SAD Swiss Academy for Development

In cooperation with REPSSI Psychosocial Wellbeing For All Children ChildFund Zambia

Research Brief 6: Risk and protective factors of depression among rural Zambian children*

This is no 6 of a series of briefs providing new insights on the wellbeing of rural children in Sub-Saharan 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 results-based intervention programme focussed on the interface between psychosocial wellbeing and livelihood. In addition, the study identified particular risk and protective factors for the psychosocial wellbeing of vulnerable children.

As shown in Research Brief 1, the prevalence of depression in rural Zambian children is very high. In order to effectively address this situation, it is important to understand what factors prevent risk and protect against high depression levels. Baseline data from this study identified the following risk factors: perceived within household discrimination, daily stress, peer bullying, poor physical health and hunger. Protective factors included: caregiver support, peer integration and social support. Therefore, while poverty reduction is necessary but not sufficient to reduce depression. Instead, social factors exert the greatest influence on children's depression levels.

Research Questions

- What are the risk factors for depression in rural Zambian children?
- What factors protect against depression in rural Zambian children?
- How important are poverty factors in alleviating depression?
- How important are psychosocial factors in alleviating depression?

Research Methodology

- Standardised interviews with orphaned and/or vulnerable children (living with an elderly and/or chronically ill caregiver) (62.9%) and non-vulnerable children (37.1%) (10-18 years) conducted in 2008 (960 participants)
- Culturally adapted versions of standardised mental health measures
- Multivariate regression models of depression

Key Findings

1. **Most important risk factors of depression**

- **Perceived within household discrimination:** Children who feel they have less access to clothes, food and school essentials compared to other children within the same household show higher levels of depression.
- **Daily stress:** Children who report more incidents of daily stress (such as excessive work or chores, financial difficulties, paying for school requirements, lack of clothes, having to look after an ill person at home or feeling insecure in their neighbourhood) show higher levels of depression.
- **Peer bullying:** Children who report they have been victimised, either physically, emotionally or socially by their peers within the past four weeks are more depressed.
- **Poor physical health:** Children who report having suffered from somatic health complaints within the past four weeks show higher levels of depression than children with few or no somatic health complaints.
- **Hunger:** Children who report having experienced hunger more often within the past seven days show higher levels of depression.

2. **Most important protective factors of depression**

- **Caregiver support:** Children who report higher levels of tangible and emotional support from their caregiver show lower levels of depression than children who feel unsupported.
- **Peer integration:** Children who feel they are integrated in their peer groups and belong to a group of friends show lower levels of depression.
- **Social support:** Children who feel they receive tangible and emotional support, advice and encouragement from their social networks (siblings, friends and teachers)

** In this study, participants were aged 10-20*

have lower levels of depression compared to children who feel unsupported by these important groups.

Together these main risk and protective, factors explain 25% of depression found in children.

3. Household poverty only predicts depression in children indirectly

- Poverty measured at the household level does not predict depression directly as its influence is fully controlled by an individual's access to resources within the household.
- A youth's access to material resources is not only defined by household poverty but also by caregiver factors (compare brief 4).

4. Psycho-social predictors explain 15% of depression

- Indicators of quality of care (caregiver support and perceived discrimination at home), quality of peer relations (bullying and peer integration), social support and perceived stigma in the community together explain 15% of the variability in youth depression.

Conclusions

- **It is important for psychosocial interventions to address youth depression beyond just alleviating poverty at the household level. Although many daily stressors associated with depression are related to poverty, they are also comprised of social factors.**
- **Psychosocial interventions which aim to improve depression levels in children have three possible "points of entry": the community level, the household level or the individual level (figure 1).**
  - **Interventions at the community level which aim to improve the quality of peer relations and social support are likely to be successful in preventing youth depression.**
  - **Interventions at the household level can reduce depression by addressing quality of caregiving and within-household discrimination.**
  - **Interventions which exclusively focus on the individual, which has been the traditional programming approach, may be less effective. Instead, programmes should focus on factors at the community level and household level which can impact on individual characteristics.**

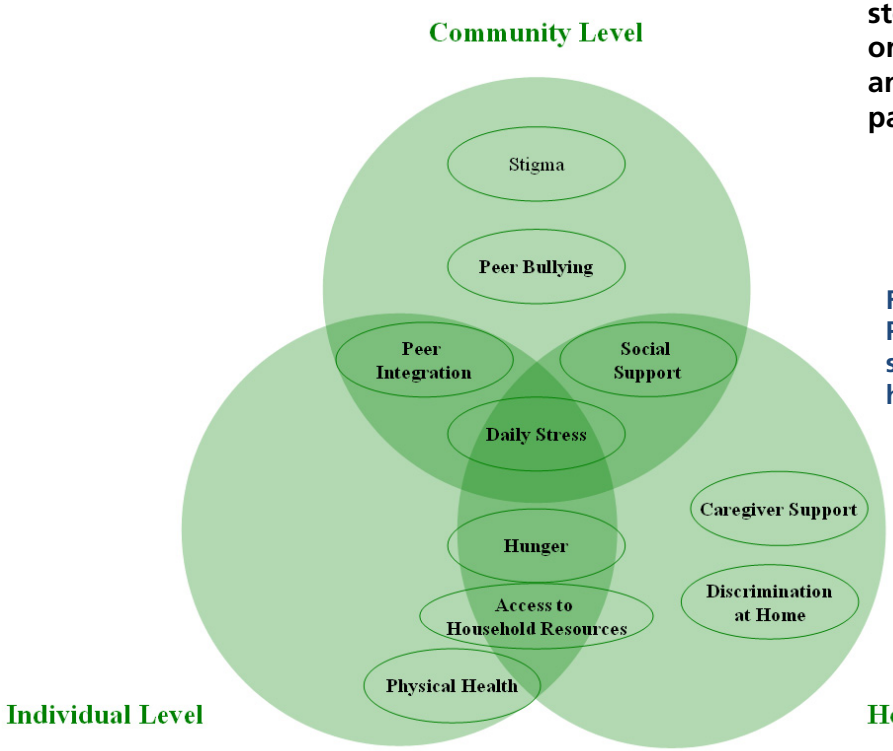

Figure 1: 'Levels of intervention entry': Psychosocial support programmes should operate at the community, household and individual level

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