

Bereavement, silence and culture within a peer-led HIV/AIDS-prevention strategy for vulnerable children in South Africa

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In addressing the psychosocial effects of the HIV and AIDS pandemic among vulnerable children, the issue of bereavement appears inadequately addressed. Amid the global discourse on children orphaned and made vulnerable by HIV and AIDS, this paper explores how cultural contexts and social environments in South Africa shape children's experience of grief. The argument draws on a number of qualitative studies and uses empirical evidence from an evaluation of a peer-led HIV/AIDS-prevention strategy aimed at providing psychosocial support for 10- to 13-year-old South African children living in resource-poor communities. The paper reveals a central paradox regarding how the intervention's objective of talking about death and eliciting memories of deceased loved ones with young children is confounded by cultural practices located in notions of silence and the need to protect children. The paper acknowledges the 'culture of silence' surrounding death in some African contexts, but concludes that peer-led strategies have the potential to naturally circumvent these cultural taboos, simultaneously creating a much-needed space for young children to cry and talk among themselves, even if remaining silent at home in the presence of adults.

Keywords: cultural practices, empowerment, grief, group therapy, orphaned and vulnerable children, peer education, psychosocial aspects, social dynamics, social support programmes

Introduction

Grief is not only a personal experience, but also a collective process that is vulnerable to both social conditions (Lofland, 1985) and cultural conditions (Rosenblatt, 1993 and 2001). South African psychologists Dawes & Donald (2005, p. 9) argue that "an understanding of children's lived contexts is central to the design of effective interventions because it can take into account both the universal aspects of development and local cultural practices." This is also true for children's experiences of bereavement (Richter, Manegold & Pather, 2004; Wood, Chase & Aggleton, 2006). Using a peer-led HIV/AIDS-prevention programme that integrates children's psychosocial needs, as a case study, we seek to show how the social and cultural aspects of children's grieving processes are intertwined and complex. Thus, in this case, dealing with grief is paradoxical in nature.

Conventionally, grief is defined as "a reaction or response to death or loss of a loved one, loss of a beloved object, or to significant change in one's life" (Cowles, 1996, p. 289). Cowles (1996, p. 288) argues that while "grief is probably universal, its expression is strongly informed by...socialisation and membership in a cultural group." On a personal level, grief can be described, as in the case of an Aboriginal research respondent (quoted in Baydala, Hampton, Kinunwa, Kinunwa & Kinunwa, 2006, p. 168), as follows:

"Grief is for an individual to comprehend and deal with the moment, the loss. We can say we grieve

for others, [while] we actually grieve for ourselves to help us cope and deal with being left behind and missing that person, missing that thing."

The term 'grief' derives from the French word *grever*, which means 'to encumber' or 'to burden' (*Compact Oxford English Dictionary of Current English*, 2008). This 'burden' is an important entry point into the exploration of grief among orphaned and vulnerable children, especially in indigenous cultures and resource-poor communities. Children who have lost a loved one, especially a parent or caregiver, have to deal with the widespread burdens of their socioeconomic environments, with adverse effects on their psychosocial development, health and survival needs. They also face the challenge of indigenous cultural practices¹ that, while seeking to protect them, simultaneously marginalise them from the process of grieving.

Although a growing number of researchers recognise that children are resilient and have agency (Boyden & Mann, 2000; Cook & Du Toit, 2005; Dawes & Donald, 2005; Sheahan, 2006), children living in the wake of HIV and AIDS in South Africa are limited in their agency to deal with loss. The 'ideal' image of childhood, "one where children have love, time and a safe place to play, nurturing, schooling" (Cook, Ali & Munthali, 2000, p. 30) and connections to their cultural traditions is not the case for many children in South Africa. It has been estimated that by 2010 the proportion of South Africa's children under 15 years old who will have been affected by HIV and AIDS will have risen to 15% of

the population (UNICEF, 2004). When their parents or caregivers die, children not only suffer the loss of material provision, but also lose important nurturers, role models and family bonds. Under some circumstances, children have to cope alone while the adults around them grieve (or succumb to illness) and become incapable of providing care. Frequently children have to care for sick adults, forego educational opportunities, and work inside and outside the home (Richter, 2004). These are burdens and significant life-altering events, which frequently occur one after the other, resulting in multiple losses and adversity.

While many orphans and vulnerable children need direct communication with adults about parental illness and death, adults themselves are often unable to identify and manage children's distress constructively and positively (Wood *et al.*, 2006). Caregivers often feel helpless in this role and typically will not have answers to all the questions that children may have about death. Cultural discourses additionally frame adults' discomfort with engaging with children in talk about death (and sex for that matter²). In almost all death contexts, children will seek answers and comfort from caregivers and other adults in their lives. When perceived stigma around AIDS-related deaths is combined with extant cultural taboos about talking to young children about death, this lack of support from adults is further exacerbated.

So while human grief and bereavement has long been of interest to scholars, there are many features of the social taboos and cultural aspects of grief about which little is known. In particular, the documented experiences and consequences of grief among African children living in poverty and coping with HIV/AIDS and multiple losses are limited. An exception is the work of Richter & Müller (2005) who narrate Zulu children's individual stories of AIDS-related deaths in their families. Richter & Müller (2005) focus on the customs and ritual traditions shaping grief, and they probe children's understanding of why parents die and where they go to when they die. Similarly, Mdeleleni-Bookholane, Schoeman & Van der Merwe (2004) explain and theorise Xhosa children's understandings of death and interpret these alongside the cultural beliefs that shape them. These children's narratives offer a broad portrait of how the 'grief landscape' in South Africa's poor communities is constructed by the high prevalence of HIV and AIDS and adults' shaping of how children hear about and understand death. Foster & Mafuka (1997) argue that it is critical that communities and programmes respond to orphans' experiences of neglect, as these help them adapt to new life situations and strengthen their coping mechanisms. Child developmentalists Young & Mustard (2008, p. 73–74) describe what these remedies might be:

A high priority must be given to...programs that provide quality environments (physical and social) for children, as well as appropriate and effective care, nurturing, and stimulation...[to instil] hope and new possibilities for the future.

However, we argue that by merely focusing on the above determinants, interventions tend to neglect the pivotal role that indigenous cultural practices play in children's experience of grief. We therefore turn our attention to considering how children and adults living in poor communities in

South Africa responded to an intervention aimed at, among other things, helping young children deal with bereavement. We seek to demonstrate the need for interventions that challenge potentially unhelpful beliefs, such as the frequently found indigenous cultural practice of 'silence' surrounding death, and we emphasise the need for interventions to be based on an in-depth understanding of, and sensitivity to, the cultural beliefs and practices of their beneficiaries.

Background to the intervention: the Vhutshilo curriculum

AIDS has configured death in challenging ways, related to stigma, impacting on generations in different ways, and has both collective and personal responses (Wood *et al.*, 2006). Recognising that HIV and AIDS and its sequelae have put children at risk of experiencing negative life events (Rochat & Hough, 2007), the *Vhutshilo* programme is an intervention aimed at 10–13-year-old vulnerable children in a South African context. It aims to provide both psychosocial support and early, age-appropriate HIV-prevention education. *Vhutshilo*, which means 'life' in Venda (an indigenous South African language), is a peer-led strategy developed by the Harvard School of Public Health (HSPH) and their recently established South African Centre for the Support of Peer Education (CSPE). An important component of the intervention's 13-week-long programme is a focus on dealing with grief and bereavement through one focussed session, but with ample opportunity for ongoing follow-up over the duration of the programme. Such an approach is supported by numerous scholars working in the field of child vulnerability. Wood *et al.* (2006) argue that building the capacity of the key adults (even young adults) in children's lives to address emotional issues relating to parental loss is an essential yet neglected area of intervention. This is especially pivotal in communities afflicted by poverty and HIV and AIDS, where community and family care networks become volatile or decimated, and where "without caring adults to protect them, children can be manipulated into doing almost anything" (Pharoah & Weiss, 2005, p. 2).

In addition, since children do not always relate to adults, given intergenerational barriers, the prevailing 'culture of silence' as well as adults' inability to talk about death, it has been argued that children often benefit more from receiving psychosocial and emotional support from their slightly older peers. Deutsch & Swartz (2002, p. 46) argue that the explicit principal of peer education is "taking advantage of the natural processes that make peers so important to [one another]" and first finding out what children know. Peer support groups stimulate active learning that examines existing skills, knowledge and practices — and builds on these. A peer-to-peer programme assumes that "peers are much better placed to be influential role models in the lives of their friends" (Deutsch & Swartz, 2002, p. 46). Furthermore, peers share background similarities between the source of influence and the recipients, which increase the persuasiveness of messages (Wolf, Tawfik & Bond, 2000). In addition, peer-education programmes allow for group debate and the negotiation of messages and behaviours, leading to collective norms of behaviour

(Harrison, Smit & Myer, 2000).

The *Vhutshilo* programme therefore addresses the communication gap between child and adults by creating social support groups run by peer educators of similar age to the recipients and from the same community. The premise is that promoting peer-to-peer relationships whereby children help and support one another provides obvious benefits. Boyden & Mann (2000, p. 8) maintain this premise when they argue that supportive and empathetic relationships between children who share the same social contexts can “mitigate the negative effects of adversity and contribute to a child’s sense of self-esteem.”

Vhutshilo aims to assist children come to terms with their social environments, acquire important knowledge, challenge existing norms and beliefs, and encourage help-seeking behaviour and coping strategies (Deutsch, Michel, Arntz & Sampson, 2009). In summary, *Vhutshilo* was designed to offer a “group space for children to explore the adversities they may confront and build resilience...provide fun and connection among members and peer educators... and a safe space to express emotion and ask for help... outside of the formal space of a classroom” (Deutsch, 2007, p. 5).

Methods

As previously mentioned, the *Vhutshilo* intervention consists of 13 sequenced sessions, which include content about pubertal changes, delaying sex, healthy relationships, HIV and AIDS, help-seeking, helping others, and how to deal with grief and loss. Each session uses illustrations, songs, stories, metaphors and slogans to achieve measurable learning objectives appropriate to age and literacy levels (Deutsch *et al.*, 2009).

In the course of our nine-month evaluation of *Vhutshilo*, observed in seven communities across three provinces in South Africa (see Swartz, Van der Heijden, Makoe, Richter, Rozani, Runciman & Ndimande, 2009), the session entitled ‘Grief and Loss’ stood out as the most poignant in eliciting themes of parental illness and death, and feelings of loneliness, anxiety and fear among children. Based on the aforementioned principals of peer education, the ‘Grief and Loss’ session endeavours to help children and peer educators deal with personal grief and engage in talk about death by stimulating positive memories and emotions surrounding their ‘lost’ loved one. In our evaluation of this session we obtained empirical data from a wide range of participants (e.g. children, peer educators and programme staff). With the child participants ($n = 89$; 58 girls and 31 boys) we used ethically sensitive and child-friendly methods that allowed us access to children’s voiced experiences of grief. These methods included a sentence-completion activity, short individual interviews and lesson observations. Through focus group discussions with teenaged peer educators ($n = 34$; 20 young women and 14 young men), and in-depth, semi-structured interviews with adult supervising staff ($n = 18$; 14 women and 4 men), we gained insight into children’s ability to grieve, and children’s culturally-defined roles in the grieving process — which may be generally described as an adult-imposed ‘culture of silence’

around death and grief.

This primary data was then compared with three other qualitative studies, namely *Memory Book: Memory, Grief and Identity* (Sheahan, 2006) — a series of life stories from orphaned children in Africa; Richter & Müller’s (2005) culturally sensitive study of African children orphaned by AIDS; and Mdeleleni-Bookholane *et al.*’s (2004) study of black South African schoolchildren’s understanding of death. In the three sections that follow, lessons are drawn from *Vhutshilo* participants’ responses to the ‘Grief and Loss’ session, and transferable lessons for practitioners working among vulnerable children are identified. Centrally, the remainder of the paper interrogates the role of those indigenous cultural practices encountered in the course of the *Vhutshilo* evaluation in defining the grief experience of vulnerable children, and concludes by offering suggestions for how bereavement interventions for children may be better planned in the context of cultural norms and beliefs.

Findings

Vhutshilo’s ‘Grief and Loss’ session

As might be expected, the *Vhutshilo* session that dealt with bereavement was emotional. It stimulated multiple affective reactions from all role players, although hardly any talking from the child participants, but was widely spoken about by the adult staff and peer educators as ‘one of the most emotional sessions’ (female, programme staff member). The authors of the programme describe the aim of the session as being: “To help members talk about and learn to cope with the illness and loss of family members and friends, especially in the context of the AIDS pandemic” (Deutsch, 2008, p. 35). These remarks assume that children are not coping with loss — a view with which others working in the context of HIV and AIDS in sub-Saharan Africa would firmly agree. For example, Dilger (2006, p. 109) writes of “communities, families and individuals...struggling to interpret and counteract its [HIV and AIDS] disintegrational effects by integrating countless experiences of illness and death into the social cultural and moral framework of family and community life.”

Furthermore, the *Vhutshilo* curriculum warns peer educators and implementers that “the session often gets very emotional” and that they should “review the members’ life situations with supervising adults and prepare for the life stories they may hear and the emotions and needs that may arise” (Deutsch, 2008, p. 37). During evaluation focus groups, peer educators reported that the younger children’s responses consisted largely of silence or tears. Furthermore, since the peer educators themselves were orphaned or vulnerable and many had experienced personal loss, it was therefore not surprising that they expressed anxiety about facilitating the session and often felt ill-equipped to deliver in this area (Swartz *et al.*, 2009). During one session, it was observed that a female peer educator was unable to approach and comfort a crying focus group member during the session. Afterwards, in discussion with the researcher, she reflected that she felt ‘uncomfortable’ in doing so because she was too distressed herself. On a positive note, peer educators reported that the session was produc-

tive because it gave both the group members and the peer educators a chance to grieve for their loved ones and talk about how death had affected their lives — an opportunity seldom afforded to children in their communities.

Of course, children are limited in their ability to fully comprehend death from a developmental perspective (Worden, 1996; Kubler-Ross, 2005). Nonetheless, there are developmentally appropriate tasks in relation to death which children can be helped to navigate. As one adult associated with the programme remarked, *'Bereavement and loss is a huge aspect that they're dealing with all the time. Not necessarily even that they might have lost a parent, they've lost somebody in the family, and they don't understand'* (female, programme staff member). Although the subject of death aroused emotions among children, the general view was that "the session was helpful given that death was a common occurrence, [and] which for many vulnerable children, there were no explanations" (Swartz *et al.*, 2009, p. 93). So while the programme staff considered this topic necessary and the peer educators found it difficult, the children's responses to the session were ambivalent. For some, talking about and sharing their grief experiences was therapeutic (mainly among older children); for others the session was a traumatic event:

'My favourite session was the one that covered bereavement; that if you're bereaved, you cry if you want to, or if you want to laugh, you laugh...it was quite appropriate, because I had sadness in my heart, because I lost my mother when I was young' (10-year-old girl).

'I disliked the session about grief and loss because it brings up bad thoughts...I have lost family members...and it hurt me' (12-year-old boy).

From interviews with children regarding what impact the *Vhutshilo* programme had on them, children made it clear that the 'Grief and Loss' session was the most moving, whether or not they liked it. They responded in diverse ways — both 'loving' and 'hating' the session, with boys generally expressing less enjoyment of it than girls, but no less appreciation for it. Clearly, the session seemed to hold paradoxes. Girls mostly reported liking the session and spoke clearly of its meaningfulness to them: *'It reminds me of my grandma when I was still young'* (13-year-old girl); *'It helped me to remember that there are people who love me besides my parent'* (10-year-old girl); and *'We talk about our feelings about loss'* (12-year-old girl). On the other hand, it was also voiced as the most disliked session of the programme for much the same reasons (the surfeit of emotions), especially by boys. One 14-year-old boy recounted, *'When they ask you how your parent died, it makes the memories come back.'* So while children did not always talk during the session, our multi-method evaluation helped to capture their experiences of it. Despite ambivalence, discomfort and anxiety, the 'Grief and Loss' session remained a significant component of the psychosocial support provided for these children over the 13-week *Vhutshilo* intervention. Both girls and boys exhibited the pain of memories, especially since they had little previous opportunity for engaging in the act of remembering. In addition, numerous programme staff spoke of *Vhutshilo's*

innovativeness in addressing loss, grief and bereavement in settings where there is little ongoing support following AIDS-related deaths.

Very few studies have explored the burdens children face from their own perspective. As Wood *et al.* (2006, p. 1930) maintain, children's and young people's participation in research is important, since they often perceive situations differently from adults. Fewer studies have addressed possible interventions for children in resource-poor communities and among those affected by HIV and AIDS. In this regard, the *Vhutshilo* curriculum and strategy regards 10–13-year-olds as competent to understand loss. Consequently, like Wood *et al.* (2006), our evaluation encouraged engagement with children as commentators of their own social contexts and grief episodes, and provided an example of the relevance, benefits, critique and impacts of the programme's bereavement session as constituting a formal intervention. Finally, *Vhutshilo* meets the need for "personal counselling that would address universal fears and needs...[with] counsellors address[ing] the African way of thinking [sic]" (Schoeman *et al.*, quoted in Richter & Müller, 2005, p. 1011) by offering children the opportunity to speak with peers who share their social and cultural environments.

As we sought to understand the children's responses in relation to what we had learned from the literature, we asked two key questions. The first concerned how children's manifestations of grief are influenced by their social and environmental contexts. The second question related more specifically to the role of cultural practices in these South African communities, asking how norms around death and grieving, and the belief in ancestors, impact on children's grieving processes. Each will be considered in turn and in relation to the current literature.

Children's contexts: social and environmental manifestations of grief

Children's social and environmental contexts in South Africa are clearly impacted by both poverty and the extent of the HIV epidemic, and both have a complex impact on children's grief. AIDS-related deaths shape children's expressions of grief because they are formed in and around feelings of avoidance, shame, stigma, fear and guilt (Richter, 2004). Poverty shapes children's experiences of grief because there is a lack of resources in communities, such as counselling services and informed caregivers, as well as inadequate social networks and social capital (Cattell, 2001) to help children cope with bereavement.

To date, the majority of research on childhood grief has come from the fields of psychiatry and psychology. This has included a heavy emphasis on trauma and pathology, with a more general body of literature exploring the individual's physical, emotional and psychological nature of suffering. In addition, since much of the research concerning childhood bereavement originates in Western and European contexts, the literature tends to focus, for example, on manual-based 'diagnostic' criteria (American Psychiatric Association, 1994, p. 12), addressing 'trauma' (Cohen, Mannarino, Greenberg, Padlo & Shipley, 2002, p. 308) or quantifying the 'stages of grief' (Stroebe, Stroebe & Hansson, 1993, p. 13).

Although these psychological and developmental issues are important, the wider societal dimensions, social dynamics, ethnic variations and cultural determinants of grief remain unexplored.

In Corr's (1996) psychological study of childhood encounters with death and bereavement in the United States, the loss of parents and loved ones is associated with internalising psychological conditions, including anxiety, rumination, depression, social isolation, survivor's guilt and low self-esteem. In our study of South African children from poor communities who attended the *Vhutshilo* programme, while anxiety was central to the children's self-reports, it tended to be outward-focused — on social and economic conditions — rather than on effects in internal conditions, such as depression or low self-esteem. For example, grieving children spoke consistently of their fear of not being able to meet their material needs for food, clothes, a home and education. Significantly, there seemed to be little difference in anxiety between children whose parents were absent through divorce or desertion, and those whose parents had died or were in the process of dying.

In all cases the children spoke of how their lives were affected by their volatile environments. They variously explained that their biggest worry was having '*no money*,' '*always being sick*,' '*having a sick mother*,' and being more exposed to dangerous situations, such as '*drunken people*' and abuse, since they were now neglected and more vulnerable than before. Some participants spoke of being worried about their ability to do all the household chores that were now required of them due to a parent's illness or death, and neglecting school work because of this. They also worried about not being allowed to continue their schooling after parents died. In conversations with the programme staff and peer educators, it was highlighted that children lacked support networks and someone to talk to when they had a problem. The children revealed that they wanted to change their circumstances and wanted more support. Unlike their Western and middle-class peers, many children were aware of those in their midst who were dying of AIDS (including other children and young people); they spoke about it and said it brought up '*bad emotions*' (10-year-old girl). Occasionally, the children told of the problems encountered in terms of obtaining food to sustain an antiretroviral (ARV) regime: '*I do not [want to] live with my grandma anymore because there is always no food. I have to eat because I take ARVs and I can't take them on an empty stomach*' (12-year-old girl).

Clearly, these descriptions of experiences of grief demonstrate the immense influence that environmental and social factors have on children's fear and anxiety, loss and loneliness. Yet, regardless of the obvious burdens these children described, many also displayed hope and optimism, with participants reporting how coping with a parent's death made them feel courageous or '*brave*.' Most surprising was the way in which almost all the children interviewed spoke about the 'Grief and Loss' session as having been the first time they had been allowed or invited to speak of the loss of a loved one. This finding confirmed that, in communities such as those encountered in this study, the practices of remembering, memorialising, and talking about death were

not encouraged with children.

We have already argued that this is frequently a result of cultural practices concerning children and death. However, due to the stigma surrounding AIDS-related deaths, the silence between children and adults is exacerbated and contributes to children not being fully afforded the opportunity to process emotions and deal with their grief. Richter & Müller (2005, p. 1011) report that "children seemed numb and virtually devoid of emotion after the death of their parents — they were beyond all emotion." These findings are supported by those of others: Cook *et al.* (2000) focused on Malawian children's exclusion from death rituals; Mangoma, Chimbari & Dhlomo (2008) and Wood *et al.* (2006) considered the grieving processes of children and adolescents in Zimbabwe; and De Baets, Sifovo, Parsons & Pazvakavambwa (2008) investigated the role of adult caregivers in shaping children's grieving processes, also in Zimbabwe. In contrast to those authors' reports of adult-imposed silence surrounding grief, *Vhutshilo*'s 'Grief and Loss' session advocates, according to the principles of peer education, that grief should not be ignored and that memorialising the deceased is a significant healing process for children. Of course, this requires ongoing support (which *Vhutshilo* encourages), but it also requires that children be helped to integrate new ways of grieving into indigenous cultural practices (which *Vhutshilo* fails to do).

Like the *Memory Book* (see Sheahan, 2006), *Vhutshilo* encourages children to tell their own stories and to remember those they have loved. Throughout the 'Grief and Loss' session, vulnerable children have the space to express their emotions and grief, and are consequently helped to develop resilience in response to the adverse social determinants that threaten their lives. While the *Vhutshilo* intervention held tremendous power to dissolve or transform negative emotions and help children express and process their loss and so offers an alternative model of healing, it was limited in recognising how the participants' reactions to the session were entangled with child-excluding cultural expressions of mourning and associated death rituals. It did not provide a map for how this model must be integrated with the participants' current cultural practices.

The cultural paradox of silence versus the memories of lost loved ones

So far we have discussed how social environments affect children's manifestations of grief, and have alluded to the important role that cultural practices play in shaping and convoluting bereavement processes and interventions. In this section, we turn our attention to African variations in experiences, expressions and understandings of grief by considering in greater depth a number of largely ethnographic studies that portray cross-cultural emotional experience, especially around memory and memorialising.

Cook *et al.* (2000, p. 27) provide an account of how Malawian children (under age 10) "are usually not told of the death of their parents." Older children, however, are not particularly marginalised from the funeral process: "After the funeral, many children are given [traditional] medicine, and threads are taken from the funeral cloth and tied together in the form of a necklace. This is worn mostly by younger

children as a charm to ‘forget the deceased’” (Cook *et al.*, 2000, p. 28). Western child developmentalist Davies (2004) has shown that bringing positive memories, images and recollections of the loved one into the conversation benefits the child in the long run. There is no evidence to show that this would be any different for a child living in an African cultural context. In fact, it may be argued that the type of ‘de-memorialising’ that Cook *et al.* (2000) report can interfere with children’s ability to make sense of their feelings and adequately mourn the loss of a loved one.

Richter & Müller (2005) provide narrative accounts of children’s fears and show how Zulu norms and customs influence children’s emotional experience of losing parents. They describe how death in Zulu terms is associated with ‘pollution’ and children are kept away from an ill or dying person and excluded from rituals — even if the deceased is a parent. This accords with Niehaus (2001) and Ashforth’s (2005) analysis of death in (traditional) African cultures as being associated with misfortune, witchcraft and pollution — with the implied need to protect children from the traumatic subject of death. These authors further explain that children have for a long time been ‘passive bystanders’ in anthropological descriptions of African death rituals, mirroring Scheper-Hughes description of children as “‘receptacles of socialisation’ rather than agents” (cited in Wood *et al.*, 2006, p. 1924). Wood *et al.* (2006, p. 1925) document Shona children’s experiences of being told that their parent’s had simply ‘gone away’ after passing, only to realise when they were older that this ‘going away’ was a euphemism for death; in this manner, talking about death “is often characterised by ‘indirect’ language...including euphemism and silence.” Commonly, some African communities prevent children and unmarried adults from attending funerals. These practices illustrate that in order to protect children from emotional trauma, the “bereaved might prefer to ignore the emotional side of grief and focus on the rituals their culture prescribes” (Richter & Müller, 2005, p. 1011). In this regard *Vhutshilo* challenges these practices, while at the same time building on the African belief that death is not final through the practice of memorialising. In African belief systems, such a belief is founded on both Christian faith and the belief in ancestors. Many African people believe that people are not dead, but that you can connect with them spiritually. Some Africans share a myth, or belief, that their ancestors reside ‘under the sea’ or in murky waters and lakes (Peek & Yankah, 2004).

In the context of *Vhutshilo*’s ‘Grief and Loss’ session it is necessary to ask why it is important to retain a connection to the deceased and why the deceased need to be remembered, which is an integral objective of the session. *Vhutshilo*’s premise is that remembering a deceased person that had a good influence on a child’s life can help a child grow by providing them with a positive role-model even after the person has died. For adults, participation in cultural rituals around death is frequent in African culture (Ramphele, 1996; Maloka, 1998; Ashforth, 2005) and grief is frequently processed through these rituals. However, since children are mostly excluded from these practices, participation in the *Vhutshilo* programme provides an opportunity for children to create new rituals and ways in which to memori-

alise the dead.

The cultural context in which the grief experience occurs is a foundation for more than just children’s reactions during the ‘Grief and Loss’ session. It also interprets adults’ reactions to the session’s objectives and activities. Through the participants’ responses, it was apparent that the children, peer educators and adults were not in agreement regarding the session’s efficacy. Frequently, children were not able to understand or cope with some of the session’s components due to their young age or because they did not coincide with an individual child’s actual experiences of acculturated grief. Furthermore, adults play a large role in constructing the death experience for children and reinforce cultural practices that further preserve children’s silences around grief. During our evaluation it was mentioned that adults will only ‘whisper’ into a child’s ear regarding the death of a family member, often while the child is asleep. Mdleleni-Bookholane *et al.* (2004, p. 5) picks up on this ‘whispering’ in Xhosa practices around death, and explains why this is so: “It is considered distasteful and ill-mannered to speak of anything connected with death. As a result children are cautioned not to mention the name of someone who has recently died.” While those authors argue that the assumption that children are incapable of comprehending ‘death-talk’ is unjustifiable, the practice of whispering relates to the phenomenon of not awakening the ancestors before they are settled. This aversion for ‘death-talk’ and silence is also reflected in Aboriginal death discourses (Howarth & Leaman, 2001) where destruction or abandonment of the deceased’s property takes place and a long-term ban on the use of the deceased’s name by the living is strictly followed.

In some African contexts, children may be considered too vulnerable to deal with the experience of a death (or multiple losses), and so ‘death-talk’ is avoided while silence is embraced. As Warnecke (cited in Mdleleni-Bookholane *et al.*, 2004, p. 4) argues, silence, particularly with children, reproduces death (along with sex), as a taboo subject. Furthermore, preventing children from thinking and talking about death inadvertently “cut[s] out their voices” (Frommer, 1969, quoted in Mdleleni-Bookholane *et al.*, 2004, p. 4). *Vhutshilo* challenges these perceptions by recognising children’s resilience and encouraging moments of agency for them to deal with losses in their lives.

Given that children are often marginalised from experience of a death, it is evident that this can affect their expressions of emotion and grief. In the context of multiple and accumulated losses among African children, this becomes an important topic for further study and intervention. As Kamerman (quoted in Cowles, 1996, p. 288) states: “Grief’s onset and course can only be understood in their social and cultural contexts.” Overall, the *Vhutshilo* programme staff felt that the ‘Grief and Loss’ session was the most difficult one to implement in an African context. They spoke fervently about the cultural belief in African societies that children’s participation in family affairs is limited and about how the stigma surrounding AIDS-related death contributes to why adults give false explanations about why a caregiver may have passed away. Because of this, the peer educators and supervising adults frequently expressed how difficult it was to achieve the session’s objective to get children to

engage in 'death-talk.' After consultation with children, it was reported that the children were often reluctant to have an adult visitor (the researcher) observe the session about grief and death because, in their minds, such things were not to be expressed in the company of adults. A 12-year-old boy was reported as saying: *'Are we supposed to cry in front of a visitor? No, I don't think so! We are rather going to be crying amongst ourselves.'* In this context therefore, it was difficult to adequately provide children with the ongoing psychosocial support they needed to deal with their losses, which was a defect in both the intervention and in evaluating the session.

Norms and traditions surrounding a death play a role in suppressing children's memories of lost loved ones. By being excluded from what is done and why loved ones are lost, children suffer a large amount of confusion and unrecognised emotions which impacts on their experience of grief. Anthropologists, such as Victor Turner (1969) investigating the Ndembu tribe of Zambia, came to recognise that rituals serve as catalysts for accepting and expressing grief. Others, such as Mdleleni-Bookholane *et al.* (2004) and Hallam & Hockey (2001), writing in the South African and international contexts respectively, recognise that artifacts such as photographs can help shape and preserve memories of personal loss.

The peer educators' fears were related not only to the charged emotions the 'Grief and Loss' session evoked, but also to the cultural practices it challenged. The challenges were due to the fact that this session not only exposed children to discussing the topic of death and grief, but it required members to bring a sentimental reminder (an object or photograph) of a loved one that had died. This was meant as a source of memorialising and way to stimulate discussion of the emotions surrounding personal loss. In asking this, the session aimed to get participants to "name three ways they can hold onto the memory of a loved one so that it makes them a better, stronger person" (Deutsch, 2008, p. 37). Truly, memory serves as a life history and individual narrative. It draws on the profound ability of the human brain to store, retain and recall information and events. Memories can be pleasant and make us smile, but can also elicit emotions of anger, regret and grief. Memories may be stimulated by a song, a place, an object, a gesture, a smell or a sight. The 'Grief and Loss' session aimed to be therapeutic in its approach to allow children to remember what important roles lost loved ones had played in their lives and to remember what they had learnt from them. Cohen *et al.* (2002, p. 313) provides a cogent reminder that memory is also paradoxical in nature: "Loss reminders...may result in more extreme emotional numbing or avoidance in children...whereas such reminders may [also] be beneficial or healing for children."

One intention of the 'Grief and Loss' session was to make children aware that because the person is physically absent s/he is not necessarily gone from one's life but can exist in memory. While residual belongings of the dead can help evoke memories and get children to talk openly about their experience of grief, these material reminders were not always available to children. It was reported and observed by the researchers and programme staff that the

children commonly did not bring photographs or objects of a deceased loved one from home. As their cultural traditions prescribe, it is taboo to allow belongings of the dead to be removed from the house, and so the belongings of their dead are traditionally buried or burned (see for example Xhosa practises related by Van Wyk, 2003). To illustrate this practice, one 14-year-old participant told that she used to *'take one of her photo [of her deceased mother] and look at [it], then I'll start crying and my grandmother will ask why am I crying, and when I tell her, she will tell me not to look at those photos because I will end up being stressing and it might affect me.'* The interviewer asked: *'Where are the photos now?'* to which the girl responded: *'They are at home...they hide them, I don't know where they have kept it.'* Subsequently, the peer educators had used a drawing of a framed photograph of a mother and daughter to stimulate conversation since this absence of photographs was common. This was an important accommodation of *Vhutshilo's* aims to culturally appropriate ways for children to deal with grief and loss.

Memory boxes and books are widely reported as capturing the life stories of children. They offer a particularly appropriate way of addressing social and cultural influences like age-discrimination and a "lack of discussion within the family concerning HIV/AIDS...and taboos around sexuality and death and a lack of skills in communication within the family setting" (Sheahan, 2006, p. 5). Memory books, like the ones Save the Children Sweden gathered from orphaned children in Addis Ababa, Ethiopia, can elicit children's own narratives, which (rather than photographs or objects) may be useful to circumvent cultural taboos about talking about death and handling the material belongings of the dead.

The children's experiences of grief were further confounded by the socially and culturally-defined exclusion of children in African communities from mourning and burial rituals. The norms surrounding death kept children from actively experiencing, expressing and memorialising their personal loss. So while memory is not static and can be changed, stimulating memory becomes dialectic in nature. On the one hand, memory transforms the individual by allowing grief to be processed, while also providing imagined scenarios of how a loved one may continue to influence the child's future (as a role model). On the other hand, vulnerable children may hold traumatic memories of a lost loved one, which may be shaped by stigma and may cause disruptive emotions.

As mentioned, relatively little has been written about children in poor circumstances who experience grief, and what has been written shows how children's experiences are largely shaped by adults. This article offers evidence from the field that shows not only how adults shape children's grieving processes, but also how some indigenous cultural practices and beliefs (and its concomitant taboos) conflict with children's psychosocial needs to grieve aloud rather than in silence. Ultimately, while the *Vhutshilo* programme's 'Grief and Loss' session aimed to get children to talk about their experiences with bereavement, it mainly helped adults to speak aloud about the ambiguities of inviting children to speak about death.

Conclusions

This article has focused on how a peer-led psychosocial support and HIV/AIDS-prevention strategy for vulnerable children in South Africa aims to help vulnerable children respond to the death of a parent or caregiver. The analysis has centred on children's responses to the intervention's component dealing with grief and loss. Using reports from children, teenaged peer educators and supervising adults, it has revealed the intricate ways in which the social context of poverty, AIDS-related stigma, and cultural observances all contribute to the complex manner in which vulnerable children grieve, are helped to grieve, or are prevented from grieving.

There is a growing understanding among academics and the practitioners of peer education that children are not simply casualties or victims of their adverse social environments. Even so, they must be protected, educated, and helped to grow in the midst of exceedingly difficult social contexts and burdens related to death and grief. However, they remain agents and are able to play important roles in supporting their peers and empowering each other — by grieving together, 'among themselves.' Despite this agency, acknowledgement must be given to the external threats as well as the strong traditional rituals and cultural norms surrounding death in African communities, which may limit children's ability to grieve, remember their deceased, and feel safe and loved in their social environments.

The *Vhutshilo* peer-led intervention facilitates children's grieving processes by providing a group space for children to express grief and recognise and deal with life changes. By allowing them an opportunity to talk and cry, *Vhutshilo* enabled children to explore and learn new ways of dealing with emotions and supporting each other. The *Vhutshilo* curriculum challenges cultural practices around children's involvement in grieving and mourning, and in doing so offers children an alternative to the burden of unexpressed grief. However, interventions such as this one should not attempt to replace one local cultural practice (African in this case) in order to impose another (Western). Instead efforts should attempt to contextualise the sound principles of child-centred peer education and arrive at interventions that can be integrated into existing cultural milieus. *Vhutshilo*'s peer-led (rather than adult-led) strategy has the potential to allow children to participate in 'death talk' in culturally appropriate ways. It also has the potential to augment rather than challenge the cultural taboo of adults talking to children about death. This augmentation can ameliorate the effects of culturally imposed silence at home by inviting children to speak to their friends in the context of peer support groups outside the home.

This article has drawn attention to the need for a research and practice agenda that explores culturally-sensitive grief support systems for vulnerable children. The creators of the *Vhutshilo* curriculum partially address this agenda in offering bereavement support as a peer-led strategy. However, interventions aimed at helping children cope with grief must assume a full and comprehensive understanding of the particular cultural practices relating to talk about death, the place of artefacts in mourning, and the experi-

ence of loss in a local context. Service providers must have in place an ongoing formative evaluation of their intervention. They need to pay particular attention to the social and cultural contexts that their beneficiaries inhabit, especially with regard to children's experiences of grief. Of course, not all cultural practices need be respected: those practices that prevent children from receiving the help they need must be challenged. However, such action needs to emanate from a deep understanding of why the practices exist. Moreover, the intervention ought to consider offering suitable alternatives. So, while some cultural practices may promote silence, discourage memorialising and exclude children, we suggest that the *Vhutshilo* peer educators and supervising staff need to offer stronger justification, based on the principles of child development and peer education, for allowing children to engage in 'death-talk' together, and these participants need sufficient preparation for handling the outcomes from such talk with children.

In some African cultures, a kinder and more helpful approach to adopt with children may be to deal with their anxieties about material provisions and their continued education after the loss of a parent or caregiver. Furthermore, talking about the possibility of death of a loved one before it happens, in a way that is consistent with both cultural and traditional beliefs, can serve to normalise (as far as possible) the death event. Finally, diminishing the shame and stigma around an AIDS-related death is an urgent requirement for vulnerable children who will already have much to cope with once a parent or caregiver dies, while they may likely be feeling the need to hide their emotions. If the socialised and culturalised boundaries attached to death are sensitively challenged, children may respond with more resilience when bereavement arrives.

Notes

- 1 Indigenous cultural practices here refer to the norms, taboos and rituals that are upheld within various groups or communities in southern Africa, and which shape the process of grieving and talking about or memorialising the dead. We acknowledge that these differ significantly in various contexts.
- 2 Sex is considered a taboo topic in some African cultures, especially with children present. The authors Oshi, Nokalema & Oshi (2005) uncover the 'cultural barriers' to sex education in eastern Nigeria, and, through a qualitative study, revealed that teachers were not passing on this knowledge because of cultural and social inhibitions. However, HIV and AIDS has made it legitimate to study and talk about sexuality in Africa (see Gaussett, 2001, p. 510). Furthermore, Campbell & MacPhail (2002) describe several factors that may stifle talk about sex, such as limited opportunities for communication about sex outside of the peer-education setting, poor adult role models of sexual relationships, poverty and unemployment, low levels of social capital, and poor community facilities.
- 3 The phrase 'the African way of thinking' portrays the belief that African cultural practices has innate characteristics and promotes an erroneous understanding that these are monolithic. These cultural practices are more appropriately described as 'local knowledge,' as one anonymous reviewer appropriately pointed out.

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