RELATIONSHIP BETWEEN COMPLICATED GRIEF AND ANTISOCIAL BEHAVIOURS AMONG CHILDREN: A CASE OF SELECTED PUBLIC PRIMARY SCHOOLS IN NAIROBI COUNTY, KENYA

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Declaration

This dissertation is my original work and has not been presented for a degree in any other University or for any other award.

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Dedication

This work is dedicated to the following groups of people. First, children and guardians experiencing grief.

Secondly, teachers and counselors helping children to process grief.

Thirdly, I dedicate this work to Sunday school workers and clergy who help children during grief.

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Abstract

The inability of children to comprehend and process death due to factors like chronological age, attachment of the child to the deceased, nature of death, and family support may lead to delayed or prolonged grief processes and eventually complicated grief (CG). Complicated grief in a child's life can affect his/her social and cognitive functioning manifesting in antisocial behaviours. This study aimed to determine the relationship between complicated grief and antisocial behaviours among children aged 10-13 years who had lost a loved one in selected public primary schools in Nairobi County, Kenya. To achieve this goal, the study had four objectives namely; to determine the prevalence of complicated grief among children who had lost loved ones, to find out antisocial behaviours that are more prevalent among children with complicated grief, to determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones and to find out intervention measures that are used to support children with complicated grief. This study was guided by Piaget's Cognitive Development Theory and Attachment Theory. Multistage sampling, purposive sampling, inclusion, and exclusion criteria were used to select 259 pupils aged 10-13 years who had lost a loved one to participate in the study. Purposive sampling was also used to select 22 class teachers of the bereaved pupils who participated in the study. The study employed a convergent mixed-method design. Data was collected through self-administered questionnaires (SDQ, ICG, and STAB) and interviews. Quantitative data was analyzed through descriptive and inferential statistics using SPSS Version 25.0. Qualitative data was gathered via interviews and analyzed through thematic analysis. Pearson coefficient correlation was used to determine the relationship between complicated grief and antisocial behaviours while regression analysis was used to test the hypothesis. The findings were presented as tables, pie charts, and graphs. The findings indicated that the prevalence of complicated grief was 26.1% while the most prevalent antisocial behaviour was social aggression with an aggregated mean of 3.01. There was a positive relationship between complicated grief and antisocial behaviour with an R-value of 0.211. Regression analysis showed that there was a statistically significant relationship of 0.018 between complicated grief and antisocial behaviours. The most used intervention measure was counseling at 79.16%. However, the study found that only 3 out of 22 teachers were trained counselors. Therefore, the study recommends that the Ministry of Education introduce a school-based counseling program incorporating grief intervention techniques.

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Abbreviations and Acronyms

AIDs- Acquired Immunodeficiency Syndrome

APA- American Psychological Association

ASB- Antisocial Behaviours

BESB-Basic Education Statistic Booklet

CG- Complicated Grief

COVID-19- Coronavirus Disease 2019

DSM-5- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

HIV-Human Immunodeficiency Virus

ICD-10- International Classification of Diseases

ICG -Inventory of Complicated Grief

KNBS-Kenya National Bureau of Statistics

MWENDO- Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children

OASDI- Old -Age Survivors and Disability Insurance

PA- Physical Aggression

PPI- Programme for Pastoral Instruction

SA-Social Aggression

SDQ - Social-Demographic Questionnaire

SPSS- Statistical Package for the Social Sciences

SSA-Social Security Administration

STAB- Subtype of Antisocial Behaviour

UNICEF- United Nations Children's Fund

USA- United States of America

USAID- United States Agency for International Development

Operational Definition of Terms

A loved one- in this study, was used to allude to a family member from a nuclear family and extended family limited to grandparents, uncles, and aunties.

Antisocial behaviours (ASB) - A description for all behaviours, attitudes, and personality traits that people engage in which appear to be dysfunctional, in that they often have negative interpersonal and societal outcomes" (Hashmani & Janason, 2017, p. 1).

In this study, antisocial behaviours were defined as physical aggression, social aggression, and rule breaking.

Bereavement ‑ The period of time after which an individual has lost a loved one when despondency and grieving happen (Hamill et al., 2017).

In this study, bereavement was used as trouble over the passing of a loved one among children who have lost a loved one.

Child- A young individual under the age of teenage years or the legal age of majority (Heritage, 2022).

In this study, the word child was used to refer to a youngster who is between 10 and 12 years of age.

Complicated grief –is a response to death that deviates significantly from normal expectations. It comprises a period of prolonged or intense grief and in some cases, grief might be delayed or absent (VandenBos, 2015, p.223).

In this study, complicated grief was defined as an intensified and ongoing state of mourning that keeps an individual from healing.

Death- A state of the overall vanishing of life. Death is a permanent cessation of the functions of organs that are vital for life (Andrzej & Artur, 2017). In this study, death was defined as the end of life.

Grief- The anguish experienced after a substantial loss, ordinarily the passing of a cherished individual. It comprises separation anxiety, physiological trouble, perplexity fanatical, obsessive dwelling on the past, and being anxious around long-standing times. Grief might as well take the form of regret for something done, lament for something misplaced, or distress for a misfortune to oneself (VandenBos, 2015).

This study used the term grief to demonstrate the involvement of an individual who has lost a cherished one to death.

Intervention measures- "Any action intended to interfere with and stop or modify a process, as in treatment undertaken to halt, manage, or alter the course of the pathological process of a disease or disorder" (VandenBos, 2015, p. 557).

In this study, intervention measures were defined as actions that can be used to interfere with or stop complicated grief among children.

Loss –The separation from, a detachment from something or somebody of esteem (Brand et al., 2008). In this study, a loss was used as separation from someone through death.

Mourning - The process of feeling or expressing grief following the passing of a loved one, or the period amid which this happens (VandenBos, 2015). It usually involves lethargy and sadness, loss of intrigue within the exterior world, and reduction in activity and creativity. In this study, the term mourning was defined as a period when an individual expresses grief after the demise of a loved one.

Normal grief- The emotional, cognitive, and behavioural impairments with a few positive responses after the loss of a significant other. The strength of these impairments reduces over time whereas the positive aspects upsurge and the person gradually adjusts to his or her changed living conditions (Wittkowski & Scheuchenpflug, 2021). In this study, normal grief was used to refer to the socially agreeable way of responding to the demise of a loved one.

Pupil- A young person or child in school. In this study, it was used to refer to the child respondent in a public primary school.

Symptoms of complicated grief- in this study, they were defined as pointers of complicated grief that do not meet the criteria or complicated grief.

Chapter One: Introduction and Background to the Study

Introduction

This chapter presents the general overview of complicated grief and the background to the study whose main focus is the relationship between complicated grief and antisocial behaviours among children. The chapter comprises the background of the study, a statement of the problem, research objectives, and the research questions. In addition, the chapter includes the study's assumption, justification, significance, and scope of the study. Finally, the chapter highlights the limitations, delimitations, and chapter summary.

Background to the Study

In life, numerous losses produce grief reactions. Loss in the words of Harris and Winokuer (2016) is the actual or alleged deprivation of something that is considered meaningful. Grief on the other hand is a common response to loss (Worden, 2018). Grief is a multidimensional and general experience ensuing from the loss of a person, or an object, moving away from family, or critical life occasions, such as divorce, job loss, ailment, or physical incapacity. When experiencing grief, a person’s emotional, cognitive, physical, social, behavioural, and spiritual components are often negatively impacted (Brook & Miraglia, 2015). Brook and Miraglia (2015) further noted that grieving is a personal experience with no schedule to recover since the process takes a different amount of time for each person. In addition, Worden (2018) stated that grief is unavoidable and essential. It helps grieving individuals deal with emotional and behavioural pain as well as adapt to the demise of a loved one. It is thus imperative for a grieving individual to be patient and allow the grieving process to happen naturally.

As stated by Doka (2016), grief is experienced and expressed through thoughts, feelings, and emotions. Grieving individuals will exhibit feelings of shock, numbness,

anger, sadness, anxiety, loneliness, fatigue, helplessness, and yearning. Additionally, Worden (2018) claims that physically, grieving individuals will feel weak, and tired, have breathing difficulties, tightness in the chest or stomach, and dry mouth. Also, Pop-Jordanova (2021) noted that in their cognitions, grieving individuals would experience disbelief, confusion, preoccupation, hallucinations, dreams, and magical thinking. Their behaviours will also change and they will have sleep and eating disturbances, social withdrawal, inattention, agitation, crying, and avoiding cues of the departed, in addition to having dreams of the dead. Doka (2016) concedes that spiritually, grieving individuals will challenge their faith, some change their belief in God and start searching for meaning while others' faith may be renewed and strengthened. Conversely, Harris and Winokuer (2016) noted that socially, grief is expressed through changes in interpersonal dynamics and expectations for the bereaved individual. Such individuals isolate themselves because they have difficulty handling social situations that may trigger their grief.

On the other hand, children grapple with and exhibit grief in different ways, some of which are distinctive of their age-related milestones (Carter, 2016). Consistent with Jackson (2015), children's grief might take a dual process where they cry one moment and play happily the next. This makes it appear like children are not grieving or are grieving in the wrong way. Nevertheless, children's grief has cognitive, emotional, physical, behavioural, and social aspects. Consistent with Corr and Balk (2010), grieving children experience waves of emotions such as feelings of sadness, anger, fear, confusion, regrets, worry, loneliness self-blame, and guilt. Occasionally, McCoyd and Walter (2016) stated that children's grief involves fatigue and withdrawal although at times it can lead to agitation, irritability, getting into trouble, or lashing out. They may as well have difficulties with sleeping and have a drop in academic

achievement, while others try to be the faultless child by suppressing their pain. Young children may regress to an earlier state of function like bed wetting, thumb sucking, and attention-seeking behaviours.

Even though children of all ages grieve when a loved one passes away, their developmental stages have an impact on how they perceive death and how they feel and communicate their sorrow (Ener & Ray, 2018). For instance, infants and toddlers (children below three years old) experiences are difficult to know but the loss of a loved one especially the caregiver has an obvious effect (Rachamim, 2017). An infant below three years may not have any concept beyond itself but when death occurs the infant feels (though not with a conscious understanding of death) that something he or she wants or needs is absent (Stevenson & Cox, 2017). Though they experience loss and separation, they cannot logically comprehend what death is especially when a primary caregiver dies, infants may be quiet, impassive to smiles, less energetic, and get less sleep. In addition, they could appear devastated and cry (Walsh, 2011). Toddlers (ages two to three years old) may exhibit signs of melancholy or distress, such as withdrawal, lack of interest in typical activities, quiet behaviour, or irritability. They might moreover have sleep and eating issues where they deny going to sleep despite being heavy-eyed, refuse to feed themselves, and in extraordinary cases deny eating. They too relapse to earlier states of functioning like bed wetting and thumb sucking, increased tantrums, and separation anxiety (Therivel & McLuckey, 2018).

Children between the ages of four and six have a limited awareness of mortality because they can't distinguish between fact and imagination, which prevents them from realizing that a loss is irreversible. Children of this age frequently believe that death is preventable and reversible, and they may even hold themselves responsible for it (Martell et al., 2013). In addition, Therivel and McLuckey (2018) stated that at this age,

children have repetitive questions about the location and condition of the deceased asking questions like whether he or she eats, plays, and whether he or she will come to visit them.

At the age of six to nine years old, children start realizing that death is inevitable and universal. Children could contest the possibility that they could die. Children who are grieving may feel powerless, angry, lonely, afraid that something bad will happen to their loved ones, and fearful (Bui, 2018). They also express phobias about school, bodily somatic complaints like headaches and stomachaches, and chest pain which in the words of Doka (2016) are common among grieving children. Therivel and McLuckey (2018) added that in addition to these behaviours, they might exhibit antisocial behaviours, anger, aggression, temper tantrums and mood swings. Rachamim (2017) noted that children at this age tend to have wishful thinking about being with the deceased and will speak about wanting to pass away in order to join the deceased.

Children aged nine years and older have concrete mental processes and therefore understand and process death. Their expression of grief is based on what they have learned from their caregivers or parent(s) and other adults around them (Rachamim, 2017). Grieving children will have concentration problems and difficulties in studying which may adversely affect school performance. They might also develop anxiety, symptoms of depression, withdrawal, conduct problems as well as low self-esteem. However, they tend to avoid a direct expression of emotions and would rather do it in private which could result in dangerous activities like drug and alcohol use (Bui, 2018).

A person transitions from a period of intense emotional sorrow and sadness to a more comfortable emotional state following a significant loss. The grieving process

refers to this progression through a series of adaptive phases. For example, Kubler-Ross and Kessler (2005) describe the grief progress in five stages. In the first stage, an individual is in shock and denial and refuses to believe that a loved one is dead. Life does not make sense and individuals wonder how they will move on. The second stage is anger where the question of 'why' dominates the narrative of the grieving individual. An individual can be angry with self, the deceased, God, or family. Emotional pain can also be experienced in this stage. The third stage is bargaining, where individuals converse with God requesting one more chance to be with the deceased. At this stage, an individual is ready and willing to do anything for the loved one to be spared from death.

In the fourth stage, grieving individuals develop depression as they struggle with how to let go. It is characterized by feelings of emptiness, sadness, withdrawal from life, and finding no meaning in moving on alone. When bargaining is not working, individuals feel they are losing and accept the loss, leading to acceptance which is the last stage of grief. It entails coming to terms with the loved one's physical absence and the permanence of the new reality. Individuals learn to live without their loved ones. However, Kubler-Ross and Kessler (2005) stated that these stages are not a standard for grieving, but rather tools to assist people in framing and recognizing what they may be experiencing. However, it is important to remember that grieving is a personal process and that not everyone experiences each stage or in the recommended order (Gross, 2016). Hamill (2017) suggested that the majority of people do not go through stages of bereavement. In some ways, modern clinicians understand that grieving is a very personal, individual experience that differs from person to person, depending on culture and type of loss.

In contrast, children process grief differently. For children to process grief, Fox (1985 as cited in Fiorini and Mullein 2006) discussed four tasks that children work through as they grieve a loss. These tasks are tasks of comprehension, mourning, remembering and continuation. A Child needs to be able to make sense of both specific deaths and death in general in order to comprehend. Understating means knowing the person who died is no longer alive and will never be part of his or her life in the way the deceased used to be. A child should understand at an age-appropriate level what has happened and why. To know what happened, children will ask questions to determine what caused the death and why it happened. This will help them to know that the loss undeniably happened and is real.

The second task is grieving which is characterized by sadness and anger. Under this task, significant others should let children know that anger is an expected and acceptable component of grief and allow them to get through the unpleasant emotions brought on by the loss. The third task is commemorating which is a way of remembering and memorializing the loss. A child is encouraged to develop a personal meaningful way to formally or informally remember the deceased person. This provides an opportunity to affirm the value or the life of the deceased person. For that reason, it is crucial to involve children in the commemoration's planning. The last task in the mourning process is the task of going on. Through this task, children learn new ways to retain an inner connection with the deceased as they play, attend school, and develop new friendships.

Once individuals go through the stages and tasks explained above, they may be able to acclimate to a new reality without the departed and to the loss of a loved one. Worden (2018) stated that processing grief helps individuals to deal with emotional pain. It intensifies the certainty of the loss and helps individuals express their feelings

as well as overcome numerous obstacles to readjustment after the loss. Grief processing also enables people to go on and reinvest in life while keeping the deceased in mind. Just like adults, children need to process grief. Children may not process grief using the above-discussed stages but given the correct information about death, support and an opportunity to communicate their emotions and ideas regarding the death can aid in their grieving process (Gross, 2016). This will help them increase the reality of the passing away of a loved one and avert complicated grief that could result in antisocial behaviours.

During bereavement, different individuals process grief differently. Even with the above-stipulated stages and tasks, some individuals will confront grief while others will not (Gross, 2016). Worden (2018) implied that, the aptitude to process or not process grief is determined by many factors. Worden expounded factors like kinship which identifies the survivors' relationship to the deceased person. This could be a relationship of a child, parent, sibling, spouse, lover, or other family member or friend. Grieving for a parent's death will be different than grieving for a sibling's death. Boelen, et al. (2003 as cited in Worden, 2018) stated that the closer the level of relationship to the deceased, the more the grief increases. The other factor is attachment to the diseased. Worden (2018) said it is important to know something regarding conflicts with the deceased, the degree of connection, the emotional stability of the attachment, the ambivalence in the relationship, and dependent relationships. Worden stated that it is essential to comprehend the strength of the bond because the intensity of love determines the intensity of grief. The degree of grief reaction time and again rises in direct proportion to the strength of the love relationship.

On emotional security of the attachment, Neimeyer and Burke (2017) stated that many people rely on their spouse to meet their security and esteem needs. When their

partner passes away, their needs remain the same, but their income is removed. Thus, a more challenging grieving process will result if the survivor depends on the departed person for their feeling of self-worth—to feel good about themselves. Furthermore, tensions and ambivalence in the relationship with the departed might cause a great deal of guilt, which will hinder the grieving process.

Another factor that may determine how individuals process grief is the nature of death. The survivor's reaction to the loss will depend on the manner in which the deceased passed away. One can die naturally or abnormally, accidentally—what some people would call accidental—suicidal, or murderous. An elderly person's natural death will be mourned differently from a child's unintentional death (Warden, 2018). Other dimensions associated with the nature of death are; proximity, suddenness and unexpected deaths, violent/ traumatic deaths, multiple losses, ambiguous deaths, and stigmatized deaths.

The term "proximity" describes the geographic location of the death. Was it far away from the survivor or near? It is difficult for the bereaved person to accept the death of a loved one when the death occurs far from the survivor because it creates a sense of unreality surrounding the death and leads to the notion that the person is still alive (Milic et al., 2017). The question of whether there was a prior warning or whether the death was unexpected is raised by the suddenness and unexpectedness of the deaths. According to several studies, survivors of unexpected deaths—especially those who are young—tend to experience greater hardships a year or two later than those who receive prior notice. Deaths that are violent or traumatic can have a lasting effect and frequently result in difficult grieving (Özel & Özkan,

The most severe mourning is associated with violent and traumatic deaths (accidents, suicides, and homicides), which also frequently play a role in the development of complex grief. Seeing or discovering the bodies of victims of murder, suicide, or accidents at the site can result in severe grief that may develop into complex grief (Neimeyer & Burke, 2017). Multiple losses where an individual loses several loved ones in a single terrible incident or over a brief period can determine how an individual processes grief. In such a scenario, there is a likelihood of bereavement overload with too much grief and pain leading to an inability to process such feelings.

Ambiguous deaths refer to situations where the survivors are unsure of their loved one status- alive or dead. For example, a person missing during war or a plane crash. This places the mourner in a challenging situation where they are unsure of whether to give in to their sadness or to hold out hope (Boss & Yeats, 2014). Additionally, fatalities from illnesses like AIDS and suicide are sometimes viewed as stigmatized deaths. The incapacity of the bereaved to process their grief may result from inadequate social assistance when such stigma occurs (Kumar & Nayar, 2021).

An added factor that affects the ability to grieve is the personality traits. Bowlby (1980) urges therapists and other counselors to consider the mourner's personality structure while attempting to comprehend an individual's response to loss. Personality traits are a natural predisposition that signifies each person's distinctiveness and have a long-lasting, yet unswerving effect on their behaviour and thought processes (Satchell et al., 2017). Oshio et al. (2018) stated that persons with openness, conscientiousness, extroversion, and agreeableness personalities are positively related to resilience. Consequently, this gives them the ability to process grief.

Gender is another variable that affects how an individual processes grief. Boys and girls have diverse socialization, and many of the distinctions between men's and

women's grieving processes may be more a part of this socialization than in some intrinsic genetics (Stelzer et al., 2019). Coping style is another variable that varies from one person to another affecting how individuals process grief. As pointed out by Brook and Miraglia (2015), a coping style is a method of problem-solving in which coping is defined as the actions used to find relief and a solution to a problem. Some people will have good coping skills while others will have poor coping skills.

A further variable that affects how one processes grief is one's attachment style. Early intimacy between parents and children shapes attachment styles in children. The goal of these actions is to stay close to an attachment figure—usually the mother. Consequently, the survivor runs the risk of never being close to the attachment figure again as soon as the relationship is severed due to death (Kosminsky & Jordan, 2016). Beliefs and values also affect how individuals process grief. Nonetheless, some deaths are more likely than others to cast doubt on a person's beliefs and ideals, leading to a spiritual crisis for the person who is unsure of what is right and true. The moment this occurs, it becomes more difficult to make the spiritual adjustments necessary to live without the departed (Özel & Özkan, 2020).

Social support is another variable that is considered a key factor in processing grief by Cakar(2020). Bereavement is a communal experience, and it can be significant to grieve alongside others. In the grieving process, social and emotional support from people—both inside and beyond the family—is important. Perceived social support reduces the negative consequences of stress, particularly the stress of grieving (Juth et al., 2015). According to Cakar (2020), social support from sufficient social networks can mitigate the negative impacts of stress on a person's mental health. Social connections improve people's health and well-being, boost coping skills by offering practical or emotional assistance, and act as a buffer against stress. Bottomley et al.

(2017) also hinted that social support can serve as a protective factor against psychological infirmity when a friend or relative passes away by lessening the symptoms of grieving and promoting psychological adjustment. Family, friends, coworkers, relatives, community members, religious or spiritual resources, and psychotherapists are some of the people who can offer social support.

Equally, several factors influence children's grief process. Bui (2018) refers to factors like chronological age, attachment of the child to the deceased, and the developmental level of a child (age). Bui alluded that children at different ages have a different understanding of death depending on their cognitive functioning. The attachment of the child to the deceased is also a factor that influences how the child will grieve. These patterns are controlled by the attachment figure's ability to meet the child's emotional needs, especially when they are under stress. It is believed that attachment types are fairly adaptable in circumstances such as catastrophic occurrences (Fraley,2016). When a significant attachment figure passes away, children with stable attachment can process their grief and go on to form wholesome, continuing relationships with the departed loved one. On the other hand, children with insecure attachment find it difficult to process grief which can contribute to the development of complicated grief (Schenck et al., 2016).

The relationship between a child with the deceased and its significance in the life of the child influence their grief. Children who lose their parents may experience more intense grief than children who lose their uncles or grandparents. This is because children are more reliant on primary caregivers for their safety, shelter, and love. Consequently, experiencing loss at an earlier, more dependent stage of development has a stronger impact on them for a longer period of time and impacts many elements of their lives (Walsh, 2012). Also, the nature of death (was it sudden or after a long

illness,) and family support like involving the child, and telling him or her the truth about the dead person will play a role in how children grieve. Further, Walsh added that earlier experiences with death and the children's unique personalities and coping styles equally influence how children grieve. For example, a child who has experienced death before may be able to process grief when experiencing it a second time, unlike a child who is experiencing death for the first time.

Also, a child who can express emotions might be able to go through the grief process, unlike a child who is closed up. Family systems are another significant influence on how children process grief. Consistent with Social Learning Theory, children pick up a variety of behaviours, including those associated with loss and mourning. Consequently, children's reactions to loss and communication about it are significantly influenced by their family's cultural background and spiritual orientation (Ferow, 2019). Children will find it difficult to articulate their thoughts about death and loss in families where death is not discussed honestly, making it difficult for them to process grief (Walsh, 2012).

Left unattended, the factors mentioned above can make grieving children encounter behavioural and emotional disruption that prevents the normal grieving processing (Ener & Ray, 2018). For instance, when grieving children are not allowed to understand death by being told the truth about the dead person and given the relevant support for grieving, they may not grieve the death of a loved one. Carter (2016) noted that adults will sometimes avoid using the word dead when referring to the deceased but will use words like "have gone to heaven", "God has called him or her" or "sleeping/ gone away". Children tend to be literal thinkers and will take the words to mean exactly that and later will start asking when they can go to be with the deceased or when the deceased will come back.

Also, when death is foreseen, adults often forget to update children about the progress and projection of the disease, and children are thus poorly prepared for the death or have little understanding of what is going on. Adults can exacerbate a situation that is already challenging for children by keeping their emotions hidden from children, excluding them from burial, preventing them from seeing the deceased, or keeping them isolated from the adult world (Falk, 2020). Such children might get stuck for a long time in grieving which hinders them from moving past the loss and grieving, a condition called Complicated Grief (CG) (Shear, 2012).

While dealing with loss, individuals may experience different types of grief. Petruzzi (2019) classified grief into four principal types as follows; anticipatory grief, normal, complicated grief, and disenfranchised grief. Anticipatory grief is predictable and real losses such as diagnoses with acute, chronic, and fatal illnesses that oneself or significant others suffer from. Such losses could consist of, but are not limited to health, body parts functionality, independence, role like that of breadwinner, dignity, or life. In normal grief, the responses can be psychological, physical, and behavioural experienced for a short while.

Complicated grief is persistent and recurrent over time. It comprises masked, delayed, exaggerated, or chronic grief. Complicated grief (CG) as stated by Worden (2018) is linked to severe trauma and loss, including multiple losses, as well as unanticipated and violent deaths. Unprocessed or unresolved grief, multiple stressors at once, and lack of support networks can all exacerbate it. Complicated grief is postulated into three different types by the American Psychological Association (APA) Dictionary of Psychology (2013): absent grief, delayed grief; chronic grief, which is intense and prolonged grief.

Disenfranchised grief on the other hand happens when someone has a loss yet it is not socially acceptable, publicly communicated, or openly acknowledged. Disenfranchised mourning, according to Doka (2016), refers to losses in the mourner's life, namely connections that are not accepted by society. The loss and the relationship are deemed insignificant, or the grieving person is deemed to have an insignificant capacity to grieve. The experience of a bereaved person is not respected, and they are not included in the customs of normal mourning. Partners of HIV/AIDS patients, COVID-19 deaths, divorced or separated couples, extramarital lovers, and victims of abortion, miscarriage, adoption, suicide, and criminal activity are among the groups at risk of suffering from disenfranchised grief (Petruzzi, 2019). Additionally, two types of mourning occur collectively: grieving as a community and regrieving, which is the process of experiencing a major loss of childhood from a different, more mature perspective more than once (Venkatesan, 2022). However, the focus of this study was complicated grief (CG).

According to Simon (2013), CG is a type of typical grieving characterized by a drawn-out, complicated adjustment process to the loss's finality. Shear (2015) explains that it is a condition in which the natural healing process becomes complicated, causing typical mourning to be abnormally extended. CG was described by Hamill et al. (2017) as a severe bereavement that either does not improve or gets worse over time. It typically manifests as debilitating emotional pain that lasts for a long time and interferes with day-to-day functioning. Normally, one or more functional domains of an individual are considerably negatively affected by their grief. Stroebe et al. (2013) defined complicated grief as a clinically significant departure from the norm in terms of the degree of execution in social, occupational, or other critical domains of

functioning, as well as the duration or intensity of particular or general syndromes of grief.

Nakajima (2018) and Shear (2015) point out that characteristic symptoms of CG are intense longing that lasts for a long time, emotional pain or longing for the deceased, thoughts and memories of the deceased that preoccupy you frequently, a sense of disbelief or inability to accept the loss, and difficulty envisioning a meaningful future without the deceased. Along with avoiding events that serve as a reminder of the loss, there is often grief, resentment, and guilt about the circumstances of the death. Shear (2015) purported that, maladaptive behaviours, dysfunctional thinking, and emotion dysregulation can result from some symptoms of CG, such as persistent obsession with the deceased, extreme avoidance of reminders of the loss, and excessive survivor guilt. This study focused on complicated grief among children concentrating on intense yearning and longing for the deceased person, preoccupation with thoughts and memories of the deceased, anger and sadness, feelings of self -blame and a feeling of disbelief or inability to accept the loss.

Considering the inability of children to process grief (based on their developmental stages or lack of support by caregivers) as discussed earlier, there might be delayed, prolonged, or inhibited grief processes leading to complicated grief. This might lead to interference in their day-to-day activities. This study, consequently, sought to find out the relationship between complicated grief and antisocial behaviours (ASB) among children who had lost a loved one in public primary schools in Nairobi County, Kenya.

Complicated grief is common in children for the following reasons: To begin with, children are not given attention during mourning as most families assume that children do not grieve (Akerman & Statham, 2014). Also, as stated by Martell et al.

(2013), if children don't get enough information about the death, they may not comprehend what has really happened to their loved one and there is a possibility of not processing grief. They may also fail to process grief if they are not allowed to participate in funeral ceremonies in which the community and family mourn. Furthermore, not getting satisfactory backing throughout grief and not having a safe haven to express feelings and act out stress, can hinder grieving.

Additionally, environmental factors like living arrangements within the family, poverty and inadequate grieving support can lead to complicated grief (Mwona & Pillay, 2015 as cited in Ngesa et al., 2020b). Families with low socioeconomic status and limited resources may not access medical care or therapy (Jacob, 2017; Roulston et al., 2017) and will then not seek intervention for their children when grief starts to get complicated. In some families where they cannot afford service care, children especially girls are turned into caregivers giving them no room to mourn their loved one which can hinder them from grieving (Roulston et al., 2017). All these reasons will deny children the opportunity to express their painful feelings which will lead to complicated grief**.**

Mostly, when grief is not processed, it can have dreadful effects on grieving individuals. Walsh (2011) stated that, if grief is not processed, there has been a history of sadness, anxiety, or trouble in adjustment. Accordingly, it may result in clinically substantial impairment in other fundamental domains of functioning, such as social or vocational. With complicated grief, individuals can also have intense and prolonged separation anxiety and compromised psychological adaptation. Gross (2016) likewise associated complicated grief with increased physical illness and social dysfunction. Similarly, Gross (2018) noted that when individuals fail to confront the reality of loss and let go, they can experience delayed, unresolved grief as well as prolonged or

complicated grief. Ener and Ray (2018) stated that complicated grief can also impact a variety of aspects of children's lives, such as how they operate in their homes and classrooms, how they interact with their peers, how they view the spiritual world, and how they view themselves.

Moreover, Ferow (2019) alluded that complicated grief can have devastating consequences in children like the development of somatic symptoms, becoming angry and aggressive. It can also cause developmental regression for school-age children. Children also begin to detach from their peers or family members, their academic standing could decline, alternatively, they might engage in dangerous activities like drug or alcohol use. It can also make children withdrawn, anxious, and depressed. Ener and Ray (2018) suggested that children's functioning in both home and school environments is further hampered by the maladaptive behavioural and emotional problems that are often displayed as a result of loss. The maladaptive behaviours that this study focused on are antisocial behaviours.

Antisocial behaviour "is a description of all behaviours, attitudes, and personality traits that people engage in that appear to be dysfunctional, in that they often have negative interpersonal and societal outcomes" (Hashmani & Jonason, 2017, p. 1.). Antisocial behaviour can be explained as complex behaviours that include violence, aggression, and rule-breaking (Waller et al., 2017). In Denmark, Høeg et al. (2017) looked at particular actions that parents of kids who lost a sibling described, and found that the most common behaviour was aggression. Additionally, Krupnick (1984, as cited in Ener and Ray, 2018) noted that children who struggle to communicate their feelings orally sometimes externalize their distress by acting aggressively. Ener and Ray (2018) also stated that the children who experience the loss of a loved one may

become more scared, and this dread is frequently shown in violent ways, such as stubborn or rule-breaking conduct or losing their temper.

Antisocial behaviours among children can be caused by different factors as explained by (Santos et al., 2019). Santos stated that antisocial behaviours can be caused by difficulties related to the family environment like low levels of parental monitoring and support. The likelihood that a child may exhibit violent and antisocial tendencies increases with the number of misfortunes the family is experiencing. Peer influence is another determinant of antisocial behaviours since young people engage in antisocial behaviour more often when in groups. Personality and neighbourhood are other causes of antisocial behaviour. For instance, people with a lack of remorse and empathy as well as low impulse control and issues like social class and violence cause aggression (Santos et al., 2019). Additionally, a loss can also cause antisocial behaviours.

Nevertheless, in this study, the focus was on antisocial behaviours among children caused by complicated grief. According to Therivel and McLuckey (2018), children with complicated grief might develop risk-taking behaviours, aggression, agitation, withdrawal, and conduct disorders like breaking rules, lying, and truancy. This is because loss increases fear in children and they demonstrate it through aggressive actions. In the words of Ferow (2019), CG can cause irritability, anger, or aggression as well as isolation or withdrawal among children. However, the antisocial behaviours that this study focused on are; physical aggression which entails, direct acts like hitting and attacking others, punching, or spitting to express anger or frustration; social aggression characterized by spreading rumors, betraying trust, and excluding others and the last behaviour is rule-breaking, that entail; violating social norms, theft, substance abuse or selling, truancy and damage to property, suspension from school,

leaving home for an extended period without telling anybody. Although there is literature on antisocial behaviours among children, there is very limited information available on statistical data on antisocial behaviours caused by complicated grief. It is for this reason that this study sought to find out if there is a relationship between complicated grief and antisocial behaviours.

Globally, the United Nations Children's Fund Press Center (2017 as cited in Burns et al. (2020) showed that 140 million children had lost a parent or both parents. Also, the United Nations Children's Fund **(**UNICEF) (2017) recorded that there are roughly 140 million orphans worldwide as of 2017, with 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. It is estimated that 10,000 children become orphans every day. In the United States of America, 4% of children and teenagers under the age of 18 suffer the loss of one of their parents (Revet et al., 2018). Harrison and Harrington (2001) carried out a study in Northern England in the United Kingdom (UK) among adolescents aged between 11-16 years to estimate the prevalence of bereavement experiences in adolescents. According to their findings, 77.6% of the teens had experienced the loss of at least one close friend or relative (Revet et al., 2018). These global figures of bereaved children are noteworthy. If such children are not given a chance to process grief, there may be a significant number of children with CG.

In Sub-Saharan Africa, UNICEF (2017 as cited in Huynh et al., 2019) recorded that there are more than 52 million orphans. A study conducted by Thurman et al. (2017) in South Africa indicated that 88% of bereaved adolescents experience complicated grief. This percentage was from a sample of 339 adolescent girls and their primary caregivers. In Tanzania, a study on treating unresolved grief and posttraumatic stress symptoms in orphaned children indicated that 92% of the participants had

symptoms of unresolved grief. This was from a sample of sixty-four orphaned children and their guardians who participated in the study (O'Donnell et al., 2014). Such a huge percentage of unresolved grief indicates that the number of orphaned children in Tanzania who are susceptible to complicated grief is equally high.

In Kenya, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO), a USAID-funded program projected that there are around 2.6 million orphaned children under the age of 18 (MWENDO, 2021). The death of a parent has been considered one of the most distressing experiences for children that may have both short and long-term effects on their health and well-being in the short and long term (Bylund-Grenklo et al., 2021). Bylund-Grenklo et al. (2021) further indicated that grief in children has been associated with the risk of self-injury, suicide attempts, and complicated grief. Consequently, the 2.6 million orphans in Kenya are vulnerable to complicated grief which might lead to antisocial behaviours if not helped to process grief.

The breakout of the Corona Virus Disease (COVID-19) Pandemic led to a sudden upsurge in death in the globe which caused many people to mourn (especially children) the loss of a loved one. As spelled out by the World Health Organization Emergency Dashboard (2021), the U.S.A. recorded over 1.8 million deaths, Europe over 1.1, Africa 89,8329, and Kenya 3,410 deaths. It was projected that two children and four grandchildren experienced grief for each COVID-19 death (Birkner & Soffer 2020). The global and national protection measures (limitations on funerals and hospital visits, quarantine policies, social separation laws, cemeteries closure, ban on religious festivities and other worship activities, social-economic stressors, and national lockdowns) had a negative effect on people's grief for their loved ones (Santos et al., 2021). This denied grieving family members a proper farewell as well as support from

friends. As stated by Gesi et al. (2020) the COVID-19 preventive measures caused individuals not to process grief which increased the amount of people and families dealing with complicated grief during and after the pandemic (Gesi et al., 2020). Weinstock et al. (2021) believe that during the pandemic, children and adolescents were at increased risk of developing complicated grief.

Studies are abundant on normal grief, but there is little study on complicated grief in adults (Glass, 2005 as cited in Newson et al., 2011). Despite the prevalence of complicated grief being unclear and debatable, it is estimated that 10 to 40 % of grievers experience CG (Newson et al., 2011). This estimation seemed to agree with (Enez, 2018; Kersting et al., 2011) who stated that between 10% and 20% of those who lose a loved one may have difficult grieving causing complicated grief. Just like in adults, there is also a gap in the area of complicated grief in children since the epidemiological studies centered on this subject are sparse (Revet et al., 2018). This is echoed by Ngesa et al. (2020a) who noted that there are inadequate studies in Africa and Kenya on complicated grief in children. Accordingly, there is a shortage of literature on complicated grief among children, its prevalence, and its impacts. This study therefore sought to fill this knowledge gap by finding out the relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya.

Statement of the Problem

McCoyd and Walter (2016) referred to children as the forgotten mourners. Family members tend to think that children are not aware of the loss in their lives unless others draw their attention to them. As a result, children are left out during the grieving process by being excluded from death-related events (Akerman & Statham, 2014). They are not given room or space to share their feelings, thoughts, and questions they have.

In the words of Huynh et al. (2019), this hinders children from processing grief which may lead to complicated grief. Complicated Grief can manifest in antisocial behaviours like physical and social aggression, rule breaking which might affect the child's social, cognitive, academic, and relational functioning.

Additionally, Burns et al. (2020) noted that regardless of grief's consequences on well-being and lifetime health, the frequency of bereavement in childhood is not fully comprehended. Furthermore, there is a gap in the area of CG among children as it has not been amply researched especially in Africa (Ngesa et al., 2020a). This study therefore sought to address this knowledge gap by finding out the relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya.

Purpose of the Study

The purpose of this study was to determine the relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya.

Objectives

The objectives of the study were:

1. To determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.
2. To find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya.
3. To determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.

4. To find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya.

Research Questions

This study sought to answer the following questions:

1. What is the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County Kenya?
2. Which antisocial behaviours are more prevalent among children with complicated grief in selected public primary schools in Nairobi County Kenya?
3. What is the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County Kenya?
4. What are some of the intervention measures used to support children with complicated grief in selected public primary schools in Nairobi County Kenya?

Hypothesis

There is no statistically significant relationship between complicated grief and antisocial behaviours among children who have lost loved ones in public primary schools in Nairobi County, Kenya.

Assumptions of the Study

This study was founded on the subsequent assumptions:

1. That there is a prevalence of complicated grief among grieving children in selected public primary schools in Nairobi County Kenya;
2. That there are antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County Kenya;

3. That there is a relationship between complicated grief and antisocial behaviours among grieving children in selected public primary schools in Nairobi County Kenya;

4. That there are intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County Kenya.

Justification of the Study

In the present society, when the topics of death and bereavement are introduced by children, there may be a tendency of the caregivers to avoid the discussion or distance the child's perception from the event by using phrases like "passed away" or "sleeping". Despite feeling uncomfortable when discussing death with children, caregivers, and teachers need to understand that children need such discussions. Children need insights from adults to help them come to an understanding of what is happening. Grieving children are at an augmented peril of developing CG. Clinically substantial impairment in social, occupational, or other critical domains of functioning can result from CG (Walsh, 2011). CG can lead to maladaptive behaviours like antisocial behaviours in children. This can be demonstrated by physical aggression such as attacking other children, use of obscene language, hitting or kicking, ignoring corrections attempts by adults, violating social norms, and overreacting or severe tantrums (Dyregrov, 2016).

Given the shortage of epidemiological studies on the topic, there is also a gap in the knowledge of complicated grief in children (Revet et al., 2018). Consequently, this study's empirical data proved crucial for shedding light on the following; the prevalence of complicated grief among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya, the antisocial behaviours that are

more prevalent among children who had lost a loved one in selected public primary schools in Nairobi County, the relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County Kenya, and intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya.

This study was justified due to the paucity of research on children's framework studies. It also added to the body of knowledge on complicated grief among children. Subsequently, conducting the study in Nairobi County, Kenya offers value by giving access to local data. Thus, conducting a study in this particular environment may assist close the knowledge gap and add to the body of existing material. The investigation is also warranted due to its potential advantages. The study may raise awareness of the problem of complicated grief and how it affects a child's daily activities, which could result in improved mental, social, and emotional consequences for the child.

Significance of the Study

Children going through grief will be the principal beneficiaries of the study. The study has raised awareness of complicated grief and therefore, family members or caregivers and teachers will help children process grief which in return will reduce antisocial behaviours. The findings of the study may also be beneficial to family members who will be equipped with skills and knowledge of grief among children on how to help children through the grieving process based on their cognitive development.

Teachers might benefit from the findings by seeing the need to obtain and keep data on bereaved children. This will enhance recommendations for the grieving child for counseling to cope with loss reducing the risk of developing CG. The community

at large will also gain an understanding of how important it is to involve children in the grieving process to reduce the risk of developing CG; hence, curbing antisocial behaviours. The study could benefit counselors to become better equipped to handle grieving children. Also, counselors dealing with grieving families will consider having children in the counseling sessions to help them process grief together with other family members.

The Ministry of Education might also benefit from the findings of this study. It may see the need to come up with school-based counseling programs that incorporate grief intervention techniques. Additionally, the Ministry of Education can also recommend school counselors who do not double up as teachers to offer counseling to grieving children at school. Such actions will help children cope better with the loss of a loved one which could reduce the risk of developing CG and ASB translate into a child with healthy relationships with peers and better academic performance.

Religious leaders may benefit from the findings of the study by being convinced of the necessity to offer spiritual support to grieving children during bereavement. The church will also find it helpful to equip her Sunday school teachers with basic counseling skills on loss and grief hence helping children process grief.

Scope of the Study

This study was conducted in 11 selected public primary schools in Nairobi County, Kenya. The choice of Nairobi County was informed by its cosmopolitan nature. Nairobi has people from diverse cultures and religions who mourn and grieve their loved ones differently. Nairobi County played a significant role in helping the researcher find such diverse feedback on how different cultures involved or left out children during the grieving process. Nairobi County was also chosen since it was the

most affected area by the COVID-19 Pandemic cases. According to estimates two children and four grandchildren experience grief for each COVID-19 death (Birkner & Soffer 2020). The COVID-19 preventive measures caused individuals not to process grief which will increase the quantity of people and families dealing with complicated grief during and after the pandemic (Gesi et al., 2020). During the pandemic, children and adolescents were at a higher chance of developing complicated grief (Weinstock et al., 2021).

The respondents were 259 children aged between 10 to 13 years old in selected public primary schools in Nairobi County Kenya who had experienced the death of either a nuclear or extended family member (grandparents, uncle, and aunt) in the last one year. The age selection was influenced by the knowledge that, at this age, children are characterized by appropriate use of language and cognitive operations (Gillibrand et al., 2016). Age 10 to 13 years as purported by Piaget's Cognitive Development Theory can think logically and present events and ideas rationally. They are also capable of reasoning about tangible objects and events as well as hypothetical ones (Gillibrand et al., 2016). They are therefore capable of understanding death and expressing their emotions and feelings.

The class teachers of the target population were also involved. This is because they had the details (records) of the students and had an almost daily encounter with the grieving students to be able to identify any change in behaviour before and after the death of a loved one. The selected primary schools were selected using the fishbowl draw method in simple random sampling. The main focus was to find out the relationship between complicated grief and antisocial behaviours.

Limitations of the Study

One of the study's limitations is that some head teachers and class teachers were skeptical about allowing children to participate in the study for fear of re-experiencing grief. To mitigate this, the researcher guaranteed that certified counselors would offer free counseling to the affected children.

The other limitation was the possibility that some respondents may provide incorrect information just to take part in the research. In response, the researcher argued that the study's conclusions would be helpful to both them and other bereaved kids. This would only be possible if their answers were truthful.

Delimitation of the Study

One delimitation of the study is that the study was done in selected public primary schools in Nairobi County, Kenya hence the findings may not be generalized in all the 47 counties in Kenya. Also, the study was limited to children aged 10-13, leaving out those below nine. Secondly, CG is common in the general population but this study focused on public primary school children. The findings may not be generalized to the general population. An additional delimitation is that complicated grief can contribute to other disorders but this study focused on antisocial behaviours only.

Chapter Summary

This chapter gave an overview of CG, the grieving process for children experiencing the death of a loved one, and the effects of CG on the day-to-day activities of the children. The background introduces grief as an unavoidable reality in life experienced by both adults and children experience it. However, the process of grief between adults and children is different. As indicated in the background of this study,

children are rarely involved in the grieving process. They are assumed not to understand what is happening. On the contrary, children grieve, and the fact that they are not given a chance to express their feelings and emotions can hinder children from processing grief. Therefore, this could result in complicated grief that impacts the child's ability to function in social, cognitive, intellectual, and relational domains and manifests as antisocial behaviours.

Grieving children need support from caregivers to help them come to an understanding of what is happening and be allowed to express their feelings and emotions. The purpose of the study, study objectives, justifications of the study, significance of the study, scope of the study, limitations and delimitation of the study were also included in this chapter. The next chapter covers the literature review and the study's theoretical and conceptual frameworks.

Chapter Two: Literature Review

Introduction

This chapter provides an overview of related literature on grief. The review is then narrowed down to complicated grief among children. It specifically offers an in-depth discussion on complicated grief and antisocial behaviours based on the four objectives namely; the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County Kenya, the most prevalent antisocial behaviours among children with complicated grief in selected public primary schools in Nairobi County Kenya, the relationship between complicated grief and antisocial behaviour among children who had lost loved ones in selected public primary schools in Nairobi County Kenya, and intervention measures that can be used to support children with complicated grief in selected public primary schools in Nairobi County Kenya. The theoretical and conceptual frameworks are also part of this chapter. Finally, the chapter highlights the study gaps and the summary of the chapter. The variables that this study focused on in this chapter are CG (independent variable) and antisocial behaviours (dependent variable).

Prevalence of Complicated Grief among Children

Bereavement is a common human emotion and grief is the typical response to the loss of a loved one (Gesi et al., 2020). The first person to characterize mourning as an event distinct from depression was Sigmund Freud (Freud, 1924). According to Freud, mourning, or grieving, is a normal and universal reaction to the loss of a loved one and is characterized by feelings of sadness, withdrawal, decreased activity, and a loss of the ability to love. As alleged by Freud, the purpose of grieving was essentially to accept the loss and move on (Falk, 2020). In children, expression of grief can include symptoms like anger, crying, sadness, impatience, tantrums, physical symptoms (such

as headaches, stomachaches, sleeplessness, or nightmares), guilt, bewilderment, difficulty focusing, regression, unbelief, withdrawal, inquiries regarding death, and fear of dying, being alone, or losing other loved ones (Therivel, 2018). All these are typical symptoms of bereavement and accepted reactions to a loved one's death. Nevertheless, if the sadness lasts longer than anticipated and is more intense than expected, clinical intervention might be inevitable (APA, 2013). It is therefore, in order to state that grief in general is a typical response to a loss and the person who has lost someone might not need any form of intervention. Most individuals who lose someone as stated by Shear (2012), will typically adjust over the course of six to twelve months, eventually regaining a sense of normalcy in their lives. However, for some, this process becomes unsettling and takes longer. Shear further alluded that when people get trapped for an indefinite period in grieving, this could make it difficult for them to deal with the death and move on, which could result in complicated grieving.

Prigerson et al. (1996) categorized grief into three types; normal grief, having the symptoms of complicated grief, and definite complicated grief (which this study referred to as complicated grief). A wide range of ordinary post-loss emotions, thoughts, bodily sensations, and behavioural changes are all part of normal grief (Worden, 2018). According to Worden, feelings of sadness, anger, guilt, self-blame, anxiety, loneliness, fatigue, helplessness, shock, yearning for the deceased, numbness, confusion, social withdrawal, eating disorders, sleep disturbance, keeping a strategic distance from updates of the deceased, and skepticism are all characteristics of normal grief. However, Nakajima (2018) observed that although the transition is painful, it is neither excessively long nor abruptly halted in normal grief.

Additionally, Duffy and Wild (2023) stated that bereaved individuals experience both pleasant and negative emotions in addition to moments of sadness and

loss as their grieving process progresses. Moreover, there is a diminished yearning for the departed and a gradual acceptance of their passing. Smith et al. (2020) stated that although grieving and missing the departed, the bereaved may carry on with their lives and form new relationships because recollections of the deceased are infused with other memories and life still has meaning and purpose. As a result, throughout the normal grieving process, people get over the unpleasant feelings and notions brought on by loss and rebuild their lives to fit in with the world without the departed. However, if a person is unable to get over the normal symptoms of grief, it continues longer impairing his or her regular operation, and it might turn into complicated grief (Nakajima, 2018).

The aspect of CG was first looked at and differentiated from depression by Prigerson et al. (1996). By 1999, the term "complicated grief" had given way to "traumatic grief," and the first set of diagnostic standards had been put forth (Prigerson et al., 1999). Various names for CG are still used today, including prolonged grief, complex grief, and pathological grief, and the term right now given in the Diagnostic and Statistical Manual of Mental Disorders ((DSM-5) is Persistent Complex Bereavement Disorder (Maciejewski et al.,2016). However, despite decades of investigation, contemplation, and discussion, the misconceptions and uncertainty persist. People suffering from CG may experience disturbing thoughts, intense emotions, distressing longing and searching for the deceased, extreme avoidance of reminders of the departed or their passing, as well as a decline in interest in private pursuits (Horowitz et al., 2003 as cited in Thompson et al., 2017). The intensity of the grief prohibits people from returning to their pre-loss social functioning level.

People suffering from CG may be at an elevated risk of physical ailment, disease, anxiety, sadness, and suicide (Thompson et al., 2017). Opperman (2004 as

cited in Dreth et al. 2012) asserts that when a grieving individual feels that their sense of material well-being, emotional security, and sense of self is threatened by the death of a loved one, their chance of experiencing complicated grief increases. 10% of those who are grieving are thought to undergo maladaptive grief, such as protracted grief disorder and traumatic grief from childhood (Griese et al., 2017). Additionally, 3% to 10% of those who have lost a loved one will suffer from CG (Shear et al., 2011). Prigerson et al. (2008 as cited in Drenth et al. 2012) point out that between 10% and 20% of those who have experienced grief in South Africa will experience complicated grief. On the other hand, some people might have what Prigerson et al. (1996) called symptoms of complicated grief. Such people will have some of the symptoms of CG but do not meet the criteria of CG on the Inventory of Complicated Grief scale. Their grief symptoms are between normal and CG.

As this study sought to comprehend children's complicated grief, it is imperative to point out that globally, there is not much information on the prevalence of grief mainly concerning children (Paul & Vaswani, 2020). Equally, Dillen et al. (2009 as cited in Melhem et al., 2014) claimed that although there is a lack of information regarding children's grief reactions, preliminary data from cross-sectional studies suggests that some grieving children may have complicated grief reactions, much like adults. The available data indicated that in 2015, the United Nations International Children's Emergency Fund (UNICEF) around 140 million children under the age of 18 were estimated to have lost one or both of their parents globally (UNICEF, 2017). Ten million were in Latin America and the Caribbean, 52 million were in Africa, 61 million were in Asia, and 7.3 million were in Eastern Europe and Central Asia.

The quantity of orphans noted in this study is of concern, observing that these figures do not include other deaths like siblings, grandparents, uncles, and aunts. For instance, in the United States 8% of the youth experience the death of a sibling before turning 25 years (Hulsey et al., 2018), while in Sweden, 1% of all Swedish children will lose a sibling before turning eighteen (Rostila et al., 2017). Nevertheless, there is a lack of information on the mortality of siblings in the world's high-mortality and lower-income nations despite children and adolescent mortality rates being significantly greater in nations such as Asia, Latin America, and Africa (Smith-Greenaway & Weitzman, 2020; Yu et al., 2017). It is vital to remember that the rates of issues following the death of a sibling are comparable to those following the death of a parent.

The above figures are very substantial; however, they are either based on smaller research or extracted from mortality data, indicating that a significantly larger number of children actually experience grief (Paul & Vaswani, 2020). For example, Paul and Vaswani indicated that there are no prevalence studies in Scotland. Despite this fact on data challenges, they became the first authors to publish an article on the prevalence of childhood bereavement in Scotland with a sizable sample that is nationally representative collecting bereavement experiences in children ranging from 10 months to 10 years.

Paul and Vaswani's study revealed that by the time a child reaches the age of eight, 50.8% of all children have lost a parent, sibling, grandparent, or other close relative, and by the time they reach the age of ten, the number jumps to 62%. Grandparents or other near relatives were the most common deaths to occur (Paul & Vaswani, 2020).

The above information indicates that a large number of bereaved children are at a very high risk of experiencing CG. Greatrex-White and Taggart (2015) noted that studies with African youths found that those orphaned have higher rates of anxiety, depression, suicidal thoughts, posttraumatic stress symptoms, complicated grief and negative outlook on their life. Additionally, qualitative research conducted to create an evaluation of the needs of children who are orphaned by O'Donnell et al. in Tanzania found out that guardians had difficulties with children's ongoing grief and they did not know how to help children with their sadness (O'Donnell et al., 2014). Hence, there is a need for a greater understanding of children's grieving processes since being aware of the many grief reactions that children experience can help both bereaved children and their parents deal with the loss of a loved one (Bylund-Grenklo et al., 2021).

In the United States, the Social Security Administration (SSA) and Old Age Survivors and Disability Insurance (OASDI) are regularly cited sources of approximations for the incidence of parental bereavement in childhood. These estimates, which normally vary between 2% and 4%, only take into consideration people who applied for and were granted SSA benefits (Burns et al., 2020). Those who never sought SSA benefits are not part of this data. In England, 78% of adolescents between the ages of 11 and 16 had lost a close friend or family member. In Great Britain, 4-7% of children lose a parent by the time they are 16 years old (Revet et al., 2018). In Sub-Saharan Africa, UNICEF (2017) recorded that roughly 52 million children have been reported as orphans (Huynh et al., 2019). In Kenya, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO) a USAID-sponsored program estimated that there are approximately 2.6 million children under the age of 18 who are orphaned (MWENDO, 2021).

Considering that the above data represent a portion of children experiencing grief, it is evident that children are more likely to experience complicated grief if not given a safe space to process grief. As noted earlier in this literature review, guardians or adults living with grieving children lack knowledge on how to help children process grief. They are unable to identify children's symptoms of grief or they disregard them completely. When grief is prolonged, inhibited, or exaggerated, it will end up being complicated which might lead to antisocial behaviours.

Approximately 7% of bereaved individuals and up to 3.7% of the general population are affected by the state of CG (Shear, 2015; Brandoff, 2018). Additionally, estimates place the likelihood of CG between 10% and 20% of the bereaved population (Enez, 2018; Kersting et al., 2011). Equally, children with unprocessed grief are more likely to acquire CG. Swedish researchers discovered that children who experience the death of a close relative before the age of 13 are more likely to develop psychosis (Abel et al., 2014) which can lead to antisocial behaviours.

A report by the National Alliance for Grieving Children in the USA (2013) noted that children do present symptoms of complicated grief due to unprocessed grief. The report indicated that 39 % of grieving children and adolescents experience sleep problems, 75% feel angry, and 45 % have trouble concentrating on school work. Additionally, 41% of these bereaved children and adolescents act in ways they know might not be good for them be it physically, emotionally, or mentally and 34% will say hurtful things to others after the death (National Alliance for Grieving Children, 2013). All these itemized symptoms are pointers to antisocial behaviours if not addressed. According to Melhem et al., (2013), about three years following the death of a parent, 10% of children who have experienced unexpected parental death experience high and prolonged CG reactions.

In Kenya, a study by Ngesa et al. (2020b) on the Prevalence and Correlates of Complicated Grief among Parentally Bereaved Children in Siaya County, Kenya indicated that 66% of orphaned children experience CG. However, Ngesa et al.'s study was conducted among children aged 10-15 who had lost a parent or both parents only and not any significant other like a grandparent, aunt, uncle, or sibling. Ngesa et al.'s study indicated that children aged 10-15 years can experience CG after losing a parent, this study however focused on children aged between 10-13 years who had lost a loved one and not limited to a parent(s) only.

Most studies globally and locally have focused on death and mourning among children and the few that have focused on grief among children have highlighted the grief reactions of parentally bereaved children. The prevalence of complicated grief among children who have lost a loved one has not gotten much attention. To close this disparity, this study aimed at attending to this lack of baseline information on complicated grief by examining the frequency of complicated grief among children aged 10-13 years who had lost a loved one in selected public primary schools in Nairobi County, Kenya. Comprehending the frequency of complicated grieving in children is crucial for assessing the difficulties and societal implications of childhood bereavement as well as supporting the creation of treatments for prevention and treatment.

Antisocial Behaviours that are More Prevalent among Children with Complicated Grief

Consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) and the International Classification of Diseases (ICD-10), one of the main signs and subtypes of conduct disorder is antisocial behaviour (CD). Among the most prevalent behavioural problems in childhood and adolescence are antisocial behaviour and the related conduct disorder as well as a central concern among both

teachers and the general public. This is echoed by the National Institute for Health and Care Excellence (2017) by asserting that the most common mental and behavioural issues affecting children and adolescents are conduct disorders and the antisocial behaviour.

Anti-social behaviour has been defined as a comprehensive term usually used to refer to a variety of undesirable behaviours that go against accepted standards in particular social settings and have the potential to harm the person exhibiting them as well as their family and the community in which they reside. At the lower end of the spectrum, oppositional or "difficult" behaviours, like a lack of cooperation or an inability to follow social interaction norms, may be included in ASB. In the higher conclusion, ASB may involve more serious transgressions of official and informal norms of conduct, such as verbal or physical abuse, harassment or bullying, substance misuse, and participation in crimes such as theft and vandalism (Piotrowska et al., 2019). This study, however, defined antisocial behaviours as a variety of problematic behaviours among children which violate established norms in specific social contexts that can negatively impact both the child engaged in the behaviour and their family and the community in which the child lives.

Early behavioural problems in children, particularly those that involve violent and destructive behaviour, are the root cause of early antisocial behaviour. Early behavioural issues are associated with deficits in self-regulation in a variety of domains, ranging from the physiological to the cognitive, which may put children at higher risk of developing antisocial conduct in the future (Calkins & Keane, 2009). While truancy, lying, and theft at home are common milder symptoms of antisocial behaviour in childhood, more severe symptoms like aggressive and delinquent behaviour become more prevalent in adolescence (Dishion & Patterson, 2015).

According to the Pupil Wellbeing survey, antisocial behaviours are categorized into three classes namely, personal, nuisance, and environmental antisocial behaviours. Personal ASB is when someone targets a specific person or group and engages in abusive social behaviours such as verbal abuse, threatening behaviours, or bothersome phone calls. Nuisance ASB is when someone brings disruption, annoyance, or pain to a group of people by exhibiting rowdy behaviours, public drunkenness, and inconsiderate driving. Last but not least, is environmental ASB where a person's actions have an impact on the larger environment, including public areas by littering and vandalism (Clark, 2021).

When it comes to children and teenagers, ASB can be identified by behaviours like stealing, vandalism, truancy, and verbally and physically abusing others, as well as by social norm violations and strained interpersonal relationships (Otto et al., 2021). Antisocial behaviour "is a description of all behaviours, attitudes, and personality traits that people engage in that appear to be dysfunctional, in that they often have negative interpersonal and societal outcomes" (Hashmani & Janason, 2017, p. 1). Antisocial behaviour can also be explained as a complex behaviour that includes violence, aggression, and rule-breaking (Waller et al., 2017). Additionally, antisocial conduct can take many different forms, such as lying, cheating, aggressiveness, drug abuse, stealing, and violence (Baskin-Sommers, 2016).

As stated by Dishion and Patterson (2015), the primary domains in which ASB develops are self-regulation, behaviour contexts, relationship dynamics, culture, and community. Additionally, Khaliq and Rasool (2019) added that antisocial behaviour can be caused by unhealthy social relationships within a family, community, peers, and educational environment, a child's cognitive ability, a deficit of cooperative problem-solving skills, temperament, and irritability. Adesanya (2022) stated that aggression

which is a form of antisocial behaviour in children, can be caused by many factors like genetics/heredity, environment, development, and pathology. Aggressive behaviours can also be brought on by real traumas that trigger the fight response in the nervous system, media violence, fear of being unable to control emotions, especially frustration, environmental factors, unrelieved stress, and a lack of appropriate coping mechanisms and problem-solving techniques (Andreas & Manfred, 2016; Kliem et al., 2014).

In China, a study by Liu et al. (2022) on left-behind children aged 10-16 years, 42 participants out of 71 indicated that left-behind children exhibited antisocial behaviours. Rule breaking was the primary antisocial behaviour which comprised lying, aggression, cheating, and truancy followed by delinquent behaviours and criminal behaviours. Liu however focused on parents who moved to urban areas in quest of employment opportunities leaving their children ages 10-16 behind under the care of other family members. This study on the other hand focused on antisocial behaviours caused by complicated grief.

Literature on childhood bereavement after parental death indicates that children in this circumstance do exhibit a broad spectrum of grief-related emotional and behavioural reactions that may be categorized as "nonspecific disturbance". These reactions can include somatization, diminished self-esteem and a greater external locus of control, anxiety, depressive symptoms, fears, and violent outbursts. They can also include regression toward developmental milestones (Dowdney, 2000; Haine et al., 2008; Servaty & Hayslip, 2001 as cited in Griese et al., 2017). According to these reviews, children tend to report fewer symptoms and disorders than parents. The child's anxiety usually increases, mostly due to worry about separation, additional loss, and the safety of other family members. It seems that mild depressed symptoms are common and might last for a year or longer (Griese et al., 2017). Mild depression in

children is characterized by temper outbursts which can be verbal or physical aggression towards people or property, irritability, and angry mood. These symptoms are similar to those of ASB exhibited by children with CG.

Children with CG may exhibit antisocial behaviours by being physically aggressive with acts like; hitting, attacking other children, use of obscene language, disturbing others, severe tantrums, the insolence of adult directives, disregarding correction attempts by adults, and violating social norms (Dyregrov, 2016). Antisocial acts can also manifest as withdrawal (from family members and other bereaved individuals), dishonesty, forgery, hostility, drug abuse, stealing, violence, or numbness behaviour (Ener & Ray, 2018). Worden (2018) described withdrawal among grieving children as losing interest in the outdoor world and withdrawing from adults. Høeg et al., (2017) in Denmark, studied specific behaviours and stated that the most frequently seen behaviour was aggression, according to parents of children who lost a sibling. Additionally, Krupnick (1984, as cited in Ener and Ray, 2018) observed that children who have trouble expressing their feelings verbally often externalize their unhappiness by acting out aggressively. Ener and Ray (2018) also stated that the loss of a loved one can make children more scared, which they frequently express by acting aggressively, being obstinate, disobeying rules, or losing their temper.

Therivel and McLuckey (2018) indicated that, children with complicated grief might develop risk-taking behaviours like drugs or alcohol, aggression, agitation, withdrawal, and conduct disorders like breaking rules, lying, and truancy. This is because loss increases fear in children and they express their fearfulness through aggressive actions. In the words of Ferow (2019), complicated grief can cause irritability, anger, or aggression, decline in school performance as well as isolation or withdrawal among children. Additionally, children with complicated grief may not talk

about what is bothering them and as an alternative, it may build up inside them, manifesting in behavioural problems. School being a primary environment for these children, lack of concentration and/or a drop in grades might be inevitable. Acceptance of antisocial behaviours in childhood occasions costs for society (for example destruction of property) and a child's development as there is an indication that early antisocial behaviour usually worsens as people get older (Castro et al., 2020). According to Andreas and Manfred (2016), children at the age of seven years may develop less serious behaviours which may heighten to moderate severity behaviour around the age of nine, and by age fourteen there could be a practice of more serious aggression. It is therefore important to identify antisocial behaviours to offer prompt and suitable intervention (Jackson et al., 2016).

This study considered the loss of a loved one as an actual distress that can cause continuous stress due to children's inability to deal with it. Due to children's lack of appropriate skills and coping strategies to process grief, it might end up as complicated grief, which may be a significant cause of antisocial behaviours**.** The antisocial behaviours that this study focused on are physical aggression, rule-breaking, and social aggression. In the words of Pikard et al. (2018), one of the most frequent causes of a child's referral to psychiatric care is aggression. Furthermore, it is a symptom shared by several psychiatric diseases that indicate social and emotional difficulties in adulthood (Kokko, et al., 2009; Nevels et al., 2010; as cited in Adesanya 2022). The definition of aggression in humans is the subject of continuing debates. As stated by Huber and Brennan (2011 as cited in Ersan, 2019), among the concepts in behavioural sciences that people misunderstand the most is aggression.

Nonetheless, social psychologists describe aggression as intentional behaviour aimed to cause harm to another person who is motivated to avoid that harm (DeWall et

al., 2013). This harm can take numerous shapes such as physical harm, hurt feelings, or damaged social relationships. According to Andreas and Manfred (2016), when children exhibit violence, it can result in poor communication skills, strained relationships, and ultimately social isolation. Violent children may continue to feel dissatisfied, agitated, and distressed psychologically. Most of the time, they end their talks in arguments and give way to arguments with other people. Aggression has been linked to behavioural issues in research (Evans et al., 2018; Huitsing & Monks, 2018), failure in school (Turney & McLanahan, 2015), and a propensity toward criminal activity (Pingault et al., 2013), both in the present and later phases of existence.

One of the subjects that has received attention recently is the various forms of aggression (Wang et al., 2018). In the early years of their lives, children may display various forms of aggression (Ersan, 2019). This literature will explore physical aggression, social aggression and rule breaking. Physical aggression in childhood and adolescence is a significant clinical and public health issue (Henriksen et al., 2021). Physical aggression can be defined as a person deliberately injuring others through physical harm (Taylor & Jose, 2014). Kaiser and Rasminsky (2017) defined physical aggression as using physical force against another person in order to vent resentment or anger or to accomplish a specific objective like getting a toy or getting in front of the line. Also, Ersan and Tok (2020) described psychical aggression as the deliberate act of causing bodily injury to another individual. It involves overt behaviours to convey rage or displeasure, such as biting, pushing, spitting, hair pulling, and beating and harming others.

It is widely accepted that the most intense emotion that children exhibit in social situations is anger, which can cause a variety of issues, including physical aggressiveness (Daff et al., 2015). Anger is one of the symptoms of complicated grief

children exhibit due to the frustration of losing a loved one. When children loses a loved one, they may feel angry at God for allowing it to happen, at death itself for taking away their friend or family, or at themselves for not being able to stop the loss. When they don't find the answers to all the questions they might have concerning the deceased, the anger might become unbearable. Because of this, individuals could act out of behavioural rage by biting, kicking, punching, or throwing tantrums, or by acting out of control (Kaplow et al., 2012).

Luecken and Roubinov (2012) study on childhood parental death in Britain highlighted that behavioural issues, irritability, aggression, and other physical difficulties impact 10–21% of grieving children over the long term. This finding was upheld by Bylund-Grenklo et al. (2016). Additionally, a study conducted in Dakahlia governorate on Aggression and Depression among Orphanages resident Children among orphans aged 10 years and older revealed that 41.2% of orphan children exhibit physical aggression (Ahmed et al., 2013). Physical aggression can have long-lasting negative consequences on grieving children. They might be more vulnerable to physical aggression and criminal activity in the future, dropping out of school, abusing drugs, developing mental and physical health issues in the future, and finding it difficult to externalize issues (Henriksen et al., 2021).

Social aggression is a type of antisocial conduct that focuses on actions like gossiping, snubbing, and threatening to break up with someone. It involves using social relationships and status to damage people's reputations and cause them mental distress (Burt et al., 2012). It involves harming someone else by sabotaging their relationships with others or by making them feel excluded or unwelcome (Allen & Anderson, 2019). It is the act of excluding someone from a social setting or threatening to do so, spreading malicious rumors, intimidating someone by threatening to break up with them, and

lying and slandering them in an effort to damage their reputation (Dewi & Kyranides, 2021). It can be communicated directly and overtly, or indirectly and covertly, through excluding people by saying words like "I will not be your friend if you do not do what I say", betraying trust, and spreading rumors (Kaiser & Rasminsky, 2017).

Social aggression can be seen in children experiencing complicated grief when they attempt to hurt someone else's feelings, make fun of someone behind their back, try to turn others against someone when they are upset, reveal someone's secrets when they are upset, or call someone names behind their back (Burt & Donnellan, 2010). A study conducted in Dakahlia governorate on Aggression and Depression among Orphanages resident Children among orphans aged 10 years and above showed that of the orphan children, verbal aggression accounts for 33.0%, while indirect aggression accounts for 44.3% (Ahmed et al., 2013). Serious relationship issues brought on by social aggression may negatively impact a child's social and relational development.

Rule-breaking as antisocial behaviour comprises more covert problematic behaviours such as stealing, truancy, or vandalism. The term rule-breaking describes personal actions that "fail to conform to the applicable normative expectations of the group" (Kaplan, 1980, p. 5 as cited in Deković et al., 2016). Rule-breaking can be demonstrated via stealing, abusing drugs, truancy, breaking social rules, and causing property damage (Dyregrov, 2016). Children who disobey rules may be involved in shoplifting, stealing goods from stores, shattering bottles, tilting trash cans, and other acts that pollute public spaces. They can also go for extended periods of time away from home without telling anyone. Some may sell or misuse drugs, and they may also face expulsion or suspension from school (Burt & Donnellan, 2010).

Others will exhibit truancy behaviours which is a subsection of rule breaking; hence, an antisocial behaviour that forms an integral part of this study. Truancy is defined as a student's intentional departure from school without parental knowledge or approval and without providing a valid excuse (Hendricks et al. 2009 as cited in Sambe, et al., 2015). Unauthorized absence from school, usually done without a parent's knowledge, is another definition of truancy. The deliberate absence from school without a valid excuse is also known as truancy (Fugleman & Richardson, 2011 as cited in Oluremi, 2019). It does not describe students who are excused from school for personal reasons; rather, it speaks of students who choose not to attend (Oluremi, 2019).

Musa (2014) described four main types of truancy namely; Students who go to school but are absent in class, students who are not in school or the classroom but at home, students who avoid the classroom because they find the subject matter difficult or they detest the subject teachers and students who are neither at home nor in the classroom. Children who disobey rules may engage in activities such as stealing, abusing drugs or alcohol, abusing or selling them, being absent from school, causing damage to property, being suspended from school, or going for extended periods without informing anybody. The antisocial behaviours reviewed were found to be common among children with complicated grief in this study. They were categorized as physical aggression, social aggression, and rule-breaking.

Relationship between Complicated Grief and Antisocial Behaviours among Children

Studies on post-bereavement adjustment in children suggest that some children may have severe maladaptive mourning reactions or persistent behavioural and psychological issues two to three years following the bereavement (Schwartz et al., 2018). Little has been done to further identify what causes various forms of complicated

grief in young people since John Bowlby's groundbreaking work in the 1960s when he outlined several types of what he called pathological mourning (Dyregrov & Dyregrov, 2013). Consistent with Maciejewski et al. (2016), while all grieving is acceptable, a child may be experiencing an atypical kind of grief depending on how severe and how long it lasts.

Simon (2013) defined CG as the mourning process that is impeded by other symptoms unrelated to the grief and that could prevent the child from grieving. Maciejewski et al. (2016) claimed that no pronounced differences existed between prolonged grief (PG), CG and Persistent Complex Bereavement–Related Disorder (PCBD) since the concepts to be measured are similar in the current DSM-5 which necessitate more investigation and incorporate guidelines for children. Nevertheless, Melhem et al. (2013) discovered that 10% of children who experience unexpected parent death have strong and persistent prolonged grief reactions (PGR) up to three years following the loss. PGR was linked to a threefold rise in the prevalence of depression and a progressive decline in functional impairment among peers, at home, or at school.

CG "is a clinically significant deviation from the norm in either (a) the time course or intensity of specific or general syndromes of grief and/or (b) the level of performance in social, occupational, or other important areas of functioning" (Nakajima, 2018, p. 4). Intense grief that lasts longer than one may anticipate in light of social norms and impairs day-to-day functioning is the hallmark of the condition known as CG (Shear, 2015). In most cases when grief is not processed, it can have dire effects on grieving individuals. Gross (2018) noted that when individuals fail to confront the reality of loss and let go, they can experience delayed, unresolved as well as CG. As stated by Walsh (2011), grieving individuals with CG experience extreme

anger about the death which makes them feel like they have lost a part of themselves and this may result in a clinically noticeable impairment in social, vocational, or other critical functional domains.

CG can manifest under the categories of; feeling, cognition, physical response, and behaviours. These are feelings of sadness, anger, guilt, shock, loneliness fatigue, and anxiety. Cognitively, individuals will experience disbelief, preoccupation, and hallucinations. They might also feel things physically like depersonalization, over-sensation, and insufficient vigor. In terms of behaviour, they might have sleep disturbance, avoidance of certain situations, and social withdrawals Worden (1991, as cited in Enez, 2018). If complicated grief can cause such significant antisocial behaviours in adults who can process grief, it is evident that it will have alarming effects on children.

CG in the words of Dyregrov and Dyregrov (2013) exhibits comparable symptoms to those of normal grieving; the only distinction with complicated grief is that the sufferer finds it difficult to accept death and move on. In ordinary or normal grief, children manifest grief in the form of anxiety, sleep difficulties, sadness and longing for the deceased, vivid memories of the deceased, rage and outbursts, shame and guilt, physical complaints, and school problems (Dyregrov & Dyregrov, 2013). Children with CG will experience normal grief reactions which will end up having complicated reactions leading to antisocial behaviours. The symptoms that this study focused on are intense yearning and longing for the deceased person, preoccupation with thoughts and memories of the deceased, anger and sadness, feelings of self -blame and a feeling of disbelief or inability to accept the loss.

An intense desire to be reunited with the departed loved one is a component of intense yearning and longing for the deceased. Even after they have come to terms with their loved one's passing, people may still be grieving and have pain in their hearts (Neimeyer & Burke, 2017). Preoccupation with thoughts and memories of the deceased. Obsessive thoughts regarding the departed cause a person to think about them most of the time. Preoccupation frequently manifests as bothersome thoughts or visions of the departed. This could be about the circumstances surrounding the deceased person's death (Nakajima, 2018).

A loved one's passing causes feelings of rage, grief, and guilt (Shear, 2015). One may feel resentment toward God for permitting it to occur, the deceased, or the medical staff for failing to save them. Self-blame for not acting to prolong the deceased's life may also exist (Nakajima, 2018). In addition, there is a sense of unbelief or a refusal to acknowledge the loss. A child may not want to believe that a loved one has passed away or could be in shock, which is why they would not accept the news (Shear, 2015).

Myers and Hamby (2017) stated that CG is frequently perceived as prolonged, continuous, and overwhelming emotional agony that inhibits one’s day-to-day existence. Typically, a person's sorrow has a profoundly negative impact on one or more aspects of their functioning, such as their social, academic, and daily functioning. Additionally, children with CG may struggle to focus, perform poorly in school, and feel as though the future is hopeless. There may be overall regression, bad dreams, and other sleeping issues (Dyregrov & Dyregrov, 2013).

Furthermore, children experiencing CG manifest grief in unique ways. Some people might internalize or project their difficulties. Those who internalize their grief

demonstrate depressive symptoms, feelings of isolation, anxiety, somatic complaints, clinging behaviours, and increased crying following the death. On the other hand, externalized emotional struggles tend to be destructive to others aggression being the most common (McCown & Davis,1995 as cited in Ener & Ray, 2018). As a result, CG can affect a variety of aspects of children's lives, such as how well they perform at home and school, how they interact with their peers, their spiritual beliefs, and how they view themselves (Ener & Ray, 2018).

Dyregrov (2016) similarly noted that complicated grief can lead to maladaptive behaviours like antisocial behaviours in children. Therivel and McLuckey (2018) noted that children with CG may also display aggression, temper tantrums, anger, mood swings, and antisocial behaviours. This can be demonstrated by physical aggression such as attacking other children, hitting or kicking, punching, hairpulling, overacting, or severe tantrums. This is because of the children's inability to handle the anger and frustrations they are experiencing after the loss of a loved one. Likewise, children and adolescents with CG have been demonstrated to exhibit greater rates of behaviours that pose a danger to their health and are comparable to those that lead to unintentional harm or violence, which is a type of physical aggression (Hamdan et al., 2012).

In their study, Kim and Park (2020) observed physical aggression among orphans. They displayed acts of hitting, scratching, throwing objects at others, knocking peers to the ground, biting, throwing, and pushing. As a result, children experiencing complicated mourning may become socially aggressive by using foul language and verbally hostile behaviour such as spreading rumors and telling the target they are no longer friends (Ahmed et al., 2013). A study by Kim and Park (2020) showed that name-calling, taunting, screaming, and improper verbal or physical displays were among the ways in which orphaned children displayed social aggressiveness.

Complicated grief can also lead to rule breaking. As stated by Rostila et al. (2017), children with CG are at a greater risk for substance and alcohol abuse, failure in school, academic success, and suicidal thoughts or actions. In addition, they disregard adult corrections, breaking social standards, and stealing (Berg et al., 2019).

A study in German by Otto et al. (2021) on risk and resource factors of antisocial behaviour in children and adolescents indicated that antisocial behaviour was more prevalent among adolescents and children who didn't grow up with both of their biological parents. However, Otto et al., study was conducted among children and adolescents between the ages of 7 and 17 who did not reside with their biological parents, and not children between 10-13 years with complicated grief and antisocial behaviuors. In addition, a study conducted in Kenya by Ruguru (2019) on the relationship between parenting styles and adolescents' antisocial behaviour in secondary schools in Nairobi indicated that there was a connection between authoritarian and permissive styles of parenting and antisocial behaviours. Ruguru's study was nevertheless conducted among adolescents aged 15-18 and not children aged 10-13. It also focused on the relationship between parenting styles and adolescents' antisocial behaviour and not complicated grief and antisocial behaviours among children who had lost a loved one. With these few observations, this study sought to find out if indeed there is a relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya.

Intervention Measures to Support Children with Complicated Grief

The word intervention has been defined as the act of purposefully getting engaged in a challenging situation to make it better or stop it from growing (Cambridge University Press, 2008). Intervention describes the planned social work tactics and

methods that a social worker uses to help a client achieve their goals and objectives (Levine, 2002 as cited in Drenth et al., 2012). Intervention measures on the other hand are different methods that can be used to help patients in a counseling session. These methods can be personalized to each patient's needs and treatment goals (Johnson, 2019). In this study intervention measures were defined as the different counseling approaches that teachers and school counselors use or feel can be used to help children with CG to process it. Therefore, the study sought to find out from class teachers intervention measures used to help children with CG.

The ways that children deal with loss, grief, and trauma differ greatly from those of teenagers and are not always the same as those of adults (Palmer et al., 2016). Because of this, methods for assessing and treating children who are experiencing loss and grief must be different from those used with adults and adolescents. Surprisingly, children's reactions to stress, loss, and mourning can include recurrent grief, and the process might take a long time (Hogan & DeSantis, 1996 as cited in Malone, 2016).

Children grieving and response to loss is ironically continuous and irregular which can be a source of confusion for the child's friends, family, and other caregivers. A child may withdraw and seem depressed, then revert to their former, more outgoing self, and finally experience intense grief once more. Even the child may find this puzzling and challenging (Palmer et al., 2016). It is essential to remember, too, that certain children are inherently resilient and have family, spiritual or religious networks, and other loving adults as support systems to help them deal with trauma, loss, and sadness (Malone, 2016).

In normal grief, children may not need the intervention of a professional to process grief. However, children that have difficulty facing and coping with loss, will

have an increase in behaviour problems. Consistent with (Ayyash-Abdo, 2001; Luecken, 2000 as cited in Martell et al, 2013), children who have experienced a loss are more likely to experience social issues, behavioural and psychological disorders, and other challenges during and soon after the grieving process, as well as in later adulthood. Consequently, child development professionals, parents, and extended family have chances to mediate these effects. Usually, unwarranted behaviours that persist over time and are challenging for caregivers and educators to recognize and deal with in a healthy way are targeted for intervention (Heath et al., 2008).

Children who do not have a parent or other caregiver who can help them both emotionally and physically during their grieving process are more likely to develop CG (Therivel & McLuckey, 2018). With CG, children are not capable of finishing the tasks involved in reconciliation which ends up impairing their normal functioning (Dyregrov, 2013). Bergman et al. (2017) stated that, when children lose a parent or loved one, they may need assistance from a healthcare provider during their bereavement process so that their mental health needs are satisfied and they can keep moving forward with their positive growth. Thus, it is important to help children who have developed CG to process it and be able to assimilate the death and move on.

Consequently, when helping children with CG, it is important to have an intervention plan cutting across the family, the therapist, and the school. This intervention should consist of a collaborative team including Healthcare specialists from diverse fields who collaborate regularly with families, schools, and other organizations to guarantee that patients receive continuous care (Verdery et al., 2020). Intervention can be offered by adult family members who are with the child to establish a secure atmosphere for the child to understand and process the loss.

If the child is unable for whatever reason to process grief with the help of the adult family member(s), a therapist can be involved who in return can work with the school to put up measures to support the grieving child (Malone, 2016). These are measures like; having a section in the school library containing a section with materials on bereavement and loss such as videos and books. Offering a needed routine to a child whose home and family became emotionally charged and chaotic after losing a loved one. Formulate a counseling team among the teachers that can act as a listening ear and confidant to children who have lost loved ones.

An intervention for CG can be put in place before a loved one dies by adults around the child (Kinzbrunner & Policzer, 2011). This is meant to get the child ready for any eventuality. For example, a child can be made to understand the health condition of the loved one, be allowed to ask any question he or she might have, and if not traumatizing can be permitted to visit the ill person if the child wishes to. Also, allowing the child to care for the sick person in whatever way they see fit, such as sending a card, is important (Bergman et al., 2017; Carter, 2016; Kinzbrunner & Policzer, 2011). Vising or caring for a dying person might help a child understand the reality of death which might help in processing grief.

Following the passing of a loved one, adult caregivers must discuss the death with the child. The child should be told the truth about the death in a gentle and caring way. However, this does not mean using euphemisms like “went away” or “went to sleep” to explain death. Such synonyms tend to make the child think the individual will return or awaken one day (Bergman et al., 2017; Kinzbrunner, & Policzer, 2011). However, talking with young children is difficult since their attention span is limited and when the news stimulates their emotions, they will shift from one thing to another, in and out of grief. A child can only handle limited information at any one time.

Caregivers and therapists should give information a bit at a time and the child will put together the information when needed (Carter, 2016). Kinzbrunner and Policzer (2011) pointed out that it is important to inform a child about a loved one's passing and allow him/her a lot of time to express reactions, and feelings and raise questions and concerns. Additionally, it is critical to acknowledge and respect the child's feelings by making him or her understand that feeling sad, angry, and fearful is normal when a loved one dies.

Another intervention to limit CG is to involve children in funeral arrangements or rituals to know what to expect. In certain situations, parents and other caregivers forbid children from attending wakes and funerals out of concern that it may be upsetting for them or because they are themselves grieving and unsure of their ability to offer suitable assistance (Schonfeld & Demaria 2016). This is very common in African communities where children are not involved in the planning or attending the funeral since they are assumed not to understand what is happening. It is of essence, however, to prepare children psychologically for what is going to happen to them and reassure them about the attention they will receive during the funeral.

Through proper preparation, Dyregrov (2016) stated that children need to be part of the ceremony of viewing the body and attending the burial service. This will guarantee that they receive the same opportunities for grieving as adults, so as not to strengthen children's denial of the death. However, when including children, it must be ensured that this will not unnecessarily stress the children. In addition, Kinzbrunner and Policzer (2011) observed that children should be included in the planning of the burial service and should be allowed to attend a funeral or burial if necessary. Children get the opportunity to grieve and say goodbye to the departed on their own terms when they participate in these ceremonies with family members.

Correspondingly, Søfting et al. (2016) suggested that attending wakes, funerals, and other memorial events following the death of a close family member is beneficial for kids just as it is for adults. It gives them the chance to grieve in front of friends and family, with their support and if the family feels it suitable, solace from their spiritual beliefs. Schonfeld and Demaria (2016) further alluded that children who are not involved or are excluded from funeral and memorial services will mostly feel aggrieved for being denied the opportunity to engage in a meaningful activity with a person they truly care about. Children could also be curious about what their loved ones are going through which is inappropriate for them to see. It is conceivable that children's imaginations are much worse than reality. All the same, Kinzbrunner and Policzer (2011) declared that children should not be made to attend a funeral or memorial ceremony against their will, but it is key to find out why they are refusing to go so that any worries or concerns may be cleared up. All of this is intended to support the child in processing the loss of a loved one and provide them the freedom to express their grief at their own pace and in their own way.

Children with CG can likewise be supported by going to the deceased's last resting place or cemetery. The child may use this as a way to express their desire to say farewell or to satisfy their natural interest. However, before visiting, children need to be prepared psychologically for what they might witness and experience at the graveyard and should be allowed to pose inquiries for clarification. Flowers, photos, small gifts, and notes to be placed on the grave can be brought with them. As a way of encouraging children to share their feelings, adults can share their feelings while visiting the grave first. It is critical to analyze any sentiments and ideas they may have following the visit (Bergman et al., 2017).

Counseling is another intervention that can be used. Counselors are invaluable in supporting a child throughout bereavement. Counseling can foster an environment of empathy and openness while giving the bereaved child constructive ways to communicate their negative feelings. Through counseling, bereaved children can better manage their feelings of loss, remember the deceased, and seize the opportunities that lie ahead (Ferow, 2019). Children can convey things that are hard to speak by using many counseling approaches like writing, music, and painting. Recognizing how life has changed and finding closure can be achieved by writing a letter to the departed loved one. These methods also assist in establishing a connection between the grieving child's thoughts, feelings, and actions (Fineran, 2012).

An additional intervention is group therapy. Group therapy confirms to children that they are not alone and allows them to feel the support of others who mourn similar losses. It helps children to get in touch with their feelings of loss which allows them to hear about coping strategies with loss from others at their developmental level (McCoyd & Walter, 2016). Individual and family therapy can also be used to form a safe space for the children to express their thoughts and feelings as well as educate children's caretakers on ways to establish a secure environment to listen to the child's thoughts and feelings (Goldman, 2014). Family therapy prioritizes the natural context in which loss is expressed and processed. This enables the recognition of the child's emotional needs giving him or her an opportunity to process grief.

As proposed by (Ngesa et al., 2020b), interventions can also be done using a school-based program where counselors are trained and equipped with the right techniques to handle children with CG. Intervention is meant to help the child understand the loss, and grief, remember the deceased, and move on with life. Goldman (2014) detailed that intervention should help a grieving child recognize the reality of

the loss, experience the pain, learn to go on without the departed and channel the grief's emotional energy into a new life. It is in this regard that this study sought to find out the intervention measures that are used to support children aged 10-13 years with CG in selected public primary schools in Nairobi County, Kenya.

Most studies globally and locally have highlighted the grief reactions of parentally bereaved children. The prevalence of CG among children who have lost a loved one not limited to a parent has received little attention. Despite the limited data on CG among children, it was evident from the literature that CG can lead to maladaptive behaviours like antisocial behaviours in children. Children's lives can be affected in a variety of ways by this, including how they perform at home and in school, how they interact with their peers, their spiritual views, and how they view themselves. Equally, limited studies have been done on the relationship between complicated grief and antisocial behaviours among children who have lost a loved one.

Theoretical Framework

This study adopted Jean Piaget's Theory of Cognitive Development and John Bowlby's Theory of Attachment. Jean Piaget's theory guided the study in understanding how children view death depending on their cognitive development, while the Attachment Theory guided in understanding how different attachments with family members affect children when they are bereaved as well as their ability to process grief.

Piaget's Cognitive Development Theory

Piaget's Cognitive Development Theory was developed in the 1920s by Jean Piaget. Jean Piaget was born on August 9, 1896, in Neuchatel, Switzerland, and died on September 17, 1980 (Miller, 2016). Piaget documented and examined children of various ages. Piaget's theory includes concepts of schema or schemes, adaptation,

assimilation and accommodation, and four stages of development (Sanghvi, 2020). The development of mental structures, or schemes, is the process by which cognition develops (Flavell, 2011). Through their strategies, children learn about their world. Children arrange and interpret their experiences through schemes. Piaget postulated that organization and adaptation, two inborn cognitive processes, are the building blocks of all schemes and knowledge forms. Children mix preexisting schemes into new and more sophisticated intellectual schemes through the organization. As per Piaget's theory, children are always arranging their schemes into increasingly intricate and useful structures (Miller, 2016).

Assimilation and accommodation are two complementary processes that allow for adaptation. While accommodation is the act of changing preexisting structures to allow for new experiences, assimilation is the process by which children attempt to understand new experiences in terms of their preexisting conceptions of the world. Piaget thought that for cognitive development to occur, assimilation and accommodation must cooperate (Gillibrand & O'Donnell, 2016). Rabindran and Madanagopal (2020) highlighted four major stages of cognitive development identified by Piaget: sensorimotor stage (birth to 2 years), preoperational stage (2 to 7 years), concrete operational stage (7 to 11 years) and formal operational stage (11 years and beyond).

In the sensorimotor stage (birth to age 2), infants understand the world by coordinating sensory experiences with motor actions. They also develop object permanence. The second stage is the preoperational stage (ages 2 to 7) where children start utilizing words and symbols and their thoughts are self-centered. Children become imaginative in their play activities. The concrete-operational stage (ages 7 to 11) is characterized by the appropriate use of language. Children acquire and use cognitive

operations. They gain an understanding of the fundamental characteristics of and relationships between common items and occurrences by relying on cognitive processes. By examining the actions of people and the situations in which they take place, they can conclude intentions.

The last one is the formal-operational stage (ages 11–12 and beyond). The cognitive processes of adolescents are restructured to enable them to perform tasks. Their logical thinking is no longer restricted to the tangible or observable; instead, it is methodical and abstract (Slater & Bremner, 2017). In this study, the cognitive developmental stages will be considered in determining if the respondents comprehend death and how well they are able or not able to process grief. Of interest in this theory is stage three; concrete-operational stage (ages 7 to 11) and stage four; the formal-operational stage (ages 12 and above) of cognitive development. Children under both categories can appropriately use language as well as cognitive operations to understand death and process grief.

Other scholars like Rachamim (2017) noted children between the ages of 6 and 9 have a strong curiosity about dying and may have queries about what happens to them after they pass away. They start to realize that death is inevitable and that it only affects other people, not themselves. They too feel deeply bereaved, but they find it hard to express it, thus they require permission to grieve. Shaffer and Kipp (2014) referred to this stage as the concrete operational stage where children have appropriate use of language and can use cognitive operations. They can understand everyday events and make conclusions by observing others' behaviours and the circumstances in which they occur.

Therefore, as they experience death, they try to make sense of the event and might blame themselves or others for the death. As they strive to master the event, they would want to be part of the mourning process since at this stage they want to be involved in decision-making. This suggests that children this age are aware of death and are capable of feeling grief. At age 9 years and above, a child can view death as final and happens to everyone. They have a clear understanding that death is unavoidable and not a punishment. They have an inquisitiveness about the bodily viewpoint of death. They can articulate their emotions verbally, but they tend to show their feelings through their behaviour instead of their words (Shaffer & Kipp, 2014)

The respondents in this study were children aged between 10-13 years. They were categorized under the last two cognitive development stages which indicated that children aged 10 years and above can comprehend and process death due to their cognitive abilities as well as the appropriate use of language. For that reason, if children are not helped to understand the event (death) and to be part of the grieving process, they might not grieve their loved ones. This can cause CG which in turn can lead to maladaptive behaviour like antisocial behaviours. This study applied Piaget's principles of cognitive development to identify children with the ability to comprehend and process death and grief. The theory was also used to identify children who could express their thoughts and feelings in writing.

Attachment Theory

The Attachment Theory is founded on the joint work of John Bowlby and Mary S. Ainsworth (Bretherton, 1992). Holmes (2014) indicated that the theory's development began in the 1930s when Bowlby developed a curiosity about the connection between maternal loss or deprivation and later personality development and

Ainsworth's interest in security theory. However, Mary Ainsworth worked with Bowlby from the 1950s as said by (Holmes, 1993).

Attachment progresses from lifetime requirements for safety and security. The attachment relationship between parents or primary caregivers and their child is more secure when the caregivers are responsive and helpful. In the words of Bowlby (1988), the bonding quality between a parent or primary caregiver and their child has a significant impact on the reactions and feelings the child experiences when they endure separation or loss. According to Bowlby, attachment is important because it provides children with a sense of security against outside dangers, which they derive from their attachment bond with their caregiver. Once a child feels safe in that relationship and has easy access to help, they may overcome obstacles. But when a child breaks away from the attachment figure, they get anxious.

Bowlby (1982) claims that children develop internal representational working models based on the caliber of early parent-child interactions. These are ingrained attitudes and preconceptions about oneself and other people. Sequentially, this working model determines or influences the way individuals interact with their environment. Many times, attachment has been seen as a categorical concept that separates various behavioural categories by Ainsworth (1978). Ainsworth then identified three distinct patterns of attachment: secure attachment, insecure-ambivalent attachment, and insecure-avoidant attachment (Holmes, 1993). A fourth attachment style the insecure-disorganize attachment was added by Main and Solomon in 1990 (Fear, 2017).

Children with a stable pattern are usually creative, well-behaved, and adept at handling challenging circumstances. They express less annoyance and are more forthcoming with their emotions (Ainsworth et al., 1978; Matas et al., 1978).

Additionally, Ainsworth observed that they can overcome their annoyance and maintain their composure and confidence at trying times. Gaik et al. (2010) added that children who have a stable attachment style are less prone to act in an antisocial manner. They handle their schoolwork more skillfully and have more pleasant interactions with friends and family. They exhibit more flexible coping mechanisms and less anxiety about social rejection and loneliness.

In contrast, children displaying an insecure attachment style have poor adaptive qualities (Matas et al., 1978). In an uncomfortable circumstance, they find themselves helpless and unable to regulate their negative emotions (Sroufe et al., 1999). Ambivalent children are apprehensive about their environment and reluctant to separate from the primary caregiver in novel situations. These children also run the risk of developing emotional disorders (Kennedy & Kennedy, 2004). On the other hand, avoidant children do not believe in their attachment figure and they remain autonomous (Bartholomew, 1990). They remain emotionally and physically aloof and have little faith in anyone to help them. When under stress, they frequently act out, lying or bullying other kids (Kennedy & Kennedy, 2004). This is because they are not sure whether to approach or avoid the parents and may not be able to control their emotional responses because they have received varying feedback (Ainsworth, 1989).

During grief, such children may struggle with expressing their feelings and emotions which might manifest in antisocial behaviours. As a result, inadequate attachment suggests a failure to recognize the values of parents and society in relation to work and conformity. These mistakes cause the child to lose self-control, exhibit unfavorable attitudes toward their education, job, and authority, and frequently engage in antisocial behaviour (Elliott et al., 1985).

Consequently, the Attachment Theory states that issues with attachment relationships typically arise before behavioural issues do (Hutchings et al., 2023). It is possible to see many of the early disruptive behaviours that are thought to be precursors of antisocial behaviours, like as tantrums, anger, and noncompliance, as attachment-oriented attempts to get the attention and closeness of unresponsive caregivers. Even while this can be advantageous in the short run, these consequences could lead to the formation of unpleasant family dynamics and raise the risk of antisocial behaviour in the future (Hill & Maughan, 2004).

This is reverberated by Greenberg (1999) who claimed that untreated early attachment issues have a link to later-life mental health issues, delinquency, oppositional defiant disorder, hyperactivity, and anger. Dudge (1991) noted that insecure attachment may lead to hostile attributional biases resulting in reactive aggression. Additionally, Futh et al. (2008) showed that educators believe that behavioural issues, low attendance, and academic underachievement are common in children with attachment issues.

Within the context of early parent-child relationships, a child learns how to control their emotions. If a parent does not assist their stressed-out child in learning how to successfully manage his emotions, the child may be left to exhibit immature behaviours such as tantrums, anger, and other undesirable behaviours (Hill & Maughan, 2004). It is important then to realize that antisocial behaviours are related to the way children are attached to their parents. The bonding between parents and his/her child/ren is important. If the bond of affection to the family is solid, the attachment formed may be able to avert antisocial behaviours (Gaik et al., 2010).

Therefore, adapting the Attachment Theory, this study applied Bowlby's principles of secure and insecure attachment styles and explained how such attachments can influence how children may or may not display antisocial behaviours during grief. Children with secure attachments feel safe from external threats like the death of a loved one. They show limited frustration and are more open in sharing their feelings reducing the chances of displaying antisocial behaviours. On the other hand, children with insecure attachment may lack adaptive skills, making it difficult to regulate unpleasant emotions and rendering them powerless in trying circumstances. This could be manifested as antisocial behaviours.

Conceptual Framework

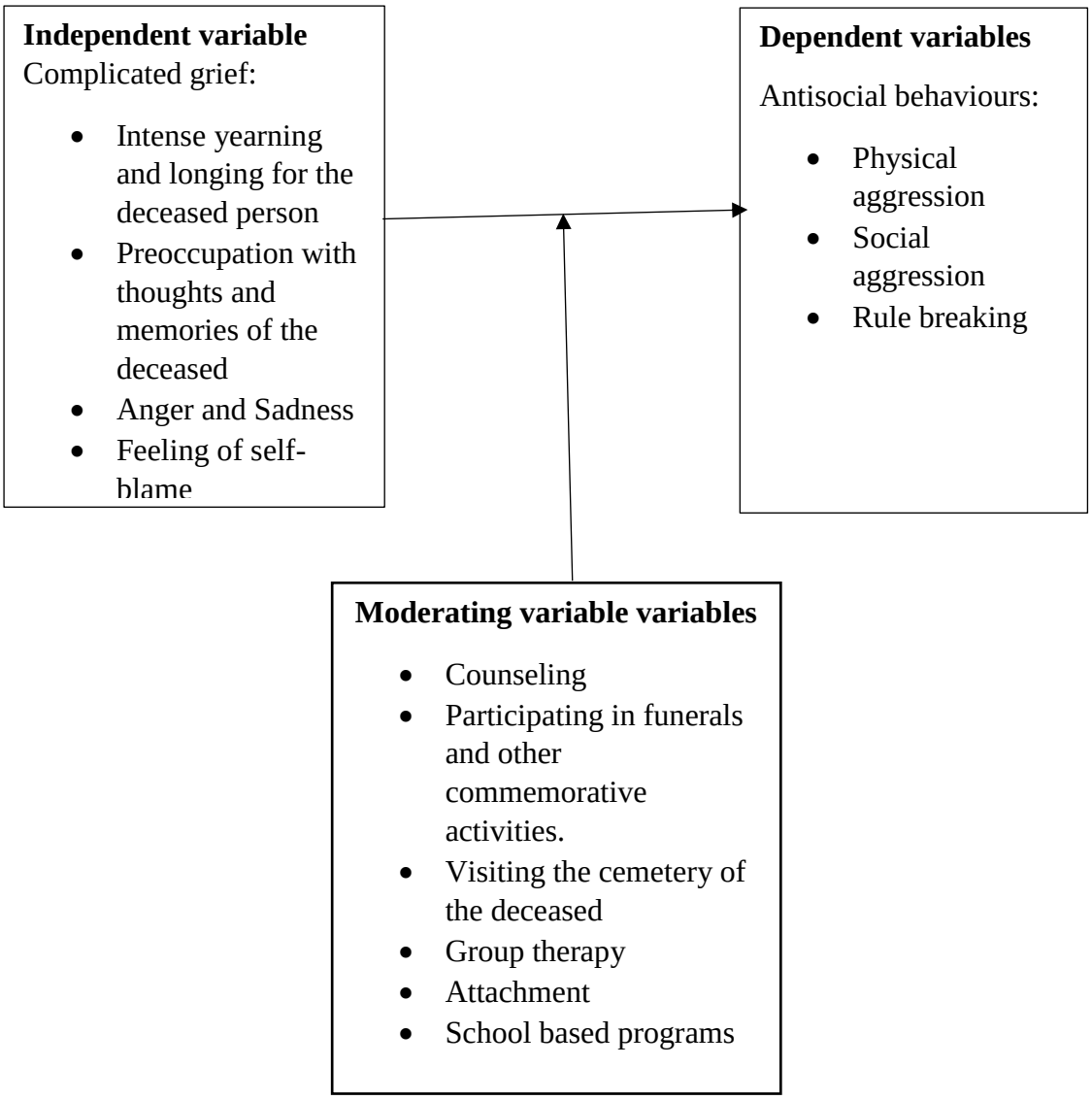
The conceptual framework focused on the relationship between complicated grief and antisocial behaviours among children who had lost a loved one. Using Jean Paget's Theory of Cognitive Development and John Bowlby's Theory of Attachment, the study sought to explain how complicated grief could lead to antisocial behaviours. Based on the child's cognitive development as discussed in the literature review, a child may not be able to process grief due to a lack of its understanding. Children who lack the concept of death may not process grief which might manifest in maladaptive behaviours later in life. Also, children who understand death but lack support for grief might as well develop CG.

Further, when children's attachments are not secure, they can affect the likelihood of antisocial behaviours. Children with insecure attachment hold negative views of themselves and lack the skills to adapt to challenging situations. They are anxious about the environment and unwilling to ask for help due to fear of how the caregiver will respond. They do not trust any support and during grief, they might not reach out for help or express their feeling leading to antisocial behaviours. Children

with secure attachment on the other hand are confident, feel secure, and can reach out to their caregivers for help when needed. Consequently, during grief, they can express their thoughts and feelings reducing the risk of developing antisocial behaviours.

The literature reviewed has shown that children with CG may display antisocial behaviours by being physically and socially aggressive and rule breaking. As a result, this study sought to find out how CG is characterized by intense yearning and longing for the deceased person, preoccupation with thoughts and memories of the deceased, anger and sadness, and feelings of self-blame when not processed. Literature also shows some of the intervention measures that are used to help grieving children reduce the risk of CG and antisocial behaviours like physical aggression (pinching, biting, hitting, pushing, spitting, hair-pulling), social aggression (betraying trust, name calling, spreading rumors, excluding others), and rule breaking (stealing, truancy, or vandalism). The independent variable was complicated grief, while antisocial behaviours were the dependent variable as indicated in Figure 1.

Figure 1 *Conceptual Framework*



Source: Researcher (2024)

Research Gaps

Children, like adults, experience CG as appraised in the literature review. However, Burns et al. (2020) noted that regardless of grief's consequences on well-being and lifetime health, the prevalence of childhood grief is not well understood. Furthermore, there is a gap in the area of CG among children as it has not been sufficiently researched especially in Africa (Ngesa et al., 2020a). Moreover, there is

extremely little information on the prevalence of CG among children who have lost a loved one, and the relationship between complicated grief and antisocial behaviours among children who have lost a loved one in Kenya. This created a research gap for this study.

To bridge this gap, this study aimed at attending to this lack of baseline information on complicated grief among children by exploring the prevalence of complicated grief among children aged 10-13 years who had lost a loved one in selected public primary schools in Nairobi County Kenya, finding out the most prevalent antisocial behaviours among children with complicated grief in public primary schools in Nairobi County Kenya. The study also sought to find out if there was a relationship between complicated grief and antisocial behaviours among children who had lost a loved one. Finally, the study sought to find out the intervention measures that are used to help grieving children.

Chapter Summary

In this chapter, the literature reviewed showed how complicated grief can manifest under the categories of; feeling, cognition, physical response, and behaviours. It can lead to maladaptive behaviours like antisocial behaviours in children. This can be demonstrated by physical aggression such as attacking other children, use of obscene language, hitting or kicking, ignoring corrections attempts by adults, violating social norms, and overacting or severe tantrums.

The reviewed literature also presented some of the intervention measures that are used to help grieving children reduce the risk of CG and antisocial behaviours. The chapter also reviewed two theories: Piaget's Cognitive Development Theory and Attachment Theory. Piaget's Theory focused on cognitive development and the ability

to comprehend and process death and grief. Attachment Theory, on the other hand, was concerned with Bowlby's principles of secure and insecure attachment styles and explained how such attachments can influence how children may or may not display antisocial behaviours during grief. The next chapter will discuss the methodology that guided this study.

Chapter Three: Research Methodology

Introduction

This chapter presents the research methods adopted by the study. Additionally, covered in this chapter is the study design that was used to determine the relationship between complicated grief and antisocial behaviours among children who had lost a loved one. Other areas outlined are the study's philosophical worldview, location of the study, the study's population, sample size, techniques applied in sampling; inclusion and exclusion criteria, the data collection process, which includes the tools and techniques employed, the pretesting phase, and the data analysis procedure. The final segment of the chapter focuses on the ethical aspects that the study put into consideration.

Study's Philosophical Worldview

A philosophical worldview is the orientation of the world and the type of investigation a researcher conducts for a study (Creswell, 2014). Creswell alluded that philosophical worldviews are beliefs held by a researcher that influence his or her choice of research design. He identified four world views namely; postpositivist which is also referred to as the scientific method which focuses on how research has always been done. The issues considered by postpositivists reflect the need to recognize and evaluate the causes that affect results, like those discovered in experiments. The second one is constructivism or social constructivism worldview which depends on the respondent's view of the subject of study. To understand the background of the participants, their lives and experiences ought to be given careful thought. Constructivism takes the form of qualitative research. The third worldview is the transformative approach, whose focus is on individual needs and marginalized groups in the society. The fourth is the pragmatism worldview which develops as a result of

events, decisions, and outcomes as opposed to initial conditions. Rather than focusing on the methods, the pragmatism worldview concentrates on a research problem and uses all approaches accessible in order to comprehend the issue. It thus uses mixed method research to derive knowledge about the problem.

This study adopted the pragmatism worldview. This philosophical conviction emerged at the beginning of the 20th century from the work of Charles Sander Peirce, William James, John Dewey, and George Hebert Mead (Hesse-Biber, 2015; Patton, 2015). Pragmatism focuses on formulating and addressing the research problem or question, which can take many different forms in terms of construction, data gathering, and analysis techniques. It uses both quantitative and qualitative data when appropriate and is motivated by appropriateness for purpose (Creswell & Clark, 2011). Pragmatism worldview develops as a result of events, circumstances, and outcomes as opposed to prior circumstances.

Also, pragmatists come to an agreement that research continuously follows in social, historical, political, and other settings (Creswell, 2014). Leavy (2017) stated that rather than adhering to a specific set of theoretical guidelines, pragmatism emphasizes that several instruments may be appropriate in various research situations. In doing their research, researchers make liberal use of both quantitative and qualitative presumptions, which are related to mixed methods research. Creswell (2014) added that individual scholars have the liberty of choice where they are free to select the strategy, method, and methods of research that best serve their goals and demands for collecting and analyzing data. This study assumed a pragmatism world view for the reason that it allows mixed research methods which was the emphasis of this study. Secondly, the pragmatism worldview arises from actions, consequences, and situations; therefore, it

was found fit for this research since complicated grief and anti-social behaviours are real problems encountered by families experiencing grief within a social context.

Research Design

A research design is a method or plan created to structure the study and make it feasible to answer research questions with the help of supporting data and authorization (Leavy, 2017). Cohen et al. (2018) suggested that a research design should include specific information on the sorts of data and the tools used to acquire them. A study design is primarily, if not only, a logical argument to which all of the argument's components conform. It is a logistical matter as opposed to a logical one (Patten & Newhart, 2018). Research design "is the overall plan that deals with the aspects of complete strategy from the study type, data collection approaches, and statistical approaches for data samples" (Bairagi & Munot, 2019, p.70). Creswell (2014) referred to research design as a systemic approach that helps ensure that the entire research process is carried out in a methodical manner.

In addition, Kumar (2011) defined research design as an approach and framework for analysis designed to find solutions to research questions or challenges. Labaree (2023) claimed that a research design is the overall strategy a researcher uses to rationally and clearly combine the various study components, guaranteeing that the research challenge will be successfully addressed. It creates the schedule for data collection, measurement, and analysis. However, Cohen et al. (2018) said that there cannot be a single planning research design. The objectives of the study dictate the research design, which in turn shapes the methodology. To achieve this systemic approach, a study should develop a clear design and appropriate methods to be used when collecting and analyzing data.

Mixed method research (MMR) was used in this study to effectively address the research questions. In a single study, mixed methods research involves gathering, evaluating, and sometimes integrating data from both quantitative and qualitative sources. Research project stages are interconnected, with the quantitative stage impacting the qualitative stage and vice versa (Hesse-Biber & Leavy, 2011). Because mixed method research integrates both quantitative and qualitative data, it has the potential to produce a comprehensive understanding of the topic being studied (Leavy, 2017).

In addition to enabling researchers to respond to research questions with sufficient depth and breadth, the use of mixed methods aids in the generalization of study findings and conclusions to the entire population. The quantitative method, for example, facilitates the collection of data from a large number of participants, increasing the likelihood that the findings can be generalized to a larger population. However, the qualitative approach honors the perspectives of its participants and provides a deeper understanding of the topic under investigation (Enosh et al., 2014). As a result, a mixed-methods design provides the greatest opportunity to address research issues by combining two sets of advantages and simultaneously offsetting the drawbacks of each approach (Johnson & Onwuegbuzie, 2004 as cited in Dawadi et al., 2021).

Mixed method research in keeping with Leavy (2017) has five primary mixed methods categorized as sequential and nested designs. They are; explanatory and exploratory sequential designs and convergent or concurrent designs. While the nested designs are comprised of qualitative nested in quantitative and quantitative nested in qualitative.

Convergent Mixed Method

This study adopted a convergent mixed method. This type of mixed methods design combines quantitative and qualitative data to give a comprehensive analysis of the research problem. The two sets of analyses are then combined to cross-validate or compare the results (Creswell, 2014). Prior to data collection, a strategy for carrying out the quantitative and qualitative approaches is decided upon. The researcher then gathers both types of data at around the same time and combines the data in the interpretation of the overall findings. In this design, contradictions or inconsistent findings are explained or investigated further (Creswell & Creswell, 2018). However, quantitative and qualitative data are gathered, examined, and combined independently; for example, they might be contrasted and compared to find complementarity and similarities (Creswell & Clark, 2011).

According to Creswell and Creswell (2018), the mixed method uses research that is both quantitative and qualitative research which minimizes the limitations of the two approaches. Additionally, it offers a multifaceted approach to study that is appealing to people who are at the forefront of new research techniques. Consistent with Creswell (2014), mixed methods provide a deeper comprehension of a study issue. In this study, the convergent mixed method was used to help the researcher gain a better understanding of the research problem by comparing different perspectives drawn from qualitative via interviews with the class teachers and quantitative data from the structured questionnaires.

Location of Study

The study was conducted in selected public primary schools in Nairobi County, Kenya. As stated by Nairobi City County (2021/2022), Nairobi County covers an area that is roughly 696 square kilometers. The population density is around 4,850 residents

per square kilometer (Appendix VII). Nairobi County is further subdivided into seventeen sub-counties and has a total of eighty-five wards (Nairobi City County, 2021/2022). Nairobi County was preferred due to its cosmopolitan nature and being the most affected County in Kenya by COVID-19.

Study Population

According to Leavy (2017), a study population is the set of components from which the researcher selects a sample. Mugenda (2011) stated that the target population comprises all objects, things, or individuals that a researcher can reasonably generalize findings to. The study was conducted in selected public primary schools in Nairobi County, Kenya. The target population comprised of children 10 years to 13 years who had lost a loved one drawn from grades four, five, six, and seven from selected public primary schools in Makadara and Embakasi Sub County.

The researcher selected ages 10-13 since at this age, children have acquired competence in the use of language and cognitive operations (Gillibrand et al., 2016). Ten to thirteen years is an age when children in the words of Piaget's Cognitive Development Theory can think logically and present events and ideas rationally. They are also capable of thinking about tangible objects and events as well as hypothetical ones (Shaffer & Kipp, 2014). They are therefore capable of understanding death and expressing their emotions and feelings. The second category of the target population was class teachers of the bereaved children aged 10-13 years.

The class teachers were selected for the study because they had privileged information about the pupils and an almost daily encounter with the grieving pupils to be able to identify any change in behaviour before and after the death of a loved one. Based on the Kenyan education system, children aged 10-13 years are in grades 4 to 7.

The Ministry of Education (2020) indicated that 4,424,862 children were enrolled in grades four to seven in public primary schools in Nairobi County, Kenya. However, there was no data on the number of children falling under the study population from the Ministry of Education, the County Director of Education in Nairobi County, and the Sub-County Directors of Education. The study population was obtained from the selected public primary school's records which were provided by the class teachers.

Sample Size

A sample is a more limited group or portion of the larger population (Cohen et al., 2018). Leavy (2017) defined a sample as the number of distinct cases that a researcher gathers and uses to produce data. Using purposive sampling, 294 children aged 10-13 years who had lost a loved one in the last one year were identified from the selected schools. A loved one in this study included members of both nuclear and extended family (limited to grandparents, uncles and aunties). This was done using the lists/records that were provided by the class teachers. However, only 259 respondents filled out the questionnaires and therefore became the study sample size. A total of 22 class teachers to the bereaved children aged 10-13 years were also purposively selected.

Sampling Technique

The researcher used multistage sampling which incorporated simple random sampling and purposive sampling at various stages. Multistage sampling was preferred due to the large population of Nairobi County with seventeen sub counties and the fact that the target population was unknown. The Ministry of Education in Nairobi County and the Sub County Directors did not have records of children who had lost loved ones.

In this regard, the researcher first categorized all the public primary schools in Nairobi County into their respective sub-counties. There are seventeen sub-counties in

Nairobi County, Kenya. According to Bairagi and Munot (2019), the more samples used, the more accurate the outcome will be. Also, Mugenda and Mugenda (2012) stated that a sample size of between 10 and 30% is a suitable representation of the target population if the population does not exceed 10,000. A 10% of the 17 sub-counties is 1.7. Therefore, two sub-counties were randomly selected to participate in the study. Using simple random sampling, the fishbowl draw method was used to select the two sub-counties. Each of the seventeen sub-counties was written on a piece of paper. The seventeen pieces of paper were placed in a bowl mixed and shaken together. The researcher handpicked two papers, one at a time where Makadara and Embakasi Sub Counties were selected. Although Makadara and Embakasi were picked by chance, they were beneficial to the study in that both have communities of varied ethnic, cultural, spiritual, and social- economic backgrounds which provided rich information to inform this study.

Makadara has 24 public primary schools and Embakasi has 4 public primary schools. Using 30% as recommended by Mugenda and Mugenda (2012) for a small population, 7 public primary schools were randomly selected from Makadara using the Fishbowl draw method. All 24 schools were written on a piece of paper, and mixed in a bowl. The researcher handpicked without looking until all 7 public primary schools were randomly picked from the bowl. The selected public primary schools that participated in this study from Makadara Sub County were: Bidii Primary School, Baraka Primary School, Rabai Primary School, St. Paul's Primary School-Mbotela, St. Anne's Girls Primary School, St. Michaels Primary School, and Harambee Primary School. All the public primary schools in Embakasi Sub County were selected since there were only 4. They are Embakasi Primary School, Embakasi Garrison Primary School, Donholm Primary School, and Kariobangi South Primary School.

Purposive sampling was then used to identify respondents who fulfilled the requirements for inclusion. Respondents were supposed to be children aged 10-13 years old who had lost a loved one in the last one year. An Inventory of Complicated Grief (Prigerson et al.,1995) was administered to all the respondents to establish those with complicated grief and those without. However, the Subtype of Antisocial Behaviour (Burt and Donnellan, 2010) was administered to both categories- those with complicated grief and those without. This helped the researcher figure out if there was a relationship between complicated grief and antisocial behaviours. The class teachers of the bereaved children aged 10-13 years were also sampled using purposive sampling. For every class selected, a class teacher was also selected.

Inclusion and Exclusion Criteria

The study's respondents were children aged 10-13 years old enrolled in grades four to grade seven in the selected public primary schools in Nairobi County, Kenya. The respondents must have lost a loved one in the last one year. Children aged 10-13 years were included in the study due to their ability to understand and communicate in English. They can read and understand the questions on their own. Grade one to three children aged 6 to 9 years were excluded from this study due to their inadequate comprehension and expression of their emotions in writing. Children in class eight were exempted since they were preparing for their national examination. The class teachers of the bereaved children aged 10-13 years were also sampled for the reason that they had privileged information about the grieving children and could therefore give a detailed report on any changes in behaviour before and after the death of a loved one.

Data Collection Tools

The data collection tools that were administered to participants in this study included questionnaires and interviews. The questionnaires comprised the Social

Demographic Questionnaire (SDQ), Inventory of Complicated Grief (ICG), and a Subtype of Antisocial Behaviours (STAB) which were filled out by the sampled children who had lost a loved one in the last one year. Interviews were conducted on a face-to-face basis with class teachers of the sampled children. These tools were used to collect appropriate information about the objectives of the study.

Data Collection Methods

To obtain the number of children who had lost a loved one, the researcher used a School Record-Desk Review. To collect quantitative data, questionnaires were used; and for qualitative data, interviews were conducted. Each of these is discussed below.

School Record-Desk Review

The target population of children who had lost a loved one in the last one year was identified from the selected Public Primary Schools in Makadara and Embakasi Sub Counties. This was done through school records obtained from the class teachers. At each school, via the class teachers, a list of all children who had lost a loved one in the last one year enrolled in the specified classes (grades four to seven) was obtained. A total of all the records was conducted to ascertain the population of the target group and the number of children, aged 10-13 years, who had lost a loved one in the last one year enrolled in the selected public primary schools. In some schools where there were no records of children who had lost a loved one, the researcher carried out exploratory research with the help of the class teachers to identify such children. Hence, before the actual data collection day, the researcher met the class teachers in grades 4 to 7 and in some schools, guidance and counseling teachers who helped to draw the sample. The class teachers, guidance and counseling teachers were trained on their role in the identification of the study sample. They gave a piece of paper to the selected classes for children who had lost a loved one to write their names, ages, and the person they had

lost. All the lists were collected with the help of the class teachers and the guidance and counseling teachers who aided in the sorting process. A total of 294 children were identified as having lost a loved one. However, only 259 participated in the actual study. This consequently became the study sample size.

Questionnaires

A questionnaire is "a written list of questions, the answers to which are recorded by respondents" (Kumar, 2011, p. 138). Bairagi and Munot (2019) defined a questionnaire as "a set of questions which has been prepared to ask and collect answers from respondents related to the topic of research" (p.136). The researcher used a structured questionnaire. Questionnaires were used to get the biographical information of the participants and assess for complicated grief in bereaved children and antisocial behaviours. Questionnaires used included a self-developed Social-Demographic Questionnaire (SDQ), an Inventory of Complicated Grief (ICG), and a Subtype of Antisocial Behaviours (STAB) (Appendix V). Social-demographic questionnaires (SDQ) were used to gather socio-demographic information from the participants. The information gathered by way of questionnaire included; gender, age, class level, nature of loss, and additional information related to this study.

The ICG is a tool made up of 19 first-person statements on the client's immediate bereavement-related thoughts and actions. There were five possible ways to respond, "Never", "Rarely", "Sometimes" "Often" and "Always." It was developed by Prigerson et al., in 1995 to recognize the signs of mourning that might aid in differentiating between normal and complex grievers (Prigerson et al., 1995). In this study, the instrument was adapted to assess the clinical levels of CG among the subjects. Some amendments were made to the ICG like using simpler terms that the

respondents could understand. However, all the respondents who tested positive for CG and those who had normal grief participated in the study.

The levels of antisocial behaviours were assessed using the STAB. The STAB was developed by Burt and Donnellan in the year 2009 to assess antisocial behaviours (Burt & Donnellan, 2010). It contains 32 items assessing physical aggression, rule-breaking, and social aggression. STAB was adopted in this study to determine the levels of antisocial behaviours. It was also amended by using simple terms and removing statements that were not relevant to the respondents like 'failed to pay debts' and 'trouble keeping a job' and replacing them with relevant ones to the respondents. The instrument was written using present tense and not in past tense as it is. An explanation of questions was given to children who had challenges in understanding. To guarantee the reliability of the data to be collected, the self-developed SDQ, ICG, and STAB tools were administered on a one-on-one basis by the researcher.

Interviews

An interview is collecting data by asking questions, listening to respondents, or filming their responses (Cohen et al., 2018). In an interview, the interviewer would typically pose questions and probes to get the interviewee to speak candidly and in-depth about the topic or topics that the researcher has defined (Howitt, 2016). Alongside questionnaires, the researcher carried out interviews with the class teachers. The interview was semi-structured and in-person, and the subjects and questions were prearranged. However, the questions were open-ended, giving the interviewer greater latitude to adjust the format and sequence of the questions (Appendix VI). Through interviews, the researcher was trying to find out; if children who had lost a loved one exhibited a change in behaviours, how long the changed behaviour lasted, and how the

school supported the grieving children. This was because the class teachers understood the child's behaviour before, during, and after bereavement.

Data Collection Procedures

During data collection, class teachers and guidance and counseling teachers assisted the researcher in assembling the respondent children in the school halls/ designated classrooms. The class teachers participated in a face-to-face interview but the guidance and counseling teachers did not have any other role apart from the one described above. The respondents handed over their consent forms from parents or guardians to the researcher and were issued with the pupil's questionnaire to fill out.

Reliability

A tool needs to be sufficiently reliable and valid so as to be useful in psychological research. Reliability tests the consistency and stability of a tool, while in research, it allows a researcher to be quite confident that the measurement they took is fairly near to the actual measurement (Kumar, 2011). As per Cohen et al. (2018), the term "reliability" encompasses the qualities of consistency, repeatability, and timelessness across various instruments, responder groups, and periods. Accuracy and precision are its main concerns. To be considered credible, research must show that the same results would be obtained if it were conducted on a similar set of respondents in a similar setting. As stated by Bairagi and Munot (2019), quantitative research hypotheses, there are two primary types of reliability: internal consistency and repeated measurement. Repetitive measurement refers to the capacity to measure the same object many times. When the same instrument is used with the same respondent, the results should be the same.

Internal consistency, on the other hand, pertains to how well a test's items measure a particular construct and is only relevant to instruments with several items. Within consistency reliability, there are two main strategies to consider: Coefficient alpha and split-half reliability. Split-half dependability was described by Heale and Twycross (2015) as a consistency metric between the two parts of a construct measure. Split half reliability randomly splits the test into two, computes the participants' results for every "half test," and then determines if the two results are connected to each other (Heale & Twycross, 2015). To determine the coefficient of dependability, one must determine the correlation between the two halves. They should be highly correlated, with a correlation coefficient of greater than 0.8, if they are both measuring the same object.

The coefficient alpha is the other metric for internal consistency. It is a metric for consistency amongst different elements inside the same construct. It assesses how effectively a series of items evaluate a certain test characteristic as well as the consistency of the instrument as a whole. To determine the coefficient of reliability, tests on individual items are correlated. The Cronbach's alpha coefficient is employed to assess the internal consistency among the items (Cronbach, 1951). Before concluding that a test is internally consistent, the measure must be greater than 0.7.

To test the reliability of the tools (STAB and ICG), a Cronbach Alpha measure was used. Higher Cronbach's Alpha ratings indicate that the questionnaire is more reliable; the range is 0 to 1. The better the internal consistency of the elements in the measuring instrument, the closer the alpha is to 1.00 (George & Mallery, 2020). Using SPSS Version 25.0, an analysis was done to establish if the items in the questionnaires assessed what was intended to be assessed. Both the STAB and the ICG had a value of Cronbach's Alpha of 0.8 which indicated that the results were acceptable and reliable.

The hypothesis was also tested using ANOVA with Cochran's Test to ascertain if there was a significant relationship between CG and ASB. Coolican (2014) states that to determine the importance of a relationship, the *p-value* should be less than 0.05. In this study test, the *p-value* was 0.00 which was less than 0.05; hence, the hypothesis was approved and a conclusion was made that the results were reliable in the study.

Validity

An equally vital component of successful research is validity. If any part of the research is found to be invalid, it becomes meaningless. Validity can be referred to as the establishment of appropriate, quality, and accurate procedures a researcher adopts for finding answers to their research questions (Kumar, 2011). Validity tells the researcher if the instrument captures the data it is meant to capture (Goodwin, 2010). Validity is the ability to show that an instrument measures what it promises to measure, as stated by Winter (2000) and referenced by Cohen et al. (2018). Furthermore, it guarantees that the interpretation and significance of the data collecting and instrumentation results are accurate.

Three distinct aspects make up validity, and each is essential. They are construct validity, criterion validity, and content validity (Goodwin & Goodwin, 2013). Whether or not the actual content of test items makes sense in relation to the construct being measured is known as content validity. It affects the precise wording of the test items, so it comes into play at the start of the test generation process. The question of criterion validity pertains to the measure's ability to effectively forecast future behaviour or its significant relationship to another behaviour measure. Construct validity is a somewhat more complicated matter that has to do with how an instrument is built internally and the idea it is measuring. The extent to which the explanatory structures of a reliable theory can explain test results is known as construct validity.

When a measure confirms the expected correlations with other theoretical concepts, it is said to have construct validity (Kumar, 2011). Content validity was tested during the pilot study to ensure the phrasings of the items were correct and written in a language the respondents could understand.

Pilot study

A pilot study examining the questionnaire's items was conducted with a small sample of respondents to evaluate the validity and reliability of the instruments employed in this study. Kumar (2011) claimed that a pilot study is conducted on a sample of individuals who are similar to the study population in real-world settings. It attempts to determine whether there are issues with comprehension of a question's formulation, the appropriateness of the meaning it conveys, whether respondents interpret a question differently, and whether respondents' interpretations diverge from what the researcher is attempting to say. Should issues arise, the investigator must reconsider the wording to make it more precise and unambiguous.

In this study, a pilot study was done at Nairobi River Primary School in Kamukunji Sub County. The school was not going to participate in the actual study. Forty-three respondents who had lost a loved one in the last one year and three class teachers were selected. The children selected in the piloting stage had similar characteristics to those from Makadara and Embakasi Sub Counties in the following ways; they were from public primary schools, they were in grades four, five, six, and seven, they had lost a loved one in the last one year and were between 10 and 13 years. The teachers were also class teachers to the bereaved children.

During the pilot study, the questionnaire that had three tools namely; the SDQ, ICG, and the STAB was pretested. Pre-testing serves several purposes, chief among

them being to improve the questionnaire's validity, reliability, and practicability (Dillman et al., 2014; Krosnick & Presser, 2010; as cited in Cohen et al., 2018). Pre-testing helped in checking the clarity of the questionnaire items, removing ambiguities in wording as well as checking comprehensibility levels for the target population. Content validity was ensured by aligning the questionnaires with the objectives of the study.

The STAB was pre-tested since it had been used mainly in Western countries which have a different culture than Africa and Kenya. It was also pre-tested to find out if the participants understood the questions or if there was a need to adjust them to simple English and the context of children. In the pilot study, the respondents did not have a problem with any of the questions. The SDQ was also pre-tested since was self-developed by the researcher and was to be used for the first time in this study. In agreement with Cohen et al. (2018), to produce accurate data for statistical analysis, the pilot research must contain a sizable, representative sample. The respondents answered all the questions with no struggles in this tool.

Although the ICG had been used before to test for CG among children aged 10-15 years in Kenya, and its reliability and validity were proved by Ngesa et al. (2020b), the researcher pre-tested it since some modifications had been done which could have made it different from the original one and the age group in this study was children between 10-13 years. Some respondents found it hard to understand some terms like *longing for* in number 4 and *feeling distant from* in number 9 of the ICG. The words were changed to *desiring/missing the person* and *withdrawn from* respectively.

Data Analysis Plan

To analyze the data, the study employed both qualitative and quantitative methodologies. The quantitative information obtained from the questionnaires was coded, categorized, and inputted into a computer. The computer software, Statistical Package for the Social Sciences (SPSS) Version 25.0 aided in data analysis. Both descriptive and inferential statistics were used in the analysis. The prevalence of complicated grief and the more prevalent antisocial behaviours among children who had lost a loved one were examined using descriptive statistics that included frequencies, percentages, mean scores, and standard deviations. Regression analysis, Pearson correlation coefficient, and analysis of variance (ANOVA) were the inferential statistics employed to determine the relationship between CG and antisocial behaviours in children who had experienced the loss of a loved one. On the other hand, theme descriptions were employed to examine qualitative data to identify the intervention strategies that were employed to support children experiencing complicated grief. The researcher reviewed the interviews to code and sort data as per the generated themes. The results were displayed as graphs, tables, and pie charts. Table 1 displays an overview of all analyses conducted as per the study's objectives.

Table 1

Summary of Data Analysis

	Research objective	**Statistic for Analysis**
1.	To determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.	Percentage, Frequencies
2.	To find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya.	Frequencies, mean scores
3.	To determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.	Pearson correlation coefficient, regression analysis, Analysis of Variance (ANOVA)
4.	To find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya.	Frequencies, percentages

Source: Researcher (2024)

Ethical Considerations

Researchers should adhere to ethical considerations from the beginning to the end of the study especially when human beings are the subjects of the study (Berg & Lune, 2018; Patten & Newhart, 2018). The researcher adhered to the American Psychological Association (APA) principles of ethics in human research, as outlined by the American Psychological Association Code of Conduct and Ethical Principles namely; institutional approval, informed consent, beneficence and nonmaleficence, fidelity, and Responsibility (American Psychological Association, 2017).

Once all the necessary approvals were obtained from PAC University – Institutional Scientific Ethical Review Committee (ISERC), National Council for Science, Technology and Innovation (NACOSTI), the Ministry of Education, the County Director of Education in Nairobi, and the Sub-County Directors of Education,

consent was sought from the head teachers of the selected public primary schools' parents/guardians and the selected class teachers. This was appropriate since the respondents were accessed from schools and were minors. To give participants the information they needed to decide whether or not to engage in the study, a description of the study's academic goals was provided. Also, the advantages and disadvantages of taking part in the study were thoroughly discussed.

The researcher applied the principle of beneficence and nonmaleficence which focuses on not harming the participants. The researcher was sensitive to the respondent's emotions. Participants were informed that re-telling their experiences might remind them of the painful past. With this in mind, the researcher offered some basic psychological help by debriefing the participants after filling out the questionnaires. In some cases where some of the students were affected, the researcher offered brief counseling to assess if the child needed to attend therapy. The researcher had identified two counselors/therapists to work with in case of any eventuality. None of the children exhibited emotional, or psychological distress that needed sessions with a therapist. However, the researcher requested the class teacher to reach out in case they observe any re-experiencing of grief by the respondent children. This, according to Principle B of the APA code of ethics, is fidelity and responsibility.

The researcher was ready to take responsibility for any harm that the study could have caused and work in consultation with counselors. The researcher also protected the privacy of the participants by administering and collecting the questionnaires in person, asking the respondents not to write their names on the questionnaires, and keeping all the information acquired confidential hence observing Principal E of the APA Code of Ethics on Respect for People's Rights and Dignity. The responders were

granted the freedom to withdraw from the study at any time after being fully informed of all of this.

Chapter Summary

The chapter focused on the research methodology adopted in this study. It described the research design expounding on how the study used convergent mixed methods which is a form of mixed methods and was pegged on a pragmatic worldview. Other areas that were included in this chapter included the study population, sample size, sampling techniques, inclusion and exclusion criteria, data collection tools, and data collection methods. The method used for the pilot study and the process of analyzing data were also included. The last part of the chapter concentrated on the ethical aspects that the study put into consideration. The subsequent chapter focused on data analysis, presentation of results, interpretation of findings and discussion.

Chapter Four: Results and Discussion

Introduction

This chapter presents the analysis of data, and the findings on the relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya. The chapter provides details of data presentation, interpretation, and discussion following the objectives of the study. The researcher purposively sampled 294 pupils from the selected 11 public primary schools in Nairobi County Kenya, to participate in this study. The inclusion-exclusion criteria were used to identify pupils between the ages of 10-13 years and include them in the study. Of the sampled 294 pupils, 259 responded; this comprised 88.1% of the target group which was a good presentation.

In accordance with Bookera et al. (2021), for a study, a rate of 80% or above is regarded as excellent. As mentioned by Gillibrand et al. (2016), children in the 10-12 years age bracket are assumed to have acquired competence in the use of language and cognitive operations and hence possess the prerequisite skills to take part in the study. Also, 22 class teachers participated in the study. Information was gathered using two sets of instruments, namely; a pupil's questionnaire and an interview schedule for class teachers.

Four research objectives served as a guide for the study:

1. To determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.
2. To find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya.

3. To determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.
4. To find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya.

The study further tested one null hypothesis (H0) that stated: There is no statistically significant relationship between complicated grief and antisocial behaviours among children who had lost loved ones in public primary schools in Nairobi County, Kenya. Both descriptive and inferential statistics were applied to the analysis of quantitative data. Descriptive statistics comprised of frequencies, percentages, mean scores, and standard deviations, while the inferential statistics used were; Pearson product, moment correlation coefficient, and regression analysis. Using theme analysis, qualitative data was examined following the study's goals. The results were displayed as graphs, charts, and tables.

Demographic Characteristics of the Respondents

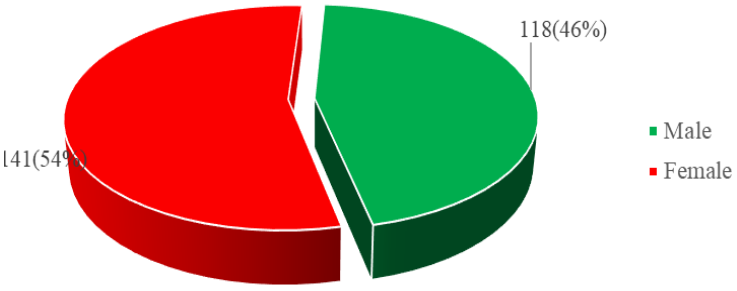
The study examined the social and demographic traits of the student respondents, which may have had an impact on the study's conclusions. Such a description was important in giving an in-depth representation of the study respondents which could have had an impact on the findings concerning the stated study objectives. The characteristics investigated comprised of; gender, the child's age, the person living with the child, and the grade of the child. The nature of loss was also considered to find out who the child had lost through death when the person died, and how close the child was to the deceased person. The child's participation in death preparation was also factored in the demographics. This sought to establish how the respondents learned about the death of their loved ones, if they attended the funeral, and the roles they played

during the funeral preparation. The intervention offered to the bereaved children was also investigated. The study sought to determine if the bereaved children were comforted and by whom.

Gender Distribution of the Child Respondents

The study investigated the gender distribution of the children involved in the study. The findings are presented in Figure 2.

Figure 2 *Gender Distribution of the Child Respondents*



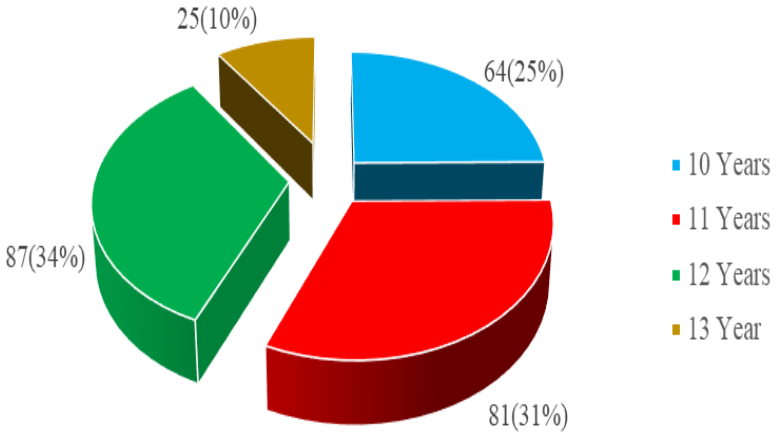
The study sought to understand the representation of the respondents by gender. Findings in Figure 2 show that the fraction of female pupils was higher at 54%, while that of male pupils was lower at 46%. These findings indicated that a great majority of the respondents were girls which was a contrast to the Ministry of Education's report on pupil enrolment in Public Primary schools in Nairobi County, Kenya. Consistent with the Ministry of Education, a report by the Basic Education Statistical Booklet (BESB), on school enrollment by gender, reported that there were more boys enrolled in grades 4-7 than girls (Ministry of Education, 2020).

Additionally, the findings in this study contrasted those of Ngesa et al. (2020a) on the prevalence and correlates of complicated grief among parentally bereaved children in Siaya County, Kenya. Their representation of the respondents by gender showed that 51% were male pupils and 48% female pupils.

Age Distribution of the Pupil Respondents

The study examined the age of the pupil respondents involved in the study. The targeted population was pupils aged 10 to 13 years. The sampled pupils were provided with an open-ended item that requested them to specify their age in years. A summary of the findings is presented in Figure 3.

Figure 3 *Age Distribution of the Child Respondents*

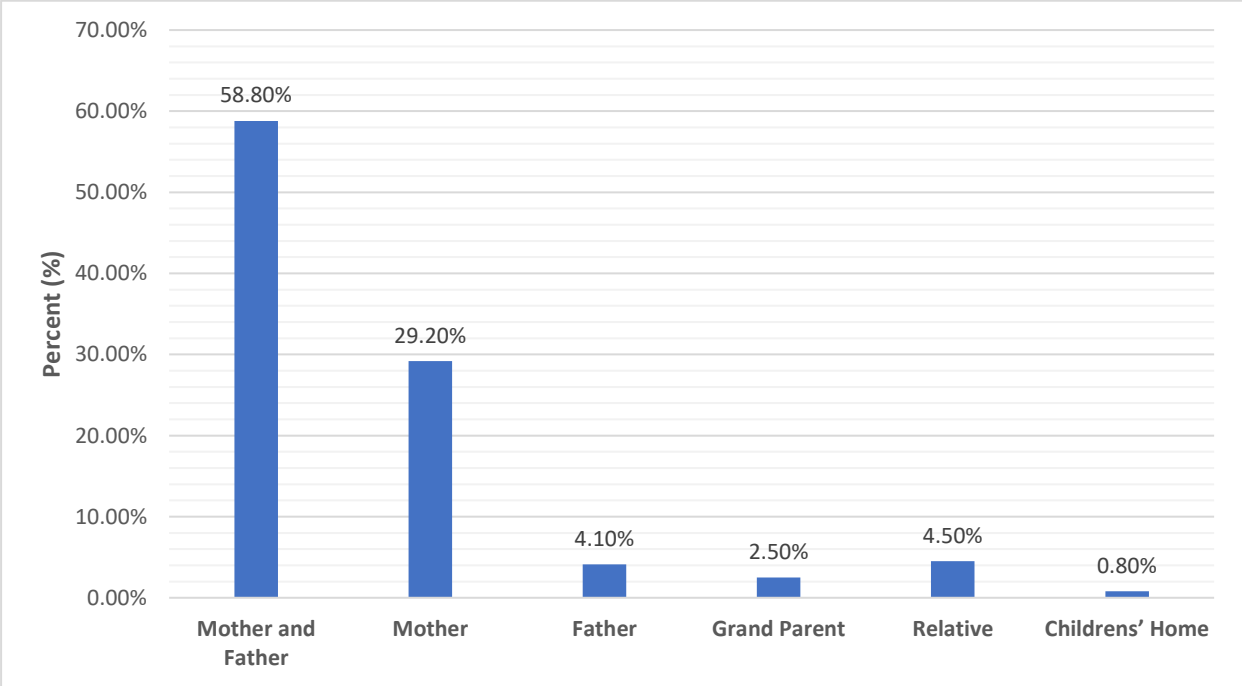


As shown in Figure 3, children aged 12 years were 87(34%), followed by children aged 11 years at 81(31%). Children aged 10 years were at 64(25%) and the least were children aged 13 years at 25(10%). The findings indicated that the 12-year-olds made up the majority of the responders. From the findings, most of the respondents in grades five and six indicated they were 12 years old; hence, the high number. Also, according to the BESB (2020), grades 5 and 6 had the maximum quantity of students, while grades 4 and 7 had the lowest numbers. Additionally, the lowest number of 13 years could be explained by the fact that few pupils in grade six indicated they were 13 years old, while most of the respondents aged 13 were in grade seven who were the minority in this study.

The Person Living with the Child

The post-death life circumstances of the subjects were evaluated. The participants were required to disclose who they were residing with at the moment. This was important because the person living with a child can have a significant influence on the child's grief processing as well as the antisocial behaviours exhibited by a child. Mwoma and Pillay (2015) claimed that environmental factors such as the family's living circumstances, degree of reliance, poverty, and absence of appropriate grieving management raise the risk of CG developing. The outcomes are summarized in Figure 4.

Figure 4 *The Person Living with the Child*



The findings in Figure 4 indicate that 143 (58.8%) of the respondents were living with both parents, 71 (29%) were living with their mothers and 10 (4.1%) were living with their fathers. In addition, it was also observed that 6 (2.5%) of the respondents were living with their grandparents, 11 (4.5%) with a relative and the other

2 (0.8%) resided in a children's home. Based on the findings (refer to Figure 5), the study noted that most of the respondents had lost a grandparent. It was also observed that a very low percentage of the respondents 0.8% (n=6) were living in a children's home which corresponded with a study conducted in Siaya County, Kenya in 2020. The purpose of the study was to comprehend the prevalence and correlates of complicated grief among parentally bereaved children which found that 2.1% (n=5) of bereaved children were staying in a children's home (Ngesa et al., 2020a). This can be explained by the concept that historically and traditionally, communities in Kenya care for and protect orphaned, vulnerable, children that have been abandoned within the extended family. In other words, the extended family has a responsibility to take care of these children (Save the Children, 2015).

Child's Grade of Study

The study aimed to ascertain the grades of the children respondents. Table 2 presents the findings.

Table 2

Grade of the Child

S. No	Grade	Frequency	Percent (%)
1.	Grade 4	91	35.14%
2.	Grade 5	89	34.36%
3.	Grade 6	64	24.71%
4.	Grade 7	15	5.79%
	Total	**259**	**100.0%**

Regarding grade distribution of the pupil's respondents, the study found that most respondents were from grade four at 91(35.14%). This was closely followed by grade five at 89 (34.36%). Grade six was 64 (24.71%), while the least were in grade seven at 15 (5.79%) as indicated in Table 2. The lowest number of respondents from

grade seven can be explained by the fact that in most of the selected schools when the data was being collected, the pupils were in class and hence it proved hard to have access to grade seven. However, the researcher managed to access them in only one school since they were on a lunch break during data collection and their class teacher allowed them to take part in the study.

Nature of Loss the Child Respondents had Suffered

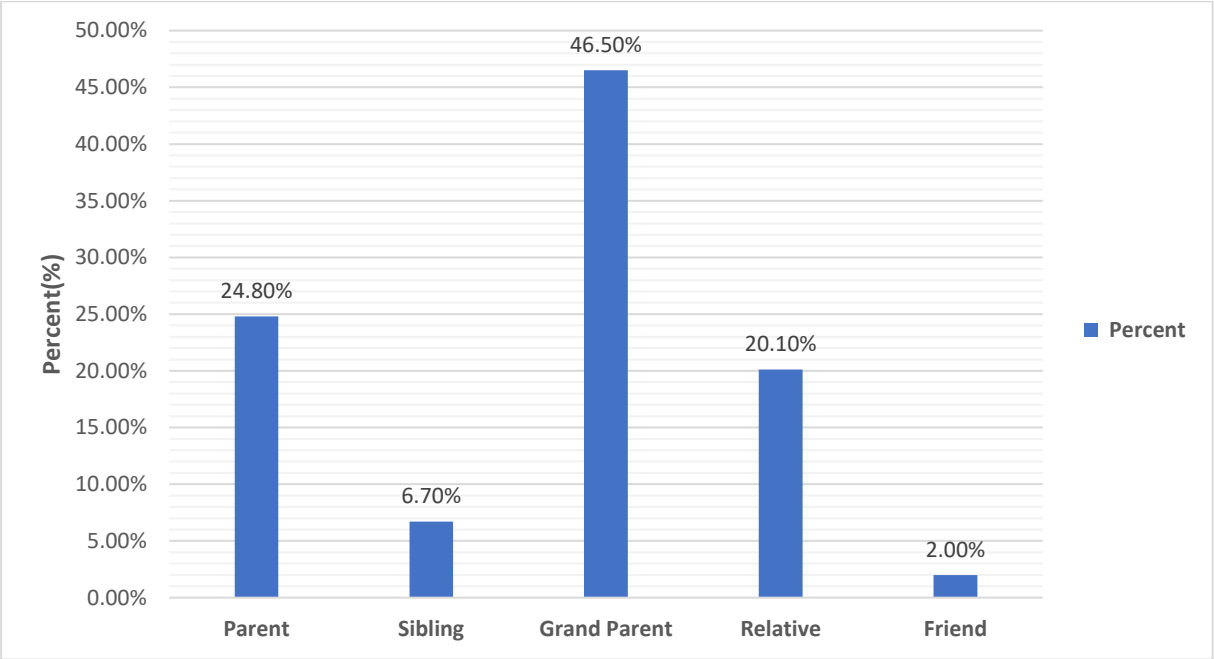
The study investigated the nature of loss that the child respondent had experienced. The nature of loss covered three areas, namely; the persons the child had lost through death, the number of years since the death of the loved one, and the child's opinion on closeness to the deceased person. All these areas can hinder a child from processing grief which might lead to CG manifesting in maladaptive behaviours which can impair the social and academic functioning of the child.

Person(s) the Child had Lost through Death

The bond between a child with the deceased and its significance in the life of the child influence their grief. It was therefore important to establish the person the child had lost through death. Children who lose their parents may experience more intense grief than children who lose their uncles or grandparents (Walsh, 2012). Children who lose their parents or primary caregivers tend to be affected most based on the attachment they share hence higher levels of grief (Ainsworth, 1978). Bowlby (1988) said that the degree of bonding that exists between a parent or other primary caregiver and children has a significant impact on the reactions and feelings the child experiences when they experience loss or separation. He added that attachment is important because it provides children with a sense of security against outside dangers, which they derive from their attachment relationship with their caregiver. As said by Bowlby, children become anxious when they are separated from the attachment figure.

The findings on the person the child had lost through death are summarized in Figure 5.

Figure 5 *Persons the Child had Lost through Death*



Regarding the person the child lost through death, Figure 5 indicates that most of the participants had lost a grandparent 46.5% ,while the least at 2% had lost a friend. These findings agreed with Paul and Vaswani (2020) who stated that the most common death experienced by children aged 8 years and above is that of a grandparent (Paul & Vaswani, 2020). The findings on the higher percentage of grandparent death among the respondents are in line with Michel et al. (2020) who stated that in Africa, families are the primary care provider for the elder generation. Therefore, most of the respondents might have experienced death by virtue of this. But even though losing a grandparent is a normal stage of life, when a grandmother passes away, it can be tough for family members as it signifies the loss of an important figure and a cause of pain brought on by grief (Boelen & Smid, 2017). Nevertheless, fewer studies look at fatalities in the extended family, such as grandparents (Livings et al., 2022).

Respondents that had lost a parent either a father or a mother were 24.8%. The study found the percentage of children who had lost a parent to be in contrast with those in Great Britain where by the time they are sixteen, only 4–7% of children will experience a parent's death (Revet et al., 2018). Also, 52 million children in Africa under the age of 18 have suffered the loss of either one or both of their parents (UNICEF 2017, as cited in Burns et al., 2020). In Kenya, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO) a USAID-funded program estimated that there are 2.6 million orphaned children under the age of 18 (MWENDO, 2021). The study found the percentage of parents who had died to be low compared to the global and local statistics cited in this study.

A relative that had died was at 20.1% and a sibling was at 6.7%. These study findings were in accord with Fletcher et al. (2013) who mentioned that researchers estimated that 5–7% of children in the United States experience the death of a sibling, a figure that was similar to the study's percentage. Conversely, a Swedish study found that 1% of all Swedish children will lose a sibling before turning 18 years old (Rostila et al., 2017) which was very low in comparison to the 6.7% in this study. The lower percentage does not; however, underestimate the impact of losing a sibling and a relative on a child.

Number of Years after the Death of the Loved One

The purpose of the study was to determine how many years had passed after the death of the child's loved one. Determining the number of years after the death of a loved one was paramount in determining complicated grief. Contextual considerations can mitigate the impact of bereavement on children's grieving reactions (Kaplow et al., 2012). Layne et al. (2020) indicated that one of these considerations includes the time elapsed since the death. While the frequency and intensity of normal mourning

reactions usually decrease with time, clinically relevant maladaptive grief reactions are distinguished by a severe continuing sequence. Furthermore, Maercker and Lalor (2012) stated that the diagnosis of CG for children according to the criteria, ought to wait until the death has occurred for at least six months. A summary of the findings is provided in Table 3.

Table 3

Number of Years After the Death of the Loved One

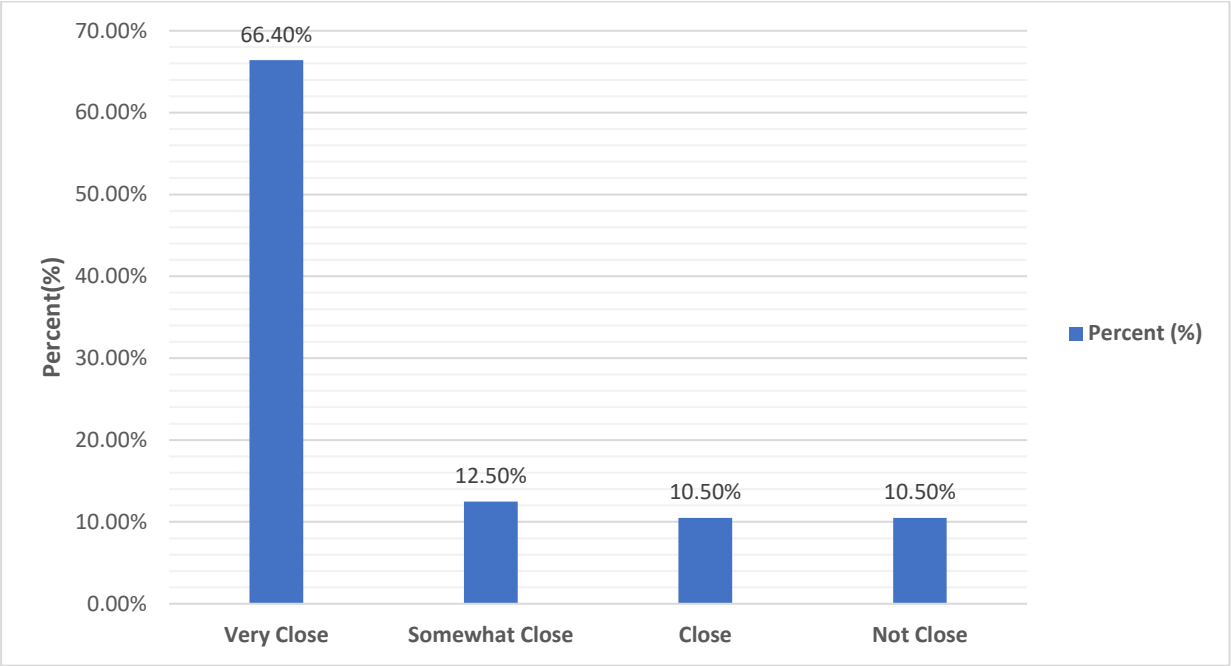
	No. of Years Since Death	Frequency	Percent (%)
1.	6 Months -1 Year	89	37.08%
2.	2-3 Years	108	45.00%
3.	3-4 Years	31	12.92%
4.	Over 5 Years	12	5.00%
	Total	**240**	**100.0%**

It was evident from Table 3, that all the respondents had qualified to be assessed for CG. Most of the respondents indicated that it was over 2-3 years after the death of a loved one at 45% (108). This was followed by those who had stayed for over 6 months - 1 year at 37.08% (89) Those at 3-4 years after the death of the loved one had a percentage of 12.92% (31). The least were at 5% (12) of those who had stayed for over five years since the death of a loved one. Melhem et al. (2013) suggested that, three years following the death of a parent, 10% of children who have experienced unexpected parental death experience high and prolonged CG reactions. Consistent with DSM-5-TR, CG can only be diagnosed if a loved one's passing happened at least a year ago for adults and at least six months ago for adolescents and children (American Psychiatric Association, 2022). Consequently, all the respondents in this study were fit for the purpose of assessing for CG.

Child's Opinion on Closeness to the Deceased Person

The study sought to establish the child's perceived closeness to the deceased person. As said by Bowlby (1988), the degree to which a parent or other primary caregiver and child bond has a significant impact on the reactions and feelings that children have when they face separation or loss. The children were presented with a four-point Likert scale item that ranged from *very close, somewhat close, close and not close* and were instructed to indicate their opinion. Figure 6 presents their responses

Figure 6 *Child's Opinion on Closeness to the Deceased Person*



From Figure 6, the majority of the participants stated that they had a very close relationship with the deceased at 66.4%. They were followed by those that had a somewhat close relationship at 12.5%. The respondents who indicated to have close relationships and not close had the same percentage at 10.5%. Understanding the bond, the child shared with the departed was significant in that it helped the study to understand how the attachment of the child to the deceased influences his or her ability to process grief. Children who lose their parents may experience more intense grief than

children who lose their uncles or grandparents. This is because children are more reliant on primary caregivers for their safety, shelter, and love (Walsh, 2012).

The likelihood of a more painful grieving process increases with the degree of connectedness to a loved one (Bonanno et al., 2002 as cited in Boelen et al., 2017). This can be necessitated by the fact that it is generally possible to identify attachment figures as those who kids want to be close to, who they resist being separated from, who they turn to in times of need, and who they get support and encouragement from as they explore the world, take part in worthwhile activities, and try to overcome new obstacles (Fraley &Shaver, 2016). Therefore, such a person's passing causes a significant disruption that is readily identified as intense grief (Shear et al., 2007).

Research examining the relationship between the deceased's closeness and the degree of mourning has shown that a closer relationship was linked to more intense or protracted grieving, starting with the difficulty in accepting the loved one's passing and the desire for them to return (Stroebe et al., 2010). The findings in Figure 6 showed that the majority of the respondents had a very close relationship with the deceased making them vulnerable to CG.

Taking Part in Death of the Loved One

The study sought to establish the roles that the bereaved children played concerning: how the child came to learn about the death of the loved one, whether the child attended the burial, roles played by the child in preparation for the burial and the child's preferred roles.

How the Child Came to Learn about the Death of their Loved One

To establish how the child came to know about the death of their loved one, the children were provided with an open-ended item. Analysis of their responses revealed eight major themes as follows; saw him/her dying, came to know on burial day, hospital

visit, and overheard people talking about it. It also emerged that a large number of respondents were informed of the death by the following; parent, sibling, relative, neighbour, or friend as shown in Table 4 below.

Table 4

How the Child Came to Learn about the Death of a Loved One

S. No	Information of Death	Frequency	Percent (%)
1.	I saw him/her dying	12	7.50%
2.	Informed by Parent	107	66.88%
3.	Informed by Sibling	7	4.38%
4.	Informed by Relative	15	9.38%
5.	Came to know on Burial Day	4	2.50%
6.	Informed by a neighbour or Friend	6	3.75%
7.	Hospital Visit	6	3.75%
8.	Overheard People Talking	3	1.88%
	Total	**160**	**100.00%**

As demonstrated in Table 4, respondents who were informed about the death of a loved one by their parents were the majority at 107 (66.88%). The majority of respondents stated that they had lost a grandmother, which could help to explain this (refer to Figure 5). The second category of respondents who were informed by a relative were 15 (9.38%) which was closely followed by respondents who saw a loved one die at 12(7.5%). Respondents who were informed about the death by a sibling were 7(4.38%), and those informed by a neighbour/friend and through a hospital visit were 6(3.75%). On the other hand, some respondents learned about the death of a loved one on the burial day at 4(2.5%), while other respondents learned about the death after they overheard people talk about the death of their loved one at 3(1.88%).

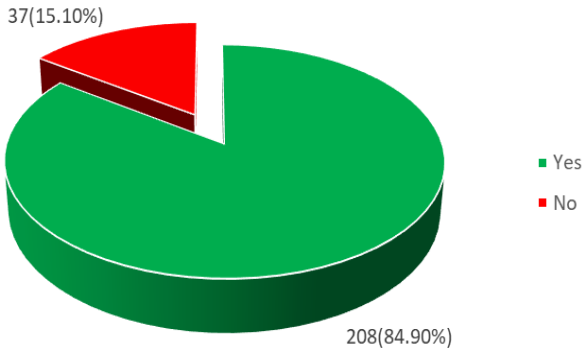
These findings agree with (Dyregrov and Dyregrov, 2013) supposed that it is preferable for a child's guardians or another person who is emotionally connected to the

child to break the news of a death in the family to the child. In this study, the majority of the respondents were informed about the death of a loved one by a parent and relative. The findings further relate to Dyregrov (2016) who stated that parents should be available to talk to their children about the deceased which makes them feel that the parent cares or remembers the dead person. As parents present the news of the death, there is a possibility of expressing their own feelings and emotions like sadness and crying which might send the message that it is ok to talk about the dead person and express your feelings. This study strongly believed that this can help a child's ability to understand and process death which in return might reduce the risks of developing complicated grief.

Whether the Child Attended the Burial of the Loved One

The study sought to find out if the child attended the burial. This study coincided with Kinzbrunner and Policzer (2011) who made the case children need to be able to participate in funeral arrangements as well as attend funerals or burials. Children can grieve and bid farewell to the deceased by attending these events with family members. The respondents were provided with a dichotomous Yes/No item. The responses are presented in Figure 7.

Figure 7 *Whether the Child Attended the Burial*



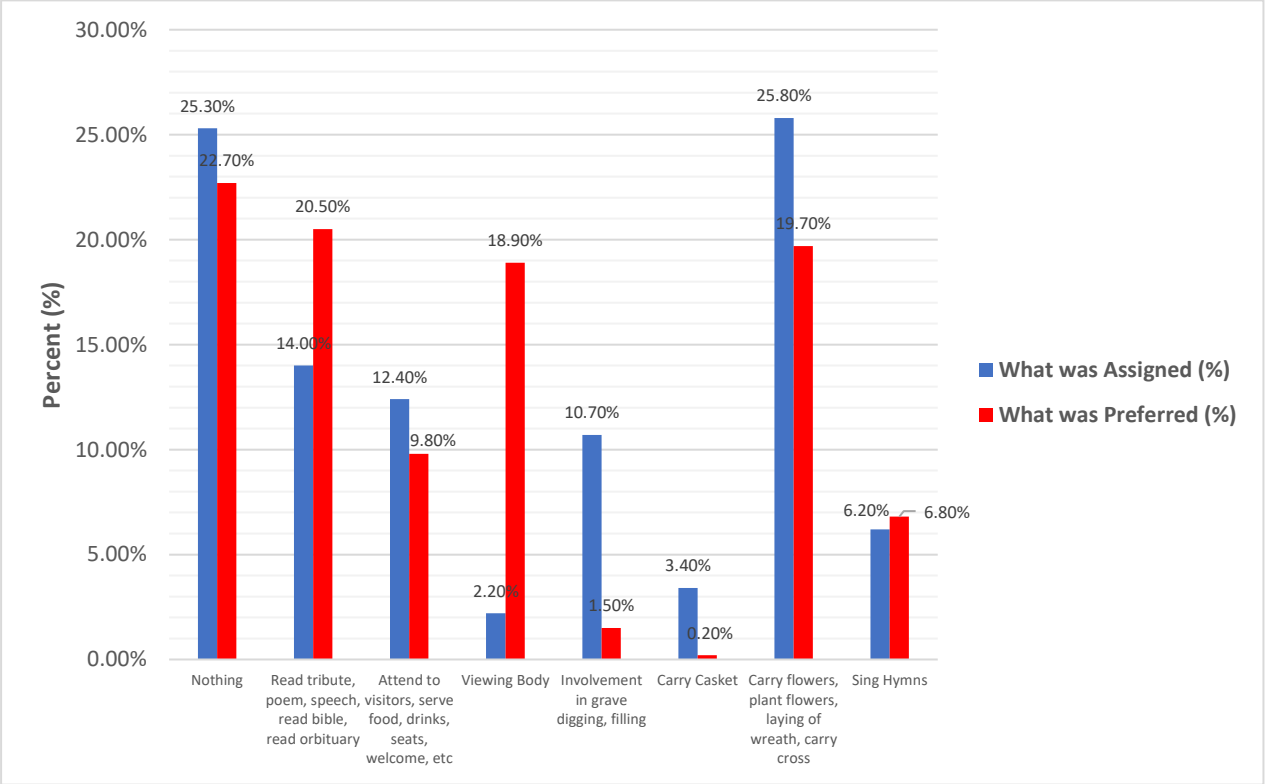
From the findings in Figure 7, 208 (84.9%) of the respondents attended the burial of their loved ones as opposed to those who did not attend who were 37 (15.1%). These findings were in contrast with literature that stated that children are not given attention during mourning as most family members assume that children do not grieve (Akerman & Statham, 2014). However, the majority of parents and other caregivers keep children out of wakes and funerals out of concern that the experience would be upsetting or because they are themselves grieving and unsure of their ability to provide appropriate assistance (Schonfeld & Demaria 2016). However, the findings in this study show that over 80% of the respondents were allowed to attend the funeral of their loved one. The study interpreted this as an indication that parents and caregivers are gaining an understanding of the significance of involving children in funeral preparation.

Attending a funeral in the words of Carter (2016) enables children to feel part of the grieving community and relieves their sense of aloneness, enabling them to express their grief in the company of loved ones and friends during which they receive their assistance (Schonfeld & Demaria 2016) and ensure that their grief work is given the same opportunity as adults, so as not to strengthen children's denial of the death (Kinzbrunner and Policzer, 2011). In this study, the majority of the respondents had an opportunity to attend the funeral of their loved ones giving them an opportunity to understand death and process grief. This may lower the risks of developing CG and antisocial behaviours. From the assumption that children are rarely allowed to attend the funerals of their loved ones, these findings contribute to creating data on the literature that parents and caregivers are gradually gaining insight into the significance of allowing children into the funeral preparations and participation.

A Comparison of the Roles Played by the Child in Preparation of the Burial and Child's Preferred Roles

The study sought to establish the roles that the children played in preparation for the burial of their loved ones and the roles that the child would have preferred to play. The children respondents were provided with two open-ended items to indicate their preferences. Their responses are summarized in Figure 8.

Figure 8 *Roles Played by the Child in Preparation for the Burial and Child's Preferred Roles*



The results (as captured in Figure 8) show that 25.3% of the respondents did nothing during the burial preparations and the burial day, while 22.7% of respondents preferred to do nothing. A possible explanation for this response is that most caregivers do not involve children in the grieving process and the burial preparations since they want to protect children's emotions while some adults perceive children to be insensitive to loss (Revet et al., 2020). As a result, children grow up knowing that burial

preparations are carried out by adults and they have no role to play. In return, children may not process grief since they have no understanding of what is happening or has happened to their loved ones. Consequently, children might develop CG grief which could lead to maladaptive heaviours like aggression and rule breaking (Schonfeld & Demaria 2016).

Those who read tributes, a poem, gave a speech, did a Bible reading or read the obituary were 14% while those who would have loved to do so if assigned were 20.5%. This however communicated that children in as much as they are left out during the funeral preparations, there are some roles they would love to play. It is necessary to remember that children have some feelings they want to express towards the deceased as well as bid them goodbye. Owing to this, writing and reading a tribute or a poem for the deceased could be very therapeutic for a child. This will help children process grief reducing the risks of developing complicated grief and antisocial behaviours.

Respondents who participated by welcoming visitors and serving them food and tea were 12.4%, while those who would have loved to do the same were 9.8%. Only 2.2% of respondents viewed the body of the deceased, while 18.9% indicated that they would have loved to view the body. These findings were in contrast to Ngesa et al. (2020a) who found out that 74.3% of children in their study viewed the body of the deceased. This study agrees with Dyregrov (2016) who stated that with appropriate preparation, children need to be part of the ritual of viewing the body and to be present at the funeral ceremony. However, body viewing can be very traumatizing for a child and it is imperative to prepare the child in advance. For that reason, it is of essence to prepare children psychologically for what is about to occur to them and reassure them how they will be cared for at the funeral.

Figure 8 also indicated that 1.5% of the respondents were involved in grave digging, throwing soil, and filling the grave, while 10.7% would have loved to do the same. 3.4% were assigned to carry the casket, while 0.2% would have loved to play that role. These findings on grave digging and carrying the casket raised a concern for the study as it questioned the ability of the respondents to play the roles based on their age. The low percentage of respondents who would have loved to carry the casket could be explained by the fact that in most burials, caskets are carried by adults and not children. Also, the respondents in this study were too young for such a task. 25.8% of the respondents carried flowers and the cross during the procession and laid wreaths on the grave. On the other hand, 19.7% of the respondents pointed out that they would have loved to carry flowers and the cross and plant or lay the wreaths. This is a common practice in most funerals where children are tasked with the role of carrying the portrait and the cross during the committal procession.

The last but not least category of 6.2% indicated that they sang a song during the burial, while 6.8% would have loved to sing. The desired roles expressed by the respondents in the findings agreed with Schonfeld and Demaria (2016) who stated that it is critical to allow children to participate as much as they want in wakes, funerals, or memorial services. This is because it gives children a chance to grieve with support from friends and family while they're around them. When children are not allowed to participate in death ceremonies in which the community and family mourn, they may fail to process grief and lack closure to the loss. In due course, this could result in CG producing a clinically notable impairment in a child's social, occupational, or other major domains of functioning (Ener & Ray, 2018).

Despite this, children should never be compelled to attend a funeral, memorial ceremony, or see the body of the deceased. However, it is central to recognize the

reasons behind a child's refusal to go so that any worries or concerns can be resolved. These findings indicated that children aged 10-13 years have the cognitive ability to understand, experience, and process death. Accordingly, parents and caregivers will be doing them a disservice by not allowing them to actively participate in the funeral preparations.

Intervention Measures That Were Used to Address the Child's Grief

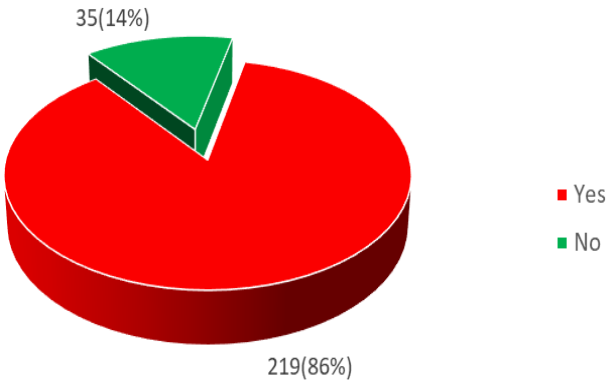
To find out intervention measures that were employed to address the child's loss, the respondents were presented with four items that gathered information on; whether someone comforted the child following the loss, the persons who comforted the child, whether the child was allowed to ask questions about the deceased and the person the child talks to whenever he/she felt sad.

Did Someone Comfort the Child Following the Loss of the Loved One

The study sought to find out whether someone took the initiative to comfort the child

following the death of his/her loved one. The responses are summarized in Figure 9.

Figure 9 *Did Someone Comfort the Child Following the Loss of the Loved One*



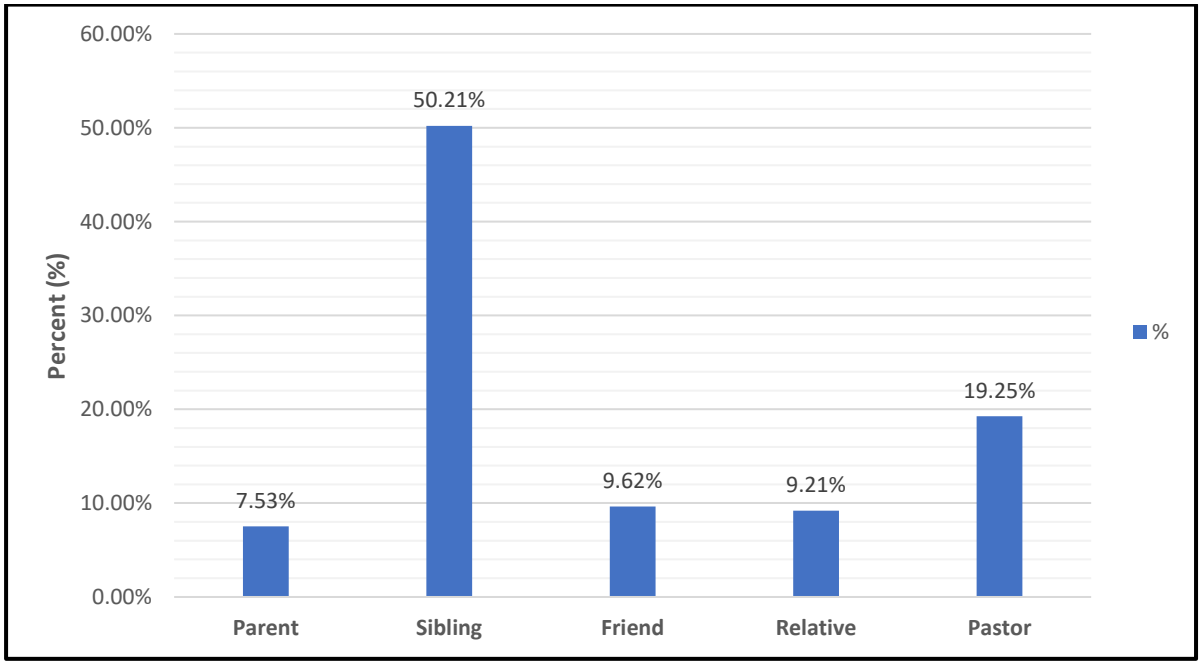
The Figure indicated that 219(86%) of the respondents were comforted after the loss of their loved one against 35(14%) who were never comforted. Children are more likely to acquire CG if they do not have a parent or caregiver who is willing to help

them both physically and emotionally during their grieving process (Therivel & McLuckey, 2018). Therefore, child development professionals, parents, and extended family have opportunities to intervene in these effects (Martell et al, 2013). In this study; however, the majority of the respondents received support during grief and had a safe haven to express feelings and act out stress, which could have helped them process grief decreasing the chance of developing CG and ASB.

Person(s) Who Comforted the Child after Losing a Loved One

The children respondents were presented with an open-ended item to indicate the persons who comforted the child after losing a loved one. Figure 10 provides a summary of the findings.

Figure 10 *Persons who Comforted the Child after Losing a Loved One*



Findings in Figure 10 indicate that respondents who were comforted by their parents were the least with 7.53%. The study found these results agreeing with Schonfeld and Demaria (2016) who observed that bereaved parents feel uncertain about

their ability to give children the assistance they need. Also, parents could be hiding their reactions from children and could be afraid of breaking down before them. Additionally, some parents may be afraid of comforting their children due to the fear of not having all the answers to offer their children peace and security.

Also, parents may fail to comfort children since they display a wide range of reactions when they fail to understand the reality of death and parents might be afraid that they would not be able to adequately comfort children or provide them the help that they need (Therivel & McLuckey, 2018). By asking adults questions and taking part in cultural rituals, children develop their awareness of death (Menendez et al., 2020). For that reason, when parents and adult family members attempt to hide their grief lest the children see adults crying, children may not learn how to grieve through observation (Carter, 2016). Hiding their emotions from children, parents might communicate to them that it is wrong to express feelings and emotions which might hinder grief processing leading to CG.

Those comforted by their siblings were the majority at 50.21%. Typically, a person's longest relationship is with their siblings. In addition to providing a lot of consolation and support, siblings assist one another in the development of relationships, self-control, and interpersonal skills (Davies, 2015). In this study, older siblings could have taken up the responsibility of offering support and comfort to their younger siblings. Further, Ferow (2019) indicated that a large number of grieving children have additional duties, particularly if the death results in a home with a single parent. It is possible that older children will have to assist with younger siblings' care. In return, the grieving older sibling might play strong for their younger siblings which will hinder them from grieving.

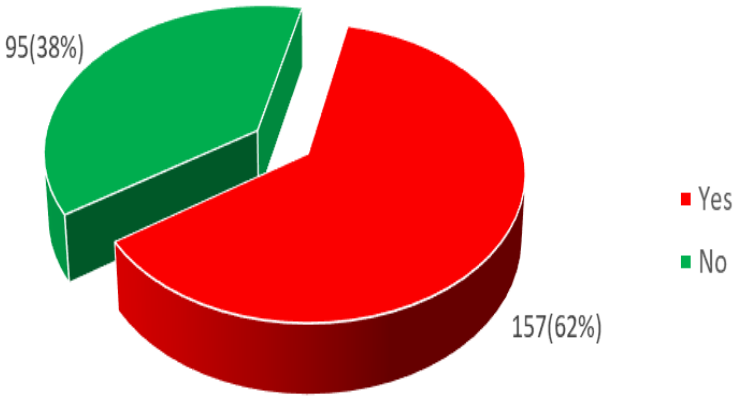
Those comforted by friends were 9.62%, while those comforted by relatives and pastors were 9.21% and 19.25% respectively. This study noted that the respondents were supported by pastors. This study agrees with (Pond, 2013) who stated that faith aids in the process of grieving. When religious leaders—in this case, pastors—discuss spiritual ideas about death and the hereafter, they give children a foundation for understanding that, although death is an inevitable part of life, it also brings comfort and hope. This could have helped the respondents understand and process grief limiting CG. For the friends and relatives comforting the respondents was also low which could be explained by the words of Carter (2016) who noted that adults are hesitant to talk about death to children. The study also observed that none of the respondents was comforted by a teacher. This corresponded with Loucia and Rany (2018) who claimed that the majority of teachers do not have the official training or education needed to support grieving children and adolescents. The majority being comforted by their siblings made this study wonder about the sort of comfort the respondents received from their siblings.

Responses on Whether the Child Was Allowed to Ask Questions about the Deceased

The study sought to find out if the child was permitted to ask questions about the deceased person. The primary task of a bereaved child is to interpret the truth about what actually happened. A child should understand at an age appropriate level what has happened and why it has happened. Children will ask questions to determine what caused the death and why it happened, which will help them know that the loss indeed happened and is real (Fiorini & Mullein, 2006). A child's "primary socialization," which includes learning about death, is essential for forming foundational psychological knowledge and reality interpretation in early life (Carter, 2016). But, Carter alluded that adults do not respond to young children’s questions about death, while it is their right

to be helped to understand and be informed if they ask questions. Asking questions as stated by Schonfeld and Demaria (2016) is considered therapeutic as children ask to gain an understanding of what happened to the deceased which can help in processing grief. The responses are presented in Figure 11.

Figure 11 *Responses on Whether the Child Was Allowed to Ask Questions about the Deceased*



As seen in Figure 11, 152(62%) of the respondents were allowed to ask questions about the deceased person while 95(38%) were not allowed. Kinzbrunner and Policzer (2011) pointed out that it is important to tell a child about the death of a loved one and allow him/her a lot of time to express reactions, and feelings and raise questions and concerns. This study strongly believes that if children ask questions, honest and age appropriate answers should be given for they help with the grieving process. For example, when grieving children ask the where about of the deceased, Carter (2016) noted that instead of being told the truth, they are told the deceased is "sleeping/ gone away", "has gone to heaven", or "he or she has travelled".

With such responses, children are not given an opportunity to understand death by being told the truth about the dead person and given the relevant support for grieving, they may not grieve the death of a loved one since they could be waiting for the loved one to wake up or come back. It is hence important to allow the child to ask as many

questions as they have until they gain an understanding of the finality of death so that they can grieve their loved ones. This study felt that the 38% that were not allowed to ask questions could be struggling to understand what happened to their loved ones or what they died of; hence, prolonging the grieving period which might end up in CG.

Person the Child Talks to Whenever he/she Felt Sad

The study investigated the person whom the child talked to whenever he/she felt sad. Numerous children have queries concerning dying and death. Caring adults may help by establishing a safe space for conversations on these touchy subjects and by giving thoughtful, honest answers to children's inquiries. This will give children a safe haven to share their fears and concerns reducing their grief. A major way of supporting a bereaved child or adolescent is to listen and inspire him/her to discuss his loss and express his feelings, whether anger or sadness (Carter, 2016). As a result, when children do not have someone to talk to when experiencing grief, they will wait to communicate their sorrow until they feel more comfortable doing so (Schonfeld & Demaria, 2016) which subjects them to the risk of developing CG leading to social and academic impairment. A summary of the responses is presented in Table 5.

Table 5

The person the Child Talks to Whenever He/ She Feels Sad

S. No	Person the Child Talks to	Frequency	Percent (%)
1.	Parent	43	17.27%
2.	Sibling	142	57.03%
3.	Friend	12	4.82%
4.	Relative	19	7.63%
5.	Pastor	28	11.24%
6.	Teacher	5	2.00%
	Total	**249**	**100.00%**

Table 5 shows that the majority of the respondents 142(57.03%) talk to a sibling when they feel sad. Most of the respondents from this study (more than half) talk to a sibling when they feel sad. As discussed in the findings in Figure 10, the longest relationship in a person's life is typically that with their siblings. Siblings support one another in the development of social skills, self-control, and relationships as well as offering great comfort and support (Davies, 2015). As a result, the respondents could have found their siblings approachable and available to answer their questions. Also, considering the age of the respondents, older siblings could have taken up the responsibility of offering support and comfort to their younger siblings creating a bond and trust among the respondents.

Respondents that talk to parents were 43 (17.27%) and 19 (7.63%) talk to a relative when they feel sad. Children essentially rely on their caretakers to inform them about death and help throughout a loss (Menendez et al., 2020). Consequently, the low number of respondents who talk to their parents and relatives raised a concern about the attachment they have with their caregivers. As stated by Bowlby (1988), by creating a safe haven in the attachment bond with the caregiver, the attachment system plays a crucial role in helping the child feel protected from outside hazards. When a child feels safe in that relationship and has easy access to help, they can overcome obstacles. The findings were questioned on how close the respondents were with caregivers and to what extent they trusted them.

The findings also revealed that 12(4.82%) talk to a friend. Friendship networks tend to expand with age and experience, however, some children have a few, but close friends, and others have more, but less intimate friends (Maunder & Monks, 2019). When a child is under four years old, friendship is defined by mutual love and sharing of interests and play ideas, but as they get older, intimacy, transparency, and loyalty

become more important (Doherty and Hughes, 2014 as cited by Maunder & Monks, 2019). Children who are six- or seven-years-old regard friends as special peers they can talk to and share their secrets with. Thus, in this study, only 12 students regarded their friends as special peers to confide in and share with.

Respondents that talked to a pastor were 28(11.2%). Traditionally, the initial move is made by the pastor, who fulfills people's needs as part of a continuous pastoral ministry (Kim et al., 2012 as cited in Ilunga, 2021). In this study, respondents might have felt comfortable talking to pastors who probably comforted them after losing a loved one. Respondents who talked to a teacher were 5(2%). The respondents could have perceived their teachers as teachers only and not confidants. The study also noted that very few schools had teachers who were counselors hence the low number of respondents who talk to their teachers. When children talk about their feelings and fears, they may be able to process the loss reducing the chances of CG and maladaptive behaviours in their social and academic lives.

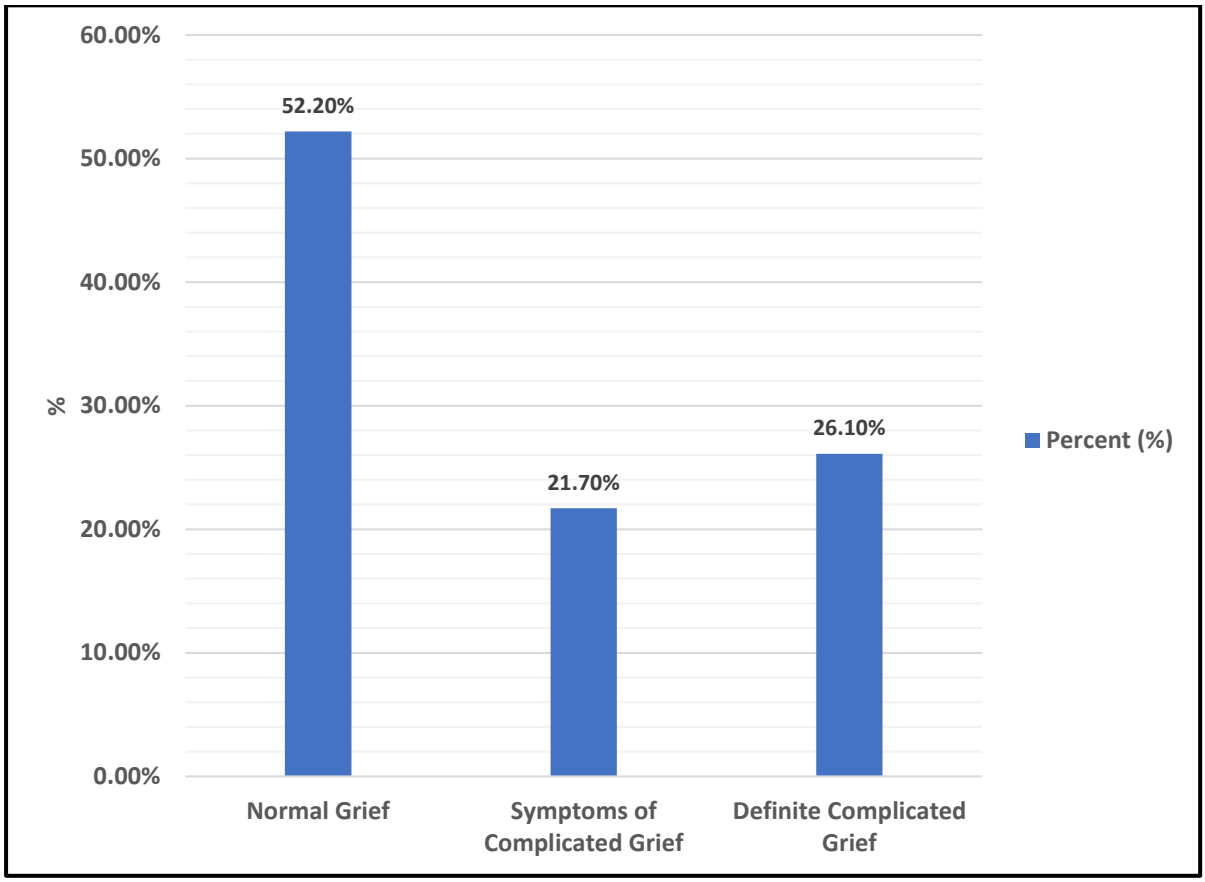
Prevalence of Complicated Grief among Children Who Had Lost a Loved One

The first objective of the study sought to determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya. If disregarded, factors like the chronological age, attachment of the child to the deceased, and the developmental level of a child (age) can make grieving children encounter behavioural and emotional hindrance impeding the normal processing of grief (Ener & Ray, 2018) which might lead to CG. A report by the National Alliance for Grieving Children in the USA (2013) noted that children do present symptoms of complicated grief due to unprocessed grief. The report indicated that 39 % of grieving children and adolescents experience sleep problems, 75% feel angry, and 45 % have trouble concentrating on school work. Additionally,

41% of these bereaved children and adolescents act in ways they know might not be good for them be it physically, emotionally, or mentally and 34% will say hurtful things to others after the death (National Alliance for Children's Grief, as cited in Shear, 2015).

According to Melhem et al. (2013), 10% of children bereaved by sudden parental death have high and sustained CG reactions approximately 3 years after the death. In Kenya, a study by Ngesa et al. (2020b) on Prevalence and Correlates of Complicated Grief among Parentally Bereaved Children in Siaya County Kenya, indicated that 66% of orphaned children aged 10-15 years old experience CG. When grief is prolonged, inhibited, or exaggerated, it will end up being complicated which might lead to antisocial behaviours. To find out the prevalence of complicated grief among children who had lost a loved one in public primary schools in Nairobi county Kenya, complicated grieve was rated using 15 items on a Likert scale ranging from Never (0), Rarely (1), Sometimes (2), Often (3) and Always (4) that were presented to the bereaved child respondents. The responses obtained were added up to generate a new variable on a ratio score that ranged from 0 to 60. The scale was then collapsed into three categories that were interpreted as follows: <25 = Normal Grief, 26-30 = Symptoms of Complicated Grief and ≥31 = Definite Complicated Grief (Prigerson et al., 1996). The findings are presented in Figure 12.

Figure 12 *Prevalence of Complicated Grief among Children Who Had Lost a Loved One*



The findings in Figure 12 indicated that the majority 52.2% (n=135) of the respondents had normal grief. The majority of the respondents 84% (Figure 7) were allowed to attend the funeral of their loved one while 86% (Figure 9) were supported/comforted during grief and 62% (Figure 11) were allowed to ask questions about the deceased person. This could have helped the respondent's process of grief hence the lower levels of CG.

Respondents who had symptoms of complicated grief were 21.7% (n=56), while those who had complicated grief were 26.1% (n=68). However, children who had symptoms of CG (hence vulnerable to CG) and those with CG combined give a total of 124 (47.8%) from a sample size of 259 children. Despite a majority of the respondents

having normal grief, the symptoms of CG and CG raised a concern about the number of children at risk of developing CG and those with CG. It shows that a great number of bereaved children have a greater chance of developing CG. These findings could be associated with studies that have shown the prevalence of CG to be between 2 to3 % and 10-20% of the general population (Shear, 2015; Gesi et al., 2020). The findings similarly correspond with Melhem et al. (2013) who noted that 10% of children who lose a parent unexpectedly experience severe and prolonged CG reactions.

On the other hand, this study differed slightly from other studies that showed higher figures of children with CG. For example, a Dutch researcher discovered that 35.2% of a sample of grieving children between the ages of 8 and 18 had symptoms of prolonged grief disorder (PGD) (Boelen et al., 2017), while this study found 21.7% to have symptoms of CG. Also, Ngesa et al. (2020b) found that 39.9% of children aged 10-11 and 34.6% of children aged 12-13 had elevated grief scores. Additionally, a study in Siaya County, Kenya indicated that 66% of orphaned children experience CG (Ngesa et al., 2020b). The high score on CG in Siaya County Kenya may be accounted for by the fact that these were children who had lost primary caregivers (parents) with whom they had a close attachment. Research investigating the relationship between the degree of connection to the departed and the intensity of grief has shown that the degree of closeness was linked to more intense or prolonged grieving (Stroebe et al., 2010). This study associated the high level of normal grief with children being allowed to ask questions about the deceased, participating in the funerals of their loved ones, and being supported during the grieving period.

Antisocial Behaviours That Are More Prevalent among Children with Complicated Grief

The study's second objective was to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya. To resolve this objective, the respondents were provided with 26 items in a Likert scale ranging from, Never (1), Hardly ever (2), Sometimes (3), Frequently (4), and Nearly all the time (5). The antisocial behaviours scale was divided into three sub-scales as follows; items 1 -8 measured physical aggression, items 9-17 social aggression, and 18-26 rule breaking. Kumari and Kumari (2018) highlighted different forms of aggression namely social, verbal, or physical which can be directed externally towards others or navigated inwards leading to self-harm.

The researcher computed a mean score ($\bar{x}$)and standard deviation (s) for each subscale which was used to rate the prevalence of physical aggression (PA), social aggression (SA), and rule breaking (RB). The mean scores ranged from 1 – 5 and were interpreted as follows; The antisocial behaviour being tested was characterized as having a low level if the mean score was less than 3.0, as moderate or average if the mean score was between 3.0 and 3.9, and as high if the score was 4.0 or higher (Welch, 2010).

Physical Aggression among Children with Complicated Grief

Physical aggression is a form of antisocial behaviour characterized by direct grabbing, pushing, hitting, pinching, biting, hair-pulling, or spitting. Physically violent behaviour and disruptive behaviour frequently coexist, oppositional, and cheeky behaviours like throwing tantrums, arguing, and refusing to comply with rules and requests (Tremblay, 2012 as cited in Kaiser et al., 2017). Children with CG as indicated by (Dyregrov, 2016) may exhibit antisocial behaviours by being physically aggressive,

disturbing others, and violating social norms. Høeg et al., (2017) in Denmark, looked at certain behaviours that parents of children who lost a sibling had described, and found that the most frequently seen behaviour was aggression. Additionally, Krupnick (1984, as cited in Ener and Ray, 2018) observed that children who have trouble expressing their feelings verbally often externalize their discomfort by acting out aggressively. The findings of the rating of physical aggression among children with complicated grief are summarized in Table 6.

Table 6

Rating of Physical Aggression among Children with Complicated Grief

S.No.	Statement	*N*	$\bar{x}$	*S*
1.	I feel like hitting people	246	1.67	1.12
2.	I get angry quickly	242	2.08	1.33
3.	I bully others	242	1.46	1.00
4.	I have trouble controlling my temper	247	2.11	1.36
5.	I hit others when provoked	249	1.69	1.14
6.	I swear or yell at others	247	1.72	1.20
7.	I get into physical fights	249	1.61	1.07
8.	I feel better after hitting	237	1.59	1.11
	Aggregate mean ($\bar{x}$) = 2.06, Standard deviation (s) = .0645			

In this study, ASB was assessed using the STAB. The scores presented in Table 6 show an aggregated mean score of 2.06 for physical aggression among children with complicated grief and an SD=0.0645. These scores are below a mean score of 3.0 indicating that there was a low level of physical aggression among the respondent. These findings corresponded with a study conducted in Dakahlia governorate on aggression and depression among orphanages resident children among orphans aged 10 years and above indicated that physical aggression constitutes 41.2% of orphan children (Ahmed et al., 2013).

On the other hand, the findings contrasted with Dewi (2021) who claimed that physical aggressiveness in children is the most frequently reported type of aggressive behaviour. It was also a contrast to the WHO which reported that between 12% and 29% of adolescents under the age of sixteen experience aggressiveness and other mental illnesses on a worldwide basis demonstrating the seriousness of the issue of child and teenage aggression (WHO, 2003 as cited in Lakhdir et al., 2020). The findings in this study showed low levels of physical aggression.

Social Aggression among Children with Complicated Grief

Children with CG may exhibit antisocial behaviours by being socially aggressive with acts like the use of obscene language, lying, and being rude towards others (Dyregrov, 2016) which can impair the normal functioning of a child both at home and in school. The findings of the rating of social aggression among children with complicated grief are summarized in Table 7.

Table 7

Rating of Social Aggression among Children with Complicated Grief

S. No.	Statement	*N*	$\bar{x}$	*S*
1.	I blame others	243	1.57	1.10
2.	I try to hurt someone's feelings	242	1.50	.95
3.	I make fun of someone behind his/her back	251	1.72	1.19
4.	I remove someone from group activities when angry with him/her	245	1.73	1.20
5.	I try to turn others against someone when angry with him/her	246	1.80	1.19
6.	I give someone the silent treatment when angry with him/her	248	2.08	1.32
7.	I reveal someone's secrets when angry with him/her	247	1.67	1.15
8.	I am rude toward others	243	1.58	1.14
9.	I make bad comments about other's appearance	250	1.50	1.00
	Aggregate mean ($\bar{x}$) = 3.01, Standard deviation (s) = 1.31			

From Table 7, social aggression had an aggregated mean score of 3.01 and SD=1.31 which indicated a moderate/average level of aggression. The findings agreed with a comprehensive analysis of the global epidemiology of conduct disorder revealed that gender-specific prevalence rates are generally consistent over time, meaning that 3.6% of males and 1.5% of females aged 5 to 19 are affected (Otto et al., 2021). These findings corresponded with a study conducted in Dakahlia governorate on Aggression and Depression among Orphanages resident Children among orphans ten years of age and older, it was found that verbal violence accounted for 33.0% and indirect aggression for 44.3% of the children (Ahmed et al., 2013).

Rule- Breaking among Children with Complicated Grief.

Complicated grief can lead to dysfunctional thoughts, emotional dysregulation and maladaptive behaviours like aggression and rule breaking (Ener & Ray, 2018). These actions and emotional difficulties also hinder children's capacity to operate in both the home and the classroom. The findings of the rating of rule- breaking among children with complicated grief were summarized in Table 8.

Table 8

Rating of Rule- breaking Among Children with Complicated Grief

S. No	Statement	*n*	$\bar{x}$	*S*
1.	I break into someone's locker, a shop, or a house	248	1.32	.88
2.	I break the windows of an empty building	250	1.47	1.13
3.	I litter public areas by breaking bottles, tilting trash cans, etc.	252	1.56	1.09
4.	I steal things from school	249	1.33	.89
5.	I leave home for a long period without telling family/ friends	249	1.59	1.18
6.	I sell drugs	248	1.21	.76
7.	I have been suspended or expelled from school	250	1.33	.91
8.	I have trouble staying in school	244	1.54	1.06
9.	I don't return borrowed items	241	1.51	1.05
	Aggregate mean ($\bar{x}$) = 2.48, Standard deviation (s) = 1.09			

The other form of antisocial behaviour that was assessed was rule-breaking which had a cumulated mean score of 2.48 and an SD=1.09 which on a scale of 1-5 was low; hence, the respondents had a low level of rule breaking. These findings correspond with a study by Guzzo and Gobbi (2023) that indicated that grieving children have delinquency and adjustment issues at school. These findings also correspond with those of a study in Brazil by Isabela et al. (2020) that showed a small proportion of teenagers with clinical ratings on the Rule-Breaking scale at 1.5% among children aged 1—17 years old.

The findings also contrasted a study by Blakey et al. (2021) which revealed that 5% of children in the UK between the ages of 11 and 16 have behavioural issues (aggression and rule-breaking) of clinical importance. In their investigation into the social risk factors and frequency of behavioural issues in ethnically diverse inner-city schools, rule- breaking had the highest score of 38·7%. Additionally, these findings are supported by studies that stated that parental death is associated with an increased rate of behavioural problems (Hamdan et al., 2012) like delinquent behaviour (Draper & Hancock, 2011), substance abuse (Hamdan et al., 2013) and violent crime (Berg et al., 2019).

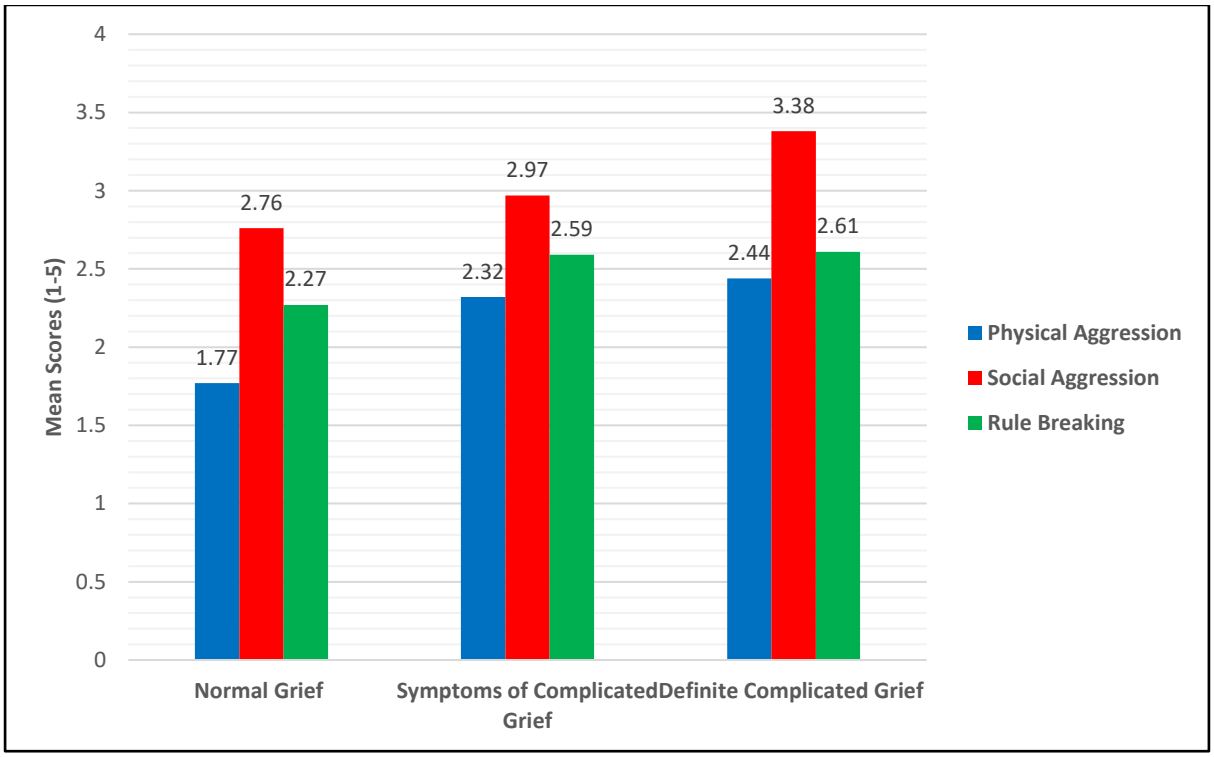
The primary antisocial behaviour in this study was social aggression with an aggregated mean of 3.01, followed by rule breaking with a mean of 2.48 while the least was physical aggression with an aggregated mean of 2.06.

Comparison of the More Prevalent Antisocial Behaviours among Children with Complicated Grief

The study was further interested in finding out which antisocial behaviour was more prevalent among children with CG. The study; then, computed the prevalence of

physical aggression, social aggression, and rule- breaking among children with CG. Figure 13 provides a summary of the findings.

Figure 13 *Prevalence of Antisocial Behaviours Among Children with Complicated Grief*



Respondents with normal grief recorded mean scores of 1.77 for physical aggression, 2.76 for social aggression and 2.27 for rule breaking. The study found children with normal grief to have all three ASBs; physical aggression, social aggression, and rule breaking social aggression being the highest score at 2.76. On the other hand, respondents with CG scored a mean score of 2.44 for physical aggression, 3.38 for social aggression, and 2.61 for rule breaking. Respondents with CG scored the highest mean scores in comparison to those with normal grief and those with symptoms of CG on the three sub-types of aggression. Under the category of CG, social aggression similarly had the highest score of 3.38. Respondents with symptoms of CG had mean

scores of 2.32 for physical aggression, 2.97 for social aggression and 2.59 for rule breaking. Also, in this category social aggression was equally the highest score at 2.97.

The mean scores for respondents with normal grief and those with symptoms of CG were below 3.0 on the three subtypes of ASB. Thus, they had low levels for the three sub-types of antisocial behaviours. Under the category of respondents with CG, the mean scores of physical aggression and rule breaking were below 3.0; thus, low levels of antisocial behaviours. Conversely, social aggression was average/ normal with a mean score of 3.38. From figure 13, it was displayed clearly that antisocial behaviours were present in respondents with normal grief, those with symptoms of CG, and those with CG. It was also noted that social aggression was the most prevalent among all the respondents, followed by rule breaking and the least was physical aggression.

This study agrees with Høeg et al. (2017) who investigated particular behaviours mentioned by parents of children who lost a sibling and found that the most frequently seen behaviour was aggression. The prevalence of aggression in this study also agrees with different studies as said by Kanne and Mazurek (2011) which revealed that in 2010, 35% of children in South Asian countries experienced aggression and 49.6% in Pakistan. This study's findings differed with those of Liu et al. (2022) on left-behind children (children whose parents had migrated to other countries) aged 10-16 years, which showed that children exhibited antisocial behaviours, rule breaking being the primary antisocial behaviour. Liu et al. however focused on parents who relocated to cities in pursuit of employment, leaving their children, aged 10 to 16, in the custody of other family members and not on antisocial behaviours presented by children with complicated grief. This study on the other hand focused on antisocial behaviours caused by complicated grief. This study noted the prevalence of antisocial behaviours

(physical aggression, social aggression, and rule breaking) among all the respondents (those with normal grief, symptoms of CG, and those with CG).

Correlation between Complicated Grief and Antisocial Behaviours among Children

The third objective of the study sought to establish if there is a relationship between complicated grief and antisocial behaviours among children who had lost their loved ones in selected public primary schools in Nairobi County, Kenya. To determine whether there was a statistical correlation between complicated grief and antisocial behaviours, the researcher investigated the changes in behaviours observed by class teachers among pupils who had lost a loved one in different schools and the length of time that the antisocial behaviours persisted. The researcher also computed the Pearson product moment correlation coefficient between the two variables. Initial examinations were conducted to make sure that the presumptions of linearity, normality, related pairs, no outliers, and the degree of measurement of the two variables (independent and dependent) were measured at ratio level (Roni & Djajadikerta, 2021).

Changes in Behaviours Observed by Class Teachers among Pupils Who Had Lost a Loved One

Qualitative Data

The study investigated the changes in behaviours observed by class teachers among pupils who had experienced a loved one's death in different schools. The results are shown in Table 9.

Table 9

Change in Behaviours Observed by Class Teachers among Children Who Had Suffered Loss of a Loved One

	Behaviour Observed	Frequency (f)	Percent (%)
1.	Withdrawal	12	54.55%
2.	Drop in Academic Performance	2	9.09%
3.	Lack of Concentration	5	22.73%
4.	Arrogance	1	4.55%
5.	Throwing Tantrums	1	4.55%
6.	Poor Hygiene	1	4.55%
	Total	**22**	**100.00%**

The most common change in behaviour observed by the class teachers among the bereaved respondents was withdrawal at 54.55%, followed by lack of concentration at 22.73%. The third one was a drop in academic performance at 9.09%. These results concur with Ayers et al. (2014) who observed that children who are mourning often become more isolated, struggle more in school, and do worse academically. Muchai et al. (2014) also noted that after the loss of their fathers, the performance of the previously high-achieving students fell off dramatically. Furthermore, a report by the National Alliance for Grieving Children in the USA (2013) noted that 45% of grieving children have trouble concentrating on schoolwork.

The findings also revealed that arrogance, throwing tantrums, and poor hygiene were observed at the same percentage of 4.55%. Similar, patterns including outbursts, insecurity, and skipping baths were noted among children who had lost parents (Doughty et al., 2006). These study findings were also echoed by Guzzo and Gobbi

(2020) who noted a decline in performance and concentration in children of grieving parents. Karakartal (2012) further documented children whose parents had passed away experiencing serious focus issues and a reduction in academic performance. Additionally, mourning children would struggle to focus and study, which could negatively impact their academic achievement (Bui, 2018). The findings displayed a significant change in behaviour by children who had lost a loved one, withdrawal being the most observed.

The class teachers shared that the observed changes in behaviours were related to the loss of a loved one since they were not present before the loss. The behaviours started manifesting immediately after the child experienced the loss but for some, it took some time like a week, while others exhibited the behaviours after the burial of a loved one.

Length of Time That the Anti-Social Behaviours Had Persisted

The researcher additionally attempted to determine the duration the anti-social behaviours had persisted among children who had lost a loved one. Children and teenagers normally demonstrate a range of unfavorable feelings and behavioural adjustments in the moments following the loss of a loved one. Their mourning emotions usually become less intense with time, usually 6–12 months following the bereavement (Maciejewski, 2007). As a result, these findings helped the researcher find out the time that had lapsed since the antisocial behaviour was observed from the time a loved one died. The findings equally helped in determining if the ASB behaviours are related to complicated grief or not. The findings are presented in Table 10.

Table 10

Time That the Anti-Social Behaviours Had Persisted

	Time Anti-social Behaviour had Persisted	Frequency (f)	Percent (%)
1	Less than One Month	7	36.84%
2	1-2 months	4	21.05%
3	3-4 months	2	10.53%
4	More than 6 months	6	31.58%
	Total	**19**	100.00%

As seen in Table 10, 7(36.84%), respondents' teachers observed antisocial behaviour persists for less than one month. Others had the behaviour persist between 1-2 months which constituted 4(21.05%) of the respondents. Some respondents exhibited the behaviour for a period of 3-4 months at 2(10.53%), while others for more than 6 months at (31.58 %). Consistent with Schonfeld and Demaria (2016), the effects of the loss on behaviour and learning could show up months or weeks later. Respondents whose antisocial behaviours lasted for less than six months did not meet the criterion of ASB and CG. The symptom ought to have been observed for six months and above. From the findings, the highest number of respondents exhibited a change in behaviour for less than one month followed by those that exhibited a change in behaviour for more than 6 months. Therefore, 31.58 % of respondent teachers noted that the behaviour persisted for over six months which qualifies the behaviour to be ASB showing there is a relationship between CG and ASB.

Research on how children adjust to mourning over time indicates that two to three years after a loss, a subgroup may continue to struggle with psychiatric issues, behavioural issues, or persistently severe maladaptive grief behaviours (Schwartz et al.,

2018) For instance, Melhem et al. (2013) discovered that for the course of the 2.5 years following the death, 10.4% of children who had experienced parental bereavement exhibited consistently significant maladaptive mourning reactions.

Quantitative Data

Ascertaining Linearity between Complicated Grief and Anti-Social Behaviour

Scatter plots were plotted prior to undertaking correlation analysis to counter check linearity between complicated grief and anti-social behaviour in the dataset. Scatter plots give a picture that illustrates the connection that a correlation indicates. When a correlation decreases, the scatterplot's dots move farther from the diagonal lines that would link them in a perfect correlation of +1.00 or −1.00 (Goodwin & Goodwin, 2013). The findings are presented in Figure 14.

Figure 14 *Scatter Plots between Complicated Grief and Anti-Social Behaviour*

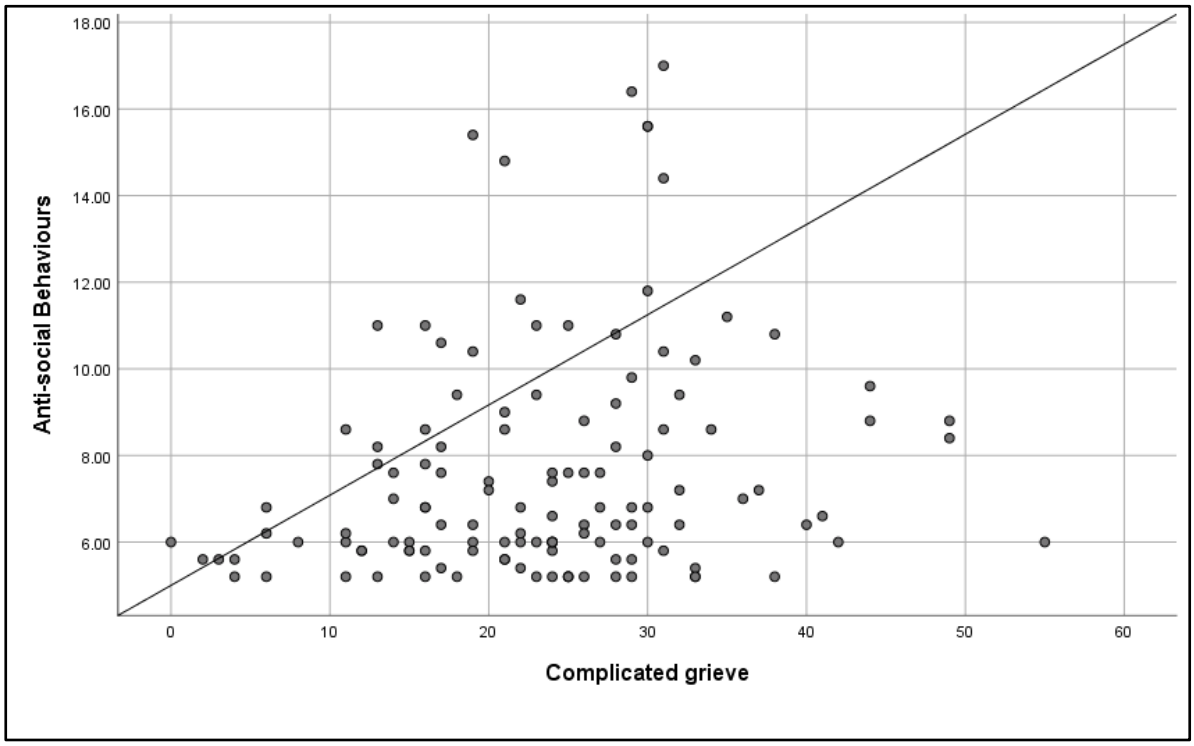


Figure 14 shows the scatter plots of complicated grief and anti-social behaviour. This was important to test the linearity between the two variables. A scatterplot is used to provide a general illustration of the relationship between two variables. This relationship is often linear, meaning a straight-line model can be developed (Moore et al., 2013). In this regard, the scatter plots in Figure 14 showed that there was a general positive linear relationship between complicated grief and anti-social behaviours and hence, the dataset was appropriate in computing the Pearson correlation coefficient.

Determining Normality of Complicated Grief and Anti-Social Behaviour Datasets

The study sought to establish whether the two variables; that is, complicated grief and anti-social behaviours were normally distributed. To ascertain this, the researcher generated a histogram for complicated grief and antisocial behaviours. The findings are provided in Figures 15 and Figure 16.

Figure 15 *The Histogram of Frequency Distribution of Complicated Grief*

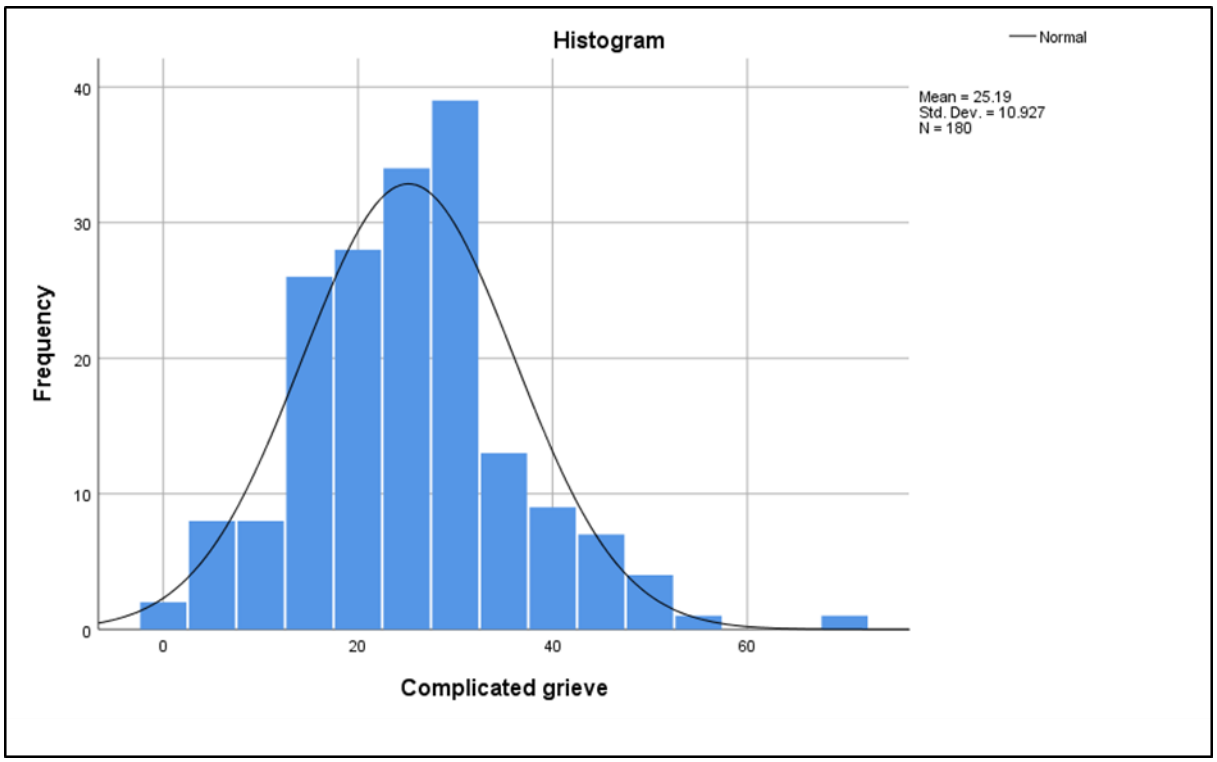


Figure 16 *The Histogram of Frequency Distribution of Anti-Social Behaviour dataset*

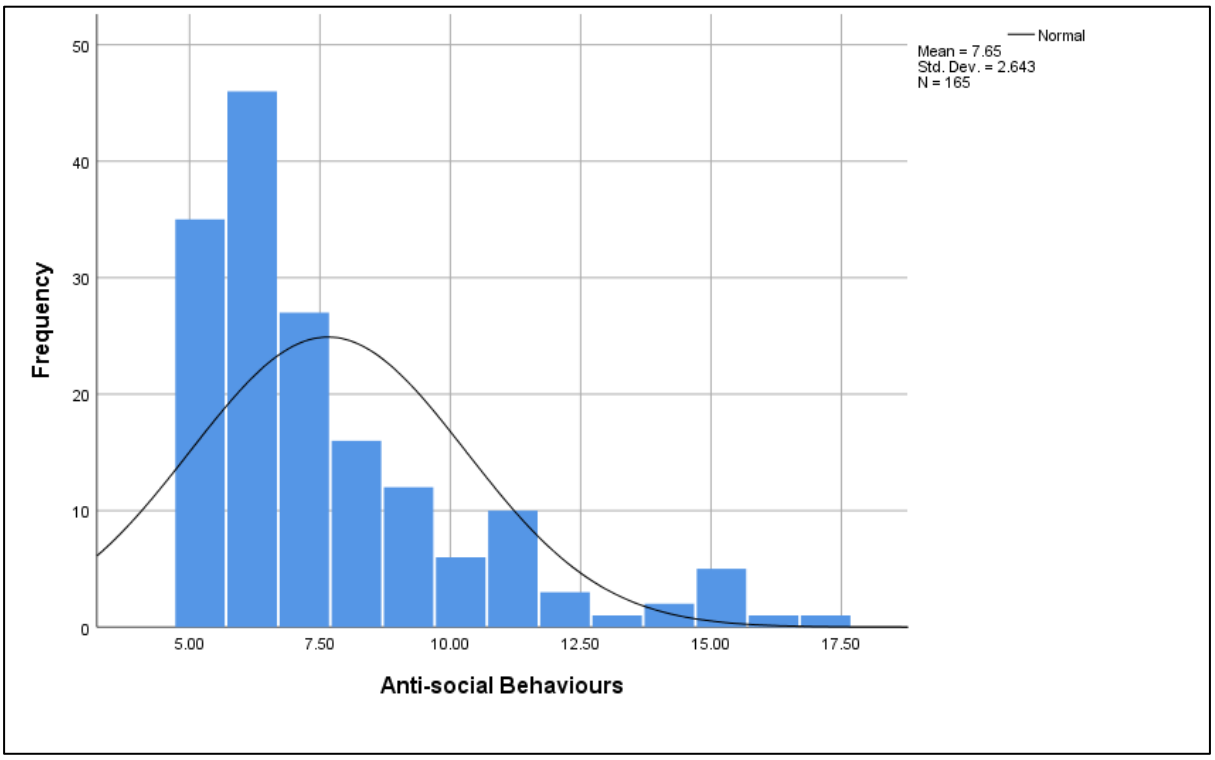


Figure 15 and Figure 16 shows that the datasets of the distributions complicated grief and anti-social behaviours datasets were approximately normally distributed. On the words of Mishra et al. (2019), a histogram represents a rough representation of a continuous variable's probability distribution and it is important in ascertaining normality among variables. When the graph is roughly bell-shaped and symmetric about the mean, normal distribution of data is assumed. Figures 15 and 16 show a bell-shaped curve; hence, approximating normal distribution. Thus, the Pearson correlation coefficient between the two variables could be used to check their relationship.

Related Pairs in the Dataset

To ascertain that there were related pairs in the dataset and that each observation in the dataset had a pair of values, SPSS Version 25.0 was given a command to

ignore/delete data values pairwise, and hence, the dataset was appropriate in computing Pearson correlation (George & Mallery, 2020).

Ascertaining That There Were No Outliers in the Datasets

To ascertain that there were no outliers in the dataset, boxplots were plotted and examined. Outliers are observations that differ significantly from the majority of the data points in the sample, as stated by Goodwin and Goodwin (2013). In a random sample from a population, an outlier lies an abnormal distance from other values. They are points of data that are meaningfully larger or smaller than most of the other values in a data set (Arimie et al., 2020). The findings are presented in Figure 17.

Figure 17 *The Boxplot of Complicated Grief*

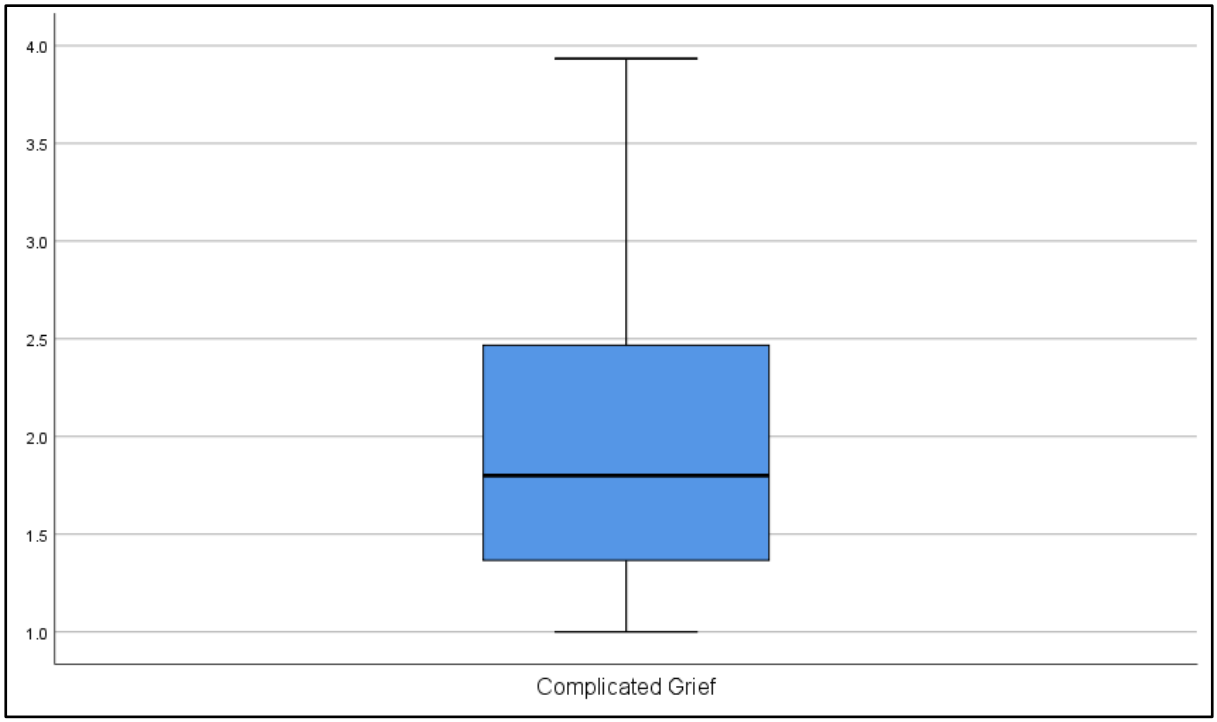


Figure 18 *The Boxplot of Anti-Social Behaviours*

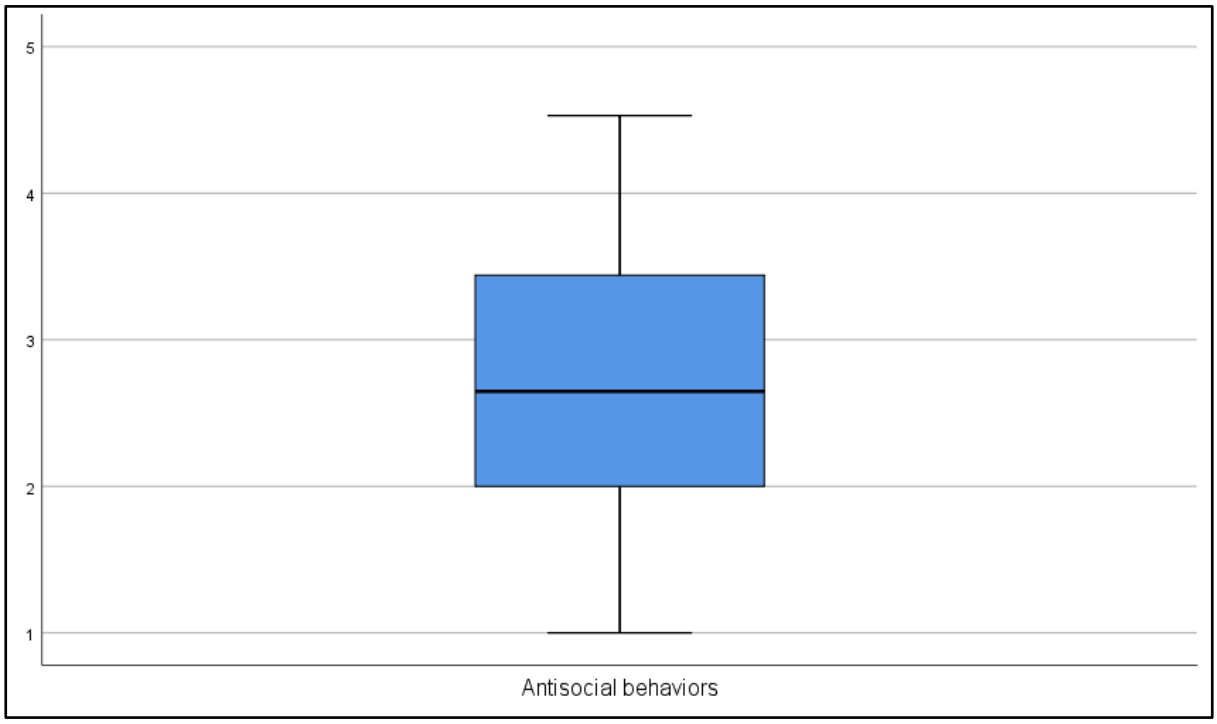


Figure 17 and Figure 18 show the boxplots of the distributions of complicated grief and anti-social behaviours. Boxplots are particularly helpful for showing whether a distribution is symmetric or skewed and if the data set contains any possible outliers (Krzywinski & Altman, 2014). They provide an excellent graphical representation of the data concentration, illustrating the distance between the extreme values and the majority of the data (Cox, 2019). Box plots use the interquartile range (IQR = Q3 − Q1), which covers the central 50% of the data, and the 25th, 50th, and 75th percentiles, often referred to as the lower quartile (Q1), median (m or Q2), and upper quartile (Q3) (Krzywinski & Altman, 2014). Boxplots are mainly used for comparing two or more sets of data. Through its process, group-organized measurements are plotted side by side in box-and-whisker diagrams. The mean, quartiles, minimum and maximum observations for a group are shown in a box-and-whisker plot, which aids in the search for outliers (Edwards et al., 2017).

The whiskers in a box and whisker plot variation can only be longer than 1.5 times the interquartile range. In other words, the whisker stays within a 1.5-times interquartile range from the lower or upper quartile even when it reaches the number that is the furthest from the center. Any data points outside of this range are plotted as dots on the graph and are regarded as possible outliers (Park et al., 2022). The boxplots were important to ascertain there were no extreme outliers in the dataset among the two variables (complicated grief and anti-social behaviours). In this study, the whiskers were within a maximum of 1.5 times the interquartile range. Subsequently, the Pearson correlation coefficient between the two variables can be used to ascertain their relationship.

Ascertaining the Interval or Ratio of Level Measurement

Interval scales of measure categorize, order, and establish regular separations between categories or data sets, sometimes referred to as intervals (Allanson & Notar, 2020). On the word of Bhat (2020), interval scales are "a numerical scale where the order of the variables is known as well as the difference between these variables". The ratio scale of measurement is carefully considered to be the highest level of measuring since it meets the requirements of each of the four levels of measurement (normal, ordinal, interval, and ratio), provides the most details about the data values and includes the presence of zero as an initial point (Allanson & Notar, 2020). It is defined by Bhat (2020) as "a variable measurement scale that not only produces the order of variables but also makes the difference between variables known along with information on the value of true zero".

The two variables namely; complicated grief and antisocial behaviours were measured at a ratio level and hence, a Pearson correlation coefficient and regression

analysis were computed between the two variables. A summary of the findings is presented in Table 11.

Table 11

Relationship between Complicated Grief and Antisocial Behaviours among Children

		Complicated grieve	**Physical Aggressions**	**Social aggression**	**Rule Breaking**	**Anti-social Behaviours**
Complicated grieve	Pearson Correlation	1	.359**	.258**	.201*	.211*
	Sig. (2-tailed)		.000	.001	.010	.018
	N	180	161	157	162	126
Physical aggression	Pearson Correlation	.359**	1	.649**	.377**	.764**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	161	217	187	199	165
Social aggression	Pearson Correlation	.258**	.649**	1	.653**	.916**
	Sig. (2-tailed)	.001	.000		.000	.000
	N	157	187	214	197	165
Rule Breaking	Pearson Correlation	.201*	.377**	.653**	1	.793**
	Sig. (2-tailed)	.010	.000	.000		.000
	N	162	199	197	226	165
Anti-social Behaviours	Pearson Correlation	.211*	.764**	.916**	.793**	1
	Sig. (2-tailed)	.018	.000	.000	.000	
	N	126	165	165	165	165

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

A correlation coefficient is a standardized measure of co-variation that examines if a high score on one variable is connected to a high score on another. If one variable increases with the other, the correlation is positive and if the relationship is opposite, it is a negative correlation. If the variables don't relate to one another, it is indicated by a value close to zero but a value of zero could occur for a curved relationship (Coolican, 2014). The Pearson coefficient varies between -1 to +1. +1 indicates a perfect positive relationship, -1 is a perfect negative relationship, and 0= no relationship.

The results in Table 11 show a positive correlation between CG and antisocial behaviours. Physical aggression has a coefficient value of +0.359 showing a strong positive relationship between CG and physical aggression. This relationship is statistically significant with a p-value of 0.000. These findings correspond with that of Thakur and Grewal (2021) which showed the coefficient of correlation between aggression and conflict dimension of family environment among adolescents as +0.31. It was positive and significant at 0.01 level of confidence showing that there exists a significant positive relationship between aggression and conflict dimension of the family environment of adolescents.

There was also a positive relationship between CG and social aggression of +0.258. CG and social aggression had a statistically significant relationship with a p-value of 0.001. These findings corresponded with Fauzi et al. (2023) whose Pearson's correlation results on aggressive behaviour in adolescents showed there is a strong, somewhat positive association between attitude toward aggression and social aggression with $r = 0.314$ and $p < 0.001$. Fauzi et al.'s study also showed that between peer deviant affiliation and social aggressiveness score, there was a noteworthy, moderately positive association at $r = 0.386$, and $p < 0.001$ also corresponding with this study's findings. This study's findings also agreed with a cross-sectional study that

examined the connection between preschool aggression and family member death and discovered a positive correlation between verbal aggression and the death of a family member (Meysamie et al., 2013).

On the other hand, rule breaking had a Pearson value of +0.201 which shows a positive relationship with CG. Statistically, CG and rule breaking has a significant relationship with a p-value of 0.01. Finally, there is a positive relationship between CG and antisocial behaviours with a Pearson relationship of +0.211. Consequently, CG and antisocial beahviours have a statistically significant relationship with a p-value of 0.018. There is, hence, a significant positive relationship between complicated grief and antisocial behaviours among children who have lost a loved one.

Hypothesis Testing (H_0)

The study further tested the null hypothesis (H_0). This hypothesis stated that:

H_0: There is no statistically significant relationship between complicated grief and antisocial behaviours among children who have lost loved ones in public primary schools in Nairobi County, Kenya.

To test this hypothesis the researcher fitted a regression model for the independent variable (predictor variable) namely complicated grief and the dependent variables (anti-social behaviour).

Table 12

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.211[a]	.044	.037	2.58168

a. Predictors: (Constant), Complicated grieve

Table 12 provides the *R* and R^2 values. The *R-value* represents the simple correlation and is 0.211, which shows a moderate level of correlation. The R^2 value (the "R Square" column) shows the extent to which the independent variable (complicated grief) may account for the variation in the dependent variable (anti-social behaviours). In this instance, 4.4% of variations in anti-social behaviour can be explained by variations in complicated grief.

Table 13

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	38.334	1	38.334	5.751	.018[b]
	Residual	826.468	124	6.665		
	Total	864.802	125			

a. Dependent Variable: Anti-social Behaviours
b. Predictors: (Constant), Complicated grieve

Table 13 presents the ANOVA Table, which reports how well the regression equation fits the data (i.e., predicts the dependent variable). Due to the regression model's statistical significance (.018), which is less than 0.05, this table shows that the regression model predicts the dependent variable (anti-social behaviours) significantly well. As a result, the regression model is a good fit for the data overall.

Table 14

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	6.286	.587		10.702	.000
	Complicated grieve	.055	.023	.211	2.398	.018

a. Dependent Variable: Anti-social Behaviours

The information required to forecast antisocial behaviours resulting from complicated grief is provided by the coefficients table, as well as establish whether complicated grief contributes statistically significantly to the model (by looking at the "Sig." column). The findings in Table 14 display a significant coefficient of 0.018 meaning complicated grief contributes statistically significantly to antisocial behaviours. Consistent with this study, there is a significant correlation between complicated grief and antisocial behaviour. Subsequently, complicated grief leads to antisocial behaviours. From these findings, it can be concluded that grief among children is neglected or not considered a major issue which unfortunately escalates into CG.

The findings concur with Akerman and Statham (2014) who stated that children are not given attention during mourning as most family members assume that children do not grieve. Additionally, out of concern that the experience would be upsetting, the majority of parents and other caretakers keep children out of wakes and funerals (Schonfeld & Demaria 2016). Children are thus deprived of the chance to grieve in front of their loved ones and get their support. These studies were in line with other literature that stated children's grief work receives fewer opportunities than adults, which encourages children to deny the death. Such children might get stuck for a long time in grieving which prevents them from moving past the death and assimilating it; this is a condition known as Complicated Grief (CG) (Shear, 2012). Huynh et al. (2019), noted that CG affects the child's social, cognitive, academic, and relational functioning manifesting in antisocial behaviours.

To present the regression equation as:

Anti-social Behaviour = 6.286 + 0.055(Complicated Grief)

From this equation, there is a need for intervention for children experiencing grief to reduce the risks of children developing complicated grief which leads to antisocial behaviours. Children with CG may exhibit antisocial behaviours by being physically aggressive with acts like; hitting, attacking other children, use of obscene language, disturbing others, severe tantrums, the insolence of adult directives, disregarding correction attempts by adults, and violating social norms (Dyregrov, 2016). Antisocial acts can also manifest as withdrawal (from family members and other bereaved individuals), cheating, being aggressive, abusing drugs, stealing, and using violence, avoidance, or numbness behaviour (Ener & Ray, 2018). There is then need to create awareness among caregivers, teachers, and counselors on the implications of CG in children. This will help them mitigate both complicated grief and antisocial behaviours which might affect the emotional, social, and academic functioning of the grieving children.

Intervention Measures That Are Used to Support Children with Complicated Grief

The fourth objective of the study sought to find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya. Children who have experienced a loss are more likely to experience social difficulties, behavioural and psychological disorders during and soon after the grieving process, as well as in later adulthood. Thus, child development professionals, parents, and extended family have chances to intervene in these effects (Ayyash-Abdo, 2001; Luecken, 2000 as cited in Martell et al, 2013). As said by Bergman et al. (2017), when children lose a parent or a loved one, to meet their mental health needs and continue their positive growth, they might require assistance from a healthcare expert during their grieving process. Consequently, it is important to have

intervention measures that can help children who have developed CG to process it and be able to assimilate the death and move on. Hence, these intervention measures should help a grieving child recognize that the loss is genuine, experience the pain, learn to go on without the departed, and channel the grief's emotional energy into a new life (Goldman, 2014).

Intervention Measures Used to Help Children Cope with Loss in Different Schools

Qualitative Data

To achieve this, the researcher interviewed class teachers to grades 4 to 7 respondents. The interview schedule consisted of nine open-ended items that generated qualitative data. The data was analyzed using themes. The study sought to find out the distribution of class teachers involved in the survey according to their grades which was as follows; 5(23.81%) were grade four teachers, 7(33.33%) were grade five, and 9 (42.86%) were in grade six. Class teachers to grade seven pupils did not participate in the study since most of them reported having been the class teacher for less than six months. The study found that the methods that were employed in different schools to help the children cope with the loss were as follows.

Table 15

Intervention Measures Used to Help Children Cope with Loss in Different Schools

	Method Used to Cope with Loss in Different Schools	**Frequency (f)**	**Percent (%)**
1.	Counselling	16	76.19%
2.	Prayers	3	14.29%
3.	Empathy	1	4.76%
4.	Financial Support	1	4.76%
	Total	**21**	**100.00%**

Table 15 shows the different methods used in the sampled public primary schools in Makadara and Embakasi East Sub Counties in Nairobi County, Kenya. From

the findings, counseling was the most preferred method of intervention to help children cope with grief in 76.19% of the schools. Counseling was done by the guidance and counseling teachers or class teachers for schools that did not have a guidance and counseling teacher. However, the class teachers reported that the counseling offered was inadequate since there were no structured ways on how to offer support. The bereaved child would only receive a one-off counseling session if they exhibited unwanted behaviours. Most of the class teachers shared that when asked to have a session with the bereaved child, they did not how to go about it or what to say.

Secondly, they expressed concern that there were no designated trained school counselors in most schools but teachers who doubled as class teachers and counselors. Out of the 11 public schools that participated in this study, only three had teachers who had counseling training but still, they doubled as teachers and counselors. This can be a challenge for the child in the area of confidentiality if the same teacher who is teaching the bereaved child will also wear the hat of a counselor. Also, this is an ethical issue of dual relationships in the counseling session. They also raised the concern of not having a counseling room. Most of them were forced to talk to the grieving child from the staff room or in the classrooms where there was no confidentiality. The class teachers felt that if there was a functional guidance and counseling department, with trained counselors and counseling rooms, it would be easier for them to refer the bereaved children for counseling. They also shared that if equipped with basic grief counseling, it would help them debrief with the bereaved children which might curb antisocial behaviours.

The second method of intervention was the use of prayers by 14.29% of the schools. In some schools, the class teacher would request one pupil in class to pray for the child who has lost a loved one, or the teacher would offer the prayer. In addition,

special prayers were conducted during the Programme for Pastoral Instruction (PPI) where the bereaved child would be mentioned by name and if time allowed would be called in front of the assembly or the hall and would be prayed for. Reactions to death and bereavement are significantly influenced by spirituality and religious commitment. Consistent with Sifers et al. (2012), children use spirituality to shape their perceptions of life. Bryant-Davis et al. (2012) added that children use religious and spiritual coping strategies when they are facing stress, trauma, or illness.

It has been suggested that religious participation is a coping mechanism and that it is frequently beneficial when it encompasses elements like a common story about death and the afterlife, spiritual connectedness, and a purpose to life (Bui, 2018). Children raised in a Christian environment think about life after death and the likelihood of heaven. Christians hold that while grieving during funerals is appropriate, death is not the end because there is still life to come. Children are given hope by this that their loved ones are "safe" and that they will eventually get to see them. When it comes to providing for people's needs as part of a continuous pastoral ministry, the priest typically takes the lead (Kim et al., 2012 as cited in Ilunga, 2021).

Accordingly, during bereavement, a priest gets the opportunity to talk to children and for them to ask questions like; ‘Why did it happen? Is there a God? Will they meet their loved ones in heaven? (Carter, 2016). Asking questions, as stated by Schonfeld and Demaria (2016), is considered therapeutic as children ask to gain an understanding of what happened to the deceased which can help in processing grief. However, this study questioned the effectiveness of the one-off spiritual support offered through prayers during PPI and in class. Prayers were made with no interaction with the grieving child/ren. The teachers indicated that it was not necessarily a pastor who prayed for the grieving child but whoever was sharing the Word during the PPI that

day. This showed concern if the children's spiritual questions like "Why did God allow it to happen" were answered.

The least methods used were empathy and financial support at 4.76% of the schools. Children were asked by the head teachers to contribute any amount that was collected and given to the family of the bereaved child. Having the right support in place for bereaved children and young people is essential for promoting flexibility and mitigating the risks of future problems. In this study, children who came from poor families and those who lost their breadwinners (in some schools) were enrolled in the school bursary program where their school fees were paid. In other schools, some teachers would identify the struggling child after the loss of a loved one who was a breadwinner and offer to support them financially by buying personal effects and once in a while providing food for the child. However, this was not sustainable for the teachers would do it when in a position to. This puts such children at risk of going without food or dropping out of school.

From these findings, it was clear that there are no structured ways to support bereaved children financially especially those who lose their caregivers/ breadwinners in public primary schools. This study resonates with Ferow (2019) who stated that teachers are responsible for attending to and fostering the well-being of their students to the best of their ability once they are aware of a grief/loss incident. This includes paying attention to the signs and symptoms of grief and loss, making the necessary accommodations to their learning, meeting with the child's caregivers, and helping to ensure that the child's experience in the classroom is as normal as possible and a safe place for him. In conclusion, counseling though wanting, was the most preferred form of intervention in most schools.

Summary of the chapter

The chapter focused on presenting as well as analyzing both qualitative and quantitative data. The quantitative data was analyzed using both descriptive and inferential statistics while qualitative data was analyzed using thematic analysis. The findings were presented in the form of tables, charts, and graphs. The chapter has presented the biodata of the respondents' (gender, age, and grade), the nature of loss experienced, how the bereaved child participated in the death preparation of the deceased, and the intervention the child received. Data analysis was based on the four objectives; the prevalence of complicated grief, the most prevalent antisocial behaviours, the relationship between complicated grief and antisocial behaviours, and intervention measures used to support children who had lost a loved one.

The study findings showed that there is a significant relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya. The prevalence of CG was moderate with a majority of the respondents having normal grief. The study also revealed that the most prevalent antisocial behaviours among children who had lost a loved one was social aggression (SA). The findings showed that all the respondents (those with normal grief, symptoms of CG, and CG) exhibited high levels of SA. The study findings also revealed that there was a positive correlation between CG and ASB where CG and ASB had a statistically significant relationship. The findings also unveiled that the most used mode of intervention by most of the schools was counseling. The next chapter focused on summary of the findings, recommendations, areas for further research and conclusions.

Chapter Five: Summary of Findings, Implications, Conclusion, Recommendations and Areas for Further Research

Introduction

This chapter covers a summary of the findings, implications, conclusions, and recommendations as well as areas for further research. The information in this chapter is based on the findings in Chapter 4. The purpose of the study was to establish the relationship between complicated grief and antisocial behaviours among children who had lost a loved one in public primary schools in Nairobi County, Kenya. The summary of the findings is allied to the study objectives namely; to determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County Kenya, to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County Kenya, to determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya and to find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya.

Summary of the Findings

Objective one sought to determine the prevalence of complicated grief among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya. Both the quantitative and qualitative findings indicated that complicated grief was prevalent among children who had lost a loved one. Participants that had complicated grief were 26.1 % (n=68) and those with symptoms of complicated grief were 21.7% (n=56). The majority of the respondents had normal grief at 52.2% (n=135). This could be explained by the fact that most of the respondents had lost a

grandparent; hence, less attachment resulted in less grief. In general, primary caregivers to children from birth tend to be the first attachment figure that children start to relate with. The higher the level of closeness to a loved one, the more intense the grieving process is likely to be.

Objective two sought to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya. The findings revealed that all the respondents (those with normal grief, symptoms of CG, and those with CG) exhibited antisocial behaviours. Social aggression was the most prevalent antisocial behaviour in all three categories of grief as well as the primary antisocial behaviour in this study with an aggregated mean score of 3.01 and SD=1.31 which indicated a moderate/average level of aggression. It was followed by rule breaking with a mean of 2.48 and an SD=1.09 while the least was physical aggression with an aggregated mean of 2.06 and an SD=0.0645.

Objective three sought to determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya. The findings indicated there was a significant positive relationship between CG and antisocial behaviours with a Pearson correlation coefficient of 0.211 and p-value of 0.018. The last objective sought to find out intervention measures that are used to support children with complicated grief in selected public primary schools in Nairobi County, Kenya. The findings showed that the most used method of intervention in the 11 selected primary schools was counseling at 76.19%.

Implications of the study

The findings from the social demographics indicated that a good number of the respondent children attended a funeral of a loved one but were not given any role to

play and the majority reported they would not want to play any role assigned to them. During the grief period, most of the respondents were comforted by siblings and also talked to their siblings when they felt sad. This seems to comply with O'Donnell et al., (2014) who stated that the majority of guardians struggle to deal with their children' continued grief and are unsure of how to support them in their sorrow. Parents should understand that when a loved one dies in the life of a child, they have a role to support and reassure the child. This is because the child is looking up to the parent for guidance on what these feelings mean and how to cope. Also, the child could be concerned about how the parent is coping or how the parent will survive (Schonfeld & Quackenbush, 2009). When children are not involved in the grieving process from mourning to funerals and other commemorative activities after the death of a close family member, it might hinder them from processing grief making them susceptible to CG.

The findings further indicated that there is a significant positive relationship between complicated grief and antisocial behaviours among children who have lost a loved one in public primary schools in Nairobi County, Kenya. Furthermore, a significant number of children who had lost a loved one had complicated grief and symptoms of complicated grief. This is an indicator that grieving children are not helped to process grief after a loss. CG as shown in this study leads to antisocial behaviours like physical aggression, social aggression, and rule breaking which might end up affecting the social and academic life of the child.

Also, the findings showed that all the respondent children who had lost a loved one had antisocial behaviours. The most prevalent antisocial behaviour among children who had lost a loved one was social aggression. Social aggression was the most prevalent among all the respondents, those with CG, those with symptoms of CG along those with normal grief. Social aggression being the behaviour of eliminating a person

from a social environment, threatening to end a relationship, or generating gossip might lead to fights and verbal abuse both at home and school among children with CG. This will disrupt relationships with other people which is most likely to affect the relational aspect of a child. Children with antisocial behaviours have strained relationships both at home and school interfering with their interactions and academic performance. There is; therefore, a need for teachers, counselors, and parents to work together in helping children process grief to curb complicated grief and reduce the chances of developing ASB.

In addition, the findings indicated that there were very few trained counselors (only 3 out of 22) in the selected public primary schools. Some had no idea how to support the grieving child. There were also no grief intervention programs in schools that helped children process grief. These findings corresponded with a survey of 1,253 members of the American Federation of Teachers, where 92% of teachers, teaching assistants, and school staff reported that childhood grief is a serious problem in schools and that this issue warrants more attention in schools. Moreover, regarding how schools were addressing children's grief-related needs, half of the participating teachers rated their school at a "C" or lower (The American Federation of Teachers and New York Life Foundation, 2012). One barrier that most significantly kept teachers in the eleven public primary schools from adequately supporting grieving children was insufficient training on grief and/or professional development of counseling programs. This was the same challenge class teachers in the selected public primary school faced. It is consequently important for teachers to acquire basic skills in grief counseling to help children during grief.

Conclusion

This study sought to find out the relationship between complicated grief and antisocial behaviours among children who had lost a loved one in public primary schools in Nairobi County, Kenya. The findings revealed that complicated grief was prevalent among children who had lost a loved one. The findings also indicated that antisocial behaviours were common among children with CG as well as those without. Most of the children respondents had social aggression which affected their social and academic lives. Additionally, the findings indicated that there was a significant relationship between complicated grief and antisocial behaviours among children who had lost a loved one. The findings showed that the most used intervention to help children during grief was counseling. The findings also showed that there were very few counselors and those available doubled up as counselors and class teachers. This would reduce the effectiveness of counseling due to dual relationships worsening the situation and increasing the risk of developing CG among grieving children. The schools also did not have suitable counseling programs with intervention measures to help children process grief.

Recommendations

This study determined that grieving children are at a higher risk of developing complicated grief which might lead to antisocial behaviours. Therefore, psychological support will be very important for bereaved children. This study recommends that:

a) The Ministry of Education introduces a school-based counseling program incorporating grief intervention techniques.
b) The Ministry of Education recommends trained counselors who do not double up as teachers to be school counselors to negate dual relationships.

c) Public primary schools are encouraged to develop several training programs to help teachers understand how to intervene and foster resilience in their students who have experienced grief.
d) Public primary schools should provide counseling rooms that are well-equipped for the task.
e) Parents and caregivers are also implored to brace up and talk about death to children, and involve them during funeral preparation. During grief, a child's world changes unexpectedly from conversant, predictable, and safe, to chaotic and dreadful. As a result, they need to be loved, understood, and involved in all aspects of family grief.
f) With rudimentary age-appropriate resources and guidance, teachers and caregivers should be prepared to address grieving children's emotional needs in addition to guiding them through the challenging feelings related to grief.
g) Parents and caregivers are encouraged to seek professional counseling for their grieving child/children if the symptoms of grief persist.

To prevent the adverse consequences and impairments associated with antisocial behaviours, early intervention strategies by teachers, counselors, and caregivers for children and adolescents under risk are required. This study believed that caregivers, counselors, teachers, and other helping professionals play a significant role in helping a child through a time of grief. It is therefore important that they gain an in-depth understanding of the impact and role of loss and grief. Thus, collaboration is the key to being able to best help these children successfully navigate their bereavement.

Areas for Further Research

a) The study showed that antisocial behaviours were common among all the respondents who had lost a loved one (those with CG and those without). A

study can be done on other factors that can cause antisocial behaviours among grieving children.

b) The study indicated that there were very few trained counselors in the schools, a study can hence be done to assess the quality of counseling services offered in public primary schools to determine its effectiveness in managing behavioural, emotional as well as grief among bereaved children.

c) This study was limited in terms of geographical coverage to Nairobi County. To validate and generalize the findings of this study, it is recommended that further studies on the relationship between complicated grief and antisocial behaviours among children in selected public primary schools be done using samples from different Counties in Kenya.

d) Additionally, the prevalence of CG grief among children is not well known in Kenya; hence, the researcher is calling upon other researchers to venture into studying the prevalence of CG among children in Kenya.

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APPENDICES

Appendix I: Introduction letter

Dear Respondent,

My name is Priscillah Ndunge Omucheni, a PhD. student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out a research on "Relationship between Complicated Grief and Antisocial Behaviours among Children in Public Primary Schools in Nairobi County, Kenya". The purpose of this study is to establish if complicated grief can lead to antisocial behaviours among children.

Your participation in this research is voluntary. You can decide not to participate or change your mind at any time during the time of the study. You will not be forced to share any information but I encourage you to be open and tell the truth when responding to the questions. There will be no financial benefits for your participation in this study. However, participating in this study will help you realize the challenges you could be facing and also help the school and the community to come up with intervention plans that can be beneficial to all children with complicated grief in the county.

All the information you will give will be kept secret and will not be shared by anybody apart from my research team. Do not write your name anywhere on the questionnaire.

_____ _____

Priscillah Ndunge Omucheni

Mob. 0721364396

Appendix II: Informed Consent (Parent/Guardian)

My name is Priscillah Ndunge Omucheni a PhD. student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out a research on "The relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya".

Your child has been chosen to participate in the research since he/she has lost a loved one in the last one year. I am therefore requesting you to allow him/her to participate voluntarily in my research. In this study, I would want to know how the child has been coping with the loss both at home and school after losing the loved one and find out the challenges he/she might be facing. My team and I will offer counseling to your child if he or she is still grieving to help him or her cope better with the loss of the loved one.

Kindly note that participation in this research is voluntary and nobody will force your child to participate. All the information shared by your child will be kept confidential and only my team and I will be able to see it.

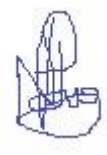
I have read this consent form and I understand what is being requested of my child as a participant in this study. I freely consent for my child to participate. I have been given satisfactory answers to my questions. The researcher provided me with a copy of this form. I certify that I am at least 18 years of age.

_____ _____

Name of child Grade/Class Date

_____ _____

Guardian signature Date



_____ _____ _____

Researcher’s signature Date

Appendix III: Informed Consent (School Head Teachers)

My name is Priscillah Ndunge Omucheni a PhD. student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out research on "The relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya".

The purpose of this study is to find out the prevalence of complicated grief among children and the relationship between complicated grief and antisocial behaviours. The aim is to find out how antisocial behaviours can affect a child's social and academic performance among children who have lost a loved one in the last one year enrolled in primary schools in Nairobi County, Kenya.

Once the researcher receives the necessary approvals from the head teacher, the teachers will be briefed on the study to help them understand its significance. The student will also be briefed on the study and informed consent as well as approval will be sought from the participants. The participants will be requested to fill out questionnaires on complicated grief and antisocial behaviours which will be a one-day activity for a few hours.

Privacy and confidentiality will be observed and no participant will be humiliated or victimized. No personal names will be used to conceal the identity of the participants and the data obtained will be stored safely by the researcher. Participants will benefit by receiving counseling if they are still grieving to help them cope better with the loss of a loved one. Your school's participation in this study is voluntary and you are at liberty to decline or withdraw at any time. Since the participants are minors, your consent will be required as approval for the participants to be interviewed.

I have read and understood the information provided by the researcher in this study and any question regarding the research has been clarified to me adequately. I, therefore, give consent for my student to participate in this research.

_____ _____

School head teacher Date

_____ _____ _____

Principal researcher Date

Tel. 0721364396

Appendix IV: Informed Consent (class teachers)

My name is Priscillah Ndunge Omucheni a PhD student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out a research on "The relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya".

As a class teacher, you have been selected to participate in this study because you have privileged information about the pupils and an almost daily encounter with the grieving pupils to be able to identify any change in behaviour before and after the death of a loved one. I am therefore requesting you participate voluntarily in my research.

In this study, I would want to know how the pupils have been coping with the loss at school after losing a loved one and find out the challenges they might be facing. Kindly note that participation in this study is voluntary; all the information shared will be kept confidential, and only my team and I can see it.

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. The researcher provided me with a copy of this form.

_____ _____

Class teacher Date

____ _____ _____

Researcher's signature Date

Appendix V: Pupils Questionnaire

Social Demographic Questionnaire (Children)

Date: _____

I am Priscillah Ndunge Omucheni, a PhD student in Marriage and Family Therapy at Pan Africa Christian University. This study intends to investigate the relationship between complicated grief and antisocial behaviours among children in Public Primary Schools in Nairobi Kenya. The information you will share will be kept secret and will help in determining if you may be having challenges in dealing with the loss of your loved one. Read carefully and tick (√) where appropriate or write the required answer. Do not write your name.

PART A: BIODATA

1. Gender ☐ Male ☐ Female
2. Age (years) ☐ 10 ☐ 11 ☐ 12 ☐ 13
3. Who do you live with?
   _____
4. I am in grade ☐ 4 ☐ 5 ☐ 6 ☐ 7

PART B: NATURE OF LOSS

5. Have you lost a loved one through death? ☐ Yes ☐ No

6. Whom did you lose through death? _____
7. Which year did he or she die? _____
8. How close were you with the person you lost?

☐ Very close ☐ Somewhat Close ☐ Close ☐ Not Close

PART C: TAKING PART IN DEATH

9. How did you learn about the death of your loved one? _____
10. Did you attend the burial? ☐ Yes ☐ No
11. What role/part did you play during the preparation of the burial? _____
12. If none in 11, what role/part would you have loved to play? _____

PART D: INTERVENTION

13. When you lost a loved one did anyone comfort you? ☐ Yes ☐ No
14. If yes in 13, who comforted you? _____
15. Were you allowed to ask questions? ☐ Yes ☐ No
16. When you feel sad, whom do you talk to? _____

PART E: INVENTORY OF COMPLICATED GRIEF

Please tick the boxes that best describe how you feel, where ***never*** is taken to mean less than
once monthly, ***rarely*** means more than once monthly but less than once weekly, ***sometimes*** more than weekly but less than daily, ***often*** about daily, & ***always*** means more than once daily:

		0: Never	1: Rarely	2: Some Times	3: Often	4: Always
1	I think about this dead person so much that it is hard for me to do the things I normally do					

2	Memories of the person who died make me sad					
3	I cannot accept the death of the person who died					
4	I feel myself missing/desiring the person who died					
5	I feel attracted to places and things related with the person who died					
6	I doubt what happened					
7	I feel shocked or confused over what happened					
8	Ever since she or he died it is hard for me to trust peop					
9	*E*ver since he or she died I feel withdrawn from people I care about					
10	I go out of my way to avoid reminders of the person w died					
11	I hear the voice of the person who died speak to me					
12	I see the person who died stand before me					
13	I feel bitter over this person's death					
14	I feel jealous of others who have not lost someone clos					
15	I feel lonely most of the time ever since she or he died					
	Scores					
	Total scores					
	Interpretation of scores <25 = Normal Grief 26-30 = Symptoms of Complicated Grief ≥31 = Definite Complicated Grief					

PART F: THE SUB-TYPES OF ANTISOCIAL BEHAVIOUR QUESTIONNAIRE

The following items describe several different behaviours. Please read each item and report how often you have done this using the following scale.

		1: Never	2: Hardly ever	3: Sometimes	4: Frequently	5: Nearly

						all the time
	Physical aggression (α=.86)					
1.	I feel like hitting people					
2.	I get angry quickly					
3.	I bully others					
4.	I have trouble controlling my temper					
5.	I hit others when provoked					
6.	I swear or yell at others					
7.	I get into physical fights					
8.	I feel better after hitting					
	Social aggression (α=.82)					
9.	I blame others					
10.	I try to hurt someone's feelings					
11.	I make fun of someone behind his/her back					
12.	I remove someone from group activities when angry with him/her					
13.	I try to turn others against someone when angry with him/her					
14.	I give someone the silent treatment when angry with him/her					
15.	I reveal someone's secrets when angry with him/her					
16.	I am rude toward others					
17.	I make bad comments about other's appearance					
	Rule- breaking (α =.84)					
18.	I break into someone's locker, a shop, or a house					
19.	I break the windows of an empty building					
20.	I litter public areas by breaking bottles, tilting trash cans, etc.					
21.	I steal things from school					
22.	I leave home for a long period without telling family/ friends					
23.	I sell drugs					
24.	I have been suspended or expelled from school					
25.	I have trouble staying in school					
26.	I don't return borrowed items					
	Scores					
	Total scores					

Appendix VI: Interview Schedule for Class Teachers

Date: _____

I am Priscillah Ndunge Omucheni, a PhD student in Marriage and Family Therapy at Pan Africa Christian University. This interview schedule is part of a study on the relationship between complicated grief and antisocial behaviours among children in selected Public Primary Schools in Nairobi County, Kenya. Your participation is voluntary and any shared information will be kept confidential.

1. Class teacher grade ☐ 4 ☐ 5 ☐ 6 ☐ 7
2. Number of students in your class (if more than one stream, include the other streams)

   _____
   _____
3. How many children in your class/ records have lost a loved one in the last one year?

   _____
   ___
4. How were they helped to cope with the loss?

   _____
   _____
   _____
   _____
   _____
   _____
5. Describe some of the changes in behaviours that you could have observed in a child after he or she lost a loved one.

   _____
   _____
   _____

_____

_____

6. For how long have these behaviours been present?

_____

_____

_____

_____

7. Do you feel like the change in behaviours is related to the child's loss?

☐ Yes ☐ No

8. If yes in 7, explain why

_____

_____

_____

_____

_____

_____

9. What intervention measures does the school use to help grieving children?

_____

_____

_____

_____

_____

10. How would you describe the effectiveness of the intervention measures listed in 9 above?

_____

_____

_____

_____

_____

_____

11. What other measures would you propose to help children grieving their loved ones?

    _____

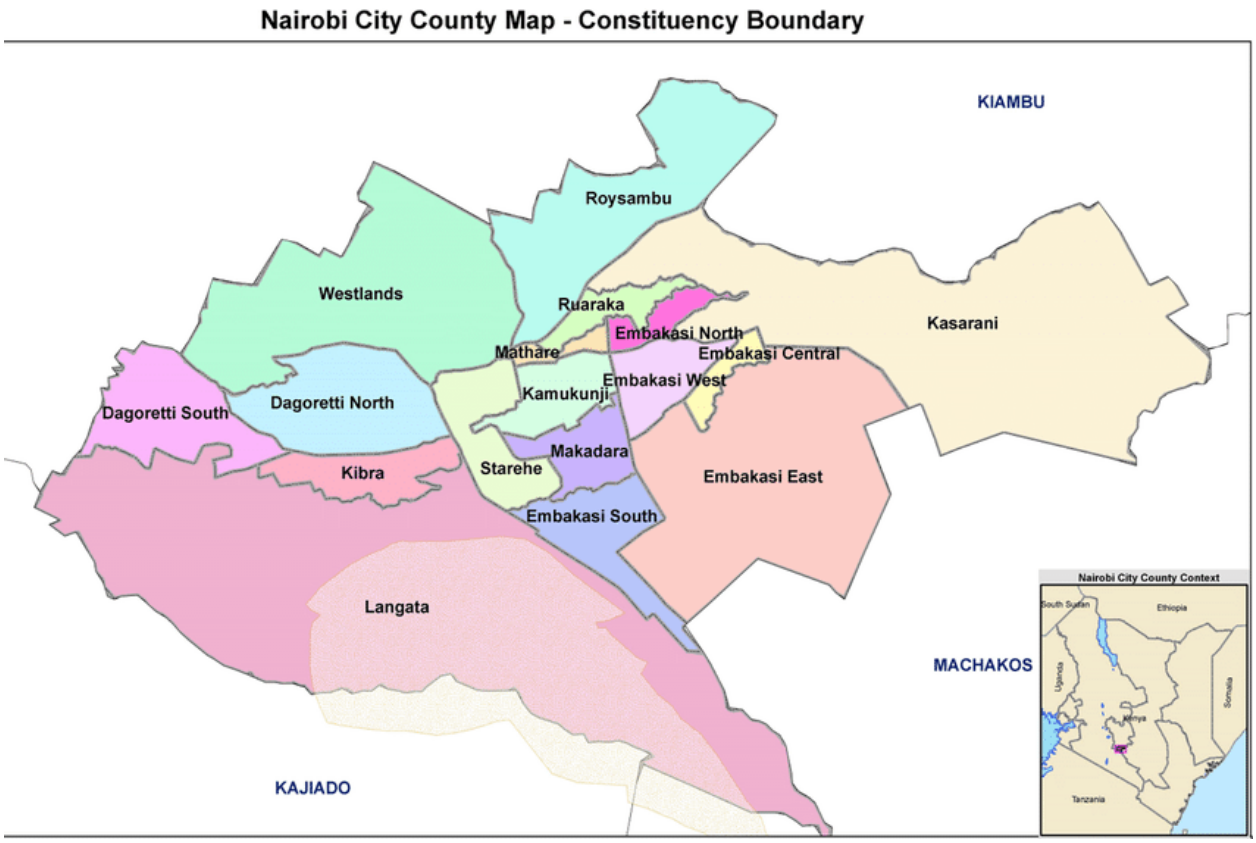
    _____

    _____

    _____

    _____

Appendix VII: Nairobi County Map



Source: Nairobi County (2017)

Appendix VIII: Research Authorization: ISERC

Certificate of Ethical Clearance

Pan Africa Christian University
Thika Road Campus | Valley Road Campus
P.O. Box 56875-00200 | +254 730955000 | +254 730955501/2
enquiries@pacuniversity.ac.ke | www.pacuniversity.ac.ke

INSTITUTIONAL SCIENTIFIC ETHICSREVIEW COMMITTEE
(I S E R C)

This Certificate is awarded to

Priscillah Ndunge Omucheni

For the research titled

Relationship Between Complicated Grief and Antisocial Behaviours among Children. A Case of Public Primary Schools in Nairobi County, Kenya

Ref/PAC/ISERC/014/3/23

having complied with PAC University Institutional Scientific Ethics Review Committee's guidelines and Standard Operating Procedures for ethical clearance.

This Certificate is issued subject to compliance with the following requirements:

i. Before commencing the study, you are required to obtain a Research License from the NationalCommission for Science, Technology and Innovation (NACOSTI) as well as other institutional clearances as and where needed.
ii. Only approved documents including research instruments and informed consent forms will beused.
iii. All changes including amendments and/or deviations are to be submitted for review andclearance by PAC University Institutional Scientific Ethics Review Committee before use.
iv. Any expected or unexpected changes that may increase the risks to study participants or affectthe integrity of the study must be reported in writing to PAC University Institutional Scientific Ethics Review Committee within two days.
v. Any request for renewal or approval must be submitted to PAC University Institutional ScientificEthics Review Committee at least four weeks prior to the expiry of this Certificate and must be accompanied by a comprehensive progress report to support the renewal.

Date of issue	06/04/2023	Expiry date	06/04/2024

DR.JANE KINUTHIA

Secretary PAC_ISERC

PAN AFRICA CHRISTIAN UNIVERSITY

P.O. Box 56875 - 00200
Nairobi, Kenya
Lumumba Drive, Roysambu
off Kamiti Rd, off Thika Rd
Tel: 0734 400694/0721 932050
Email: enquiries@pacuniversity.ac.ke
website: www.pacuniversity.ac.ke

11TH April, 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION & ETHICS CLEARANCE LETTER FOR OMUCHENI PRISCILLAH NDUNGE REG. NO: PMFT/7184/16

Greetings! This is an introduction letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing Doctor of Philosophy in Marriage and Family Therapy.

She is at the final stage of the programme and she is preparing to collect data to enable her finalize on the dissertation. The dissertation title is ***"Relationship between Complicated Grief and Antisocial Behaviours among Children. A Case of Public Primary Schools in Nairobi County, Kenya."***

We kindly request that you allow her obtain a research permit so as to proceed and collect data from selected Public Primary Schools in Nairobi County, Kenya.

Kind Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR
P.O. Box 56875 - 00200
TEL: 0721 932050, 0734-400694
NAIROBI-KENYA

Dr. Lilian Vikiru
Registrar Academic Affairs
Pan Africa Christian University
Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd
P.O Box 56875-00200, Nairobi, Kenya
Tel: +254 721-932050/726-595863/734-400694
Email: registrar.aa@pacuniversity.ac.ke
Website: www.pacuniversity.ac.ke

Appendix IX: NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **865484**

Date of Issue: **26/April/2023**

RESEARCH LICENSE

This is to Certify that Ms.. Priscillah Ndunge Omucheni of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: RELATIONSHIP BETWEEN COMPLICATED GRIEF AND ANTISOCIAL BEHAVIOURS AMONG CHILDREN. A CASE OF PUBLIC PRIMARY SCHOOLS IN NAIROBI COUNTY, KENYA for the period ending : 26/April/2024.

License No: **NACOSTI/P/23/25430**

865484

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY &
INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix X: Office of the President

OFFICE OF THE PRESIDENT

MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL ADMINISTRATION
STATE DEPARTMENT FOR INTERNAL SECURITY AND NATIONAL ADMINISTRATION

Telegrams.....
Telephone: Nairobi 316845, 341666
When replying please quote

COUNTY COMMISSIONER
NAIROBI.
P.O. Box 30124-00100
NAIROBI

REF: ED 10/6 VOL.XXVII (16)

30th May 2023.

Ms. Priscillah Ndunge Omucheni
Pan Africa Christian University.

RESEARCH AUTHORIZATION

Your letter dated 26th May, 2023 refers.

This office has no objection and authority is hereby granted to conduct research on "**Relationship between Complicated Grief and Antisocial Behaviors among Children. A case of Public primary Schools in Nairobi County**" for the period ending 26th April 2024.

KIAMBI J. KIMATHI
FOR. COUNTY COMMISSIONER

CC: All Deputy County Commissioners

NAIROBI COUNTY

Appendix XI: Ministry of Education

Republic of Kenya

MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Telegrams: "SCHOOLING", Nairobi
Telephone; Nairobi 020 2453699
Email: rcenairobi@gmail.com
cdenairobi@gmail.com

When replying please quote

REGIONAL DIRECTOR OF EDUCATION
NAIROBI REGION
NYAYO HOUSE
P.O. Box 74629 – 00200
NAIROBI

Ref: RDE/NRB/RESEARCH/1/65Vol.1 (03) Date: 5th June, 2023

Miss Priscillah Ndunge Omucheni
P.O. Box 78666-00507
NAIROBI

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from National Commission for Science, Technology & Innovation, **Ref N0.865484**, dated **26th April, 2023,** regarding research authorization in Nairobi County on the topic: *"Relationship between complicated grief and antisocial behaviours among children. A case of Public Primary Schools in Nairobi County, Kenya."*

This office has no objection and authority is hereby granted to you to interact with teachers, parents and students in Nairobi County on condition that the exercise will be carried out professionally.

You are required to liase with Sub- County Directors of Education and the target schools' Authorities before accessing the schools.

A report on the exercise will be required on completion.

REGIONAL DIRECTOR OF EDUCATION NAIROBI 05 JUN 2023 MINISTRY OF EDUCATION P. O. Box 74629, NAIROBI

DR. PETER KIRIKA
FOR: REGIONAL DIRECTOR OF EDUCATION
NAIROBI.

Copy to: Director General/CEO
National Commission for Science, Technology and Innovation
NAIROBI.

Appendix XII: Sub-county Directors of Education

Priscillah Ndunge Omucheni

Student Reg. No. PMFT/7184/16

P.O. Box 78666-00507, Nairobi, Kenya

The headteachers of the selected schools please offer necessary assistance to the person undertaking this research

7/6/2023

SUB-COUNTY DIRECTOR OF EDUCATION MAKADARA

6th June, 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: APPLICATION FOR A RESEARCH AUTHORIZATION

Greetings. I am writing in regard to the above-mentioned subject.

I am a final-year Pan Africa Christian University (PAC) student pursuing a Doctor of Philosophy in Marriage and Family Therapy.

I am preparing to collect data to finalize the dissertation. The research topic is **"Relationship between Complicated Grief and Antisocial Behaviors among Children. A Case of Public Primary Schools in Nairobi County, Kenya."**

I am hereby applying for research authorization so as to proceed and collect data from the following selected Public Primary Schools in Makadara Sub-County, Nairobi. Bidii Primary School, Rabai Road Primary School, St. Paul's Primary School, St. Michael Primary School, Baraka Primary School, St. Annes Primary School, and Harambee Primary School.

Attached please find the Certificate of Ethical Clearance, Introduction letter from PAC, and Research License from the National Commission for Science, Technology & Innovation (NACOSTI).

Kind Regards,

Priscillah Ndunge Omucheni

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Email:deoembakasi@gmail.com

SUB COUNTY EDUCATION OFFICE
EMBAKASI SUB COUNTY
P.O.BOX 1288-00518
KAYOLE.

REPUBLIC OF KENYA

24TH JULY, 2023

TO
HEADTEACHERS
PUBLIC PRIMARY SCHOOLS
EMBAKASI SUBCOUNTY

RE: RESEARCH AUTHORIZATION - PRISCILLAH NDUGE OMUCHENI

Your later dated 24th July 2023 refers;

This office has no objection and authority is hereby granted to cond research on **"Relationship between complicated grief and antiso behaviors among children. A case of Public primary schools in Nai County".**

The purpose of this letter is to request you to give her necessary assistan enable her obtain data within the ethical code of conduct.

Ensure the exercise is carried out professionally. In addition, avail a repo the exercise upon completion.

EMBAKASI SUB-COUNTY
EDUCATION OFFICE NAIROBI
24 JUL 2023
P.O. BOX 74623-00200
NAIROBI

LEINA JEROP
FOR: SUB COUNTY DIRECTOR OF EDUCATION
EMBAKASI.

Appendix XIII: Informed Consent Document for Head Teachers of Sampled Public Primary Schools

Informed Consent (School Head Teachers)

My name is Priscillah Ndunge Omucheni a Ph.D. student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out research on "*the relationship between complicated grief and antisocial behaviors among children in selected public primary schools in Nairobi County, Kenya*".

This study aims to discover the prevalence of complicated grief among children and the relationship between complicated grief and antisocial behaviors. The goal is to find out how antisocial behaviors can affect a child's social and academic performance among children who have lost a loved one in the last one year enrolled in primary schools in Nairobi County, Kenya.

Once the researcher receives the necessary approvals from the relevant institutions, the teachers will be briefed on the study to help them understand its significance. The student will also be briefed on the study and informed consent as well as approval will be sought from the participants. The participants will be requested to fill out questionnaires on complicated grief and antisocial behaviors which will be a one-day activity for a few hours.

Privacy and confidentiality will be observed and no participant will be humiliated or victimized. No personal names will be used in order to conceal the identity of the participants and the data obtained will be stored safely by the researcher. Participants will benefit by receiving counseling if they are still grieving to help them cope better with the loss of a loved one. Your school's participation in this study is voluntary and you are at liberty to decline or withdraw at any time. Since the participants are minors, your consent will be required as approval for the participants to be interviewed.

I have read and understood the information provided by the researcher in this study and any question regarding the research has been clarified to me adequately. Therefore, I consent my students to participate in this research.

HEADTEACHER
ST. PAUL'S PRIMARY SCHOOL
P. O. Box 17016-0510, NAIROBI
Date 14/6/23 Sign.

TERESIA KANYOR — 14/6/2023

School head teacher — Date

Priscillah Omucheni — 14/6/2023

Principal researcher — Date

Mobile number: 0721364396

Appendix XIV: Informed Consent Document for Class Teachers of Sampled Public Primary Schools

Appendix IV: Informed Consent (class teachers)

My name is Priscillah Ndunge Omucheni a PhD student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out a research on "*the relationship between complicated grief and antisocial behaviors among children in selected public primary schools in Nairobi County, Kenya.*

As a class teacher, you have been selected to participate in this study because you have privileged information about the pupils and an almost daily encounter with the grieving pupils to be able to identify any change in behavior before and after the death of a loved one. I am therefore requesting you participate voluntarily in my research.

In this study, I would want to know how the pupils have been coping with the loss at school after losing a loved one and find out the challenges they might be facing. My team and I will offer to counsel your pupils if they are still grieving to help them cope better with the loss of a loved one.

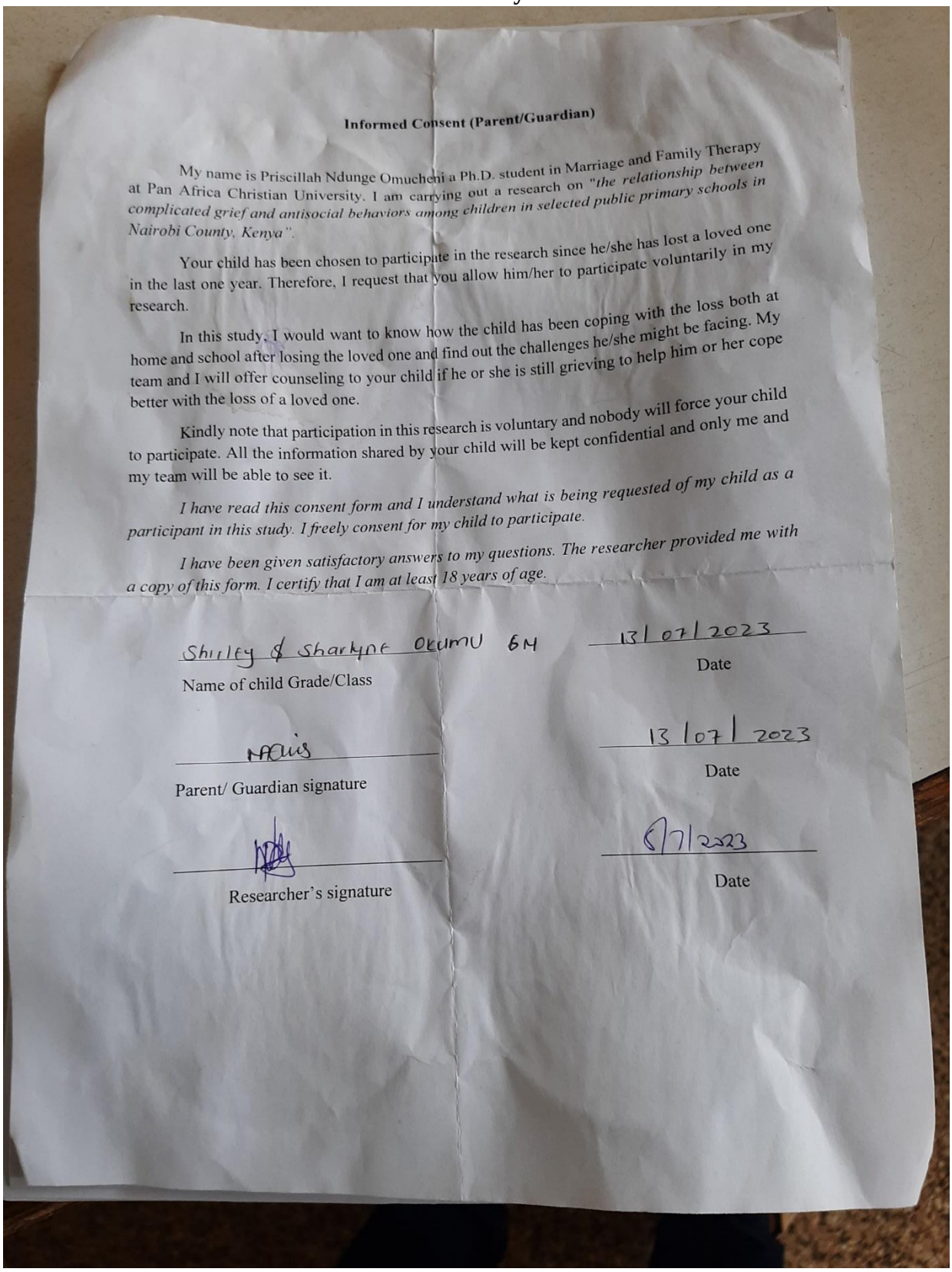
Kindly note that participation in this research is voluntary; all the information shared will be kept confidential, and only my team and I can see it.

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. The researcher provided me with a copy of this form.

Class teacher — Date: 23/6/2023

Researcher's signature — Date: 23/6/23

Appendix XV: Informed Consent Document for parent/Guardian of Sampled children in Public Primary Schools



Informed Consent (Parent/Guardian)

My name is Priscillah Ndunge Omucheni a Ph.D. student in Marriage and Family Therapy at Pan Africa Christian University. I am carrying out a research on "*the relationship between complicated grief and antisocial behaviors among children in selected public primary schools in Nairobi County, Kenya*".

Your child has been chosen to participate in the research since he/she has lost a loved one in the last one year. Therefore, I request that you allow him/her to participate voluntarily in my research.

In this study, I would want to know how the child has been coping with the loss both at home and school after losing the loved one and find out the challenges he/she might be facing. My team and I will offer counseling to your child if he or she is still grieving to help him or her cope better with the loss of a loved one.

Kindly note that participation in this research is voluntary and nobody will force your child to participate. All the information shared by your child will be kept confidential and only me and my team will be able to see it.

I have read this consent form and I understand what is being requested of my child as a participant in this study. I freely consent for my child to participate.

I have been given satisfactory answers to my questions. The researcher provided me with a copy of this form. I certify that I am at least 18 years of age.

Shirley & Sharlyne Okumu 6M — 13/07/2023

Name of child Grade/Class — Date

Parent/ Guardian signature — 13/07/2023

Date

Researcher's signature — 5/7/2023

Date