

Ways & Means Transcript – S3E6 – Life After Loss for Orphans in Africa

From the Sanford School of Public Policy at Duke University, this is Ways & Means – I'm Emily Hanford.

(Sounds of a schoolyard. Audio of child speaking in Swahili - transition to voiceover)

Susan: My name is Susan and I am 15 years old. I am from Bungoma Town in Kenya. My mother used to take me to school and she'd fix my hair. We had good time. After she died, I was really sad and lonely. I used to be lonely in my house and think there is nobody who would care about me again. I had only my father who was near me. And we only had few friends because our grief. At first I was thinking "I am alone, and how come I am the only child who has no mama?"

Emily: Susan's mother died when Susan was seven years old. Her father, Eluid [*eh-LEWD*] hadn't been involved much in caring for his daughter. When his wife died, he was dealing with his own grief, his daughter's grief – and he had to take on a new role in his family too.

(Audio of father speaking in Swahili - transition to voiceover)

Father: I was thinking a lot about my wife. We were together for 15 good years. At first, after my wife's death, life was very hard. When my child saw other children being taken to school by their parents, I had to take her to school because I wanted her to also feel that she has a parent. After I reached the school, I had to come back home and go looking into how we were going to survive that day. Then, maybe I'd be doing a certain job and it would be getting late. Then I'd have to stop working and go back to the school to take her back home. So it was difficult.

EMILY: The loss of his wife brought back bad feelings Eluid [*eh-LEWD*] had pushed down all his life. When he was a little boy, he too had lost a parent.

Father: I went to school up to form 3 and after I was 6 years old, my father passed away. From there my life changed.

EMILY: In Kenya, nearly 3 million children have lost one or *both* of their parents. Across Africa, the number of orphans is enormous – nearly 50 million children going through the grief of losing at least one parent. Why are so many parents dying? It's mostly HIV/AIDS and respiratory infections. And when it comes to what to DO about this problem, the focus is often on medical interventions to stop the dying. But what gets lost is this other huge public health problem in Africa – widespread grief and the trauma that comes from losing a parent. This has major consequences. Being orphaned is often associated with other problems – problems like substance abuse, dropping out of school, or unemployment. Orphans are also more likely to engage in risky sexual behavior that may lead to new cases of HIV -- and perpetuate a vicious circle.

(Music)

EMILY: On this episode of Ways & Means, new ways to help children in the developing world handle the emotional pain of losing a parent – and how these strategies may interrupt a cycle of negative consequences and help more orphans have fulfilling lives.

[Music]

Kathryn Whetten: My name is Kathryn Whetten. I'm on the faculty in Public Policy and Global Health at Duke University. I direct the Center for Health Policy and Inequalities Research.

EMILY: Kate Whetten has worked in five different countries over the last 15 years exploring the needs of orphans.

Whetten: One of the things we realized early on was that the children were suffering not just from lack of food and housing and safety, but also in their grief and being able to work through anxiety that they had. The caregivers who we were interviewing also were asking us, "What can we do about the child's grief? What can we do about their anger?"

EMILY: To try to answer that question, Kate joined forces with Shannon Dorsey, a child psychologist at the University of Washington. They ran a pilot project in Tanzania, and then, a larger trial both in Tanzania and in the part of Kenya where Susan and her father live.

Whetten: So, Bungoma is a beautiful part of Kenya. It is in the Rift Valley, which means it's quite high, you kind of go up the valley to get there. It's about a nine-hour bus ride from Nairobi.

Emily: Bungoma is the second most densely populated region outside of the capital city, Nairobi. A sugar cane factory employs some people, but many of them are subsistence farmers. They raise chickens and cows. They grow millet, sorghum and other crops. Poverty is common.

Whetten: There's a high proportion of people who go to bed hungry and who are really struggling to survive and to keep their lives together.

EMILY: And the area was hard-hit by the AIDS epidemic.

Whetten: They estimate 15 percent of the children are orphaned, which is really an incredible number if you think about any classroom or a group of a hundred kids, that 15 of them have been orphaned by at least one parent.

EMILY: The need for mental health care is huge in Bungoma. Problem is, there aren't enough people trained to provide it. Here's Shannon Dorsey.

Dorsey: So in Bungoma, like in most low and middle income countries, there aren't enough mental health professionals. There just aren't enough psychologists, social workers, psychiatrists, and those that are available tend to work with individuals with more severe needs like serious mental illnesses or schizophrenia.

EMILY: The US research team works with an organization in Bungoma called ACE Africa. This is Cyrilla Amana, the organization's research director.

Cyrilla Amana: I come from Bungoma and Bungoma is one area that mental health issues are neglected, or forgotten. As we speak, in the area in which we are operating, Bungoma, we only have one mental health expert and one retired nurse who took interest in trying to solve issues of mental health disorders. So, you can clearly see that there's a gap and very few practitioners.-I think that my society deserves better.

[MUSIC]

EMILY: What the researchers needed to figure out is a low-cost way to provide therapy to orphans in a part of the world with very few therapists. How do you do that? One thing you need is a therapeutic approach that doesn't take months or years to be effective. So if the word "therapy" conjures up an image of a patient lying on a couch talking to a counselor for years, erase that image. Because there is an effective short-term approach. It's called Trauma-Focused Cognitive Behavioral Therapy. It's been around for more than 25 years and has proven effective in more than a dozen countries. It helps people deal with all kinds terrible experiences – natural disasters, mass shootings, loss of loved ones.

Here's Shannon Dorsey again:

Dorsey: Trauma-focused cognitive behavioral therapy is an intervention that works on thoughts and feelings to help kids cope, feel better and be less scared about potentially traumatic events in their life that have happened.

EMILY: Cognitive behavioral therapy is based on the idea that our thoughts, feelings and behaviors - these three things are all interconnected and influence one another. It's called "the Cognitive Triangle."

Dorsey: So a kid who's thinking "No one loves me, I'm all alone!" or even "I'm the only one who does not have their mama still alive", that child may be feeling more sad, more worried when they think that way and then they may act in certain ways related to those feelings, so when they're feeling sad and worried, they may isolate themselves, they may try to leave schools, they may not try to come close to the individuals that are still in their lives like the surviving parent, or another guardian. And with the cognitive triangle, what we're trying to teach kids is that thoughts, feelings and behavior are connected. And that if we can change the way we think about a situation – so for the example I just gave, a child might change to think, "Yes, my mama is gone, but I have my bibi, my grandmother, and I have others in my life who will love me". Then that child might change their feelings to feel more hopeful, a little less sad and may be more likely to be able to focus on their schooling, and connect to other individuals.

EMILY: Children in the Bungoma pilot project practiced relaxation techniques to lessen their anxiety – things like counting backwards slowly, or tossing a ball back and forth with someone else. A course of cognitive behavior therapy typically takes between 8 and 20 weeks. In Bungoma, the course was called Pamoja Tunaweza (Pa-MO-ja, Toon-a-WAY-za) or "Together We Can." Both children and their guardians were involved and the course ran for 12 weeks. Here's Kate Whetten again.

Whetten: The guardians or caregivers also go to class every week. So, they're learning the techniques that the children are learning,

EMILY: In the United States, cognitive behavior therapy typically happens one-on-one. But for the pilot project, researchers adapted the method to be used in groups. That was one cost-cutting approach. But what about the "lack of therapists" problem? The way the researchers tackled that one was to teach lay people how to run a course of cognitive behavior therapy. So regular people – with little or no background in mental health – were trained to lead the "Pamoja Tunaweza" course.

The researchers supervised these lay counselors as they implemented the cognitive behavior strategies with children and their parents.

Dorsey: We measured outcomes really carefully, we had standardized measures where kids answered the same questions before the intervention, right after the intervention, 6 months later and then a year later.

EMILY: With their pilot studies the researchers discovered this approach worked. Compared to orphans who got no special attention, the children who completed the 12-week course with the lay counselors had less anxiety and depression, and fewer relationship problems.

Dorsey: Kids showed that they were feeling less worried, less scared, having fewer nightmares, feeling less alone, less sad. We also heard reports from teachers and their schools who would ask the counselors, "What happened with this kid? Can my other kids participate in this program?" And they would say, "I see such changes in this child in my class, they're better behaved, they're listening more, they're focused more on their studies." And when our counselors would be in the communities for other things, the guardians and the children would run up to them and say "walimu, walimu" which means teacher, and really ask and seek their guidance.

EMILY: Susan – the girl we heard from earlier - was involved in the Bungoma pilot study. Susan says Pamoja Tunaweza (Pa-MO-ja, Toon-a-way-za) helped her in a bunch of ways – for example, she learned she wasn't alone in dealing with her grief.

SUSAN: I found that a lot of kids had no parents, and for some kids both parents were dead. My life has changed. Now I know I have other people who can take care of me, apart from my mother who died.

EMILY: Susan's father Eluid says his daughter became more comfortable socially. She started inviting other kids over and even taught them the relaxation techniques she'd learned. He says the course helped him, too. His own trauma from being orphaned had been ignored. But he learned the same strategies Susan learned. He also learned parenting skills. For example, physical discipline of children is customary in Kenya but Eluid said he learned different ways to handle Susan when she acted out.

FATHER: It used to be – after her mother died – at the end of the day maybe I am tired from work, I've been toiling for the whole day, reaching home you can find you can just have to beat the child or even abuse her because of lack of knowledge on how to bring up a child in a good way. But we attended the sessions and right now from the teachings, we have changed the way we behave and the way we handle the situation. I don't think the way I used to.

[Music]

EMILY: The research team was encouraged. In poor communities with limited access to health care - and practically nothing for mental health - lay people could make a big difference for a relatively low cost. Here's Duke researcher Kate Whetten again.

Whetten: That's a really important step, that of saying, "Okay, you don't need the U.S.-trained psychologists to do the training and supervision." So, if that's true, this could be what we call "scaleable". Local people who are from the area, and who love children and work with children, they can become the trainers for a large group of people.

EMILY: The researchers wanted to know – after the successful pilot project – can this approach be used to help **a lot more** of the nearly fifty million kids in Africa trying to deal with the loss of a parent but getting little or no mental health help? Can it be scaled it up? They have a new study going on in

Bungoma and nearby villages to try to answer this question. It involves 40 schools and 30 health centers. Lay people – like community health volunteers and schoolteachers – are being trained to implement the cognitive behavioral grief therapy. Only this time, there will be hundreds of them.

[School yard sounds]

EMILY: Lutungu RC Primary School in Bungoma is participating in the project. Lutungu RC has about 500 students. The RC stands for “Roman Catholic” -- a holdover from when schools in Kenya were missionary schools operated by churches. Children arrive as early as 7am and finish the day around 5pm. They share desks and books.

Whetten: So you have a teacher standing up in front of a hundred children with a chalkboard and the teachers tend to - because there aren't enough books - so the teachers are writing out the textbooks and the kids have to memorize what they're seeing.

EMILY: Kenya's primary schools – up to grade 8 – are free. But children must buy a uniform and supplies in order to attend. Shoes are optional. The head teacher at Lutungu Primary School told us there are 52 orphans at the school. He says most of the orphans of them are “learning without payment” because their guardians cannot afford a 5-shilling charge for supplies. That's about 5 cents. He sees the orphans struggling with basic needs like shelter, food, and clothing . He told us, “They walk almost naked.” Kate Whetten says orphans also face all kinds of stigma.

Whetten: They're often considered a burden on the family. They are considered, by teachers and others oftentimes, to be troublemakers, to be lazy - things like that.

EMILY: Many orphans end up dropping out of school. The US research project will reach 1,280 orphans. They'll learn strategies to deal with their grief – so hopefully they will be able to stay in school. The researchers' goal is to create a detailed blueprint for scaling up the model of training lay people in these techniques. They hope that maybe -- if they show it can work on a large scale -- the Kenyan government would fund a national program.

[Music]

Whetten: So, we now know that TFCBT works, we know that lay providers can implement it with success. What we need to see now is, "What does a school need to do to be able to implement this?" So, do you have to have your principal on board? Or is it sufficient that you have three teachers who are really excited about this? Or what happens if the school is very poor and they really don't have capacity to do this? So we are really looking at the characteristics of the environment within the schools and then similarly with the community health volunteers.

EMILY: Early rounds of the study will guide later rounds.

Whetten: We then tell the next group that's randomized in, "Okay, you've got to have strong leadership," or, "You have to have make sure that you have you do this during the child's break at noon and not at 3," or whatever those characteristics are.

[Feet walking. People speaking Swahili, sounds of the workshop]

Lillian: My name is Lillian Andutu Aluka. I'm a lay counselor. I train people on TFCBT- that's Trauma Focused Cognitive Behavioral Therapy.

Emily: Lillian Andutu Aluka [*on-doo-too ah-loo-kuh*] has been trained in the cognitive behavior techniques and now she's training others who will become grief counselors – both in Bungoma's schools and in area community health centers. On a chilly spring morning, we visited the very first training for these new counselors. They were gathered at a small hotel called Silent Resort. There were 32 of them, sitting on white plastic chairs at narrow tables. Six instructors were there to train them.

Lillian: Today we have been teaching about committing to other relationships and introduction to circle of life.

EMILY: It's a 6-day course and this is day 5. The "circle of life" section is about helping orphans and their caregivers plan for dates that can trigger sad memories, such as birthdays or the anniversary of a funeral. There's also a lesson on helping children shift their focus away from the lost parent and helping them to begin to form other relationships.

Lillian: And what I taught today was about trauma narrative - children and caregivers learning to cope with stress about the death of their parents. These are difficult memories.

EMILY: Lillian says teaching this part is hard for the counselors.

Lillian: Even when teaching, we realize that some of them are crying because it has just triggered them. So, you tell them that when you are a counselor and you feel like you want to cry, don't cry in front of a child because the child will feel, like, "What am I going to do? I've caused my teacher to cry!" So, it's so hard to teach them, like, it is touching people's life, like grief, yeah.

EMILY: Another part of the course focuses on parenting skills. Even the trainers themselves – people like Lillian – are learning new things.

Lillian: I myself am a parent. I learned so many parental skills that I can offer to my child. I learned that those skills like praise, effective instruction, consequences, rewarding, it was really working to the caregiver and they were coming with feedback, like, "I praised my child and my child has really changed." So, I was surprised, like, these simple techniques, they are really changing the life of these caregivers and children.

[Music]

EMILY: Lillian says she's eager to see the experiment succeed. Right now she is training counselors who will work with children aged 11-15. But she says younger children – and older teens – could benefit from this therapy too. There is so much need, she says, and she thinks there must be a public investment in helping orphans deal with their grief.

Lillian: I hope that the government and the Ministry of Health will see that this program is really working, it's really changing people's life, it's really changing the children education, like, performance in school. That's just my only hope.

EMILY: If the team is successful, more lives might be transformed, like Susan's and her father's lives were. Susan is the girl we met earlier. After her mother died, Susan says she was angry and wanted to drop out. But since she learned strategies for handling her feelings, she's still in school and hopes to pass the test to enter secondary school.

She has even learned to think about her mother without getting overwhelmed.

[audio in Swahili- then voiceover]

SUSAN: My mother used to buy clothes for me during Christmas holidays and before the program, it was very difficult for me to come out of our house because it was mama who used to buy me clothes and she is no more. But now I know I have other people -- and with or without the clothes, I will be happy. In the future I am hoping I will keep going to school and then I will build a house with my father so that we will live a happy life. My mother is no more but life has to continue.

[Music]

EMILY: Thanks to ACE Africa for their help on this episode, and especially Cyrilla Amana who served as our fixer in Bungoma.

For translation, we thank Bernard Nambafu.

Mia Zur-Szpiro recorded our interviews in Kenya. Mia also took photos of the places and people you heard about in this story. We have those at our website along with links to Professor Whetten's research on orphan care.

You can also view the terrific music video of this song, "Pamoja Tunaweza" by Save the Children Tanzania with funding from the European Union.

Our website is ways-and-means-show-dot-org. Be sure to check it out.

Ways & Means is produced by Carol Jackson, Alison Jones and Karen Kemp.

Our assistant producers are Thamina Stoll and Cristina Garcia Ayala.

Johnny Vince Evans is our engineer.

Thanks to Naomi Ansano and Quinton Smith for voicing the words of Susan and her father.

This is our last episode for this academic year. Please take time to write us a review on Apple Podcasts or your podcast app of choice. It helps other people find this show. Have a great summer -- we'll be back in the fall.

Until then, I'm Emily Hanford.

[Music fadeout]