfranchised Grief

Doka developed this theory in 1989. To disenfranchise grief is to indicate that a particular individual does not have a right to be perceived or to function as a bereaved person (Corr, Nabe and Corr 2006). Children, along with the old and the mentally retarded are cited as grievers who are vulnerable to disenfranchisement. The bereaved children rights are violated when information regarding death is concealed from them. Other times the caregivers are lost for words and may opt to use euphemisms (a word or a phrase that is less expressive or direct and considered less distasteful or less offensive than another word/phrase) to explain death to children.

According to this theory, some of the critical variables that cause disenfranchisement are culture, gender, social class and spirituality. Cultural practices are not universal. They differ from one community to another. Social class does affect grief. This theory does not only refer to social class in terms of wealth and income but also include other
aspects such as values, attitudes and occupational prestige. According to Doka and Martin (in Doka 2002) social class is a critical variable affecting every dimension of life: the likelihood of being born, of finishing school, of attending college and of when one will die (and of what). Gender is a factor that puts mainly men at risk of being disenfranchised. According to African customs, men are not able to cry in front of women because they would appear weak before the very group they are to protect (Barret in Dying Death and Bereavement 98/99). These attitudes may begin to have an effect on the young male grievers. Spiritual beliefs may cause disenfranchisement either by imposing religious believes or by restriction on reliance of such beliefs in order to cope with grief.

1.9.4 The Conceptual Framework

The conceptual framework shows a relationship among a number of concepts. Death brings about a threat to the attachment bond that exists between a child and a parent. The child becomes an orphan. When the child is bereaved a certain process begins. One such process is the recommended tasks that the mourner is expected to go through. However, there is the danger that the process of recovering from the attachment loss of a parent while going through the tasks of mourning may lead to disenfranchised grief. Some of the sources disenfranchised grief can be drawn from the categories described by the concept. These are the circumstances of the loss, age and the ways of grieving of the bereaved child. The school community is an important grieving
ground for the bereaved child. The following conceptual framework shows this relationship.

Figure 1. The conceptual framework

Title: The Dimensions of Disenfranchised Grief
1.10 Operational definition of terms.

The operational definitions of terms used are as follows:

**Death:** When an individual ceases to exist

**Grief:** Thoughts and feelings or experiences after loss through death.

**Attachment:** A special bond between a child and a loved one.

**Orphan:** A bereaved child in the primary school who has lost mother, father, both parents.

**Disenfranchised Grief:** Grief experienced by the bereaved person that cannot be openly acknowledged or socially supported.

**Parental Deaths:** Death of either biological father/ mother or both of a child.

**Survivors:** Those who have an attachment with the deceased.

**Gender Match:** Losing a parent of the same sex.

**Gender mismatch:** Losing a parent of the opposite sex.

**Traditional deaths:** Death of closely related people.

**Disenfranchised deaths:** Losses that are not recognized as worthy of being mourned.

**Non-death losses:** Losses that cause grieve but which are not as a result of death.

**Intuitive grievers:** Those who experiences grieve as waves of affect hence they share their losses.

**Instrumental grievers:** Those who experience grief by way of thinking as opposed to sharing.

**Partial orphans:** Children who have lost either a father or a mother though death.
Total orphans: Children who have lost both parents to death.

Social support: Provision of care for the bereaved to overcome grief.

Resolution: Final acceptance and coping with grief.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This literature review will address the issue of grief from the early theorists up to the recent developments. The review on the history of grief will draw on the early studies of psychoanalyst Sigmund Freud, the grief process theory, the task theory and the continuing bonds theory. The disenfranchised grief literature will then be looked at especially with regard to the children. Finally, the review will narrow down to look at the manifestations of disenfranchised grief on the bereaved child and the situation as it is in Kenya. The chapter summary appears at the end of this chapter.

2.1 The Grief History
Although disenfranchised grief is a relatively new concept, grief is not. Human beings have always grieved the death of their loved ones. Grief studies started with Sigmund Freud. It all started with Breuer, a close associate of Freud. Breuer had been treating a single client who had developed hysterical symptoms. The symptoms got worse after her (client) father’s death. Freud got interested in Breuer’s therapy of talking cure he (Breuer’s) was using on his client. Apart from this case study, the psychoanalysts got interested at the after math of the mass deaths of the First World War.

Freud wrote the famous “Mourning and Melancholia” in 1917. It explains the relationship between cathectic (attachment) love object (loved person) and de-cathectic (grief work). The attachment that exists between people is usually strong because of the role they play to satisfy needs. Secondly, human beings direct energy for
emotional purposes. This energy is what Freud calls the libido energy. Upon the
death of love object, the libido energy will still be present and directed to the lost
object through thoughts and memories. The individual needs to accept the reality of
the loss so that the emotional energy can be released and redirected through the
process of decathexis (Payne, Horn and Relf, 1999).

Freud’s work on grief made important contribution to the modern understanding in
the first place, grief should not be ignored. It is an adaptive response to loss and must
be performed. Also, grief is a process, which is difficult and time-consuming
requiring oneself or others to snap back quickly to the pattern of life before the loss
can only be stressful and increase the difficulties of carrying out grief work. This is
contrary to the feeling of many people that grief can heal within a short time. To add
to that, it was the feeling of Freud that failure to accomplish grief work would result
to continued misery and dysfunction or else one suffers pathological grief.

The attachment theory already discussed was another major development in grief.
Bowlby’s work did not draw on death but specified durations of separation. Parkes’
(1996) work, on spousal bereavement is also similar to Bowlby’s in the sense that
both came up with the grief process theory though working independently of each
other. Parkes’ work provides an important foundation for understanding the
experience of those who have lost a spouse through death. Since the current study is
on child bereavement Parkes’ studies will not be extensively dwelt on.
The grief field is always evolving. In 1996, a group of researchers and scholars felt the need to challenge the idea of detaching oneself (a view held by the psychoanalysts) from the deceased in order to overcome grief. They proposed the Continuing Bonds theory edited by Klass, Silverman and Nickman which proposes that for grief to be overcome, the bereaved should maintain bonds with the lost attachment figures. This new approach has proved to be therapeutic. For instance Corr, Nabe, Corr (2006) note that some bereaved persons have even reported that they have sensed the continued presence of the deceased in their lives or have from time to time received after-death communications and have taken comfort from those extraordinary or paranormal experiences. The continuing bonds theory use memorization of the deceased as a major therapeutic technique to help the bereaved. Similarly, Worden (1996) advocates that the bereaved children need to relocate the dead person with one’s life and find ways to memorize the person. A number of studies have been carried out to establish whether there is disenfranchised grief.

Firstly, Thornton and Zanich (in Doka 2002) made an analysis of studies carried our on-disenfranchised grief from 1989-2000. The following review is greatly influenced by their evaluation.

In the first study, Thornton, Gilleylen and Robertson (1991) carried out research in order to find out the relationship between the intensity of grief and anticipated social support from friends and families for various grief reactions. College students were used to rate traditional deaths (e.g. parents, child, spouses), disenfranchised death
losses (e.g. cohabiting partner, Lesbian, pet) and non-death losses (e.g. loss of sight, amputation, failing out of school).

The findings showed that the traditional deaths had the highest ratings of intensity of grief (9.1) and anticipated social support (8.7). Disenfranchised death losses recorded 7.8 and 6.8 respectively whereas non-death losses showed the lowest (7.1 and 6.8 respectively). This showed that the lower the perceived intensity of grief, the lower the anticipated social support. Disenfranchised and non-death losses were both less recognized as inducing a grief process and less likely to receive social support.

In another study, Thornton, Robertson and Mlecko (1991) sought to prove that disenfranchised grievers would receive less social support and would be perceived as having poorer personal and social role functioning than those who had lost close family members or loved ones through death. College students were used to rate grief resulting from traditional deaths (spouses, child or a loved one) or disenfranchised loss (homosexual lover, miscarriage or elective abortion). The students reported a greater social distance from grievers of a homosexual death or elective abortion and were less likely to express sympathy to the griever of an elective abortion.

Demko and Thornton (1995) sought to prove their proposal that social acknowledgement of a loss as reflected by sending cards, flowers or a food basket or by making a personal bereavement visit would be less likely with disenfranchised grief. The sample of college students showed more acknowledgement for the
traditional losses (family members) and lower ratings for the disenfranchised losses. In other words, traditional deaths received the expected social support.

Studies have also been conducted to establish whether disenfranchisement may come from the bereaved themselves (intrapersonal). Cohen (1997) reported a finding that students reported they were less likely to engage in help seeking behavior when they perceived a lack of recognition of their grief by others. The grievers are likely not to seek help if they perceive that they were not likely to get social support.

A similar finding was reported by Weisman (1991) on grievers who had lost a pet to death. The grievers thought that they would be criticized for grieving, would receive condescending statements or receive harmful and curt suggestions. Other specific studies have been done on mental or physical disabilities and their families, abandonment, job loss or change, adaptation and foster parenting, abuse and aging. However Thornton and Zanich (in Doka 2002) note that although these topics are explored in the grief literature, empirical studies of the actual disenfranchisement of such losses remain to be done.

2.2 Disenfranchised Grief and Bereavement

Bereavement occurs when a person close to us dies. Kastenbaum (1995) views bereavement as an objective fact of losing someone close to us. Bereavement results to change of status, in this case from a child with a parent to an orphan. According to Corr et al (2006) bereavement has three main elements. There must be a relationship or attachment to a valued person. This study takes this relationship to be parent-child
relationship. Secondly there must be the loss itself resulting from death. Thirdly, the bereaved individual in this case the child. Disenfranchisement takes place when people refuse to acknowledge this change of status of the orphan. It is after bereavement has taken place that other aspects of grief and mourning are introduced. Reactions resulting from grief may not be recognized, legitimated or supported by society (Doka, 2002). On the other hand, coping with the loss (mourning) can be disenfranchised internally or externally.

The school is a community just like any other. Members of the school community include the administrators, the teachers, pupils and other support staff. Each of these plays an important role that affects other members. Available literature acknowledges the importance of the school community on grief. Grief to these communities has special meanings - the loss is constructed within them and needs to be managed within that context although outside resources may be utilized (Rowlings, 2003). The interaction between these members is expected to have an impact into the bereavement process. They may also be agents of disenfranchising grief of the bereaved children. Disenfranchisement begins to take shape immediately after death. The bereaved children’s rights are violated when information regarding death is concealed from them. The caregivers are normally lost for words and may opt to use euphemisms to explain death to children. They include words like "gone away, gone to heaven, gone on a long journey, left us and passed away."

Disenfranchisement occurs due to the mode of death. Rando 1993 (cited in Doka 2002) notes that some deaths that provoke anxiety (e.g. suicide, mutilating loss, the
death of a child) or embarrassment (e.g. death from autoerotic asphyxiuation or homicide) are disenfranchised. Death occurring from AIDS belongs to these types of deaths.

2.3 Children and disenfranchised grief

Do children grieve? Available literature strongly support that children grieve deeply. One main empirical support for this assumption is the already discussed attachment theory proposed by Bowlby. This theory indicates that a mere threat to loss of an attachment figure creates anxiety to the child. Actual loss (e.g. through death) causes great sorrow. Although there is debate on the age at which children are able to grieve, studies generally agree that the older the child grows the better the understanding of death. Nagy 1948 (cited in Kanstenbaum 1995) carried out one of the early studies of children’s concept of death in 1948. She examined 378 children aged 3 to 10 years through use of their words and pictures. The findings were classified into ¾ age-related stages as shown in the table below.

**Table 2.1: Maria Nagy’s stages of death comprehension in childhood.**

<table>
<thead>
<tr>
<th>STAGE</th>
<th>AGE RANGE</th>
<th>INTERPRETATION OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3-5</td>
<td>Death is separation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The dead are less alive.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strong curiosity about death.</td>
</tr>
<tr>
<td>2</td>
<td>5-9</td>
<td>Death is final-but one might escape it. Death is seen as a person</td>
</tr>
<tr>
<td>3</td>
<td>9-adult</td>
<td>Death is personal, universal, final and inevitable.</td>
</tr>
</tbody>
</table>

Thus from the table 2.1, children aged nine and above are able to understand death as irreversible but personal. A study carried out by Smilansky (1987) about Israeli children (aged 4-12) came up with similar findings.

In another study Mark Speece and Sandor Brent 1996 (cited in Corr et al 2006) felt that death is not simply a matter of age; ‘age itself explains nothing, it is rather a convenient general omnibus index of a wide range of loosely correlated biological and environmental variables’. They came up with five subconcepts embraced by the concept of death.

Universability means that all things must die. There are three other things that children need to understand in the process of embracing universability. They are all-inclusive (everything must die), inevitability (death is unavoidable) and unpredictability (the timing cannot easily be predicted).

The second sub concept is irreversibility. Children need to understand the finality of death. However, children may have magical or miraculous explanations to death. Closely related to the second sub concept is non-functionality which explains that death makes all functions of the body cease.

The fourth sub concept is causality. This entails how children justify the causes. Children’s explanations on the causes of death are mainly marred by magical thinking. Finally non-corporeal continuation refers to the aspect of believing that there is continuation after death. This hinders children from fully understanding the finality
of death. The study concluded that that all the above concepts are understood by seven years of age.

If children are able to understand death, then they are able to grieve. In fact, Furman (1974) suggested that children at the age of three years can grieve because they have achieved object constancy. Furman’s work centered on research carried out by child analyst associated with the Cleverland Center for Research in Child Development. Stambrook and Parker 1987 (cited in Leming and Dickson 1994) introduced the aspect of other conditions that play a role in understanding death earlier than expected. Children who experience loss through death can understand death to be final much earlier than typically suggested. It is clear that children above age six are capable of grieving and should be entitled to the social support accorded by society.

### 2.4 Manifestations of disenfranchised grief on children

Disenfranchising grief resulting from parental deaths will subject the bereaved children to intense unattended grief reactions. According to Bowlby’s (1969) attachment theory, the bond between a child and the mother is so strong that a mere separation brings about anxiety on the child. This is not only true for human beings but for other animals as well.

Globally, there is the general agreement on the nature of grief counseling needed by the bereaved. However, Worden’s (1991) task theory is one explicit grief-counseling tool at the disposal of grief caregivers. It gets its name from four tasks that Worden developed. Later, Worden (1996) modified the four tasks to suit the grieving child.
This was after the Harvard Child Bereavement Study (HCBS) co-directed by Silverman, and Worden himself. The study established that children between ages six to seventeen had their own grieving needs.

The HCBS is important to the current study, as disenfranchised grief will be sought against the backdrop of the counseling needs of parentally bereaved children stipulated in the findings of HCBS study. However, the HCBS study was carried out in Boston, U.S.A and there is need to establish the grieving needs in Africa and of the African child.

The HCBS identified the following needs that were found in many of the studied orphans. There was a clear indication that children need adequate information. Children above the age of six years are able to understand basic concepts about death. The adults and significant others are the providers of the information. However, Kastenbaum (1995) observe that adults are anxious when children bring up the topic of death, which makes it difficult for effective communication to occur. How children conceptualize death information depends on prior experiences of death the child has encountered. Gay, 1991 (cited in Kastenbaum 1995) points out that mothers are more likely than fathers to discuss death although they almost always wait until circumstances have made it necessary to say something. Lack of information can make a child feel anxious and less important, and in a worst-case scenario, the child can feel responsible for what is happening to the dying person.
Secondly, children need their fears and anxieties addressed. Children fear losing their parents, losing the other parent, incases where one parent is already dead, and for their own safety. Although the HCBS found that consistent discipline in the pre and post deaths periods led to better outcomes for children strength (Worden 1996) study on paternally bereaved children found that children who were given consistent discipline after parental death were less likely to be anxious than those for whom discipline become lax. There is also the likelihood that these children receive decreased discipline in school. Thirdly bereaved children need reassurance that they are not to blame. Children hamper guilt feelings because they believe that they may have caused the death in one way or another.

In addition, they need careful listening about their fears, fantasies and questions that keep disturbing them. A closely related need is to validate the bereaved child’s feelings without imposing the significant others/helpers desired feelings. The HCBS found that children in the study who reported getting admonitions from family members reported high levels of crying into the second year of bereavement.

Bereaved children experience strong feelings. Some of these feelings may be too intense for the child to express. They need help with these overwhelming feelings. The Boston study cited feelings of sadness, anger, anxiety and guilt. These feelings have been associated with sudden/traumatic deaths like murder, suicide, fatal accidents and sudden fatal illness (Goldman 1996). A child may be tempted to blame the parent who commits suicide. The surviving parent may react negatively causing inhibition of such feelings.
Furthermore, children need to be involved and included in both the dying process and in post death activities. For instances, taking care of the dying and funeral ritual are two important avenues of helping to facilitate grief. Worden (1991) outlines ways through which the funeral aids in grief. It helps make real the fact of the loss, gives people an opportunity to express thoughts and feelings about the deceased, is a practical way of showing that the person is gone and that it has the effect of drawing a social support network to the bereaved family. However there is an advice that the children need to decide whether they want to attend funerals or not after relevant information is provided to them.

The continuation of normal daily routine is necessary for the bereaved child. Although it is normal for the child not to immediately return to his normal functioning, children need not be viewed as special for a long duration of time. It is important that they resume their everyday activities and interests without too much interference from adults.

Bereaved children need modeled grief behaviors. Children are keenly watching how adults are expressing their grief. One way to ensure a good adaptation to a loss is for the adults to show children it is all right to remember the deceased and to discuss these memories, both good and bad as well as to talk about the person (Worden, 1996). The teacher is one such model that school children emulate. Brown (cited in Smilansky 1987) stresses the importance of the teacher as a model of emulation in furthering his pupil’s process of socialization. On other hand, the surviving parent plays a crucial role in modeling behavior of the bereaved child. Goldman (1996)
argues that if the surviving parent is unable to mourn, there is no role model for the child, and this closed environment stops the grief process.

Finally, they need to be provided with opportunities to remember the lost parents. This is the main focus of the continuing bonds theory. The argument put forward is that the deceased need to be memorized as a way of coping with grief. This also forms the final task proposed by Worden, to relocate the dead person within ones life and find ways of memorizing the person.

In addition, to the already mentioned evidences that hinder the bereaved children to meet the above needs, disenfranchised grief results in worsening the facilitation of coping with parental loss. There is the danger that disenfranchised grief may cause complicated grief. Aspects of disenfranchised grief that lead to complicated grief are evident. Some bereaved children are victims of sudden/traumatic death such as murder, suicide or sudden illnesses. The child experiences feelings of shock and disbelief. Disenfranchised grief intensifies these feelings.

Other deaths are socially stigmatized. Deaths resulting from AIDS, suicide, and homicide have been cited as stigmatized in Kenya for instance, 70% of deaths are caused by AIDS (Ministry of Heath AIDS in Kenya 5th ed. 1999). Faced by such deaths children choose to remain silent rather than face being ridiculed. They cannot grieve normally because they have not separated the loss of the deceased from the way the deceased died (Goldman 1996). Put in another way, Lazare 1996 (cited in Worden 1991) outlines three social conditions that give rise to complicated grief.
reactions. They are the loss being socially unspeakable (e.g. suicide) when the loss is socially negated and when there is the absence of social support network. Indeed, this is in full agreement of what disenfranchised grief is all about.

Disenfranchised grief poses special problems to the griever. In the first place reactions that are experienced during normal grief like anger, guilt, sadness and depression, loneliness, hopelessness and numbness are complicated when grief is disenfranchised (Doka in *dying death and bereavement* 98/99). In addition, the much-needed factors that facilitate mourning are not present.

### 2.5 Determinants of grief

Worden (1991) outlined the determinants of grief as who the person was, the nature of the attachment, mode of death, historical antecedents, personality variables, social variables and concurrent stress. Wolfeit (1983) identified the same factors with an addition of the behavior, attitudes and responsiveness of parents and other significant adults in the child’s environment. Kastenbaum (1997) also observes that the impact of bereavement is influenced by the child’s developmental level, the specific loss that has been experienced and the previous pattern of family security and affection.

Researchers have stressed the importance of social support to the bereaved. Corr et al (2006) feel that of all other variables that affect bereavement only the social support variable is open to alterations after the death has occurred. In a more explicit manner Worden (1991) looks at the social factor in terms of the loss being unspeakable, socially negated or absence of a social network.
To be specific, factors relating to disenfranchised grief are not clear-cut. Kauffman (in Doka 2002) discusses the concept of self-disenfranchisement (self-initiated disenfranchised grief). He defines self-disenfranchisement as assumptions of disenfranchisement based on past experiences of disenfranchisement, relived as present disenfranchisement, or based on any psychological tendency to disallow one’s own grief. This is attributed to the concept of shame.

There is contradictory information regarding gender as a factor that influences grief. The following review is based on the HCBS findings stipulated in Worden (1996). The study found out that girls regardless of age showed more anxiety, were more sensitive to family arguments and fights that occurred in the family than boys over the 2 years of bereavement. In addition, girls experienced more somatic symptoms, spoke more of their surviving parent about the death, were more likely to be crying throughout the first year of bereavement and were more able to share feelings with family than were boys. On the other hand, boys experienced more difficulties than girls. These included trying to evaluate their conduct as worse than their peers, had more learning difficulties during the first year of bereavement as well as being given the specific dictum to ‘grow up’.

The study also reported the effect of gender match. Differences in the child behavior following a parent’s death are related in large part to the gender of the deceased parent and to some extent to the gender of the child (Worden 1996). Children who lost parents of the same gender (gender match) were more likely to have objects that belonged to their parents and keep these objects close at hand. Children who lost
parents of the same opposite sex (mismatch) felt more fear for the safety of the surviving parent and reported more health problems during the first year of bereavement. Particularly, girls who experienced mother loss had more emotional behavioral problems at first year of assessment.

Doka and Martin (in Doka 2002) challenge this notion that male grievers experience complicated grief as a result of their grieving patterns. Instead they introduce the concept of intuitive grievers (those that manifest their grief by sharing or ventilating their loss) and instrumental grievers (those who tend to experience grief in cognitive, physical or behavioral forms). They nevertheless emphases that although grieving patterns are related to gender (men are more likely to be on the instrumental side, women on the intuitive side) they are not strictly determined by gender. The conclusion is that gender can be used to disenfranchise grief when grievers are judged according to their assumed/expected gender grieving pattern.

Gender factor may find its way to school. Rowlings (2003) note that gender can be a significant disenfranchising issue for young males in schools who uncertain about their sexual identities can be greatly influenced by the confining behaviors of perceived masculine growing patterns. These findings have been reported in the western contemporary societies. The impact of gender on disenfranchised grief in Africa remains to be done.

Studies support the view that economic status can affect grief. According to a study carried out by Fristad, Jedel, Weller.R, and Weller.E (cited in Marrone, 1997)
grieving children from stable families appear to suffer less psychosocial dysfunction than children from fragmented or dysfunctional families. This was after a study of bereaved children (5-12 years old) from stable families compared results to a group of depressed children from dysfunctional families and to a group of normal non-grieving children.

2.6 Helping bereaved children

Available literature agrees that a lot can be done to help bereaved children. Bereaved children may not display their feelings as openly as many adults do and they may immerse themselves in activities of everyday life such as play and school instead of withdrawing into preoccupations with thoughts of the deceased Romond, (cited in Kastenbaum 1997). Concerns have also been raised with regard to the children who need grief counseling. Whereas there is literature on how to help bereaved children, Worden (2002) observes that there is failure to make an important distinction between interventions for bereaved children who have serious adjustments disorders and interventions for children who are merely struggling with adaptation to the loss. Thus, it is important to clearly identify the high-risk group and offer the appropriate therapy.

The HCBS identified a number of guidelines to help identify children for professional evaluation. These included children who have difficulty talking about the dead parent, aggressive behavior especially those directed towards destruction of property, persistent anxiety over the surviving parents, prolonged somatic complaints, marked social withdrawal, school difficulties, persistent self-blame or guilt and self-destruction behavior.
Bereaved children can be vulnerable to complicated grief. Terming it *frozen blocks of time*, Goldman (1996) says that the child is not in touch with his or her feelings of grief or those feelings are ambivalent and in conflict. She addresses four main categories that contribute to complicated grief. These are sudden or traumatic deaths (e.g. murder, suicide, a fatal accident or sudden illness), social stigma of death that accompany deaths that are related to AIDS, suicide and homicide, multiple losses and past relationship with the deceased such as abused, abandoned, or neglected that cause ambivalent feelings.

This notwithstanding, there are ways put forward to help bereaved children. Kastenbaum (1997) identifies five ways of helping bereaved children. They are (1) develop and maintain an open communication pattern with the bereaved children; (2) give children the opportunity to choose attending the funeral; (3) encourage the expression of feelings; (4) provide convincing assurance that there will always be somebody to love and look after the child; and (5) professional counseling be considered if the bereaved children are not at special risk. In essence, helping adults need to come down to the world of children.

Another dimension of helping children that has been explored is the possibility of helping children before death occurs. Corr et al (2006) explores three elements of proactive programme of prior preparation. Firstly, education can be utilized by using
‘teachable moments’ that are not highly charged with personal feelings can represent good beginnings for adult-child dialogue (Carson, cited in Corr et al, 2006). Other educative materials can be drawn from death-related literature. The second element is effective communication which is sensitive to the needs of the grieving children. Effective communication avoids euphemisms and inaccurate or inconsistent answers because they so easily lead children into misunderstandings that may be more disturbing than the real facts (Corr et al 2006). The final element is the validation of the bereaved children’s feelings, questions, concepts and language. Adults can validate these and other aspects of children’s death-related experiences by acknowledging them for what they are in a nonjudgmental way (Ibid).

Literature on help for bereaved children in the school set up is available. Teachers are particularly very important. Teachers stand good chances since they are not immediate family members burdened with emotions. They have also been cited as important role models to the bereaved children (see Smilansky, 1997). Teachers can exploit various aspects in the school to help them handle bereaved children. Rowlings (2003) proposes use of arts, storybooks, prose and poetry, writing, songs and music. Unfortunately, helping materials for bereaved children especially in the school set up has no been quite explored in Kenya.

2.7 Children and grief: The Kenyan situation

Smilansky (1987) identified three levels at which children get involved with death. To begin with, children encounter death despite the fact that they are not personally affected by it. They think about it, ask questions regarding death and wonder at its
meaning. Secondly, children encounter death at a personal level when they lose a neighbor, a teacher, an important person and others known to them. These deaths invoke strong emotional feelings in the children because of the personal acquaintance they had with the deceased. Finally, they are directly and personally affected by death when they lose a close family member or friend with whom they have developed attachment bonds. These encounters imply that children cannot be fully protected against bereavement. Unfortunately adults deny children the chance to express the feelings resulting from bereavement.

Literature has shown that there must be good communication between the family and the school for grief resolution to be effective. The school can play the role of initiating dialogue, providing information and updating parents on important happenings that they may not be aware of. For example, Rowlings (2003) gives an example of a situation where the school would aid the family;

With the current global television coverage of disasters the other traumatic events, a strong message may be necessary about a supportive process to protect children from the potential negative impact of such coverage. It is important for teachers to inform parents about the need to monitor television watching and use the images as a basis for talking and answering questions (pg 115).

Teachers and parents are also role models for children in many aspects. Children look up to their teachers and parents when faced by challenges in life. However, in the grief process the teacher is expected to play a special role. According to Smilansky (1987) the teacher is not only a role model but also a professional who is directly involved in the loss. Therefore the teacher stands a better chance to help the grieving child. This view is also held by Rowlings (2003) who feels that in the management of
grief, teachers can help by modeling adult supportive behavior and by imparting information on parents. Unfortunately there is a belief that grief is a family affair. In Kenya it is not clear where the family and the school meet in relation to grief. There is no available literature on this issue.

Literature on the bereaved child in Africa and especially in Kenya is quite limited. In addition, research done on the Meru community (Fadiman 1982, Nyaga 1997, M’Imanyara 1992) does not clearly show what happened to the bereaved individuals leave alone bereaved children. This is in spite of strong indications that death brought in grief not only to the bereaved but also to the whole community. There is no evidence to show that grief weighed on the individual. Grief was more of a communal than an individual affair.

Children enjoyed this communal bondage. They belonged to the community. Children had other strong attachment figures apart from their parents. Nyaga (1997) describes how children would form special attachment with the village midwife:

The midwife became affiliated to all the children she had assisted to be delivered. The children were considered to have been born after her, and they all used to call her Ntaagu (grandmother). Although each woman was free to choose her own mid wife, in practice, only one midwife was preferred by all women in one village due to her popularity. For this reason it was very entertaining to hear all the children from one village calling this one woman Ntaagu. (pg 30)

Traditionally death was not quite detached from the living. There was the belief that the dead lived among the living. The Meru had frequent contacts with the living in dreams or face-to-face contacts. There were reports by the living of hearing sounds as
the deceased carried out their daily chores. One can conclude that the Meru did not view death with so much finality.

Although one cannot rule out aspects of hidden grief, the communal handling of bereavement may have greatly minimized the chances of disenfranchised grief. At least the overwhelming social support ensured that individuals were not left on their own. Nevertheless, the transition from the traditional way of life to the modern one shows that grief has taken a new dimension. Whereas the traditional child dealt with death in the village, the modern child deals with global deaths due to the enhanced media communication. For instance, statistics in Meru North District on the number of deaths indicate that there has been an increase in death rates except for the years 2002 and 2004. Table 2.2 shows the trend of deaths in this district from 1997-2004.

Table 2.2: Deaths registered from 1997-2004

<table>
<thead>
<tr>
<th>Year</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>939</td>
<td>1486</td>
<td>1876</td>
<td>2519</td>
<td>2940</td>
<td>2339</td>
<td>2647</td>
<td>2445</td>
<td>17191</td>
</tr>
</tbody>
</table>

Source: Ministry of Health Meru North District 2004 Annual Returns

The increase of death rate implies that there is even a higher increase on the number of orphans. It also implies that children are surrounded by a society where death is not a strange occurrence.

These bereaved are part and parcel of the school community. Much of the time is spent in school. The Guidance and Counseling unit is expected to handle the bereaved
child. Guidance and Counseling has been given a lot of support. The strongest of these is in-Servicing of teachers and provision of Guidance and Counseling materials. A review of the available materials for the teacher counselor shows inadequate information in helping a bereaved child. A case study (see MOEST Primary School Guidance and Counseling Module pg 150) is presented of a class six pupil who has lost her parents to AIDS at an age of 3 years. She is lonely and sad. The teacher counselor is required to help this pupil. Despite the fact that a number of remedies are given, specific grief counseling techniques are missing. Thus, how the teacher counselor is expected to explore the client's feelings of loss and grief or assist her to find specific ways of coping with the emotions has not been explored.

2.8 Chapter summary

In summary, from the literature review, it emerges that although disenfranchised grief is a new phenomenon, grief may not. When a person is bereaved, a certain process begins. The Attachment theory demonstrates that death of a significant other causes a severe vacuum in the life of the bereaved child because of the strong bond between them. At the same time a bereaved person needs to overcome grief in order to cope with bereavement. Unfortunately, studies indicate that children may be victims of disenfranchised or hidden grief. Instead of being accorded the normal social help to grief, they are denied the right to mourn. Reasons for this denial are culturally bound.

During the review of literature, gaps were noticed especially in the area of disenfranchised grief.
• Firstly, the already carried out studies have two main limitations. They are not only theoretical but have also used indirect methods of assessment. Thorton and Zanich (2002) observe that this literature on disenfranchised grief is theoretical in nature or addresses issues that arise in educational and therapeutic environments. For instance, the reviewed studies targeted college students as informants. Doka (2002) observes that there is a pressing need for research that really describes the particular and unique responses to different types of losses.

• Secondly, the categories described by Doka are guidelines. Doka (2002) admits that the proposed taxonomy draws examples attuned to contemporary western culture and they may differ in other cultures. There is scarcity of grief research in Africa and specifically Kenya.

• Thirdly, there is evidence that bereaved children have grieving needs. Disenfranchised grief only serves to further complicate the grief process. Schools need to create environments that are supportive of grief experienced by members of school communities since the benefits of enfranchising grief have important educational outcomes (Rowling 2003). At the same time, literature on specific effects of disenfranchised grief with regard to children is very limited. As Doka (2002) notes, counseling disenfranchised griever involves unique methods as one attempts to explore the roots of disenfranchisement but it also draws on existing variety of techniques that help griever reconstruct and adapt their lives after loss. It is for this reason that much of the literature reviewed is generally touching on grief in general.
This study intended to fill these gaps by getting first hand information from a population that may be disenfranchised. This disenfranchisement was studied in the school; a child’s second and important grieving ground for the bereaved child. The study intended to fill the gap by finding out the sources and the nature of this disenfranchised grief experienced by parentally bereaved children. By doing this, the study would contribute to the body of knowledge on grief in children in primary schools and specifically in Tigania District.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses the research design, the variables the study location, the target population, sample and sampling procedures, research instruments, piloting, data collection and data analysis. Ethical considerations appear at the end of the chapter.

3.1 Research Design

The research design for this study was the ex post-facto design, that used descriptive survey. The ex post-facto design was appropriate in this study because the researcher had no direct control of the variables as their manifestations had already occurred. Kothari (1985) contends that the main characteristics of the ex post- facto design is that the researcher has no control over the variables. He can only report what has happened or what is happening. In this study, bereavement has already occurred. The effects have been felt or are still being felt.

3.2 Variables

Disenfranchised grief is a relative concept, which can be disenfranchised by all or some of the systems in support (Doka 2002). This study addresses itself to the school setting. In this study the main source of this grief is the parental deaths which may be maternal (loss of mother) paternal (loss of father) or both. This grief is disenfranchised with regard to the bereaved children. Corret al (2006) identify five critical variables that influence experiences of bereavement and grief. They are, the nature of prior attachment, the way in which the loss occurred and the concurrent circumstances of the
bereavement, the coping strategies used by the bereaved person, the developmental situation of the bereaved person and the nature of the available support to the bereaved. Of these, social support has been singled out as the only variable open to alteration after the death has occurred. In this study, the lack of social support is the main term used in Doka’s definition that contributes to disenfranchised grief. In other words, disenfranchised grief and lack of social support are synonymous in this study. Therefore disenfranchised grief is the dependent variable. Parentally orphaned children suffer disenfranchisement that may be manifested in the school community. The school community members are diverse and each school community is a unique entity with a history, particular values and patterns of interaction (Rowlings 2003). However, sources of disenfranchisement include the self, the school community or the wider society. The sources come about as a result of the following independent variables are:

(i) The circumstances of death
(ii) The age factor
(iii) The ways of grieving

3.3 Location of the study

The study was based in Akithi Division of Tigania District. Given the sensitivity of the research problem, the researcher felt that it was best to carry out the research in a familiar locality. Gall, Borg, and Gall (1996) state that carrying out research in a setting where one is known as a friend and colleague makes it easier than if one is regarded as an outsider with unknown motives. The researcher hails from and has worked in this larger locality. The desired in-depth information calls for a smaller study location.
3.4 Target Population

The study targeted primary school going children who had lost either or both parents. Akithi Division has an estimate of 700 orphans in the twenty-nine public primary schools (Meru North DEO’s Office 2005). Of these, approximately 24% were maternal orphans, 69% paternal orphans and 7% were total orphans. Eleven public primary schools took part in the study. These were schools which had 40 orphans and above. The table below shows these schools, their enrolment and the estimated number of orphans in the schools.

Table 3.1: Estimated number of orphans in Akithi Division.

<table>
<thead>
<tr>
<th>School</th>
<th>Enrolment</th>
<th>Enrolment</th>
<th>Orphans</th>
<th>Orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>Mucuune</td>
<td>607</td>
<td>9.8%</td>
<td>111</td>
<td>17.5%</td>
</tr>
<tr>
<td>Kitheo</td>
<td>624</td>
<td>10.1%</td>
<td>93</td>
<td>14.7%</td>
</tr>
<tr>
<td>Limoro</td>
<td>761</td>
<td>12.3%</td>
<td>59</td>
<td>9.3%</td>
</tr>
<tr>
<td>Kamanoro</td>
<td>426</td>
<td>6.9%</td>
<td>54</td>
<td>8.5%</td>
</tr>
<tr>
<td>KK Lumbi</td>
<td>680</td>
<td>11%</td>
<td>50</td>
<td>7.9%</td>
</tr>
<tr>
<td>Manthi</td>
<td>425</td>
<td>6.9%</td>
<td>48</td>
<td>7.6%</td>
</tr>
<tr>
<td>Mwerokanga</td>
<td>535</td>
<td>8.7%</td>
<td>46</td>
<td>7.2%</td>
</tr>
<tr>
<td>Nkurare</td>
<td>583</td>
<td>9.5%</td>
<td>46</td>
<td>7.2%</td>
</tr>
<tr>
<td>Mwerondo</td>
<td>604</td>
<td>9.8%</td>
<td>44</td>
<td>6.9%</td>
</tr>
<tr>
<td>Maitha</td>
<td>522</td>
<td>8.5%</td>
<td>44</td>
<td>6.9%</td>
</tr>
<tr>
<td>Ithatene</td>
<td>402</td>
<td>6.5%</td>
<td>40</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
3.5 Sampling Techniques and Sample Size.

In order to get in-depth information, a small sample was drawn. According to Gall, Borg and Gall (1996) the advantage of drawing a small sample from a population is that it saves the time and expenses of studying the entire universe. Purposeful sampling was used to get schools with 40 orphans and above to form the sample of the study. Random sampling was used to get a representative sample of maternal, paternal and double orphans who were above ten years. The table below shows the sample sizes per school and their type of bereavement.

**Table 3.2: The sample by schools**

<table>
<thead>
<tr>
<th>School</th>
<th>Mother</th>
<th>Father</th>
<th>Both</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq</td>
<td>%</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>Mucuune</td>
<td>3</td>
<td>4.8</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Manthi</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Ithatene</td>
<td>1</td>
<td>1.6</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Maitha</td>
<td>2</td>
<td>3.2</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Limoro</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Kamanoro</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>Kurare</td>
<td>3</td>
<td>4.8</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Mwerondo</td>
<td>3</td>
<td>4.8</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Mwerokanga</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>7.9</td>
</tr>
<tr>
<td>K.K.Lumbi</td>
<td>1</td>
<td>1.6</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Kitheo</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>9.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>20.0</td>
<td>43</td>
<td>68.3</td>
</tr>
</tbody>
</table>

Source: D.E.O’s Office, Meru North
This sample was drawn from the upper primary school children who had lost either or both parents. The children must have been aged between 9-15 years. They had been bereaved within the stated age bracket. The bereavement period did not exceed 2 years. This period is said to be adequate for the bereaved to go through the grief process. Worden (1991) feels that for many, full resolution may take at most two years. A sample of 10% (63 bereaved children) formed the subjects of the study.

In addition, purposeful sampling was used to get twelve teachers. These were the Key Resource Teachers (KRTs) in-charge of Guidance and Counseling.

3.6 Research Instruments
Three main instruments were used: -

- The questionnaire
- The interview schedule

3.6.1 The questionnaire
The questionnaire schedule method was used to get information from the bereaved children. This involved the respondents filling in the questionnaires after a brief interpretation by the researcher. Care was taken not to influence the respondents in any way. Mutai (2000) observes that through the schedule, the person administering the instrument had an opportunity to establish rapport, explain the purpose of the study and explain the meaning of items that may not be clear. This was the best method to use since the respondents in primary school may have difficulty in reading.
the items and understanding the given instructions. Secondly, the schedule was chosen because it provided an opportunity to observe. For example, it was noted that boys completed the questionnaire faster than the girls. Secondly, the researcher observed that some respondents attempted to copy from the others.

Therefore, proper spacing of the sitting arrangement was done before responding to the questionnaires. Through observation, the researcher got the opportunity to note down any relevant reactions from the respondents.

The questionnaire was used to collect data from the teacher counselors. The aim of involving the teacher counselors was to get information from the chief caregivers (Teachers) on what happens when one of the school members (pupil) lost a parent to death. The teacher counselors’ experiences and accomplishments were appropriate for this study since they collected information that was not directly observable as they inquire about feelings motivation, attitudes, accomplishments as well as the experiences of individuals. The questionnaire was also chosen because of its ability to minimize biasness.

3.6.6.1 Sentence Completion

This was section B of the pupils’ questionnaire that was used to generate in-depth data from the bereaved children. This is a technique developed by Jewett (adapted from Worden, 1996). This is a sentence completion with the phrase *It’s not fair when*... as the guide. It has however been modified. For example, children were given freedom
to write either in English or Kiswahili. This gave them the freedom to express themselves in a language that they were comfortable in. In addition, the children brought out their happy and as well as their sad moments.

3.6.2 The interview

This method was used to get in-depth information from the Teacher Counselors on how grief is handled in schools. Due to the heterogeneous nature of the occurrence of death and the subsequent bereavement process, the interview was deemed necessary in order to capture the necessary experiences.

Thus, the interview used was the general/unstructured interview guide. This helped to get information about each school in order to make a comparison between the schools (inter school grief experiences). According to Kothari (1985) the unstructured interview allows the researchers much greater freedom to ask, in case of need, supplementary questions or at times omit certain questions if the situation requires so. However, a set of questions were predetermined which acted as a guide.

3.7 Pilot Study

A pilot study was carried out to ensure validity and reliability was maintained. Four schools from Muthara Location, which is not part of the sampled Akithi Division, were used in the pilot study. A total of twelve bereaved children and four teacher counselors were studied.

The pilot study was important because the researcher was able to test the mode of data collection and the items on the instruments. Threatening questions were eliminated,
replaced or rephrased with less threatening ones. Bradburn (1981, cited in Gall, Borg and Gall 1996) defined questions as threatening when 20% or more respondents feel that most people would be very uneasy talking about the topic. This was used to eliminate the threatening questions. Methods of enhancing rapport and communication were taken into consideration.

Validity and reliability of the research instrument

Orodho (2004) defines validity as the accuracy and meaningfulness of inferences, which are based on the research. The use of the two instruments ensured that construct as well content validity was enhanced. The pilot study helped adjust the instruments to validate them.

Data collected through the children schedule, was checked using the information collected from the teachers. In addition, data collected through the interview schedule with teachers were subjected to member checking. Gall et al (2004) define member checking as the process of having informants review statements made in the researcher’s report for accuracy and completeness. They were given a chance to counter-check the information they provided. In addition, the pilot study helped in shaping the unstructured interview into categories that emerged during the interview and hence enhanced reliability. During the pilot study, the instruments were administered twice to the same group after one week and the correlation between the two sets of data were calculated. The reliability score for the first test was 0.07 while the second one had 0.075. This showed that the instruments were reliable.
3.8 Data Collection

First, the researcher sought permission from relevant authorities before carrying out the study. Preliminary visits were made to the schools from which the respondents were drawn. Before giving the instruments to the respondents the researcher took time to explain the nature of the study. Particularly for the children, the researcher gave a brief counseling section to the children to prepare them for the items in the instruments.

Although the researcher took this opportunity to make the participation voluntary, there were no reports of any child who withdrew from the study. During the actual data filling in procedure, the researcher carefully guided the children subjects in understanding the items in the questionnaire and the sentence completion exercise. Those who had lost both parents were asked to base their responses on one of them and especially the death they could recall best.

Next, the teacher respondents filled in their questionnaires. However, the researcher opted to turn the Teacher’s questionnaire into a schedule when it was noted that the teacher respondents tended to discuss the contents of the instruments with other teachers. Finally, they gave their experiences through an interview schedule. Meanwhile, the researcher noted down comprehensive and descriptive field notes.

3.9 Data analysis
Both quantitative and qualitative data analyses were used. Quantitative data was analyzed by use of percentiles and frequencies. Qualitative data analysis started during data collection. According to Mugenda M.O and Mugenda G.A (1999), qualitative data analysis seeks to make general statements on categories or themes of data that are related. Data was edited, coded, classified and summarized into categories. A guideline from Worden (1996) grieving needs of bereaved children was used to weigh disenfranchisement and Doka’s (2002) taxonomy of disenfranchised grief are some of the categories that were used in data analysis. The Statistical Package for the Social Sciences (SPSS) package was used to help in descriptive statistics as well as working out the cross tabulations between variables. Kothari (1985) notes that cross tabulation is useful when data is in nominal form. However, numbers may not speak volumes about grief but a simple statement may. Therefore, some sentiments given by respondents were considered important during analyses.

3.10 Ethical considerations

The sensitivity of the current study in addition to the age factor of the subjects required that measures be put in place to protect the subjects. Ethics require that subjects give informed consent. Although the subjects were minors, they were required to give their assent through their teachers. To protect the children subjects, random sampling was used to select the participants. Formal consent was still sought from children’s caretakers. According to Gall et al (1996), consent with regard to children should be got from the child’s care taker who may include appropriate school personnel if the research is carried out in the schools. For this reason, consent was got from the head teacher (see appendix 1) who also facilitated the securing of consent
from the parents/caregivers. The same letter was used to seek permission for the participation of the teacher counselors.

The schedule was preferred as a way of protecting the children. The assumption was that whereas they may have felt uncomfortable talking about these experiences they would write down in their own privacy. The exercise took place through having all the children in a group in order to help them develop confidence by watching others take part. The researcher gave a brief counseling session before giving the instruments. This was intended to prepare the children on the nature of the study and to get voluntary consent from them. After the data collection, the researcher offered to remain around for some time in order to address any issues that arose as a result of the data collection procedure. To enable the children learn from others, they were given copies of *Just a Heartbeat Away* by Gabriel Constants. This story is about the experience that a girl goes through before and after losing her mother to AIDS. These copies were given after the data was collected. Finally, the researcher paid a post data collection visit to find out if any issues regarding the exercise may have occurred.
CHAPTER FOUR
DATA ANALYSIS, RESULTS AND DISCUSSIONS

4.0: INTRODUCTION

This chapter deals with the data presentation, analysis, interpretation, conclusion and recommendations of the study. The findings are presented in form of percentages and frequencies and organized into four major themes derived from the research objectives. The main objectives of the study are:

i) To find out ways through which orphans experience disenfranchised grief.

ii) To find out factors, which lead to disenfranchised grief, experienced by orphans.

iii) Establish ways through which the schools help orphans to cope with parental deaths.

The four themes derived from the research objectives are:

i) The demographic data of the respondents.

ii) Ways through which orphans experience disenfranchised grief.

iii) Factors leading to disenfranchised grief experienced by orphans.

iv) Suggested way forward in dealing with parental bereavement in schools.

4.1 Data Analysis

The data generated was both numerical and in-depth. Therefore analysis used both qualitative and quantitative techniques. The main descriptive statistics used were percentages and tabulations of frequencies derived using SPSS. It is important to note
that grief and especially disenfranchised grief may not be analyzed well using numbers alone but also feelings gotten though in-depth information. The feelings generated are more often than not unique to every individual. Therefore, all the data is relevant regardless of the quantity of the responses.

4.2 The Demographic Data of Participants.

Two groups of participants in public primary schools in Akithii Division were involved in this study. They are the Key Resource Teachers in Guidance and Counseling and parentally bereaved children aged between 9 -16 years. However, after sampling the age of the children fell between 12-17 years.

4.2.1 The Demographic Data of the Bereaved Children

A total number of Sixty three (63), bereaved children took part in the study. The bereavement period should not have exceeded two years from the dates of data collection. Although random sampling was used to get the respondents, this technique was influenced by the lack of data on the bereaved children in most schools. Table 4.1 and 4.2 show the demographic data of the bereaved children in frequencies and percentages.
A total of 63 pupil respondents took part in the study whereby 44.4% were boys and 56.6% were girls. After data collection, the age bracket of the bereaved children fell between 12-17 years. The 14-15 age bracket formed the majority with 50% although respondents who were 13 years formed the majority with 32% compared to 17 years which was just 2% of the total sample. The average age was 14.034 years.

The study targeted children in upper primary school classes. After sampling, classes 7-8 had 58.7% but data on specific classes showed that the majority respondents were in class 7 with 23 (37%) of the total sample. Paternal orphans had the highest percentage of 69.8%. Only 11.1% respondents had lost both parents.
Table 4.2: Demographic data by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age in years</th>
<th>Class</th>
<th>Type of bereavement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-13 14-15 16-17</td>
<td>4-6 7-8</td>
<td>Father Mother Both</td>
</tr>
<tr>
<td>Male</td>
<td>Freq 11 12 5</td>
<td>14 14</td>
<td>20 6 2</td>
</tr>
<tr>
<td></td>
<td>% 17.5 19 7.9</td>
<td>22.2 22.2</td>
<td>31.7 9.5 3.2</td>
</tr>
<tr>
<td>Female</td>
<td>Freq 13 20 2</td>
<td>12 23</td>
<td>24 6 5</td>
</tr>
<tr>
<td></td>
<td>% 20.7 31.7 3.2</td>
<td>19.1 36.5</td>
<td>38.1 9.5 7.9</td>
</tr>
<tr>
<td>Total</td>
<td>Freq 24 32 7</td>
<td>26 47</td>
<td>44 12 7</td>
</tr>
<tr>
<td></td>
<td>% 38.2 50.7 11.1</td>
<td>41.3 58.7</td>
<td>69.8 19 11.1</td>
</tr>
</tbody>
</table>

Data was analyzed to find out the bereavement details of the pupil respondents by gender. The above table contains data on the age, class and the respective parent they had lost by gender. Both the age and the class variables were presented using ranges. The greatest percent (50.7%) of the age fell between ages 14-15 years with 31.7% girls. The highest frequencies per class were 58.7% in class 7-8 although there was a tie of 22.2% for the male respondents in the two grouped classes.

On one hand, 38.1% girls had lost their fathers compared to 31.7% boys. In addition, 9.5% females had lost a mother whereas only 3.2% of males and 7.9% females had lost both parents. This was similar to the data available at the DEOs records (see table 3.1) which showed that paternal orphans had the majority with 69% of the total orphans. Majority of the children respondents (69.8%) had lost their fathers. A small number of 25 (4%) children respondents knew the cause of their parents’ death but 38 did not know. In spite of this, only a small number 14.3% mentioned the cause of the death.
The Teachers' Demographic Data

Table 4.3 shows the experience of the Guidance and Counseling teachers and their gender.

**Table 4.3: Experience of the teachers**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Experience of the teachers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1- 4 years</td>
<td>5- above</td>
</tr>
<tr>
<td>Male</td>
<td>25.0%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Female</td>
<td>16.7%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Total</td>
<td>41.7%</td>
<td>58.3%</td>
</tr>
</tbody>
</table>

Of these respondents, 67% were males and 12% were females. Majority of these teachers (58%) had an experience of 5 years and above. Those with less than five years experience were 42%. All of them were Christians with 42% being Catholics and 58% Protestants. It was noted that only 17% teacher respondents did not come from the location of the study.

The study targeted all the Key Resource Teachers in guidance and counseling in all eleven sampled public primary schools in the division since there was only one appointed as the guidance and counseling teacher. Eleven teachers were expected to form the teacher respondents. However, there was a slight deviation. In one of the schools, there were two appointed teacher counselors to take care of gender matters (i.e. a male and a female teacher). The two were involved in the study. In another sampled school the teachers counselor had just been transferred. The acting teacher counselor became the respondent. Therefore, in total there were 12 Teacher respondents.
4.3 Ways Children Experience Disenfranchised Grief

The study sought to find out the ways through which children experienced lack of support. Before this, it was important to find out the reactions the bereaved children exhibited after losing their loved ones. These details are presented in Table 4.4.

Table 4.4: Bereaved children’s reactions

<table>
<thead>
<tr>
<th>Reactions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After getting news</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cry</td>
<td>5</td>
<td>41.7</td>
</tr>
<tr>
<td>Look affected</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td><strong>Returning of bereaved children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>8</td>
<td>66.7</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
<td>100</td>
</tr>
</tbody>
</table>

From the above, bereaved children reacted to the death of their parents both while getting the news as well as when returning to school after the burial of their parents. At both times, 58% and 67% of the teachers respondents said that pupils looked affected as well as being withdrawn respectfully. Other reactions included crying and feeling sad. These reactions are normal and common to many grieving children. Worden (2002) reported that in the HCBS, most children cried on hearing of the death, and two thirds cried again sometime during the initial weeks.

Data on the ways bereaved children experience disenfranchised grief was presented using three main variables. These were through analyzing the agents and the mode of news breaking as presented on Table 4.5 as well as comparing the support provided to
the bereaved children as shown on table 4.6.

Table 4.5: Ways leading to disenfranchised grief

<table>
<thead>
<tr>
<th>Ways of disenfranchisement</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agents of news breaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>14</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Nobody</td>
<td>7</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>35</td>
<td>63</td>
</tr>
<tr>
<td>Mode of news breaking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factual</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Euphemisms</td>
<td>18</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>35</td>
<td>63</td>
</tr>
</tbody>
</table>

Information regarding the various agents of information available to the bereaved children showed that soon after their parental loss 42.9% of the respondents had nobody break the news to them. The rest had the news broken by the surviving parent or other people. In the category of other people, the respondents specifically mentioned relatives (4.8%), friends (7.9%) and neighbors (9.5%). Data on the kind of language used showed that 66.6% of the respondents received the news in euphemisms. The common euphemisms that were used included the parents had gone on a long journey or were very sick.

There were gender differences in terms of who broke the news. From the male respondents, 22.2% of them had the news about death of their parents broken by the surviving parent compared to 12.7% females. This can be compared to 31.1% girls and 11.1% boys who had nobody break the news to them. Only 31.6% respondents
received factual information that their parents had actually died. Another respondent said that she just saw the grave of her father.

**Table 4.6: Social support**

<table>
<thead>
<tr>
<th>Age</th>
<th>Support Freq</th>
<th>Support %</th>
<th>No support Freq</th>
<th>No support %</th>
<th>Total Freq</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>3</td>
<td>5.3</td>
<td>1</td>
<td>1.8</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>11</td>
<td>19.3</td>
<td>5</td>
<td>8.8</td>
<td>16</td>
<td>28.1</td>
</tr>
<tr>
<td>14</td>
<td>10</td>
<td>17.5</td>
<td>6</td>
<td>10.5</td>
<td>16</td>
<td>28.1</td>
</tr>
<tr>
<td>15</td>
<td>10</td>
<td>17.5</td>
<td>4</td>
<td>7</td>
<td>14</td>
<td>24.6</td>
</tr>
<tr>
<td>16</td>
<td>6</td>
<td>10.5</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>10.5</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>1.8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>71.9</td>
<td>16</td>
<td>28.1</td>
<td>57</td>
<td>100</td>
</tr>
</tbody>
</table>

According to table 4.6 social support given to the bereaved children was biased. Data on the uniformity of the social support available to the respondents was also analyzed. The respondents were asked if they received same support after the death of their parent as other bereaved children. This information was categorized under support for those who received same support and vice versa for those who did not. On this, 71.9% felt that they did no but 28.1% said that they did. There were differences recorded as a result of age because they all showed a higher percentage in biased support as compared to the same. This unfair handling of bereaved children mainly came from neighbors 47% and relatives 24%. From the open ended question, social support was the respondents were victims of harassments such as taking away their property, neighbors killing the respondents’ parents as well as alleging that the children would not complete school.
All the teacher respondents put every effort to minimize the feelings of grief with
67% encouraging the children not to think of the deceased and 33% encouraging them
not to worry. In addition, 13% of the respondents were denied the chance to attend the
funeral. During the interview the teacher respondents did not point out individual
cases they had offered grief counseling to, apart from generally reporting that they
attended the burial and made contributions of one kind or another. A female teacher
disclosed that even when death of a parent was reported to school before the children
went home in the course of the day, an eye was kept on the bereaved children to
ensure that they did not get wind of it.

The real issue for bereaved children is not so much whether they can grieve but the
nature of their grief and mourning (Corr et al 2006). Disenfranchisement may begin as
early as at the news breaking phase. From the above it is clear that the provision of
information and the breaking of news were flawed. The task of accepting the reality is
an important first step in coping with grief. Caregivers need to carefully listen to the
children in order to help them accept the reality. Grief researchers advocate the use of
words like died or dead. Provision of answers like their parents have gone on a long
journey or are very sick were just euphemisms that are not only confusing but also
blocks the children from grasping the finality of death. Corr et al (2006) observes that
effective communication avoids euphemisms and inaccurate or inconsistent answers
because they so easily lead children into misunderstandings that may be disturbing
than the real facts. Children at the age of the sampled respondents understand the
main concepts of death. Therefore, the use of euphemisms only serve to
disenfranchise the grief experienced by the bereaved children.

The distancing of the caregivers (KRT) from initially getting involved with the bereaved children was evident. For example, the teachers postponed the breaking of news even when the news got to school before the bereaved child went home. There is no indication that there was any follow up with the surviving parent or significant other. This lapse can easily be unnoticed and by the time the child returns to school the best a teacher can do is to encourage them not to think of the death. Failure to go through the tasks of mourning is evidenced by the kind of responses cited by the bereaved children. The main suggestion revolved around denial since many children said they did not want to discuss their parents' death.

The above findings strongly revealed the presence of bereavement needs of the children. They expressed unhappiness at lacking important things in their lives as a result of the death of their parents. Children generally are very sensitive to discriminative behavior. The difference in support confirmed by many of the respondents indicates that there are no clear cut policies put in place by individual schools when pupils experience loss. The reasons provided for this biased support by the respondents, directly point out the various reasons for experiencing disenfranchised grief. These are gender, economic status and the circumstances of the loss. The findings agreed with Doka (2002) view that ways individual grieve also can contribute to disenfranchisement.
4.4 Factors contributing to disenfranchised grief

The other important variable which was under consideration in this study was factors contributing to disenfranchised grief. The factors were considered as possible sources of disenfranchised grief. Disenfranchised grief was determined by the variable on whether the bereaved children felt comfortable discussing the death of their parents. According to Worden (1991) a bereaved person can be said to have gone through the tasks of mourning when he/she is able to discuss the loss without the feelings of pain. The use of the term resolution therefore means that the respondents had finally managed to cope with the death.

4.4.1 Gender

Table 4.2 contains data on the gender of the bereaved children respondents and which of the parents they had lost. Maternal orphans had the same percentage of 9.5% for both male and female respondents. On the other hand, 38.1% females had lost their fathers compared to 31.7% males. Only 11.1% respondents had lost both parents. Paternal orphans had the highest percentage of 70%. Table 4.5 shows notable difference on the availability of information and the mode of news breaking. The role of the surviving parent with regard to news breaking revealed notable discrepancy with 22% male respondents compared to 13% female respondents having their parents break the news. In addition, 11.1% male respondents compared to 31.7% females had nobody break the news to them. It can also be noted that although the paternal bereavement was above the maternal, euphemisms (had gone on a long journey and was very sick) were used at an increasing percentage of 5.3% to 8.8% of maternal
orphans compared to a decreasing 22.8% to 14% of paternal orphans. Table 4.7 shows the resolution of grief using the bereaved children’s gender and age.

Table 4.7: Resolution of grief

<table>
<thead>
<tr>
<th>Resolution of grief</th>
<th>No resolution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>33.3%</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>34.9%</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>68.2%</td>
</tr>
<tr>
<td>Age</td>
<td>Freq</td>
<td>%</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>13</td>
<td>15</td>
<td>23.8%</td>
</tr>
<tr>
<td>14</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>15</td>
<td>8</td>
<td>12.7%</td>
</tr>
<tr>
<td>16</td>
<td>5</td>
<td>7.9%</td>
</tr>
<tr>
<td>17</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

Although there was no major difference in genders reaching resolution, 34.9% girls were uncomfortable talking about the loss compared to 33.3% boys. On the other hand, only 11.1% male respondents compared to 20.6% females had reached resolution. There was a difference in the way girls reported their unhappiness in the sentence completion. They seemed to open up better than boys. Whereas boys simply put down statements like I don’t like it when other children talk about death, girls wrote more specific details like my father used to help me in my homework/ I fear for my siblings and my mother. Also, the researcher observed that boys filled in the sentence completion exercise faster than girls.

Two male teachers reported that they were more comfortable dealing with male
pupils than female pupils. However, of the eleven schools that took part in the study only one school made up for the gender disparity by appointing two teacher counselors in guidance and counseling. The school had male and female counselors to ensure that children sought help from the teacher they felt comfortable with. It is expected that this helped the bereaved children to overcome gender as a factor that may otherwise make them not seek grief counseling.

The above details point out to the fact that female respondents faced a bigger challenge during the grief process as is evidenced by the way news was broken. Male respondents received correct information on the death of their parents than did female respondents. The provision of the correct information came from the surviving parent.

On the contrary available literature show that male grievers are likely to face more challenges than their female counterparts. Preferring not to group grievers using their gender, Doka (2002) suggest that persons who grieve in a more intuitive way experience and express grief as deep feelings whereas those who are instrumental experience and express grief in ways that are more physical, cognitive or behavioral. They are the instrumental grievers are likely to be disenfranchised due to their lack of emotional responsiveness. However, one of the assumptions for the findings in this study is that caregivers find it easier to discuss death issues with male grievers because of their non emotional responsiveness. Barret (1998/99 death, dying and bereavement annual editions) state that according to African customs, men are not to cry in front of women because they would appear weak before the very group they are to protect. Also, men are more likely to hide their distress, in keeping with male
mores about not expressing certain emotions such as crying or appearing helpless (Marrone 1997).

### 4.4.2 The age factor

The table below contains details on the factors brought out by teachers and pupils.

**Table 4.8: Factors leading to disenfranchisement**

<table>
<thead>
<tr>
<th>Factors</th>
<th>By Teachers</th>
<th></th>
<th>By Pupils</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Fear/ Anxiety</td>
<td>-</td>
<td>-</td>
<td>13</td>
<td>20.6</td>
</tr>
<tr>
<td>Gender</td>
<td>2</td>
<td>16.7</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Lack of role models</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>31.8</td>
</tr>
<tr>
<td>Type of death</td>
<td>1</td>
<td>8.3</td>
<td>13</td>
<td>20.6</td>
</tr>
<tr>
<td>Family Issues</td>
<td>4</td>
<td>33.3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mockery by Peers</td>
<td>3</td>
<td>25</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>8.3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Poverty</td>
<td>1</td>
<td>8.3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>22.2</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100</td>
<td>63</td>
<td>100</td>
</tr>
</tbody>
</table>

One of the reasons cited for disenfranchising children is because of their age. Asked what affects the way they handle bereaved children 8.3% teacher respondents cited age as one of the reasons. Table 4.7 provides the details regarding resolution of grief by age. Those aged 13 and 14 years showed 23.8% and 19% of respondents respectfully had reached resolution. There was almost no difference between those aged 15 years in terms of reaching resolution (12.7%) and those who have not (11.1%).

The study involved children aged 12-17 years. Many teachers felt that age was a factor that affected the way they handled bereaved children. The researcher, through the interview found out that many teachers did not bother about the bereaved children in
lower primary citing age as a reason for their not being involved.

Contrary to the findings available, literature acknowledges that children understand the concept of death at least by age seven years. Yet the teacher respondents had their reservations that these children would not understand death issues. During the interview one male teacher respondent wondered what language one would use with these children. During the data collection, the observation made by the researcher was that children did not have a problem with the research items. This means that death issues taken by their teachers to be very strange were in fact not the case. After all these children had already gone through the process of losing a loved one- parent.

4.4.3 Circumstances of the death

Table 4.10 shows the responses given by children regarding the reasons behind their feeling uncomfortable talking about the death (resolution). When asked what made them uncomfortable talking about the loss of their parents, 32% of the children respondents cited the way their parents died. The causes of death that were mentioned from the open ended question are stigmatized by the community. Two of the cases were suicidal deaths, another two murders and one road accident. A fourteen year old male respondent wrote that his father was killed by his (father) brother with a panga. The teacher respondent gave evidence that the circumstance of death is a factor that affects children’s grief. They also felt that the children were not treated the same, with 45% teachers citing certain causes of the death. Through the interview teachers mentioned that majority of the deaths affecting the schools were due to HIV/AIDS pandemic but none of the children mentioned this cause.
It emerged that the circumstances of their parents’ death made the respondents uneasy. The male respondent cited above would rather call his father’s killer ‘his brother’ instead of ‘my uncle’. The circumstances under which his father died make him to distance himself from close relatives (like an uncle) instead of identifying with them. This respondent may result to revenge. Goldman (1996) says that children who experience social stigma of death cannot grieve normally because they have not separated the loss of the deceased from the way the deceased died. If the bereaved children get stuck at accepting, admitting or receiving information about the causes of death, this may make them not effectively go through the tasks of mourning.

4.4.4 The school factors

The school factor as a source of disenfranchised grief was evident from the findings. How comfortable are the bereaved children in the school set up? Table 4.8 shows that 25% of the teacher respondents felt that what affected the bereaved children was mockery by peers. On the other hand, 31% of the pupil responses lacked role models to help them grieve. This was mainly because the respondents said that other bereaved children do not talk about their bereavement. Another 21% pupil respondents said that they feared talking about the loss. This feeling was highest to class 6 and 7 pupils.

From the sentence completion, the children felt unhappy in school when other children made fun of them or discussed about their (the non orphans’) parents in the presence of the bereaved children. Another child respondent expressed his unhappiness when people ask him to give the name of his father.
These findings show that the respondents were uncomfortable in school because among other things other children made fun of them. Unconducive learning environment can be a major drawback for the bereaved children to meet their educational goals. The bereaved children spend a lot of their time with their fellow classmates and schoolmates. Therefore, when other students make fun of them, they (the bereaved children) hamper feelings of dejection and may eventually withdraw into a world of their own. Failure to effectively make children feel at home with their bereavement issues blocks them from meeting some of their needs like continued routine activities. Worden (1996) feels that in meeting this need children need to maintain age appropriate interests and activities. The scolding and the fun making would only serve to intensify their grief. The expectation is that bereaved children should be helped to overcome overwhelming feelings.

The role of the school in bereavement issues has been shown to be of importance. For instance, Smilansky (1987) stresses the importance of teachers as role models. She also feels that teachers are not emotionally affected by the deaths of the children’s significant others thus being in a position to help the bereaved children. Available literature also point out the various resources at the disposal of teachers among them the use of arts (Rowlings, 2002) and the elements of proactive programme to prepare children before they lose significant others (Corr et al, 2006).

4.4.5 The Family Factors
From the interview a big proportion of teacher respondents reported that fear of interfering with family issues affected the way they handled bereaved children. In addition, 33% teacher respondents (see table 4.8) said that family issues affect their handling of bereaved children. From the sentence completion many children expressed their unhappiness at seeing their surviving parent and siblings suffer. There were reports of direct confrontation with the bereaved children’s relatives, as well receiving a warning from a surviving parent through the head teacher. One female teacher participant who has been a teacher counselor for four years recalled:

When I approached Lucy (not her real name) one of the children who has lost a father, she appeared withdrawn. We did not talk much because she could not open up and tell what she felt. Their class teacher had noted that she seemed sad especially after the death of her father. The following day, on my way home after school, her mother intercepted me and told me without mincing her words to keep off from Lucy and her family. She reminded me that my work was to teach.

Available literature agree that the family is an important determinant in a child’s grieving pattern. For instance, attention should be given the quality of the child’s personal and family situation prior to the bereavement (Kastenbaum, 1997). Furthermore, the family trusts their children with teachers for the better part of the day yet there was a gap between the two institutions regarding the bereavement issues. Unfortunately, the teachers cannot go past the bereaved child to explore the family situation. Teachers seemed to withdraw grief support on account of the stern family stand that grief is a family affair. At times parents/significant others resolve to aggressive behavior to remind the teachers to keep off as evidenced by the direct confrontations. Available literature (Smilansky 1987, Rowlings 2002) underscores the importance of good communication between the school and the family. Benefits of
effective communication between the school and the family in the grief process can be tapped from the teachers who may have answers the parents or significant others may not have and vice versa. For example, Dyregrov 1991 (cited in Rowlings 2002) observe that many popular sources of information about children and grief assist in helping parents who may be overcome with the intensity of their child’s reactions and the unpredictability of responses.

4.4.6 The economic status of the family

Many bereaved children were concerned about their basic needs like food, clothing, shelter and education. In the sentence completion a good number said that they felt unhappy begging for food especially during drought. They remembered their parents (especially their fathers) when their needs were not met. They expressed concern about their secondary education and that of their siblings. In addition, 26% of the children respondents attributed the unfair treatment they received in school due to their families being poor. The teacher respondents too felt that the bereaved children were affected especially if they came from poor families. This was reported by 8.3% teachers (see table 4.8). The researcher witnessed an incident where one female teacher respondent offered to pay examination fee for one of the bereaved children in her class. Three more bereaved children were said to be part of the teachers’ lunch feeding programme. A male teacher respondent pondered how he was going to offer grief counseling to children who will not tell you anything apart from what they are lacking at home; 'I am scared they will ask me to help them when I have nothing to give them. Sometimes silence is required,’ he added.
From the above, social support can be withdrawn as a result of the bereaved children’s economic status. This happens especially to children who come from poor families. The children may be preoccupied with their other needs (e.g. food, clothing) to seek grief counseling. The Teacher counselors on the other hand, may withdraw such support in an attempt to discourage the children from unloading their other needs to them.

4.4.7 The self factor

From the open-ended questions in the teacher questionnaire, majority of the teachers wrote that the bereaved children did not want to disclose their bereavement status. This concurred with the data from the children schedule. For instances, 14% felt that what they needed after the death of their parent was to be left alone. From the sentence completion, a large number indicated that they hated any discussions on death and especially on their dead parents. Majority of the children (58.7%) did not know the cause of their parents’ deaths. An even smaller number 14.3% mentioned the causes.

This was similar to Worden (2002) findings in the HCBS where some children were so uncomfortable when conversations turned to the dead parent that they would leave the room. The findings in this study showed that there was little initiative seeking grief counseling coming from the children themselves. There were clear indications of self-disenfranchisement (intrapsychic disenfranchisement) stemming from the bereaved children themselves. Crenshaw (in Doka 2002) outlines ways that self-disenfranchisement manifests itself in children. They are the desire by the children to
protect their close relatives, fear of emotional flooding as well as having memories of disappointing responses from adults in the past. This agreed with the findings whereby a number of children felt unhappy when their surviving parents (especially the mother) were overworked. It can be expected that these children will not discuss their bereavement feelings in order not to make their parents suffer more. Many children respondents preferred not to discuss death either in general or pertaining to their deceased parents. According to Rowlings (2002) these individuals may not recognize or acknowledge their grief and so restrict their behavior even though that behavior may be socially determined. The point that can be stressed here is that children are acknowledged as grievers but they in turn opt not to open up and receive the necessary support.

4.5 Methods Employed by the School in Helping Bereaved Children

The table below shows data on the various ways schools helped bereaved children.

Table 4.9: Ways schools help

<table>
<thead>
<tr>
<th>Ways of helping</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immediate after death help</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit the family</td>
<td>8</td>
<td>66.7</td>
</tr>
<tr>
<td>Send school representative</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td><strong>During burial preparation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit the family</td>
<td>5</td>
<td>41.7</td>
</tr>
<tr>
<td>Attend burial</td>
<td>7</td>
<td>58.3</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td><strong>Before return of the children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare other pupils</td>
<td>4</td>
<td>33.3</td>
</tr>
<tr>
<td>Prepare teachers/administrators</td>
<td>5</td>
<td>41.7</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td><strong>After return of the children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimize thoughts</td>
<td>6</td>
<td>50</td>
</tr>
</tbody>
</table>
The findings were grouped under what is done immediately after death is reported, during the burial preparations and after the return of the children to school.

This data was collected mainly through the teacher respondents. On receiving the news of the death of a parent, 33% schools visit the family by sending a school representative to the family whereas 68% had several members of the school do it. This happened immediately the death was reported. Other responses from the teachers (75%) revealed that the schools made some preparation by either talking about the loss to the teachers/administration and other pupils before the bereaved child returned to school. The open-ended questions revealed that various types of contributions were made including money, firewood or water. During the burial preparations 42% teacher respondents visited the family and 58% organized the school fraternity to go to the child’s family.

One teacher respondent reported that they got concerned about a bereaved child who took long to return to school. They sent a teacher and some pupils to bring back the child to school. Another school bought uniform for all bereaved children. Through the interview the researcher was informed of a teacher who adopted a bereaved child who had lost a father and she was meeting all the cost of her (bereaved child’s) education. In their handling of bereaved children, 100% of the teacher respondents help them to forget about the loss.

<table>
<thead>
<tr>
<th>Minimize worry</th>
<th>3</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100</td>
</tr>
</tbody>
</table>
The good news was that the schools were not silent at the plight of bereaved children. There were important ways the schools got involved after the death of their parents. There was contact with the family at least up to the point of burial. However, looking at these closely, disenfranchisement manifests itself in the lack of actual grief counseling offered to children.

One of the categories of disenfranchised grief proposed by Doka (2002) was the way individuals' grief. Although disenfranchised grief is looked at in terms of denying the right to grief accorded to others, generally there was a common way of handling bereaved children. Data available on the ways schools handled bereaved children showed that every effort was made to minimize thoughts of the deceased as well as encouraging them not to worry. Unfortunately these ways will lead to the arrest of the mourning process. The very first task of mourning entails accepting the reality of the loss. This reality cannot be achieved by minimizing the thoughts of the deceased.

Available literature agrees that children at the age of the pupil respondents are able to understand death. To negotiate the first task of mourning, children need to be told about the death in ways that are appropriate and in a language that is age appropriate (Worden, 1996). In the same way, most of the bereaved children's needs remain unmet. For instance, the need for information and careful listening. Instead, the teacher respondents' bow down to the pressure of the family members to leave grief matters to them. The teachers may withhold any information intended for the bereaved children. As a result many other needs of the bereaved children will go unmet in the school set up. Unfortunately, these needs are still downplayed by the
family members because many children felt that they did not want to discuss matters to do with death.

4.6 The suggested way forward

The study provided an opportunity to get the views of both groups of respondents on what they felt should be done to the bereaved children. Table 4.14 lists the issues that the bereaved children felt they had after the death of their parents. In addition, they gave their views on what should have helped them most after the death. Figure 2 gives their suggestions on how to handle bereaved children.

Table 4.10: Issues after bereavement

<table>
<thead>
<tr>
<th>Issues</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Careful listening</td>
<td>6</td>
<td>9.5%</td>
</tr>
<tr>
<td>Information about death</td>
<td>17</td>
<td>27.0%</td>
</tr>
<tr>
<td>Emotional responses</td>
<td>27</td>
<td>42.9%</td>
</tr>
<tr>
<td>Change my school</td>
<td>4</td>
<td>6.3%</td>
</tr>
<tr>
<td>Somebody to talk to</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>To be left alone</td>
<td>8</td>
<td>12.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

From the above table, majority of the children (43%) responded emotionally especially through crying after the death of their parents. Whereas a mere 1.6% felt that they needed to be left alone, 12.7% wished to talk to somebody. They further gave their views on what should be done to them and others like them. The following figure shows these suggestions.
Three suggestions regarding how best bereaved children should be handled were given with 51%, 40% and 9% of the children respondents feeling that they should be encouraged to forget the loss, pray for them and talk to them respectively. Using the proposed task theory, the suggestion that received the highest responses (encourage them to forget the loss) may in fact lead the bereaved not to effectively cope with the parental loss the study is addressing. Children need direct encouragement to express their grief and acknowledge their pain, and they need reassurance that it is good for them to do so, Crenshaw, (in Doka 2002). Literature has also cautioned against taking
bereaved children as special children adding that it is important for children to continue with their normal daily routine.

The Teacher Counselors’ suggestions

Generally, teachers are the main caregivers of the bereaved children at school. Specifically, the KRTs are expected to handle all the counseling issues presented by the pupils. It was important to get their suggestions on what they think about grief.

Data regarding the teachers’ views on grief revealed that 50% felt grief was necessary, 17% said it was necessary but not essential while 33% thought children should be protected against grief. One female teacher respondent suggested that the administration should follow up and help the bereaved in material things like food. At least 50% of the teacher respondents accepted that grief was a necessary emotional outlet. Those who suggested that grief was necessary but not essential for healthy adjustment and that they should be protected against grief would lead bereaved children to work against effective coping.

From these findings it is clear that the ways children mourn and are expected to overcome grief are sources of disenfranchised grief. In spite of the fact that half of teacher respondents feel that grief is necessary the rest do not think that it is. Protecting children against grief will not help them overcome feelings of loss. On the contrary it is one way of preventing the orphans from performing the tasks of mourning.
4.8: Chapter summary

In this chapter the results were presented and the discussions on every objective were done. The focus was to come up with the sources of disenfranchised grief. The main sources emerge from the ways children grieve their parents. These are found from the news breaking point to their relationship with school members. The factors that contribute to disenfranchised grief were discussed. These factors are the family, circumstances of death, age, economic status of the family, the self, gender and the wider community. Finally, the ways in which the school helps bereaved children were closely analyzed. Schools concentrate more on material help than individual counseling.
CHAPTER FIVE
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.1 SUMMARY
This chapter contains the summary of findings, conclusion and recommendations from what emerged from the study. The study intended to find out the sources of disenfranchised grief experienced by parentally bereaved children in Akithi Division. The study also sought to find out the ways that children experience disenfranchised grief, and the methods used by the school fraternity in helping the parentally bereaved children. It also intended to find out factors contributing to disenfranchised grief. Basically, it was the social support variable that was under test in this study.

5.2 Ways through which parentally bereaved children experience disenfranchised grief
One of the ways through which disenfranchisement is encouraged has to do with information regarding death. There was failure to give information of death right after the death of parents. A group of 42.9% of the children participants had nobody break the news to them. In addition, there is also evidence that information provided regarding the death was distorted and wrong. This kind of information was provided to 60% of the respondents. The importance of a funeral cannot be underrated. Among the benefits is provision of social support to the bereaved, reaffirming their new identity and reincorporating them into the larger community, Doka 1984 (cited in Doka 2002). Unfortunately 5.9% of the children participants were not offered a chance to attend the funeral. Also, biased treatment will serve
to lower the confidence of children who may wish to seek help to cope with their bereavement. Majority of the children (71.9%) felt that the support given to them was different from the other bereaved children.

Finally, offering of grief counseling was another major finding in terms of the ways of disenfranchising grief. According to Worden (1991) one way of facilitating the grief process is to talk about the deceased and the circumstances of the loss. However, the findings revealed that majority (67%) of the teacher counselors encouraged the bereaved children to minimize feelings of grief, and another 33% told them not to worry about the death. A male teacher who had been a teacher counselor for four years said that it was important to have the children settle in school as fast as possible. The school did not wish to have children dwell on the bereavement issue for long. The faster they forgot about the death the better. The danger of this trend by teachers is captured by Kastenbaum (1997) observation that adults who hold that children cannot comprehend death are likely to show a different part of interaction and decisions making than those who feel believe that children do grasp the meaning of death.

The kind of social help extended by the schools may serve to help the adult family members than the bereaved children themselves. Visiting the family, attending the burial and making some form of contributions are helpful gestures but asking children to forget the loss and settle in school does not touch on the main issues affecting the grief of the child. Neither does the use of euphemism help the bereaved children go through their grief effectively.

The Meru child is still traditionally grieving while other factors are not remaining constant. For example, the attachment figures are fewer and they may no longer play the important
roles of the significant other they used to play in the traditional set up. On the contrary, the significant others (e.g. the uncle who murdered the respondent’s father as reported in chapter four part 4.4.5) is no longer one of the attachment figures as would have been the case in the traditional set up. Also, literature show that children spend most of their time in schools. They are more in the company of teachers and other children. Unfortunately other children make fun of the bereavement status of the children rather than help them to overcome grief.

In summary, ways through which grief matters were handled in school show that the bereaved children were not moving towards coping with the losses they had experienced. The kind of grief counseling the teacher counselors were using did not touch on the specific feelings and emotions associated with grief. This was in spite of these feelings being present. For instance, teachers owned up to the fact that bereaved children felt sad and are withdrawn. In so doing, they blocked children’s efforts to acquire information, express their feelings, obtain support and learn to cope with sadness and loss (Corr et al 2006).

5.3 Factors Contributing to Disenfranchisement Grief

5.3.1 Gender

To some extent, there is a relationship between disenfranchised grief and gender. In particular more girls than boys experience disenfranchised grief. For example, 26% of girls said that they were uncomfortable discussing the loss of their parents because other bereaved children did not talk about it. This response was given by only 14.3% males. In addition, 14.3% males expected relatives to take care of their needs compared to 31.7% females. This implies that girls seem to have more bereavement needs than boys. These girls were aware of
the different support but their dilemma was evident when 32% (compare this with 16% of boys) said that, they tried to understand why but they couldn’t. In addition, 16.7% girls felt that nobody cared about how they felt compared to 1.7% boys. It was also noted that the surviving parent provided clear information about the death to boys more than girls. From these details it is quite evident that girls are more vulnerable to disenfranchisement than boys.

5.3.2 The age factor

During sampling the researcher was keen to have children who had lost their parents within the last two years. The age bracket included was 12-16 years. This ensured that bereavement had occurred at least at the age of 10 years. None of these children showed a sign of not understanding the schedule or the sentence completion. Nevertheless teachers felt that these children were too young to understand. One male teacher participant pondered, ‘what do you tell a child about death? These are children.’

According to Maria Nagy’s 1969 study (cited in Kastenbaum 1995) children are able to understand death as personal, universal, final and inevitable. In addition children who lose a parent are able to understand death even earlier than is expected. This is because they have lost a major attachment figure. The teacher counselors use age as a reason for not offering grief counseling. The impression the researcher got from the teachers was that age is not a specific number but rather all primary school children are just kids who cannot understand death issues.
5.3.3 Circumstances of the loss

Children respondents cited the way their parents died made them not open up and talk about the loss. The nature of the death may constrain the solicitation of the bereaved for support as well as limit the support extended by others (Doka 2002:14). The children respondents were not safe from some type of losses likely to lead disenfranchised grief. The few who identified the cause of the death mentioned causes like sickness, suicide, and murder and road accident. Goldman (1996) notes that desire for revenge often is experienced after a murder or fatal accident. From the teachers’ respondents it emerged that the main cause of death was HIV/AIDS. The stigma of AIDS may lead survivors of an AIDS related loss to be circumspect in sharing the loss with others (Doka 2002). Suicide deaths have also been said to stigmatize the survivors. This is especially worse for children who may hamper guilt feelings regarding the death.

5.3.4 The school factors

The main finding with regard to the school was that there little grief counseling going on. Two main causes of this situation are evident. Firstly many children reported that other children made fun of them. In extreme cases children reported their unhappiness when some pupils teased them about their status in front of other children. Unfortunately, the bereaved child closely interacts with the other pupils such that they affect him/her directly. Smilasky (1987) observes that the orphan comes into daily close contact with his peers since he studies with them for a position in the class, plays with them and talks to them. Children are uncomfortable discussing their losses since other bereaved children do not talk about the same. The issue of being made fun of was further strengthened by the teachers’ responses.
Secondly, the teachers’ responses revealed the schools enthusiasm in offering help to the bereaved by encouraging them to forget the loss or not to think about the deceased. Available literature (Smilasky 1987) underscores the importance of the teachers as role models to the children. Being a role model means that one should be able to accept the feelings of grief and help children express them. Unfortunately many teachers thought that grief is not a necessary emotional outlet and that children should be protected against it. The children follow the models instructions and by the end of the day, they do not want anybody to discuss death issues with them. It is in this sense that the school contributes to disenfranchisement.

5.3.5 Family factors

The family mainly handles death matters. Although the family was cited as the main source of support (48% children respondents said that they discussed the death with relatives and another 81.6 % hailed relatives for assisting them after the loss), it strongly emerged from 33% of the teacher participants that they feared to interfere with family issues. This affected the way they handled grief with the children.

From the findings, the caregivers, too were themselves disenfranchised as they were kept in the dark both by the bereaved children and their relatives. More alarming is that the bereaved children wanted nothing to do with the discussions of death. This coupled with the family perceived stand of no interference was a major source of disenfranchised grief.

5.3.6 The economic status of the family

Lack of basic needs featured prominently in the findings. For instance, 75% of the bereaved children had lost the main breadwinner in the family (the father). It is no wonder that the
children expressed their unhappiness at not getting enough food, clothing and education. The children expressed their concern about the trouble their surviving parents especially their mothers were going through to provide for them. A fifteen-year-old girl in standard seven who has lost both parents reported how she was happy when her aunt bought for her (and her little brother in standard two) clothes.

5.3.8 The self-factor

As Doka (2002) quotes the cartoon character Pogo, “we have met the enemy and it is us”. The bereaved children themselves are agents of the disenfranchisement of their grief. The impression the researcher got both in the field and in the responses given; children view bereavement as a shame. In the sentence completion, majority put it bluntly that they did not want any discussions about death and especially about their dead parents. All what they needed was to be left alone and to be encouraged to forget the death. Corr et al (2006) identified three main elements of bereavement. The included relationship, the loss itself and the bereaved individual. If the bereaved child denies his/her bereavement status, chances are that he/she becomes the disenfranchising agent against the self. Rowlings (2002) cautions that intrapersonal sources of disenfranchisement results in dislocation from support in a community, depriving an individual of the opportunity for natural healing.

5.4 Ways through which the schools help children to cope with parental deaths

The findings point out that the schools were not insensitive to the needs of the bereaved children. The schools help in a number of ways. The teachers were asked in what ways they helped the bereaved children. In response, 62% of them said that their school visited the family or sent a school representative, 32% visited the family and 23% organized the visit to
the child's family while 55% talked to the administration about the bereaved children and other teachers before the return of the child.

Other findings included sending class representatives to fetch a pupil who had stayed home unusually longer. In another school, one female teacher adopted a total orphan from the school while in another, a teacher respondent reported that incase death of a parent occurred while the pupil was still in the school compound, a teacher would be assigned the duty to escort the bereaved child home. These types of social support from the school make it easier for children to accept their bereavement status. It is expected that this enfranchise grief experienced by these children.

However, specific techniques advocated for use in school were missing. For example, Corr et al (2006) has cited engagement in death related games in childhood as well as use of rhymes, songs, humour, and fairy tales as being very effective in generally helping children cope with death issues. These are some of the ‘teachable moments’ at the disposal of teachers and which do not necessarily involve a lot of emotional investment. Incase death has already occurred, Goldman (1996); lists a number of remedies teachers (educators) can use. Some of them are (1) carefully listening to the bereaved children’s concern; (2) provision of resources like books, support groups or the availability of the school personnel; (3) preparing the class for the grieving student’s return; (4) being aware of the important dates that mark important dates that mark difficult dates for the bereaved children; (5) gathering a comprehensive past history of the bereaved; (6)maintaining as much consistency and continuity as possible with the grieving child; and (7) establish ways to help students commemorate death in the school.
It is the missing of these specific grief counseling skills both from the findings and the guidance and counseling modules that makes this study conclude that the ways bereaved children grieve is indeed disenfranchised. The way children grieve is a main source of disenfranchised grief.

5.5 Implications of the Findings

The study focused on disenfranchised grief experienced by orphans in Akithii Division of Tigania District. Disenfranchised grief is denied grief. The focus of the study was on the sources of disenfranchised grief experienced by the orphans. A number of implications emerge from the data and the finds. The study focused on the bereaved child within the school setup. The number of the already parentally bereaved children is alarming. Out of only eleven schools studied 635 children have lost one or both parents. The children respondents made 10% of this sample. The study put one of the populations facing bereavement (the bereaved children) and another expected to offer grief counseling (the Teacher Counselor) in the spotlight. The following implications need to be pointed out.

- Bereaved children are being sidelined in the grief matters. The teacher point fingers at the bereaved children themselves by stating that they do not open up in discussions. Other factors affecting grief discussions cannot easily be overcome by the school community alone. Factors like fear of family members and the cause of death are, to a large extent, beyond the school guidelines.

- There is little communication going on between two important institutions expected to handle the bereaved children. The family is trying to hold on to the fact that it is
the only one mandated to handle the grieving child. On the other hand, the school is doing nothing to challenge this tradition. Although the school offers support to the bereaved family, this is mainly in form of material support. The counselor-client grief counseling is almost missing. This gap results in disenfranchising the grief experienced by parentally bereaved children.

- Many of the bereaved children studied were victims of stigmatized deaths resulting from HIV/AIDS, suicide and murder. These types of deaths further serve to complicate grief. These cases are more likely to experience disenfranchised grief.

- The bereaved children may suffer more in the hands of other pupils in school. The fact that other children make fun of them makes the bereaved children uncomfortable. This means that other children who lose their parents in future will find it hard to express their grief.

5.6 Conclusions

- Bereaved children experience disenfranchised grief through a number of sources. They include failure to break the news of death to the bereaved children, provision of wrong information, and biased treatment to the bereaved.

- Some of the factors responsible for disenfranchisement are very sensitive. For instance fear of interfering with family issues is a factor that the school may find hard to handle. It is not clear how far the family has prepared the child to seek help on grief matters outside the family setup. On the contrary, the reported confrontations are
a clear indication that the family expects others to stir clear of this issue.

- The tasks of mourning which are necessary for grief recovery were also found wanting. Every effort is made by the school caregivers to minimize the feelings of grief. It is either the children are encouraged to forget or not to worry about the loss. Indeed the bereaved children have towed the line as they persistently said that they feel unhappy when people talk about death especially in their presence. The tasks of mourning are flawed at the very beginning. For instance, children are denied the right information regarding the news about death. Disenfranchisement is evident as early as during news breaking.

- Disenfranchisement is further complicated by the occurrences of stigmatized deaths. Children themselves mentioned cases of suicide but the teachers mainly mentioned that AIDS had claimed many of the parents. If there is no grief counseling available for these cases, there is an indication that this grief may be complicated. The teacher counselors were not blind to the fact that parentally bereaved children do indeed grieve. They felt that grieving was necessary outlet and agreed that bereaved children looked withdrawn and affected. What hindered them from offering the grief counseling could be the above factors and lack of specific grief counseling skills.

- The sources of disenfranchised grief can be narrowed down to two. These are interpersonal and the intrapersonal sources. Grief generally takes two main forms.
It is both a public and a private affair. Corr (in Doka 2002) states that it is an outward, public, or interpersonal process (the overt, visible and characteristically shared public efforts to cope with or manage loss and associated grief reactions) and an internal, private, or intrapersonal process (a person’s inward struggles to cope with or manage loss and the grief reactions to that loss). These two dimensions can also be the sources of disenfranchised grief.

- Interpersonal disenfranchisement in the school set up is discouraged by assisting the bereaved children’s families by attending burials, visiting the grieving families and making various contributions. The availability of the KRTs in Guidance and Counseling is a strategy from the government to ensure that all the counseling issues (among them grief counseling) are adequately met.

- However, data revealed that the expected sources of interpersonal social support (e.g. the family and the school) do not help the bereaved child meet the outlined bereavement needs nor go through the tasks of mourning. Instead they stress that the children are expected to forget the loss and quickly adjust to school life.

- The children respondents were also victims of intrapersonal disenfranchisement. Apart from the public expressions of grief, the bereaved child is not acknowledged as being able to grieve inwardly (inward grieving). They are not given the right to experience the intrapersonal dimensions of grieving. Moreover, the respondents themselves withdraw into their own world. They are not enthusiastic about seeking grief counseling.
5.7 Recommendations

Although the assumption is not that all children will lose their parents while still children, children will be part of the society that loses close relatives or other people attached to them. Grief counseling and in particular bereaved children's grief counseling was found wanting. Neither the bereaved children nor the teacher counselors made any use of grief counseling so necessary for in helping bereaved children cope with loss. As a result children are highly prone and subjected to disenfranchised grief. Unless this trend is checked more bereaved children may suffer the disenfranchised grief. In a bid to enfranchise grief experienced by bereaved children, the study strongly makes the following recommendations.

i. All the stakeholders in education are sensitized on the importance of going through mourning after losing a loved one. This should not be different for bereaved children.

ii. The MOEST should in-service teachers on how to handle grief in schools. The already existing G&C materials should be revised to include detailed aspects of grief counseling especially covering the unnoticed grief and unnoticed griever.

iii. The various stakeholders in education in particular the family members, the pupils and teachers should be involved in effective communication amongst each other in matters relating to death. This will ensure that there is harmony in the way death issues are handled. Provision of information will aid in helping the bereaved children. This is only possible if all parties concerned regularly brief each other on such matters. Therefore, dialogue needs to exist among the stakeholders.
iv. The government should consider improving on the economic status of bereaved children. This can be in form of provision of basic needs. It is clear that children who are lacking these needs as a result of losing their parents are preoccupied with the death of their parents more intensely. They find it hard to talk about the death. This may serve to intensify their self-disenfranchisement.

v. The most important recommendation for this study is that the MOEST should urgently consider introducing grief education to all the stakeholders in schools; children, parents/significant others, teachers and the administration. Grief education has important outcomes that will go along way in helping all who are affected either directly or indirectly by grief. Children need grief education to prepare them before and after they lose their loved ones. It will also help them know how to behave towards their bereaved schoolmates. Grief education will serve to create awareness on grief and break the existing silence on this sensitive issue.

5.8 Further Research

This study targeted bereaved primary school children who had lost their parents. There is still a lot that needs to be done in this sensitive issue.

(i) A study should be carried out to find out how bereaved lower primary school children go though the experiences of bereavement

(ii) It is also important to find out how bereavement affects pupils in the private schools. Pupils in public primary schools differ from those in private primary schools. For instance, some private schools offer boarding facilities. It is important to find out the effect of distancing the bereaved children from their surviving parents/significant
(iii) A study should be carried out to establish the nature of grief counseling offered outside the school. In particular, the study needs to find out who gives grief counseling at home.

(iv) A study on the effects of disenfranchised grief on bereaved children on a longitudinal study is necessary.

(v) Finally, a study on the impact of other significant deaths that affect children is necessary. For example, sibling bereavement or death of a school member.
REFERENCES


Appendix 1: A Letter Requesting Children Subject Consent.

Dear Head teacher,

Greetings. I am a student from Kenyatta University doing a master degree in Guidance and Counseling. I am carrying out research in Primary schools targeting children who are bereaved. My interest is in finding out how they took the experience of losing their parents.

The study will involve the child answering questions based on their experiences. Today we cannot pretend that children know nothing about death. On the contrary, it has been discovered that they are aware of what is happening. It is important to hear their views as well. By so doing, your child will help contribute to this study. Let me assure you that your child will not be subjected to any strenuous questioning. Provision will also be given for those who may wish to withdraw from the study. In other words participation is voluntary. In addition, I wish to get responses through the questionnaire and the interview the teacher counselor on how grief is handled in this school.

This letter kindly requests you to allow your pupils and the teacher counselor to take part in this study.

Thank you in advance.

Angela Kanini Kaberia,

Department of Educational Psychology,
Kenyatta University,
Po Box 43844,
Nairobi.
Appendix 11: The Bereaved Children Schedule

There are two parts in this schedule kindly answer all the questions honestly. All the information provided will be treated with strict confidence and will only be used for the purpose of this study. Thank you for accepting to take part. Remember that **your honesty and true feelings** are the most important part of this schedule.

**Part A**

1. Name of your school ______________________________________

2. Sex  Tick one ( )  Male  Female

3. Age ______________________

4. Class ______________________

5. Which of your parents is not alive? (tick one)  Mother  Father  Both

6. When did you lose your parent (s)  

<table>
<thead>
<tr>
<th>0-6 MONTHS AGO</th>
<th>6 MONTHS – 1 YEAR AGO</th>
<th>1 YEAR – 2 YEARS AGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Do you know the cause of your parent (s) death?  

Yes  No

If yes, kindly write the cause---------------------------------------------------------------

**PART B**

1. Who broke the news of your mother/father’s death?  
   a) My father/mother  
   b) My relative  
   c) My friend  
   d) My teacher
2. How did you learn about the death?
   a) I saw my relatives/other people crying
   b) People avoided me
   c) I knew my mother/father would die
   d) I was present when my father/mother died
   e) Other (specify) ________________________________

3. How did he/she break the news of the death?
   a) That my father/mother had died
   b) That my father/mother had gone on a long journey
   c) That my father/mother was very sick
   d) Write any other expression that was given to you ____________________________

4. Are you uncomfortable talking about the loss of your father/mother?
   Yes No

5. If your answer to 4 above is yes, what makes you feel uncomfortable?
   a) The way my father/mother died
   b) Because I am a girl/boy
   c) Because other bereaved children do not talk about the death
   d) I fear people
   e) Other (specify) _______________________________________________________

6. Has your relationship with other people in school changed since the death of your mother/father?
   Yes No

7. Write down what has changed ____________________________________________
8. What did you feel you needed after the death of your mother/father? (you can tick more than one)
   a. Someone to listen to me carefully
   b. Information about the death
   c. To cry
   d. Change my school
   e. Somebody to talk to
   f. To be left alone
   g. I did not have any needs
   h. other (Specify) __________________________

9. Whom did you expect to take care of your needs?
   a. Classmates __________________________
   b. School mates __________________________
   c. Teachers __________________________
   d. Deputy head teacher __________________________
   e. Head teacher __________________________
   f. My friends in school __________________________

10. What do you feel helped you most?
    a. Somebody talked to me
    b. I talked to somebody
    c. People left me alone
    d. I changed my school
    e. I moved away from home
    f. I was given a chance to attend the funeral
    g. Other (specify) __________________________

11. What do you feel should have helped you most?
12. What makes you feel that the support you received was different?
   a. Because I am a girl/boy
   b. Because my family is poor
   c. Because my family is rich
   d. The cause of my mother/father’s death
   e. Have not thought about it
   f. I try to understand why but I cannot get an answer
   g. Other (specify) ________________________________

13. What do you think the school should do to help you in your situation?
   a. Nobody should talk to me about the loss
b. Somebody should talk to me about the loss

c. People should talk to me as a special child

d. People should not treat me as a special child

e. Other (specify) ________________________________

14. What describes best how you felt about the death?

a. Ashamed talking about it

b. Feared what people say about my mother/father

c. Nobody is concerned about how I feel

d. My life has come to an end

e. Other (Specify) ________________________________

15. Whom do you feel helped you most to overcome the loss (may tick more than one)

a. My classmate

b. My school mate

c. My teacher (s)

d. The deputy head teacher/ head teacher

e. My relatives

f. Other (specify) ________________________________

16. In what way did he/she/they help you ________________________________

17. Whom do you feel treated you worse after you lost your mother/father?

a. My relatives

b. My neighbors

c. My friends

d. Pupils in my school

e. Teachers

f. The deputy/ head teacher

18. In what way(s) did he/she/they make your experience worse?
19. What would you suggest should be done to help you and others who lose their parent?
   a. Talk to them
   b. Encourage them to forget the death
   c. Pray for them
   d. Other (specify) ____________________________

Sentence completion

Please complete the following sentence with the appropriate experiences that you went through after losing your parent. You may write in Kiswahili or English. Once again be honest and truthful.

It is unfair when/I am unhappy when (sifurahi wakati)..................
  1. ........................................................................
  2. ........................................................................
  3. ........................................................................
  4. ........................................................................
  5. ........................................................................
  6. ........................................................................
  7. ........................................................................
  8. ........................................................................

It is fair when/I feel happy when (ninafurahia wakati)..................
  1. ........................................................................
  2. ........................................................................
  3. ........................................................................
  4. ........................................................................
  5. ........................................................................
  6. ........................................................................
  7. ........................................................................
  8. ........................................................................
Appendix 111: The Teachers Questionnaire

This questionnaire seeks your experiences in dealing with orphaned children in your school. The information is meant for educational research purpose only and will be treated with confidentiality. Please provide honest and your true feelings to each item in the spaces provide.

PART A
Background information
1. Name of the school
2. Sex: Male Female
3. Religious affiliation
   Catholic Protestant Other
   Please specify______________________________
4. For how long have you been a teacher counselor?
   a) Present station ________________________
   b) Other stations
5. How many orphans do you have in school?

<table>
<thead>
<tr>
<th>Description</th>
<th>LOWER PRIMARY</th>
<th>UPPER PRIMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those who have lost a father (paternal orphans)</td>
<td>M  F</td>
<td>M  F</td>
</tr>
<tr>
<td>Those who have lost a mother (maternal orphans)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those who have lost both (total orphans)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teachers’ Questionnaire

1. What do you do immediately news of death of a pupil’s parent is reported?
   (May tick more than one)
   a. Visit the family
b. Wait for communication from the family
c. Send a school representative to the family
d. Summon a family member
e. Notify the child
f. Other, specify ________________________________

2. Are there incidences where the death has been reported to school before the bereaved child went home?
   a) Many
   b) Several
   c) Few
   d) Rarely
   e) None

3. What explanation do you offer to the children when the death occurs?
   a. Refer to the administration
   b. It is God’s will
   c. Explain that death is final and permanent
   d. Expect the family members to offer explanation
   e. No explanation
   f. Other (Specify) ________________________________

4. How do the bereaved react when they get the news of their parent’s death?
   a) Cry
   b) Do not look affected
   c) Come to me for help
   d) I have no idea
   e) Look affected
   f) Other (Specify) ________________________________

5. What role did you play during the burial preparations of your pupil’s parent?
   a. Visited the family
   b. Attended the burial
   c. Consult with the parent or significant ..................
d. Wait for the return of the child to school
   Organize a visit by the school fraternity to visit the child’s family
e. Other (Specify) ____________________

6. What role did you play before the child returned to school?
   a. Talked about the loss to other pupils
   b. Talked about the loss to teachers and administration
   c. I did nothing
d. Other (Specify) ________________

7. How does the school handle bereaved pupils returning to school?
   a. Pray for them
   b. Pray with them
c. Encourage them not to think the deceased
d. Encourage them not to worry
e. Have not though about it
f. Other (Specify) ____________________

8. What is your observation about returning bereaved children?
   a. Happy
   b. Sad
c. Withdrawn
d. No change
e. Other (specify) ____________________

9. In your handling of bereaved children, do you (tick)
   a) Encourage them to talk about the deceased
   b) Review past events
c) Provide information about the death
d) Help the bereaved to forget the loss
e) Other (Specify) ____________________
10. What affects the way you handle bereaved children?

a. They are too young to understand
b. The way their parent died
c. Their being a girl/boy
d. Fear of interfering with family issues
e. Other (Specify) ________________________________

11. Do you feel that all children who have lost their parents are treated the same in school?

Yes [ ] No [ ]

12. If your answer in 10 above is yes, what brings about the difference in the treatment?

a. If the child is a boy/girl
b. If the parent died of certain cause
c. The nature of the bereaved pupil
d. Fear of the bereaved child’s relatives
e. Other (specify) ________________________________

13. What do you feel affects the bereaved children?

a. They fear talking about the loss
b. The way their parents died
c. Other pupils make fun of them
d. If they are boy/girl
e. If they come from poor families
f. Other (specify) ________________________________

14. What do you think the school should do to help the bereaved children?

a. Leave the family to handle the children
b. Organize for the school to visit the bereaved
c. Treat them as special cases
d. Warn other school members against talking about the loss for the bereaved children
15. What is your attitude towards grief?
   a. A necessary emotional outlet
   b. Necessary but not essential for healthy adjustment
   c. Children should be protected against grief
   d. Other (specify)

16. What challenges are you faced with in dealing with the bereaved children?

16. What factors do affect the way you handle bereaved children?

   __________________________
   __________________________
   __________________________
Appendix IV: Teachers interview schedule

- Are there any pupils who have lost their parents in your school in the last two? Give specific instances.

- What happened in each case?

- How did the school handle these cases? Specify.

- What challenges are you faced with as the KRT in G and C with regard to parental deaths in your school?
CERTIFICATE OF ATTENDANCE

This is to certify that

Angela Kanini
Kenyatta University

attended
the

Association for Death Education and Counseling
Annual Conference

March 29 – April 2, 2006

held at the

Tampa Marriott Waterside Hotel and Marina
Tampa, Florida

Deborah E. Pederson
ADEC Registrar
Certificate of Membership

Presented to

Angela Kanini Kaberia

Member of

Association for Death Education and Counseling

Helen S. Chapple, RN MA CT CCRN
President, ADEC
This is to certify

Angela Kanini Kaberia

Has been Awarded the

Advanced Certificate of SPSS

Course

Starting: 15th April 2007
Ending: 30th April 2007

Membership No: 1005

Cert. No: 2587
Appendix VII: Research Permit:

This is to certify that:  
Prof/Dr/Mr/Mrs/Miss, KABERIA    ANGELA KANINI  
KENYATTA UNIVERSITY P.O. BOX 43844 NAIROBI  
has been permitted to conduct research in:  
MERU-NORTH, EASTERN 
on the topic: FACTORS CONTRIBUTING TO DISENFRANCHISED GRIEF EXPERIENCED BY PARENTALLY BEREADED PRIMARY SCHOOL CHILDREN IN AKIITHI DIVISION, MERU-NORTH DISTRICT KENYA  
for a period ending 31ST JANUARY, 2008.

Research Permit NO. MOST 15/001/37C 162  
Date of issue 4.4.2007  
Fed received SHS.500.00  

Permanent Secretary Ministry of Science and Technology