

## Research Brief 7: Processes which explain high prevalence of depression among vulnerable rural Zambian children\*

*This is no 7 of a series of briefs providing new insights on the well-being of rural children in Southern Africa, a previously much under-researched population. Findings are derived from a longitudinal (2008-2010) controlled study in 5 communities of Kafue District, Zambia. This study was aimed at evaluating and developing a result-based intervention programme and identifying particular risk and protective factors of vulnerable children regarding relevant outcomes of psychosocial well-being.*

**Vulnerable rural children in Zambia, especially orphans and those living with a chronically ill primary caregiver, show particularly high levels of depression (see Research Brief 1). It is therefore necessary to identify factors which explain the relation between this type of vulnerability and depression can important for informing policy and programming. In this study, key factors that impact the relationship between vulnerability and depression were both poverty factors and social factors. Social factors included equal treatment within the household and social support.**

### Research Question

- What factors explain the relationship between vulnerability (being orphaned or having a chronically ill caregiver) and depression in rural Zambian children?

### Research Methodology

- Standardised interviews with orphaned (50.1%), vulnerable (living with a chronically ill caregiver) children (12.8%) and non-vulnerable (37.1%) children (10-18 years) conducted in 2008 (960 participants)
- Culturally adapted versions of standardised and psychometrically sound measures
- Multivariate regressions, mediator analyses

### Key Findings

The general predictors of depression in Zambian children (Research Brief 6) are further analysed to investigate if any of these factors are mediating the negative relationship between vulnerability and depression levels.

As reported in Brief 6, depression was associated with orphans and children living with a chronically ill caregiver, but not with children living with an elderly caregiver. Therefore, in this brief, the term “vulnerability” refers to orphans and children living with a chronically ill caregiver.

### 1. Factors related to vulnerability

- **Discrimination at home:** Vulnerable children self-report that they have less equal access to within-household resources compared to other children in the same home.
- **Personal possession:** Vulnerable children reported possessing fewer important everyday items (something to sleep on and keep warm with, spare clothes, school uniform, books and shoes, etc) than other children.
- **Peer bullying:** Orphans and vulnerable children experience enhanced levels of peer victimisation.
- **Peer integration:** Vulnerable children are less well integrated with their peer group.
- **Daily stressors:** Vulnerable children encounter more daily stressors (lack of daily essential resources, having to care for/worry about other family members etc).

### The relationship between vulnerability and depression can be explained by 5 factors:

1. Discrimination at home
2. Peer bullying
3. Peer integration
4. Daily Stress
5. Personal possessions

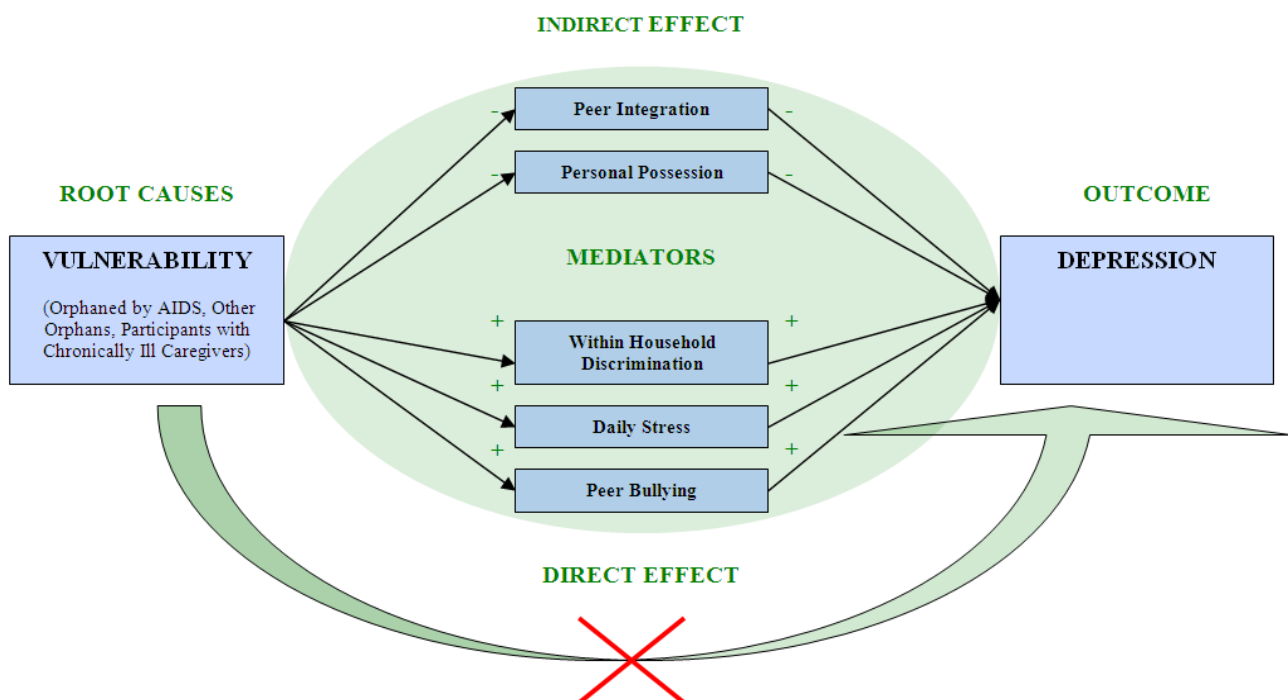
Orphans and vulnerable children have poorer quality of care, peer relations, more daily stress and less access to relevant everyday items than non-vulnerable children.

## But to what extent does this affect their depression levels?

This study found (through regression mediation model) that vulnerable children do not experience higher levels of depression compared to non-vulnerable children if they are equal with regard to the 5 factors above. There is no direct effect of vulnerability on depression after controlling for these 5 factors.

## Conclusions

- The depression risk associated with being an orphan or living with a chronically ill and/or elderly caregiver can be explained by within-household discrimination and quality of peer relations.
- Children do not have direct control over these factors. It is therefore imperative that programmes incorporate interventions which operate at the household and community, to address these secondary causes of youth depression directly.



**Figure 1: The negative effect of vulnerability on depression is fully mediated through other indirect factors**

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