PROJECT ABSTRACT

Master of Chaplaincy

Adventist University of Africa

Theological Seminary

Title: UNDERSTANDING COMPLICATED GRIEF AFTER CHILD LOSS AMONG YOUNG MOTHERS IN MOMBASA, KENYA: A THEOLOGICAL AND PSYCHOSOCIAL DESK RESEARCH STUDY

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Date completed: April 2026

Child loss remains one of the most devastating experiences a mother can endure. In Kenya, and particularly in Mombasa County, high rates of neonatal mortality, infectious disease, poverty-related complications, and limited access to mental health services create a context in which young mothers are uniquely vulnerable to prolonged and complicated grief. This desk research study examines complicated grief among young mothers in Mombasa through interdisciplinary lenses of psychology, theology, feminist theology, and socio-cultural analysis.

Drawing on peer-reviewed literature, theological texts, and African contextual scholarship, this study explores the psychological characteristics of complicated grief, cultural constructions of motherhood and mourning, and the theological resources available for pastoral response. The research synthesizes contemporary grief theory,

including the work of J. William Worden, Margaret Stroebe, Henk Schut, and Katherine Shear, alongside African womanist theologians such as Mercy Amba Oduyoye and Musa Dube.

Findings indicate that complicated grief among young mothers in Mombasa is intensified by stigma, silence around reproductive loss, economic vulnerability, gendered expectations, and inadequate pastoral and clinical support. Theologically, African womanist perspectives offer a framework for lament, communal healing, and resistance against oppressive structures that silence maternal grief.

This study proposes an integrated pastoral-psychosocial model for supporting bereaved young mothers and recommends policy, church-based, and clinical interventions tailored to the Kenyan coastal context.

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A project

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Date: April 2026

This project is dedicated to Emmanuel Yusuf, Moses Yusuf,

Sheila Yusuf, my children, and my granddaughter,

Yasmin Al Yusuf, my beloved husband,

Yusuf Ibrahim. May they be true

stewards of God and be a

blessing to the society.

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

KJV	King James Version
KNBS	Kenya National Bureau of Statistics
LMIC	Low-Middle Income Countries
NIV	New International Version
NKJV	New King James Version
PGD	Prolonged Grief Disorder
SDA	Seventh Day Adventist
SDG	Sustainable Development Goal
STD	Sexually Transmitted Disease
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION

Background of the Study

Complicated grief can be defined as a situation or condition which happens to someone after the loss of a loved one, with the factor of it being longer than expected.[1] It is more common after the loss of a loved one, especially a child, with said persons having a difficulty in accepting the death of their child. In addition to the loss, the bereaved still yearn for their loved one, and find life to be meaningless without them, further complicating the grief.

Complicated grief affects the mental health of someone who was very close to the dead person.[2] For instance, child loss is always a factor to the individual who lost it, developing further in the process of a reality he/she faces afterwards.[3]

Globally, complicated grief affects 2-3 percent of the total population while around 7-10 percent of people who have been bereaved.[4] According to data from

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[1] Mayo Clinic Staff, "Complicated Grief," posted December 13, 2022 accessed 21 February 2025, https://www.mayoclinic.org/diseases-conditions/complicated-grief/symptoms-causes/syc-20360374.

[2] Eleftheria Tseliou and Georgios Abakoumkin, "Researching Drug-Related Death Bereavement," in *The Routledge International Handbook of Drug-Related Death Bereavement*, eds. Margaret Stroebe, Kari Dyregrov, Kristine Berg Titlestad (New York: Routledge, 2024), 5, https://doi.org/10.4324/9781032657455

[3] Katherine Flach et al., "Complicated Grief After the Loss of a Baby: A Systematic Review About Risk and Protective Factors for Bereaved Women," *Trends in Psychology* 10 (2022): 1-35, 10.1007/s43076-021-00112-z.

[4] Association for Behavioral and Cognitive Therapies, "Complicated Grief," accessed 12 June 2024, https://www.abct.org/fact-sheets/complicated-grief/ .

several studies on bereavement and grief worldwide, 5-15% of the population was diagnosed with prolonged grief a year after losing someone close to them.[5]

The death of a child makes it difficult for the parents to explain and understand it, being young and uncorrupted by life.[6] This loss has a huge impact on families, more so young mothers, and the idea of it means going through a process that is painful to move on.[7] The experiences are thus affected further changing the perspective of this mother permanently in some cases.[8]

Experiencing child loss is one of the most painful experiences a parent or guardian can go through.[9] Only by sharing their thoughts and experiences with close family and friends will they be able to know how they can be helped overcome their loss.[10] In special cases where a mother or parent loses their first child, it is expected that intense pain and grieving will be experienced by them, more than if they already had other children present.[11]

Furthermore, the loss of a child in most cases causes thoughts of depression and suicide, especially if grief was not fully processed according to Kubler-Ross's

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[5] Holly G. Prigersonet al., "History and Status of Prolonged Grief Disorder as a Psychiatric Diagnosis," *Annual Review of Clinical Psychology* 7, no. 17 (2021): 109-126, https://doi.org/10.1146/annurev-clinpsy-081219-093600.

[6] Katherine Flach et al., "Complicated Grief after the Loss of a Baby: A Systematic Review About Risk and Protective Factors for Bereaved Women," *Trends in Psychology* 31 (2023): 777–811, https://doi.org/10.1007/s43076-021-00112-z.

[7] Ibid., 777–811.

[8] Ibid.

[9] Carlo V. Bellieni, *A New Holistic-Evolutive Approach to Pediatric Palliative Care* (New York: Springer, Nature, 2022), 45.

[10] Kimberly Ernstmeyer and Elizabeth Christman, eds., *Nursing Fundamentals: Open Resources for Nursing* (Eau Claire, WI: Chippewa Valley Technical College, 2021), 210.

[11] Bellieni, *A New Holistic-Evolutive Approach to Pediatric Palliative Care,* 47.

stages of grief.[12] This is in addition to experiences of loneliness, feelings of worthlessness, hopelessness, helplessness and sorrow. She may also be depressed and withdraw socially while experiencing difficulties in carrying our daily activities.[13]

Difficulty in addressing the grief of a newborn child can lead to intense abnormal grief, such as the mother mourning in isolation.[14] This grief can follow under two main categories:

1. Prolonged grief – the experience of grief that does not improve within six months, affecting normal duties and chores.[15]
2. Delayed or absent grief – the absence of enough emotional display following the loss of a loved one.[16]

In addition, financial background and a safety net from family and friends contribute highest in handling grief in that women from low income and less emotional support tend to experience more intense levels of grief following a child loss.[17]

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[12] Kristin L. Szuhany et al., "Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment," *Focus* 19, no. 2 (2021): 161-172. https://doi.org/10.1176/appi.focus.20200052.

[13] Michael F. Steger and Todd B. Kashdan, "Depression and Everyday Social Activity, Belonging, and Well-Being," *Journal of Counseling and Psychology* 52, no. 2 (2009): 289-300, 10.1037/a0015416

[14] Flach et al., "Complicated Grief After the Loss of a Baby," 779.

[15] Anna A. O. Arach et al., "Your Heart Keeps Bleeding": Lived Experiences of Parents with a Perinatal Death in Northern Uganda," *BMC Pregnancy Childbirth* 22 (2022): 491, https://doi.org/10.1186/s12884-022-04788-8.

[16] Ernstmeyer and Christman, eds., *Nursing Fundamentals,* 205.

[17] Kimberly Fenstermacher and Judith E. Hupcey, "Perinatal Bereavement: A Principle-based Concept Analysis," *Journal of Advanced Nursing* 69, no. 11 (2013): 2389-400, 10.1111/jan.12119; Emily Wanja Kaburu et al., "Lived Experiences and Perspectives of Women Who Had Undergone Perinatal Loss in Nairobi County, Kenya: A Qualitative Study," *BMJ Public Health* 2 (2024): e001050, https://doi.org/10.1136/ bmjph-2024-001050.

In the African context, life is made wholly in the role of most people from both the community and family.[18] Losing someone you love results to prolonged cases of distress and discomfort, especially in cases where the death was because of violent circumstances.[19] However, in other still African cultures, the belief of the deceased's spirits still living seems to be less distressing to individuals who have experienced a loss.[20]

While most studies in Africa have been conducted on school going children, below 18 years, and fewer have focused on adults. For instance, in South Africa, a study conducted on 339 female adolescents showed that one-fifth of all students had complicated grief even 6 months after their loss.[21] Statistically, majority of child loss are experienced in LMIC, accounting for up to 93% in total deaths globally.[22]

In Kenya, complicated grief among school children had a prevalence of 26% for students who lost their parents in Nairobi County. The Kenya National Bureau of Statistics puts it at 29-32 deaths per 1000 births.[23] Mombasa County, the area of

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[18] Maake Masango, "The African Concept of Caring for Life," *HTS Teologiese Studies / Theological Studies* 61, no. 3 (2005): 915-925.

[19] Agency for Healthcare Research and Quality, *Interventions To Improve Care of Bereaved Persons* (Rockville, MD: Agency for Healthcare Research and Quality, 2025), Appendix C, https://www.ncbi.nlm.nih.gov/books/NBK613176/ .

[20] Jane Rose M. Njue et al., "Death, Grief and Culture in Kenya: Experiential Strengths-Based Research," in *The World of Bereavement. International and Cultural Psychology*, eds. J. Cacciatore and J. DeFrain (New York: Springer, 2015), 3-23, https://doi.org/10.1007/978-3-319-13945-6_1.

[21] Tonya R. Thurman et al., "Complicated Grief and Caregiving Correlates among Bereaved Adolescent Girls in South Africa," *Journal of Adolescence* 62 (2018): 82-86, https://doi.org/10.1016/j.adolescence.2017.11.009.

[22] World Health Organization, "Child Mortality and Causes of Death," accessed 12 June 2024, https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/child-mortality-and-causes-of-death.

[23] Kenya National Bureau of Statistics, "Kenya Demographic and Health Survey 2022," accessed 12 June 2024, https://www.knbs.or.ke/reports/kdhs-2022/

focus, has a high child mortality rate compared to other counties in the country, with an almost similar mortality rate as the whole country.[24]

In low economic areas such as slums, stigma and discrimination are factors encountered in society with interventions mostly from independent non-governmental organizations, which most times cannot cater for their needs. Additionally, the subject of child loss in such areas is not considered worth addressing due to the nature of the environment these young mothers live in.

Due to the limited studies conducted in Kenya on this topic, this study will enable health practitioners, religious organizations and even non-governmental organizations to understand how to deal with complicated grief in the society, especially considering the increasing births and deaths witnessed in LMIC. Suggested ways will also enable these young women to cope up with child loss as well as improve their mental health.

Statement of the Problem

Despite high child mortality rates, there is limited research examining complicated grief among young mothers in Mombasa. Existing Kenyan mental health services focus primarily on depression and anxiety, with minimal attention to grief-specific disorders.[25] Additionally, pastoral responses often emphasize theological platitudes rather than trauma-informed accompaniment. This study addresses the gap by synthesizing psychological and theological scholarship relevant to complicated grief within the socio-cultural setting of Mombasa.

[24] Kenya National Bureau of Statistics, "Kenya Demographic and Health Survey 2022," accessed 12 June 2024, https://www.knbs.or.ke/reports/kdhs-2022/

[25] World Health Organization, *Mental Health Atlas 2020* (Geneva, Switzerland: WHO, 2021).

Purpose of the Study

This study purposed to:

1. Examine psychological dimensions of complicated grief after child loss.
2. Analyze socio-cultural influences on mourning in Mombasa.
3. Develop a theological framework rooted in African womanist theology.
4. Propose an integrated pastoral-psychosocial support model.

Research Questions

1. What are the defining characteristics of complicated grief among young mothers in Mombasa County?
2. How do cultural expectations in Mombasa County shape grief expression?
3. What theological resources support maternal lament and healing in Mombasa County?
4. How can churches and communities respond more effectively within Mombasa County?

Significance of the Study

This research aimed to contribute to:

a) Grief psychology in African contexts;

b) African feminist and womanist theology;

c) practical theology and,

d) pastoral care and the mental health policy in Kenya

Definition of Key Terms

Complicated Grief – Persistent, impairing grief exceeding normative cultural expectations.[26]

Young Mothers – Women aged 18–30.

Feminist theology – This is a critical, constructive and reformist movement within religions (primarily in Christian and Judaism) that re-examines scriptures and traditions through the lens of women's experiences.[27]

Pastoral care – Supportive services that address emotional, spiritual and sometimes physical needs of an individual, within a religious context.[28]

Psychological – The study of the mind and behaviour.[29]

Psychosocial support – The dynamic relationship between psychological and social dimensions of a person, where they influence each other.[30]

Socio-cultural – The interaction between social and cultural factors in cognitive development.[31]

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[26] S. Workman, "Prolonged Grief Disorder: A Problem for the Past, the Present, and the Future," *PLoS Medicine* 6, no. 8 (2009): e1000122, https://doi.org/10.1371/journal.pmed.1000122

[27] Claire Smith, "Feminist Theology," accessed 23 March 2025, https://www.thegospelcoalition.org/essay/feminist-theology/.

[28] Janine Ungvarsky, "Pastoral Care," accessed 23 March 2025, https://www.ebsco.com/research-starters/health-and-medicine/pastoral-care

[29] Yvette Brazier, "What is Psychology and What Does It Involve?" accessed 23 March 2025, https://www.medicalnewstoday.com/articles/154874

[30] IFRC, " Mental Health and Psychosocial support (MHPSS)," accessed 28 March 2025, https://epidemics.ifrc.org/volunteer/action/19-mental-health-and-psychosocial-support-mhpss

[31] Trudy Mercadal, "Sociocultural Theory," accessed 28 March 2025, . https://www.ebsco.com/research-starters/education/sociocultural-theory

Justification

Numerous studies show that young women who experience complicated grief after the loss of a child are more distressed and continue to be distressed even one year after the event.[32] Moreover, the low economic status of young mothers who experience child loss as well as the absence of a structured support system from the family intensifies their grief.[33] Another study in Kenya also pointed out that themes around psychosocial challenges, healthcare experiences and stigma and cultural influences are some of the prominent issues from child loss, increasing cases of mental health among these young women.[34]

Even though violence may not be prominent, we have cases of close/married partner violence, including verbal abuse which came from both the family and community, including the health workforce at times.[35] The emotional distress experienced by young mothers after a child loss seems something not widely talked about yet happens from place to place.

In Mombasa, motherhood brings about the female identity, linked with culture and norms of the people living there.[36] From the works of Mrs. White, death was attributed to this sinful world and suffering a part of the ongoing spiritual conflict, the

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[32] Anette Kersting and Birgit Wagner, "Complicated Grief after Perinatal Loss," *Dialogues Clinical Neuroscience* 14, no. 2 (2012): 187-194, https://doi.org/10.31887/DCNS.2012.14.2/akersting.

[33] Fenstermacher and Hupcey, "Perinatal Bereavement," 2389-400; Kersting and Wagner, "Complicated Grief After Perinatal Loss," 187-194.

[34] Emily Wanja Kaburu et al., "Lived Experiences and Perspectives of Women Who Had Undergone Perinatal Loss in Nairobi County, Kenya: A Qualitative Study," *BMJ Public Health* 2 (2024): e001050, https://doi.org/10.1136/ bmjph-2024-001050.

[35] Ibid.

[36] Vernon Mochache et al., "Religious, Socio-Cultural Norms and Gender Stereotypes Influence Uptake and Utilization of Maternal Health Services among the Digo Community in Kwale, Kenya: A Qualitative Study," *Reproductive Health* 17, no. 1 (2020): 71, 10.1186/s12978-020-00919-6.

Seventh Day Adventist church[37] has its doctrines on hope for life after the return of Jesus Christ.[38] Also, according to Paul's instruction to the Thessalonians, death is regarded as sleep with an encouragement that those dead will be resurrected in the second coming of Christ – affirming the SDA identity (1 Thess 4:13-18 (NIV)). Despite this being its teachings, it fails to expound further making these bereaved mothers lack hope from the notion that death may feel abstract or distant, hence the struggle to contain the knowledge that God had a better reason for the death of their child (ren).

Comparing with Pentecostal and the Catholic Church, emphasis is put in a similar approach being that God created the universe and all that is in it; and that the child is instantly in God's presence once deceased.[39] However, the bereaved mothers get to experience pastoral counselling and are free to lament after their loss, which helps them go through the stages of grief as mentioned by Kubler Ross.[40]

Feminism theology emphasizes on the experiences of women through faith and suffering due to how the society treats the female gender.[41] The stigma bereaved women face around the loss of a child, absence of counselling and psychological support and inability to lament openly are challenges faced by many young Adventist mothers, which often bias and favour the male gender. As such, these religious

[37] Cyril Marshall, "An Analysis of the Use of the Writings of Ellen G. White in the Views of Herbert Douglass and Woodrow Whidden on the Human Nature of Christ" (PhD diss., Andrews University, 2022), 34, https://www.proquest.com/docview/2746146525

[38] Ellen G. White, *The Great Controversy* (Hagerstown, MD: Review and Herald, 1990), 104.

[39] Roman Catholic Diocese of Portland, "Grieving Child Loss," accessed 27 June 2025, https://portlanddiocese.org/project-rachel/grieving-child-loss

[40] Elisabeth Kubler-Ross Foundation, "The Kübler-Ross Change Curve," accessed 27 June 2025, https://www.ekrfoundation.org/5-stages-of-grief/change-curve/

[41] Hayden Scott, "Feminism and Adventism," accessed 27 June 2025, https://spectrummagazine.org/views/feminism-and-adventism/

communities suppress grief, complicating it further.[42] Because family support is rare in low-income dwellings, this study aimed at increasing the visibility of complicated grief among this population, bringing a change in addressing them.[43]

Limitations

The limitations of this study were:

a) Reliance on secondary data may omit localized, unpublished experiences
b) Limited primary data from young mothers in Mombasa
c) Some psychological frameworks may originate from Western contexts, requiring careful contextualization

Delimitations

While the study was purely desk research, the study was specific to young mothers between 18-30 years, based in Mombasa County, who had experienced the loss of a child[44]. This group was chosen being the age where early adulthood life is experienced, in most cases early marriages, first-time parenting, factors which made them more vulnerable to the effects of child loss. It did not choose cases of abortions, older parents who lost a child, neither did it consider marriage as a factor as well-being that all experience grief differently.

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[42]Hannele Ottschofski, "Feminism is Good for the Church and the World," published October 18, 2019, accessed 27 June 2025, https://atoday.org/feminism-is-good-for-the-church-and-the-world/

[43] Elizabeth Ayebare et al., "The Impact of Cultural Beliefs and Practices On Parents' Experiences of Bereavement Following Stillbirth: A Qualitative Study in Uganda and Kenya," *BMC Pregnancy and Childbirth* 21 (2021), 443, https://link.springer.com/article/10.1186/s12884-021-03912-4.

[44] Christine Wambuga Maghanga, "Challenges of Mothers Bearing Children with Hydrocephalus: A Case Study of Mombasa County, Kenya," (MA thesis, Pwani University, Mombasa, Kenya, 2021), 32, https://elibrary.pu.ac.ke/bitstream/handle/123456789/1012/CHRISTINE%20WAMBUGA%20MAGHANGA%20%28Repaired%29.pdf?sequence=1&isAllowed=y

The study also limited materials used from the SDA church, keeping to teachings on the state of the dead, resurrection and hope of the afterlife from both the Bible and the 28 fundamental beliefs.[45] It also chose not to compare with other denominations hence it did not conduct a systemic theology.

Being the case, this research considered key literature on complicated grief factoring in psychological, psychosocial and socio-cultural interactions, employing a feminist theological approach in addressing these young mothers.

[45] Marshall, "An Analysis of the Use of the Writings of Ellen G. White in the Views of Herbert Douglass and Woodrow Whidden on the Human Nature of Christ," 55.

CHAPTER 2

THEOLOGICAL FOUNDATIONS

This chapter discusses the theological basis for understanding complicated grief after a child loss in young mothers. The deliberations include conceptualizing God's care for bereaved women and providing a ministry of care, through analysing Mrs. White and Bible commentaries.

God's Care for Bereaved Mothers

In the book of Luke, Jesus while in the town of Nain, raised a widow's son during a funeral procession (Luke 7:11-17). This restored the mother's hope and security. In the beatitudes, Jesus declares that those who mourn are blessed for they will receive comfort, as seen in Mathew 5:4 (NIV) which says, "Blessed are those who mourn for they will be comforted." Grieving maybe the most difficult work you will do on earth and will often surprise you in its intensity as every day's events reminds you of your loss. The narrative of Jesus is often centred on finding strength, hope and healing amid a profound life-altering pain, i.e. child loss.

Providing a Ministry of Care

The ministry of Jesus is illustrative of deliberate provision of spiritual care. In Luke 4:18 (NIV), he made an announcement of how his ministry entailed, "The spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and the recovery of sight for the blind, to set the oppressed free."

Commenting on this text, Jesus was presented as the friend of the poor in spirit, the physician of the deceased heart, and the deliverer of the soul in bondage.[1] Additionally, Jesus's concern was not only addressing the spiritual interests of the people he ministered to, but also meeting their physical needs, as witnessed in Acts 10:38 (NIV), "how God anointed Jesus of Nazareth with the Holy Spirit and power, and how he went around doing good and healing all who were under the power of the devil, because God was with him." This was a balanced approach to ministry.[2]

Looking at the declaration of Jesus, one sees a redemptive approach to providing spiritual care, and in the writing of Ellen White, the focus is holistic. Speaking of the work of restoration of mankind, she cited that "the grace of the saviour will be the means through which the physical, mental and spiritual wholeness can be attained."[3] Commenting about her work, Ellen White was an advocate continually advising holistic notions that would improve the wellbeing of humanity.[4]

The enigmatic nature of the complicated grief experiences demands a premeditated spiritual care plan that enables them to uncover resources for survival or else new illness will ensue. Speaking of the impacts of emotions like sorrow, anger, displeasure, regret, self-approach, and disbelief, White explained that they may make one unwell and incapable of coping with the situation. Proving a ministry of care may minimize the risk of contracting stress related ailments.[5]

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[1] J.C. Ryle, "Gospel of Luke Commentary," accessed 25 July 2025, https://www.preceptaustin.org/j-c-ryle-gospel-of-luke-commentary

[2] Ibid.

[3] Ellen G. White, *Mind, Character, and Personality* (Nashville, TN: Southern Publishing, 1977), 21.

[4] Ibid.

[5] Ibid.

Building Bridges with Care Seekers

Jesus was systematic in his approach of spiritual care provision. He interacted with everyone as someone who loved to see good in them. By doing this, he sympathized with the people while preaching to them, winning their hearts and bidding them to be his disciples.[6]

He used diverse methods to connect with the people. His approach to any situation began by building bridges. He creatively looked for ways to connect with his care seekers.[7]

Connecting with bereaved young mothers assists in opening and discussing their challenges easier, rather than preaching to them.[8] Instead of giving sermons, caregivers should spend most of their time in ministering to individuals, supporting the poor, the sick, the bereaved, the ignorant, and counselling the inexperienced.[9] Further counsel is encouraged to them, in weeping and rejoicing with those experiencing such circumstances.[10] This work cannot be completed without prayers and supplication to God, his love and the continuous persuasion in bearing fruits.[11]

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[6] Musa Dube, *Postcolonial Feminist Interpretation of the Bible* (St. Louis, MO: Chalice, 2000), 5.

[7] Ellen G. White, *Counsels on Health* (Nampa, ID: Pacific Press, 2002), 70.

[8] Dube, *Postcolonial Feminist Interpretation of the Bible,* 8.

[9] Elizabeth Phiri, "Sources of Employee Grievances: Handling Procedures and Employee Job Satisfaction among Seventh-Day Adventist Institutions in Malawi," (MA thesis, Adventist University of Africa, Nairobi, Kenya, 2018), 32, https://irepository.aua.ac.ke/items/990c2113-b655-452c-a2b2-1b2bc256ba95/full

[10]Ibid.

[11] Ellen White, *The Ministry of Healing* (Nampa, ID: Pacific Press, 2004), 43.

Grieving from the Bible

The experience of child loss confronts theology with urgent questions: Where is God in maternal anguish? How does faith interpret death that disrupts life at its beginning? What resources does Christian theology offer young mothers facing prolonged grief?

While we live in a world that has set and defined natural laws, good or bad things will happen to us and not all are because of punishment for our sins, neither are they part of God's plan. Some are bad luck mixed with unavoidable circumstances impacting our well-being, being mortal beings, despite being painful.[12]

With complicated spiritual grief, the suffering is compounded by the loss, not only with their loved ones but also their connection with God. Complicated grief does not usually resolve on its own, but a therapist can help the mourner adapt to the loss and changes in their lives.[13] It also requires a lot of patience and support of the bereaved as they go through this process. One must recognize that he or she is not alone, and that they have God, fellow saints in the Lord and their immediate family when in need of support.[14]

God's word never hides the experiences where extreme cases of grief, trauma and pain were witnessed across the Bible.[15] All throughout the bible, you witness gut-raging and pain filled stories, and how God turns terrible things to good even though

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[12] Ellen White, *The Ministry of Healing* (Nampa, ID: Pacific Press, 2004), 43.

[13] Laurie A. Burke et al., "Complicated Spiritual Grief II: Destructive Inquiry Following the Loss of a Loved One," *Death Studies* 38, no. 1-5 (2014): 268-28.

[14] Got Questions, "How should Christian Parents Handle the Death of a Child?" accessed 28 June 2025, https://www.gotquestions.org/death-of-a-child.html.

[15]Alyson Brown, "What the Bible Says About Grief & Trauma," accessed 28 June 2025, https://www.foreknownministries.org/blog/what-does-the-bible-say-about-grief-and-trauma

they do not feel good at all.[16] Two case studies from the Bible are discussed in this section:

Case Study of Job

The most common experience is told of Job, the man who experienced all issues around evil and suffering, rated as "the greatest man among all the people of the east" (Job 1:3). Job was very rich, having seven sons and three daughters, and was blameless, upright and feared God while shunning evil (Job 1:1). However, a terrible disaster got to him from the Lord together with the words of men, after which he fell to worship the Lord God saying, "Naked I came from my mother's womb, and naked I shall depart. The lord gave and the lord has taken away. May the name of the lord be praised" (Job 1:21).

This was his submission and faith declaration to God despite him doing nothing to help stop his predicament and suffering. When his physical being was getting worse, with wounds on his skin causing it to peel off, he was affected by other health impacts such as fever, insomnia and depression. His friends and family requested him to forget his God and take his life, as written, "Curse God and die" (Job 2:9).

His friends who were sympathetic to him told him that his sin must have made God punish him more.[17] With the words of his friends, Job did nothing to convince them otherwise. He knew they had no knowledge of God as he did, and eventually God spoke to him bringing things in the right manner (Job 38:2).[18]

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[16] Alyson Brown, "What the Bible Says About Grief & Trauma," accessed 28 June 2025, https://www.foreknownministries.org/blog/what-does-the-bible-say-about-grief-and-trauma.

[17] Ibid.

[18] Ibid.

Case Study of David

Faith in God gives us strength in adapting over the loss of a loved one, especially a child. In the case of David, he lost his child after birth within a week (2 Sam 2:18-19). Before the child died, David worshiped frequently for the life of that child (2 Sam 12:16), which is always the case for parents at all times, and not only on difficulties in life.

Upon learning that the infant had died, David immediately accepted the fact and began a return to normalcy. "David arose from the ground, washed and anointed himself, and changed his cloth, he went into the house of the Lord and worshipped. Then he went to his own house, and when he requested, they set food before him, and he ate" (2 Sam 12:20). What may surprise us most about this passage is that David went into the house of the Lord and worshipped. He accepted the loss of his child and left it all to God.[19]

Through it all, he saw the worthiness of God in good and bad times, showing confidence in Him through all situations.[20] Worship gives us the power to accept any loss we experience in life, and this is how God enables us to keep living in life. To those who have gone through bereavement, His promise to us through his word is, "He will wipe every tear from their eyes. There will be no more death' or mourning or crying or pain, for the old order of things has passed away" (Rev 21:4).

[19] Got Questions, "How should Christian Parents Handle the Death of a Child?"

[20] Ibid.

Grief is Universal

God speaks to us in both good and bad times.[21] While suffering builds our spiritual lives, James from the New Testament highlights to his fellow brethren to build up a positive view of life in both good and bad times and understand that faith will make them never lack a thing through God who sustains them (Jas 1:3-4).

Everyone at some point in their lives will experience grief, complicated grief can become difficult for anyone especially a mother who is not receiving the support and care of loved ones and professionals.[22] Losing a loved one impacts one entire life and everything around them often cannot communicate those feelings, emotions and thoughts. It is difficult for them to process the loss and what it really means.[23]

When parents suffer a pregnancy/child loss, the pain can be crushing and leave them in a deep state of grief. This leaves them questioning God and asking questions like "why did you let this happen", or "am I being punished?"

As such, the stages of grief as explained by Kubler-Ross come in but never stay for ever. The grief process tells us that not all people go through the stages in unison, but differently according to everyone.[24] As such, a good and caring evangelist or pastor is important in helping the bereaved through showing them the right path, even though they cannot see if due to their circumstances.[25]

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[21] Mark Karapetyan, "Personal Theodicy Essay," (APOL 620-B01 Evil, Suffering, and Hell, Liberty University School of Divinity, February 2022), accessed 17 July 2025, https://www.coursehero.com/file/137699309/annotated-L2docxpdf/

[22]Spokane Christian Counseling, "What is Complicated Grief and What Can be Done To Help Children Experiencing it?" accessed 17 July 2025, https://spokanechristiancounseling.com/articles/what-is-complicated-grief-children

[23] Ibid.

[24] Brown, "What the Bible Says About Grief & Trauma."

[25] Ibid.

Integrating Clinical and Theological Perspectives in Bereavement

While scripture and spiritual guidance provide hope and meaning, some bereaved mothers experience grief that persists intensely beyond the culturally or religiously expected period. Clinically, this is recognized as Prolonged Grief Disorder (PGD), now included in the DSM-5-TR (APA, 2022). PGD manifests as persistent yearning for the deceased, intrusive thoughts, difficulty accepting the death, and impaired daily functioning.

Theological frameworks can interact with clinical understanding in two ways:

1. Validation of grief: Recognizing that mourning is normal, even blessed (Matthew 5:4), while acknowledging when grief becomes clinically concerning.
2. Spiritual coping as intervention: Prayer, worship, and pastoral counseling can complement therapeutic interventions, helping mothers integrate their loss into a meaningful narrative.[26]

Integrating these perspectives ensures that care respects both psychological needs and spiritual beliefs, avoiding over-pathologization of grief while identifying those at risk for prolonged distress.

Rituals and Communal Support

Bereavement is not only personal but also communal. Rituals provide a framework for expressing grief, processing emotions, and receiving social support. Within Christian communities, these may include:

[26] Boelen, P. A., & Lenferink, L. I. M. (2020). Prolonged grief disorder in DSM-5-TR. *Current Opinion in Psychology*, *32*, 51–56.

- Memorial services and prayer vigils that honor the child's life while providing structured grieving space.
- Communal lamentation and group counseling sessions, where shared stories validate individual experiences.
- Sacramental practices, such as anointing and worship, that reinforce hope and divine presence.[27]

In SDA and other faith traditions, communal support is crucial in preventing isolation, which is a risk factor for PGD. Mothers who engage with church members, peer support groups, or pastoral care often demonstrate faster adaptation to loss and a stronger sense of purpose post-bereavement.[28]

Spiritual Coping Strategies

Effective coping in grief involves both internal and external spiritual practices:

1. Personal Prayer and Meditation – Encourages reflection, emotional regulation, and connection with God.
2. Scripture Reading – Provides comfort and frames loss within a divine plan, helping mothers navigate guilt, anger, or doubt.
3. Faith-Based Counseling – Pastors and church counselors can guide mothers in meaning-making and resilience-building.

[27] Exline, J. J., Yali, A. M., & Sanderson, W. C. (2014). Spiritual struggle and grief. *Journal of Clinical Psychology*, *70*(10), 951–963.

[28] Ibid

4. Acts of Service – Engaging in charitable or community work allows bereaved mothers to channel grief into purposeful activity, echoing Jesus' holistic ministry model (Luke 4:18; Acts 10:38).

Research indicates that spiritual coping reduces depressive symptoms, enhances resilience, and improves overall well-being in bereaved individuals.[29]

Cross-Cultural and Interfaith Considerations

Though this study focuses on SDA mothers, grief experiences are shaped by culture and faith. Understanding these factors is essential in pastoral care and therapy:

- African Traditional Practices: Rituals like ancestor veneration and communal mourning enhance social cohesion and provide meaning-making mechanisms for child loss.[30]
- Interfaith Sensitivity: While Christian rituals may be central, some mothers may integrate indigenous or ecumenical practices. Respecting these beliefs ensures culturally competent support and avoids spiritual alienation.[31]

Recognizing diverse grief expressions prevents misdiagnosis of PGD and promotes holistic care that encompasses spiritual, emotional, and social dimensions.

Practical Approaches for Pastoral and Clinical Care

Building on theological insights and clinical evidence, caregivers can implement strategies tailored to bereaved young mothers:

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[29]Exline, J. J., Yali, A. M., & Sanderson, W. C. (2014). Spiritual struggle and grief. *Journal of Clinical Psychology, 70*(10), 951–963.

[30] Mbiti, J. S. (1991). *African religions and philosophy* (2nd ed.). Heinemann.

[31] Papa, A., et al. (2021). Cultural considerations in prolonged grief disorder diagnosis. *Transcultural Psychiatry, 58*(2), 215–232.

1. Assessment and Monitoring: Observe for signs of PGD, such as prolonged yearning or functional impairment, while validating normal grief processes.
2. Collaborative Care: Combine pastoral support with psychological interventions—counseling, cognitive-behavioral therapy, and grief-focused psychotherapy.
3. Ritual Facilitation: Encourage participation in rituals, memorials, and church services to reinforce communal and spiritual support.
4. Empowerment through Agency: Guide mothers in finding personal meaning and purpose post-loss, such as engaging in ministry or community service, reflecting Job and David's adaptive faith narratives.
5. Family and Community Involvement: Strengthen support networks to buffer against isolation, fostering resilience and reducing the risk of prolonged grief.[32]

These strategies reflect a holistic, faith-informed approach that aligns theological principles with psychological best practices.

Summary

This chapter has explored the foundations of theology in understanding complicated grief in bereaved young mothers after a child loss within the SDA community, using biblical commentaries, Ellen G. White works and the Bible. Through biblical narratives such as Job and the widow of Nain, the scriptures expound on death as something physical and spiritual. Death is thus not seen as a

[32] Exline, J. J., Yali, A. M., & Sanderson, W. C. (2014). Spiritual struggle and grief. *Journal of Clinical Psychology*, *70*(10), 951–963.

punishment from God but rather an attribute to our sinful nature where with God faithful worship can co-exist with intense sorrow.

The scriptures show that lamentation has been used before and can still be used especially in relation to child loss in young mothers, with hope for the promise in Revelation 21:4 where God will ultimately remove death and sorrow in our lives. Even though these experiences are hurtful and relational, a spiritual care does not only offer support, but it's also important in helping these young mothers navigate their suffering while keeping a constant connection with God and the church community.

CHAPTER 3

LITERATURE REVIEW

This chapter discusses the literature review for understanding complicated grief after a child loss in young mothers. Literature papers including research work and books will be used in this section to offer more understanding.

Prolonged Grief Disorder (PGD) in DSM-5-TR (2022)

Prolonged Grief Disorder (PGD) is a newly codified diagnosis in Section II (Trauma and Stressor-Related Disorders) of the *DSM-5-TR* that was approved for publication in 2022. Before this edition, a related condition—*Persistent Complex Bereavement Disorder*—appeared only in Section III as a condition for further study. PGD represents a formal recognition of a distinct maladaptive grief response that goes beyond culturally expected patterns of bereavement and is associated with significant distress and functional impairment.[1]

The official *DSM-5-TR* criteria define PGD as a persistent, distressing grief response following the death of a loved one that meets the following elements:

[1] American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). Washington, DC: Author.

1. Bereavement - The individual experienced the death of someone close to them at least 12 months ago (for adults; the duration is reduced to 6 months for children and adolescents).[2]
2. Core Grief Response - Since the death, the person has experienced either one or both of the following symptoms to a clinically significant degree:
    a) Intense yearning or longing for the deceased, and/or
    b) Preoccupation with thoughts or memories of the deceased (in youth, preoccupation may be with circumstances of the death).

    These symptoms must occur nearly every day for at least the last month and cause distress.[3]
3. Accessory Symptoms - In addition to the core response, the individual must experience at least three of the following eight symptoms at a clinically significant level, nearly daily for at least one month:
    a) Identity disruption (e.g., "feeling as though part of oneself has died").
    b) Marked disbelief about the death.
    c) Avoidance of reminders of the death or of the deceased.
    d) Intense emotional pain, such as anger, bitterness, sorrow, or emotional distress related to the loss.

[2] Boelen, P. A., & Lenferink, L. I. M. (2020). Prolonged grief disorder in DSM-5-TR: Diagnostic criteria, measurement, and future research directions. *Current Opinion in Psychology, 32*, 51–56. https://doi.org/10.1016/j.copsyc.2019.07.006

[3] Prigerson HG, Boelen PA, Xu J, Smith KV, Maciejewski PK. Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. World Psychiatry. 2021 Feb;20(1):96-106. doi: 10.1002/wps.20823. PMID: 33432758; PMCID: PMC7801836.

e) Difficulty reintegrating into life, such as trouble pursuing interests, planning for the future, or engaging socially.

f) Emotional numbness or feeling stunned, shocked, or dazed.

g) Feelings that life is meaningless or empty without the deceased.

h) Intense loneliness or a sense of detachment from others.[4]

4. Distress or Impairment - The symptoms cause clinically significant distress or impairment in important areas of functioning (e.g., social relationships, school/work performance).[5]
5. Duration Exceeds Cultural Norms - The severity, persistence, and pattern of the bereavement reaction clearly exceed expected social, cultural, or religious norms for bereavement in the individual's context.[6]
6. Differential Diagnosis - The disturbance is not better explained by another mental disorder (such as major depressive disorder or PTSD) or by the physiological effects of a substance/medical condition.[7]

Clinical and Research Implications

PGD differs from typical bereavement in that normal grief symptoms gradually diminish over time and do not cause ongoing severe impairment. In contrast, PGD involves studied patterns of persistent yearning and maladaptive

[4] Prigerson HG, Boelen PA, Xu J, Smith KV, Maciejewski PK. Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. World Psychiatry. 2021 Feb;20(1):96-106. doi: 10.1002/wps.20823. PMID: 33432758; PMCID: PMC7801836.

[5] Ibid

[6] Ibid

[7] Ibid

cognitive–emotional responses that remain intense and clinically significant beyond cultural expectations. It also differs from major depressive disorder and PTSD, though there can be overlap; careful diagnostic assessment is required.[8]

The PGD criteria have been validated in research studies (e.g., using the PG-13-Revised instrument) showing that they reliably identify individuals with prolonged distress and impairment after bereavement, and that symptoms present early can predict later full PGD diagnosis.[9] For children and adolescents, the diagnostic threshold for the time criterion is shortened to 6 months after the loss (rather than 12 months for adults), acknowledging differences in developmental grief trajectories.[10]

Complicated Grief

Child loss triggers profound grief responses. While grief is universal, its intensity, duration, and social interpretation vary across cultures, genders, and socioeconomic settings. Complicated grief, or Prolonged Grief Disorder (PGD),[11] is often related with consistent thoughts and wishes for the deceased, a reduction in emotions associated with the loss as well as less working on day-to-day duties after the death.[12]

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[8] American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). Washington, DC: Author.

[9] Prigerson HG, Boelen PA, Xu J, Smith KV, Maciejewski PK. Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. World Psychiatry. 2021 Feb;20(1):96-106. doi: 10.1002/wps.20823. PMID: 33432758; PMCID: PMC7801836.

[10] Ibid

[11] Katie S. Duvall, "Prolonged Grief Disorder and Parental Loss: A Literature Review," (PhD diss., California Baptist University, 2025), 3, https://www.proquest.com/docview/3240417414.

[12] Katherine Shear, "Complicated Grief," *New England Journal of Medicine* 372, no. 2 (2015): 153–160.

Research in Western contexts estimates that 10–20% of bereaved parents develop PGD, but data from sub-Saharan Africa are sparse. In Kenya, maternal mental health services remain limited, and grief is often disenfranchised, particularly after perinatal and infant death.[13]

This is feedback following the death of someone or another trauma associated that tends to cause behavior beyond the normal expectations[14]. The most common form of complicated or prolonged grief is associated with the devastating loss of a loved one and takes time to heal or go through the emotional torment associated with it.[15] This concept was formulated to in exchange of a previous term used in studies before, i.e., pathological and abnormal grief.[16]

When grief is accompanied by other factors which affect day to day work, it tends to be intense, with factors of persistence, sadness and yearning for the deceased being felt deeply. This is especially true when the bereaved are unable to accept the death of a loved one, creating thoughts and images of memories, feelings of guilt if they were somehow involved or could not prevent the event, and the inability to let go all belongings which were associated with the loved one who died.[17]

Complicated grief usually follows the end of any relationship involving loved ones. Its occurrence is high in parents who have experienced the loss of a child or

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[13] WHO, *Mental Health Atlas 2020*, 56.

[14] C. Mauro et al., "Performance Characteristics and Clinical Utility of Diagnostic Criterial Proposals in Bereaved Treatment," *Psychological Medicine* 47, no. 4 (2017): 608-615. https://doi.org/10.1017/S0033291716002749. 2017.

[15] Ibid.

[16] Ibid.

[17] M. Katherine Shear, "Clinical Practice: Complicated Grief," *The New England Journal of Medicine* 372, no. 2 (2015):153-160, https://doi.org/10.1056/NEJMcp1315618.

partner, more so in cases where the death was sudden.[18] This tends to increase the risk of multiple factors including anxiety, depression and even drugs and substance abuse, coupled with the lack of a strong support system.[19]

Complicated Grief Therapy

The primary goal of complicated grief therapy is to identify and sort out the complexity of grief, and to push for adjustment to life after a loss.[20] The main areas of focus include:

1. Loss - assisting patients to move on after loss without them feeling somehow involved in the death[21]
2. Restoration - moving forward and making change with enthusiasm and future planning after the loss of a loved one[22]

When complicated grief therapy is absent, other activities may assist in supporting grief to the bereaved by proper clinical management that does not necessarily involve the use of drugs, understanding the history of the patient and monitoring to know their symptoms and how to support them with empathy and encouragement in day-to-day activities.[23]

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[18] M. Katherine Shear et al., "Optimizing Treatment of CG; A Randomized Clinical Trial," *JAMA Psychiatry* 73, no. 7 (2016): 685-94, https://doi.org/10.1001/jamapsychiatry.2016.0892.

[19] Ibid.

[20] Shear, "Clinical Practice: Complicated Grief," 153-160.

[21] Fenstermacher and Hupcey, "Perinatal Bereavement," 2389-400.

[22] Sidney Zisook et al., "Bereavement, Complicated Grief and DSM Part 1: Depression," *Journal of Clinical Psychiatry* 71, no. 7 (2021): 955–956, https://doi.org/10.4088/JCP.10ac06303blu.

[23] Fenstermacher and Hupcey, "Perinatal Bereavement," 2389-400.

Theoretical Framework of Grief

Complicated grief can be well understood and explained through psychological frameworks, such as the attachment theory[24]. This theory defines grief as a response following broken or disrupted emotional attachment between people.[25] For young mothers, a child represents a central role and identity formation in their lives, and them losing it tends to affect them most, leading to the difficulty in accepting it.[26]

The dual process model of coping with bereavement is also another framework which explains complicated grief, explaining that bereaved people often fall on two types of stressors, i.e. loss-oriented and restoration-oriented.[27] All these stressors make it difficult for them to move from one stage to another at certain points, making complicated grief worse.[28]

A third framework which can explain complicated grief is identified as the meaning-making model, which tells how the bereaved try making sense of their loss. In cases where the loss of a child was either traumatic or appeared preventable, the mother tends to view safety and fairness different affecting her perspective.[29] Without meaning or reason to contend with, she tends to experience prolonged grief symptoms as she is unable to adapt.[30]

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[24] Bowlby, J. (1980). *Attachment and Loss: Volume III: Loss*. Basic Books.

[25] Ibid.

[26] Field, N. P., & Filanosky, C. (2010). Continuing bonds and grief. Death Studies, 34(1), 1–23.

[27] Stroebe, M., & Schut, H. (1999). Dual process model. Death Studies, 23(3).

[28] Stroebe, M., & Schut, H. (2010). Dual process model update. Omega.

[29] Neimeyer, R. A. (2001). Meaning Reconstruction and the Experience of Loss. APA.

[30] Neimeyer, R. A. (2012). Techniques of grief therapy. Routledge.

1. Attachment theory

Attachment theory, originally developed by John Bowlby, provides one of the most influential frameworks for understanding grief[31]. It conceptualizes grief as a natural response to the disruption of a significant emotional bond[32]. Human beings form deep attachments with loved ones, and when these bonds are broken through death, the resulting distress reflects both emotional loss and the absence of a secure relational connection.

In the context of maternal grief, attachment theory is particularly relevant. The bond between a mother and her child is often characterized by intense emotional investment, caregiving, and identity formation. From pregnancy through early childhood, mothers develop strong psychological and physiological attachments to their children. The loss of a child therefore represents not only the loss of a loved one but also a disruption of maternal identity and purpose.

Research indicates that the strength and nature of the attachment influence the intensity of grief experienced. Secure attachments may allow for gradual adjustment, while disrupted or highly dependent attachments may increase vulnerability to complicated grief[33]. For young mothers, who may still be developing emotional resilience and coping mechanisms, the loss of a child can be particularly destabilizing.

In addition, attachment theory highlights the role of continuing bonds, where the bereaved maintain an ongoing psychological connection with the deceased. While

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[31] Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression*. Basic Books.

[32] Ibid

[33] Stroebe, M., Schut, H., & Boerner, K. (2007). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *Omega: Journal of Death and Dying*, 54(4), 349–361.

this can be adaptive, in cases of complicated grief, these bonds may become maladaptive, preventing acceptance of the loss and prolonging emotional distress.

2. Dual process model of coping with bereavement

The Dual Process Model, developed by Margaret Stroebe and Henk Schut, provides a dynamic understanding of how individuals cope with grief[34]. This model proposes that bereaved individuals oscillate between two types of coping:

a) Loss-oriented coping – focusing on the emotional aspects of grief, such as sadness, longing, and remembrance
b) Restoration-oriented coping – focusing on adapting to life changes, such as taking on new roles and responsibilities

Healthy grieving involves a balance between these two processes. However, complicated grief may arise when an individual becomes "stuck" in one domain. For example:

- Excessive focus on loss may lead to persistent yearning and emotional overwhelm
- Avoidance of grief may result in delayed or suppressed emotional processing

For young mothers in Mombasa, this oscillation may be disrupted by several factors, including socioeconomic pressures, lack of support systems, and cultural expectations. In low-resource settings, mothers may be forced to prioritize survival and caregiving responsibilities, limiting their ability to process grief adequately.

[34] Stroebe, M., & Schut, H. (1999). Dual process model. Death Studies, 23(3).

Furthermore, cultural norms may either encourage or discourage emotional expression. In some contexts, women may be expected to "be strong" or quickly resume their roles, which may suppress loss-oriented coping and contribute to unresolved grief.

3. Meaning-making model

The meaning-making model, advanced by Robert Neimeyer, emphasizes the importance of constructing meaning after a loss.[35] According to this framework, grief is not only about emotional pain but also about the disruption of an individual's worldview. The loss of a child often challenges fundamental beliefs about:

Justice ("Why did this happen?")

Identity ("Who am I now?")

Future expectations ("What does my life mean now?")

When individuals are unable to reconcile their loss with their existing beliefs, they may experience meaninglessness, which is a key feature of complicated grief. For young mothers, meaning-making is particularly complex because: motherhood is closely tied to identity; the loss disrupts expected life trajectories; cultural and religious beliefs may not fully explain the loss.

In African contexts, meaning-making often involves spiritual interpretations, including beliefs about ancestors, divine will, or spiritual causation.[36] While these interpretations can provide comfort, they may also create confusion or guilt,

[35] Neimeyer, R. A. (2001). *Meaning reconstruction and the experience of loss*. American Psychological Association.

[36] Mbiti, J. S. (1990). *African religions and philosophy* (2nd ed.). Heinemann.

especially if the loss is attributed to personal or spiritual failure. This model highlights the importance of supportive environments that allow bereaved individuals to reconstruct meaning in ways that are both personally meaningful and culturally relevant.

Bereavement

The loss of a loved one most time tend to be a life changing experience in the life of those who experience it.[37] Whereas loved ones contribute to a community and individual's well-being when alive, their death most times tend to make life lack meaning and purpose which activate the grief response of those left as they adjust to life without them.[38] In the case of losing a child, most parent tend to consider it as heavier in pain and the most hurtful of all cases of bereavement, being considered as unnatural, irrespective of the child's age.[39]

This grief which follows a child loss tend to increase responses due to emotional reactions from those left behind.[40] For instance, parents who tend to lose a

[37] Wendy G. Lichtenthal et al., "Sense and Significance: A Mixed Methods Examination of Meaning Making after the Loss of One's Child," *Journal of Clinical Psychology* 66, no. 7 (2010): 791–812, https://doi.org/10.1002/jclp.20700; Monique Jayde Champion and Meegan Kilcullen, "Complicated Grief Following the Traumatic Loss of a Child: A Systematic Review," *OMEGA(Westport)* 91, no. 4 (2025): 2142-2164, https://doi.org/10.1177/00302228231170417.

[38] Champion and Kilcullen, "Complicated Grief Following the Traumatic Loss of a Child," 2142-2164.

[39] Holly J. Bekkering and Roberta L Woodgate, "The Parental Experience of Unexpectedly Losing a Child in the Pediatric Emergency Department," *Omega (Westport)* 84, no. 1 (2021): 28-50, https://doi.org/10.1177/0030222819876477.

[40] Kossigan Kokou-Kpolou, Olga Megalakaki and Nicolas Nieuviarts, "Persistent Depressive and Grief Symptoms for Up To 10 Years Following Perinatal Loss: Involvement of Negative Cognitions" *Journal of Affective Disorders* 241 (2018): 360-366, https://doi.org/10.1016/j.jad.2018.08.063.

child live with pain that is mental, physical and emotional, affecting sleep patterns, increasing nightmares among other responses.[41]

1. Parental grief - this refers to the pain and sorrow experienced by a parent after losing his/her child, varying from one individual to another.[42]
2. Grief practices - the methods used by different people and cultures in expressing grief following the loss of a loved one, usually influenced by their way of living including society, traditions, religion and history.[43]

Since time immemorial, attachment to someone/something has been witnessed across all parts of the world motivating human beings to maintaining closeness with one another. In cases following the loss of a loved one, especially a child, this event is often seen as stressful with the bereaved longing for their loved ones more.[44] This natural process of grieving which seemingly lasts long than expected is what brings about the complicated grief syndrome for the bereaved.[45] While child loss affects any parent emotionally and psychologically, it plays a huge role in young mothers due to other combined factors mentioned earlier.[46] Compared to those experiencing the loss of a spouse, young mothers experience more grief at 10-20% more.[47]

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[41] Xi Zhang et al., "Complicated Grief Following the Perinatal Loss: A Systematic Review," *BMC Pregnancy and Childbirth* 24 (2024): 772, https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06986-y

[42] Arielle Jordan, "Childless Mothers: Lived Experiences of Black Mothers Who Lost an Only Child," (PhD diss. Walden University, 2024), 34, https://scholarworks.waldenu.edu/context/dissertations/article/18288/viewcontent/1116508.pdf

[43] Ibid.

[44] Champion and Kilcullen, "Complicated Grief Following the Traumatic Loss of a Child," 2142-2164.

[45] Katherine Shear, "Complicated Grief," *New England Journal of Medicine* 372, no. 2 (2015): 153–160.

[46] Jordan, "Childless Mothers," 5.

[47] Ernstmeyer and Christman, eds., *Nursing Fundamentals,* 203.

Numerous studies have shown that there are several types of complicated grief, not to mention masked, exaggerated and chronic grief.[48] While CG develops, certain expected factors show up which include a chronic disease, unresolved grief from previous experienced losses, all which are magnified by the lack of a reliable support system from both the community and religious bodies.[49] While professional support is key, not all individuals have to go through them based on numerous factors. For those in need of support, they tend to be overwhelmed due to the lack of a reliable support as mentioned, or they possess poor adaptation skills after the loss, or they have experienced several losses at once, and some also experience loneliness.[50]

The following are the different types of grief:

1. Chronic grief - these are experiences of grief which continue over longer periods of time[51]
2. Delayed grief - these are painful reactions from the bereaved which tend to be suppressed, either consciously or unconsciously, to reduce or avoid the pain[52]
3. Exaggerated grief - these is an experience after the loss of a loved one, making the bereaved to behave erratically, be afraid over death and even have thoughts of attempted suicide[53]

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[48] Ernstmeyer and Christman, eds., *Nursing Fundamentals*, 203.

[49] Ibid.

[50] Ibid.

[51] Ernstmeyer and Christman, eds., *Nursing Fundamentals*, 205.

[52] Ibid.

[53] Ibid.

4. Masked grief - this is a painful experience after the loss of a loved one where the bereaved behaves differently in that he or she does not notice her actions affect her normal patterns of behavior[54]

For nurses and physicians to give proper diagnosis, the different stages of grief proposed by Kubler-Ross are key in understanding different emotional patterns, which in turn support patients and families cope with their loss.[55] These stages do not have a clear pattern in their working, because some skip and others move step to step. However, different individuals and families respond differently and only God's grace can help one to overcome this grief.[56] Everyone experiences grief differently and that there is no timeline however through the Lord's grace one can overcome the unbearable.[57]

On a global scale, around 5.1-5.3 million child deaths occur, most of which are accountable to low-and middle-income countries (LMIC).[58] While very slow progress has been witnessed to reduce these deaths particularly in these countries, almost 50% of them are attributed to children under 5 mortalities, affecting the sustainable development goals of vision 2030 by the United Nations.[59]

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[54] Ernstmeyer and Christman, eds., *Nursing Fundamentals,* 205.

[55] Elisabeth Kübler-Ross, *On Death and Dying* (London: Macmillan, 1969).

[56] White, *The Ministry of Healing,* 31.

[57] Spokane Christian Counseling, "What is Complicated Grief and What Can be Done To Help Children Experiencing it?"

[58] Lisa R. Roberts et al., "Perinatal Grief Among Poor Rural and Urban Women in Central India*," International Journal of Womens Health* 9, no. 13 (2021): 305-315, https://doi.org/10.2147/IJWH.S297292.

[59] Roberts et al., "Perinatal Grief Among Poor Rural and Urban Women in Central India," 305-315; Özge Enez, "Effectiveness of Psychotherapy-Based Interventions for Complicated Grief," *Psikiyatride Güncel Yaklaşımlar* 9, no. 4 (2017): 441–463. https://doi.org/10.18863/pgy.295017.

Risk factors of complicated grief in young mothers

Numerous studies have shown several risks associated with the likelihood of complicated grief in young, bereaved mothers. Some of them include:

a) Age - young mothers have fewer coping resources and experience, making them more vulnerable.[60]

b) Nature of death - certain ways of death increase the risk of prolonged grief disorders[61]

c) Socioeconomic status - low resource setups reduce access to good healthcare and support systems important in grief[62]

d) Maternal health - any pre-existing health issues on the bereaved mothers increase their vulnerabilities.[63]

e) Previous loss and lack of social support - any prior experiences linked with little social support in terms of isolation and stigma causes an increase in prolonged grief.[64]

Whereas complicated grief can cause a significant amount of psychological and physical problems such as stress, irregular sleep patterns, cardiovascular diseases, depression and anxiety disorders, there are several protective factors from literature which can help bereaved young mothers to overcome this. Some of them include:

a) Strong support systems from communities to families[65]

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[60] Worden, J. W. (2009). Grief counseling and grief therapy. Springer.

[61] Prigerson, H. G., et al. (2009). Prolonged grief disorder. PLoS Medicine, 6(8).

[62] Kirmayer, L. J., et al. (2011). Cultural psychiatry. Canadian Journal of Psychiatry.

[63] Lundorff, M., et al. (2017). Prevalence of prolonged grief disorder. Journal of Affective Disorders, 212, 138–149.

[64] Stroebe, M., et al. (2005). Bereavement research. Psychological Bulletin.

[65] Bonanno, G. A. (2004). Loss, trauma, and human resilience. American Psychologist, 59(1), 20–28.

b) Religious and spiritual beliefs in the African context[66]

c) Access to efficient mental health services[67]

d) Open participation to cultural mourning practices[68]

e) Peer support groups [69]

Thematic Analysis: Grief by Cause of Death

The experience of grief following child loss is not uniform but varies significantly depending on the cause and circumstances of death. Literature in bereavement studies consistently demonstrates that the nature of death—whether sudden, prolonged, or violent—shapes the intensity, duration, and psychological outcomes of grief.[70,71]

For young mothers, the cause of death plays a critical role in influencing emotional responses, coping mechanisms, and meaning-making processes. Deaths that are sudden, unexpected, or traumatic tend to increase the likelihood of complicated grief due to the absence of psychological preparation and the presence of shock, guilt, or unresolved questions.[72]

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[66] Mbiti, J. S. (1990). African Religions and Philosophy. Heinemann.

[67] WHO. (2017). Depression and other mental disorders.

[68] Rosenblatt, P. C. (2008). Grief across cultures. Death Studies.

[69] Dennis, C. L. (2003). Peer support within a health care context. International Journal of Nursing Studies, 40(3), 321–332.

[70] Shear, K. (2015). Complicated grief. *The New England Journal of Medicine*, 372(2), 153–160. https://doi.org/10.1056/NEJMcp1315618

[71] Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, 370(9603), 1960–1973. https://doi.org/10.1016/S0140-6736(07)61816-9

[72] Lundorff M, Holmgren H, Zachariae R, Farver-Vestergaard I, O'Connor M. Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. J Affect Disord. 2017 Apr 1; 212:138-149. doi: 10.1016/j.jad.2017.01.030. Epub 2017 Jan 23. PMID: 28167398.

In the Kenyan and broader African context, these experiences are further shaped by cultural beliefs, healthcare access, and social support systems. This section therefore examines grief through three major categories of child death:

- Death due to illness
- Death due to accidents
- Death due to violence or traumatic causes

1. *Grief Following Death Due to Illness*

Child death resulting from illness—particularly chronic or prolonged conditions—often involves a caregiving period prior to death. This includes illnesses such as malaria, pneumonia, cancer, or malnutrition, which remain leading causes of child mortality in many low- and middle-income countries.[73]

Unlike sudden death, illness-related deaths may allow for some level of anticipatory grief, where the mother begins to process the possibility of loss before it occurs.[74] This can sometimes reduce the intensity of shock after death. However, anticipatory grief does not necessarily prevent complicated grief. Instead, it may introduce additional emotional burdens.

Mothers who lose a child to illness often experience:

- Emotional exhaustion from prolonged caregiving
- Feelings of helplessness and powerlessness
- Guilt related to perceived inadequacy in caregiving
- Relief mixed with grief, especially if the child suffered significantly

[73] World Health Organization. (2017). *Maternal and child health in Kenya: Trends and challenges.* WHO Regional Office for Africa. https://www.who.int/

[74] Rando, T. A. (Ed.). (2000). *Clinical dimensions of anticipatory mourning: Theory and practice in working with the dying, their loved ones, and their caregivers.* Research Press.

This combination of emotions can be confusing and distressing. The presence of ambivalent feelings—such as relief that suffering has ended—may lead to self-blame and internal conflict, increasing the risk of complicated grief.[75]

In Kenyan contexts, studies have shown that mothers often blame themselves for delays in seeking care or inability to afford treatment, particularly in low-resource settings.[76] In many parts of Kenya, access to healthcare is limited by:

- Financial constraints
- Distance to health facilities
- Shortages of medical personnel

As a result, preventable illnesses may lead to child death, intensifying maternal guilt and anger toward systemic failures.[77] Additionally, the lack of bereavement support within healthcare systems means that mothers often leave hospitals without psychological support, increasing vulnerability to prolonged grief.

Illness-related deaths are often interpreted within cultural and religious frameworks. In some African contexts, prolonged illness may be attributed to[78]:

- Spiritual causes (e.g., curses or witchcraft)
- Divine will
- Testing of faith

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[75] Shear, K. (2015). Complicated grief. *The New England Journal of Medicine*, 372(2), 153–160. https://doi.org/10.1056/NEJMcp1315618

[76] Njuguna, E., & Ongeri, A. (2020). Maternal grief and coping strategies in Kenya: A qualitative study. *African Journal of Social Work*, 10(2), 45–59.

[77] Mutiso VN, Pike K, Musyimi CW, Rebello TJ, Tele A, Gitonga I, Thornicroft G, Ndetei DM. Feasibility of WHO mhGAP-intervention guide in reducing experienced discrimination in people with mental disorders: a pilot study in a rural Kenyan setting. Epidemiol Psychiatr Sci. 2019 Apr;28(2):156-167. doi: 10.1017/S2045796018000264. Epub 2018 Jun 4. PMID: 29862937; PMCID: PMC6999029.

[78] Mbiti, J. S. (1990). *African religions and philosophy* (2nd ed.). Heinemann.

While these interpretations may provide meaning, they can also increase distress if mothers internalize blame or perceive the death as punishment.

2. Grief Following Death Due to Accidents

Accidental deaths—such as road traffic accidents, drowning, or household injuries—are typically sudden and unexpected, leaving no time for psychological preparation. These deaths are common in both urban and rural settings and are increasingly recognized as a major contributor to child mortality.[79]. The suddenness of accidental death often leads to traumatic grief, characterized by shock, disbelief, and intrusive memories.

Mothers who experience accidental child loss often report: Intense shock and denial, persistent "what if" thoughts, guilt and self-blame (e.g., "I should have prevented it"), Intrusive recollections of the event. These cognitive patterns are strongly associated with complicated grief, as they prevent acceptance of the loss.[80] The element of preventability is particularly significant. When mothers perceive that the death could have been avoided, they may experience heightened guilt and prolonged rumination.

Accidental deaths often overlap with trauma-related symptoms, including hyperarousal, nightmares and avoidance behaviors. This intersection between grief and trauma increases the risk of developing prolonged grief disorder.[81] In Kenyan

[79] UNICEF, 2023. Levels & trends in child mortality.

[80] Neimeyer, R. A. (2001). *Meaning reconstruction and the experience of loss.* American Psychological Association.

[81] Lundorff M, Holmgren H, Zachariae R, Farver-Vestergaard I, O'Connor M. Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. J Affect Disord. 2017 Apr 1;212:138-149. doi: 10.1016/j.jad.2017.01.030. Epub 2017 Jan 23. PMID: 28167398.

urban environments, where road accidents and unsafe living conditions are prevalent, such deaths are not uncommon, particularly among children in informal settlements.[82]

Environmental factors play also a major role in accidental deaths, including poor infrastructure, the lack of child safety measures and overcrowded living conditions

These structural realities may intensify grief, as mothers recognize systemic factors beyond their control.

3. Grief Following Death Due to Violence or Traumatic Causes

Deaths resulting from violence—including domestic violence, community conflict, or abuse—represent one of the most traumatic forms of child loss. These deaths are often sudden, intentional, and accompanied by extreme emotional distress. In some cases, violence may occur within the household or community, complicating the grieving process due to issues of trust, safety, and justice.

Grief following violent death is often characterized by intense anger and rage, desire for justice or revenge, feelings of betrayal and even severe trauma symptoms. These emotional responses may coexist with profound sadness and longing, creating a complex grief profile. Research shows that violent loss is strongly associated with higher rates of complicated grief, depression, and post-traumatic stress.[83]

In many African contexts, deaths associated with violence—particularly domestic violence—may be surrounded by stigma and silence. Families may avoid discussing the circumstances of death, or blame the mother, and even discourage public mourning. This disenfranchised grief—where the loss is not openly

[82] Wambui, T., et al. (2019). Mental health in urban informal settlements in Kenya. *Social Psychiatry and Psychiatric Epidemiology*.

[83] Shear, M. K. (2015). Complicated grief. *New England Journal of Medicine*.

acknowledged—can significantly worsen psychological outcomes.[84] Kenyan studies have highlighted how gender-based violence and social stigma contribute to isolation among bereaved women.[85]

Violent deaths often raise profound theological and existential questions, including - “Why would God allow this?”, “Was this preventable?” and “Who is responsible?”

These questions can disrupt faith and complicate meaning-making processes, particularly when religious explanations fail to address the perceived injustice of the loss.

Comparative Analysis of Grief by Cause of Death

The cause of death significantly influences the nature of grief experienced:

Cause of Death	**Key Features of Grief**	**Risk of Complicated Grief**
Illness	Anticipatory grief, caregiving burden, mixed emotions	Moderate
Accidents	Sudden shock, guilt, intrusive thoughts	High
Violence	Trauma, anger, stigma, existential crisis	Very high

While all forms of child loss are devastating, deaths that are sudden, preventable, or violent are more strongly associated with prolonged and complicated grief.[86] Understanding grief by cause of death has important implications for care:

[84] Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice.* Research Press.

[85] Njuguna, F., & Ongeri, L. (2020). Experiences of mothers following perinatal loss in Kenya. *BMC Pregnancy and Childbirth*.

[86] Lundorff M, Holmgren H, Zachariae R, Farver-Vestergaard I, O'Connor M. Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. J Affect Disord. 2017 Apr 1;212:138-149. doi: 10.1016/j.jad.2017.01.030. Epub 2017 Jan 23. PMID: 28167398.

- Illness-related deaths require support addressing guilt and caregiving fatigue
- Accidental deaths require trauma-informed counselling
- Violent deaths require integrated psychological, social, and legal support

In the Kenyan context, interventions must be culturally sensitive, community-based and have been integrated into maternal and child health services. There is also a need for training healthcare providers and pastoral caregivers to recognize how cause of death shapes grief responses.

Types of Child Death

Mortality of children under 5 refers to the number of children who die before their fifth birthday.[87] Despite this progress, the world still experiences a burden in child mortality, accounting to an alarming rate of around 6 million deaths each year.[88]

Losing a child is a devastating experience despite the cause of death attributed to it.[89] For instance, in the early 1990s, the mortality rate of children was under 5 in the United States, and a significant progress has been made since then to reduce it by half. However, in the same country, there has been an increase in firearm death among children mostly, rates which are higher than most other countries compared.[90] Apart from firearm death, a different study has shown that other cases leading to child mortality under 19 years in the United States included congenital anomalies, suicide, cancer, homicide and accidents, pneumonia, tuberculosis, infectious diseases and

[87] Jordan, "Childless Mothers," 7.

[88] Madhav Kumar Bhusal and Shankar Prasad Khanal, "A Systematic Review of Factors Associated with Under Five Mortality," *BioMed Research International* 2022 (2022): 1181409, https://doi.org/10.1155/2022/1181409; WHO, *Mental Health Atlas 2020*, 29.

[89] Jordan, "Childless Mothers," .

[90] Jordan, "Childless Mothers,"

enteritis[91]. Additional research also showed that males were prone to dying from suicide and accidents compare to females, explaining the importance of different interventions for each gender.[92]

In addition to the United States, other countries with the highest mortality rates include Chad, Somalia and Central African Republic, which experience preventable deaths including malnutrition and the lack of basic healthcare facilities.[93] With this knowledge and insight, counselors can use the statistics to providing effective support to bereaved parents experiencing child loss.[94]

The African Concept of Death

In many African countries, mental health services are still underdeveloped.[95] In addition, bereavement care is not integrated in maternal and child health services due to shortages of trained professionals[96], stigma associated with such incidents[97], limited policy focus[98] and financial constraints. These and many other reasons cause the health workforce to offer little to no after service which is crucial in supporting bereaved mothers[99].

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[91] Jordan, "Childless Mothers,"

[92] Ibid.

[93] Ibid.

[94] Ibid.

[95] Patel, V., et al. (2018). The Lancet Commission on global mental health. The Lancet, 392.

[96] WHO. (2021). Mental health atlas.

[97] Kirmayer, L. J., et al. (2011). Cultural psychiatry. Canadian Journal of Psychiatry.

[98] Saxena, S., et al. (2007). Resources for mental health. The Lancet.

[99] WHO. (2017). Depression and other mental disorders.

More so, interventions need to also integrate the cultural aspect which would make it more communal rather that individual based.[100]

In Africa, death related events are considered key cultural rites of passage, where they believe that the dead keep on living among the living people as a different form of life and not the end of it. Death introduced a different state to both the dead and how they interacted with the living.[101] Some of those cultures which held on to this included the Luo and Ameru in Kenya, the Baganda in Uganda, and the Zulu in South Africa. To them, the dead lived as ancestors to the living, exercising both positive and negative forms of authority which were influenced by their way of running ceremonies and rituals during the mourning period.[102]

In the Igbo tribe of Nigeria, they believed that death was either caused by man or their gods, and their spirits would have to be taken to their maternal home so that they join their ancestors, else there would be no peace.[103] While this was the case in Nigeria, the Ameru of Mount Kenya believed that someone's character when living reflected their attitude when dead, encouraging some ceremonies on them and despising others.[104]

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[100] Mbiti, J. S. (1990). African Religions and Philosophy. Heinemann.

[101] Rabi Ilemona Ekore and Bolatito Lanre-Abass, "African Cultural Concept of Death and the Idea of Advance Care Directives," *Indian Journal of Palliative Care* 22, no. 4 (2016): 369-372, https://doi.org/10.4103/0973-1075.191741.

[102] Ibid.

[103] Innocent Nwosu et al., "Socio-cultural Context of Death and Mourning Practices in Rural Igbo Communities of Nigeria," *IOSR Journal of Humanities and Social Sciences* 22, no. 8 (2017): 47-57.

[104] Elizabeth Mukiri Mukaria and Andrew Ratanya Mukaria, "The Traditional Understanding of Grief among Ameru in Kenya," *Journal of Education, Oral Studies and Human Sciences* 2, no. 1 (2019): 1-10.

Universally agreed, death is a human experience which brings communities and families together in support when it occurs.[105] However, the loss of a child brings about instability affecting social relationships and marital longevity, and at the same time affecting the well-being of women, young mothers and their health.[106] Despite this effect, less regard has been given to the women experiencing this crisis.[107]

Evidence from Kenya

Despite global literature on complicated grief being extensive, this field of research is still limited within Kenya. The available studies bring out the interplay between culture, health and psychological issues affecting bereaved mothers.

A study conducted in Nairobi County in 2024 explored the experiences of bereaved mothers following perinatal loss. The findings showed that these others experienced intense emotional trauma, prolonged grief and a significant psychosocial stress extending beyond the immediate loss period.[108] The study further identified other challenges associated with the loss, which included stigma, strained relationships, pressure from families and even gender-based violence in some cases.[109]

A similar study was also conducted in rural Kenya, to understand the experiences of perinatal child loss. The study found out that this death was associated

[105] Jeannette R. Folta and Edith S. Deck, "The Impact of Children's Death on Shona Mothers and Families," *Journal of Comparative Family Studies* 19, no. 3 (1988): 433-451.

[106] Burke et al., "Complicated Spiritual Grief II: Destructive Inquiry Following the Loss of a Loved One," 268-281.

[107] Folta and Deck, "The Impact of Children's Death on Shona Mothers and Families," 433-451

[108] Kalu, F. A., Maduka, O., & Okafor, I. (2024). Experiences of women following perinatal loss in an urban African setting. BMJ Public Health, 2(2), e001050.

[109] Kalu, F. A., Maduka, O., & Okafor, I. (2024). Experiences of women following perinatal loss in an urban African setting. BMJ Public Health, 2(2), e001050.

with overwhelming grief, associated with emptiness, guilt and social withdrawal, especially blended in culture and poor psychosocial support in rural settings.[110]

Across this and several other quantitative studies, it was observed that gaps associated with little studies on bereavement by healthcare providers create inadequate training and support resources which are important in grieving parents.[111] Furthermore, socioeconomic factors, limited healthcare access, weak mental health infrastructure and lack of education are highlighted as key roles undermining bereavement, affecting most in rural and low-income settings where culture plays a huge role.[112,113]

These studies emphasize thus on the urgent need for integrated, culturally sensitive and accessible bereavement care within the maternal health systems.

Cultural Experiences of Child Loss

Numerous research has shown that culture and beliefs shapes experiences of child loss across different regions, affecting their response to death, grief and trauma.[114] For counselors to be effective, they need to recognize and understand that each traditional or cultural belief has its rituals and coping mechanisms which assist them in dealing with this loss.[115] Other cultures also believe that the deceased child

[110] Ayebare, E., Mwebaza, E., Mwizerwa, J., & Kiguli, J. (2021). Experiences of mothers following perinatal loss in sub-Saharan Africa: A qualitative study. BMC Pregnancy and Childbirth, 21, 1–10.

[111] Kigbu, J. H., et al. (2023). Healthcare providers' experiences of managing stillbirths and neonatal deaths in low-resource settings. BMC Health Services Research, 23, 1–12.

[112] WHO. (2017). Depression and other mental disorders.

[113] Patel, V., et al. (2018). The Lancet Commission on global mental health. The Lancet, 392.

[114] Ibid., 433-451.

[115] Jordan, "Childless Mothers: Lived Experiences of Black Mothers Who Lost an Only Child," 32.

keeps living among those who are alive as a spirit. This makes them honor the memories of the departed despite them being young, hence preparing suitable funeral rituals to honor them.[116]

African Relational and Communal Frameworks

African worldviews provide an essential lens for understanding grief within the context of community and relationships. According to John Mbiti, "I am because we are," reflecting the deeply communal nature of African identity.[117] In this framework, identity is relational rather than individual; suffering is shared within the community; healing is a collective process.

Grief, therefore, is not experienced in isolation but within a network of social and spiritual relationships. Traditional mourning practices often involve communal gatherings, rituals, and shared expressions of sorrow, which help individuals process loss. However, in urban settings such as Mombasa, these traditional support systems are increasingly weakened due to migration and urbanization; economic pressures and changing cultural norms.

As a result, many young mothers may experience grief in isolation, increasing their vulnerability to complicated grief. Scholars such as Vhumani Magezi argue that pastoral care in African contexts must prioritize relational and community-based approaches.[118] This includes recognizing the role of extended family, religious institutions, and social networks in supporting bereaved individuals.

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[116] Jordan, "Childless Mothers: Lived Experiences of Black Mothers Who Lost an Only Child," 32.

[117] Mbiti, J. S. (1990). African Religions and Philosophy. Heinemann.

[118] Magezi, V. (2007). Pastoral care in African Christianity: Challenging essays in pastoral theology. *HTS Teologiese Studies/Theological Studies*, 63(2), 655–673.

Integration with Theological Perspectives

The psychological frameworks discussed above are further enriched when integrated with theological perspectives. Theology provides a framework for understanding suffering, hope, and meaning, which are central to the grieving process. For instance:

a) Attachment theory aligns with the biblical emphasis on relationships and love
b) Meaning making resonates with theological reflection on suffering and purpose
c) Communal frameworks reflect the biblical model of the church as a supportive community

African womanist theology further enhances this integration by centering the experiences of women and addressing issues of marginalization and injustice.[119] It emphasizes that theological responses must be grounded in lived realities, particularly those of vulnerable groups such as young mothers.

Application to the Study

This study applies the above theoretical frameworks to understand complicated grief among young mothers in Mombasa by:

- Using attachment theory to explain the intensity of maternal grief
- Applying the dual process model to analyze coping mechanisms
- Employing the meaning-making model to explore interpretations of loss
- Incorporating African relational frameworks to understand social influences
- Integrating theological perspectives to examine spiritual coping

[119] Oduyoye, M. A. (2001). *Introducing African women's theology*. Sheffield Academic Press.

This interdisciplinary approach allows for a more holistic understanding of grief, recognizing that psychological, social, cultural, and spiritual factors are deeply interconnected.

Summary

This chapter reviewed literature on CG in young mothers who experienced child loss. Whereas complicated grief involves emotional distress, and functioning impairment, these bereaved mothers also face a high risk of traumatic deaths especially considering limited support, attachments with their children and any unresolved issues. The theoretical framework presented in this study also highlight the complexity of grief as a multidimensional experience. By integrating psychological theories with African and theological perspectives, this study provides a comprehensive lens for understanding complicated grief among young mothers where in most African societies, culture, beliefs and practices, mingled with religious practices shape how grief is addressed. Overall, these factors play a huge role in the need of a holistic care regardless of which context you come from.

CHAPTER 4

RESEARCH METHODOLOGY

The goal of this study was to understand complicated grief among young mothers in Mombasa County using desk research across different approaches, i.e. theological and psychological perspectives. This approach was necessary because primary data collection involving bereaved mothers would require more ethical approvals and long term engagements due to the nature of the topic, which was not possible given the time and resource constraints. Moreover, safeguarding is highly required in addressing such topics to avoid a repeat of trauma that these young mothers faced before.

Research Design

Desk research design was implored in this study, which is perfectly suitable for studies where direct engagement with participants require numerous ethical approvals hence proving to be a challenge. This design was chosen due to:

a) Ethical considerations, where the WHO emphasizes on psychological safety of the populations.
b) Availability of more information globally which was otherwise lacking in the county and country.
c) Limitations in time and resources, where secondary studies avoid them.

In intermarrying fields such as theology and psychology, desk research is very important as it bridges both fields with new knowledge and insight, finding common

grounds and understanding the human behaviour better which would otherwise have conflicting views otherwise[1].

Data Sources

Data sources used in this study came from 20 journals and reports published between 2000 and 2025, on topics around :

a) Mental health, psychological aspect of complicated and prolonged grief

b) Child loss in Africa and Kenyan context.

c) Theological interpretations of suffering and grief.

Statistical date was obtained from:

a) Kenya National Bureau of Statistics (KNBS)[2]

b) Kenya Demographic and Health Survey[3]

c) World Health Organization (WHO).

After careful reviewing of abstracts for usefulness, the papers were read for full analysis.

Data Analysis

The data collected through desk research was analysed using a thematic analysis approach, which involved identifying, reviewing and synthesizing themes which recurred across the selected period of literature. This method of analysis is commonly used with desk research.[4] The key themes of this study included

[1] Isaac Boaheng, *A Guide to Academic Research and Writing in Theology and Religious Studies* (Accra, Ghana: Noyam, 2024), 21.

[2] Kenya National Bureau of Statistics, "Latest Releases: Explore Recently Released Reports," accessed 13 August 2025, https://www.knbs.or.ke/

[3] Kenya National Bureau of Statistics, "Kenya Demographic and Health Survey 2022," accessed 13 August 2025, https://www.knbs.or.ke/reports/kdhs-2022/

[4] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

complicated grief, influence of culture on grief experiences, young mothers' mental health and the theological perspectives of suffering.

The three steps employed in this study included:

a) Reading and re-reading literature to understand the key patterns.
b) Categorizing similar findings into broader groups, such as health gaps, risk factors, religious views, et cetera.
c) Interpreting all available perspectives to provide relevant information on complicated grief among young mothers.

With this, the study was able to compare findings and offer concrete solutions according to its objectives.

Inclusion and Exclusion Criteria

To ensure the relevance of all data analyzed for this study, certain criteria was used to ascertain what should and should not be included[5]. The criteria included:

Inclusion:

- Studies published between 2000 and 2025
- Peer reviewed journal articles, reports and publications from good standing institutions
- Studies on complicated grief, maternal mental health, child loss and prolonged grief disorder
- Literature focus on Africa and Kenya if available
- Theological and psychological views on grief

Exclusion:

- Studies conducted in another language different to English

[5] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

- Articles with good information but limited access to full texts
- Opinion works without any concrete references.

Ethical Considerations

Desk research does not involve direct participants, hence ethical principles do not really apply. However, all citations were made in accordance to their studies. In addition, the language used was carefully and respectfully selected to avoid marginalizing and stigmatizing them.

CHAPTER 5

ANALYSIS AND DISCUSSION

The aim of this chapter was to give an analysis of all evidence obtained on complicated grief after a child loss in young mothers, as found in theological and literature review. The key findings were grouped into four main areas, i.e., socioeconomic stressors, culture and gender norms, religious and theological perspectives and protective factors and interventions.

Socioeconomic Stressors

Poverty and Financial Stress

For most cases of prolonged complicated grief, numerous studies agreed that poverty and financial insecurity constituted to more or less grief brought about by a limit in provided healthcare, nutrition status and mental health services.[1]

As seen in table 1, three key studies attributed poverty and financial insecurity as key in grief, including the severe shortage of mental health professions from WHO.

[1] Crick Lund et al., "Poverty and Mental Disorders: Breaking the Cycle in Low-income and Middle-income Countries," *The Lancet* 378, no. 9801(2011): 1502-1514.

Table 1. Key Findings from Studies

Study	Sample/ Population	Key Findings
Lund et al. (2010)	LMIC populations	Poverty correlated with higher prevalence of mental disorders, including grief-related symptoms
WHO (2020)	Kenya	Severe shortage of mental health professionals (less than 1 per 100,000)
Cacciatore (2010)	U.S., low-income mothers	Financial stress exacerbates intensity of grief and delays recovery

In Mombasa County especially, urban poverty which was around 23%, contributed highest in complicated gried among young mothers due to the facors mentioned above, coupled with informal settlements.[2]

Challenges of Early Motherhood

Throughout most studies, young mothers aged between 18 and 30 were the most affected by cases of complicated grief.[3] Factors that contribute to this mainly included early parenting for these girls, illiteracy, unemployment which made them fully dependent on broken homes, and the inability to have finances capable of handling their motherhood duties.[4] Early motherhood, limited education, and dependency on family structures intensify stress and reduce coping resources.

[2] Kenya Community Support Center, "Reducing Urban Poverty and Youth Vulnerability through Backyard Farming in Mombasa," posted November 17, 2024, accessed 13 August 2025, https://kecosce.org/reducing-urban-poverty-and-youth-vulnerability-through-backyard-farming-in-mombasa/.

[3] Leoniek Wijngaards-de Meij et al., "Parents Grieving the Loss of Their Child: Interdependence in Coping," *The British Journal of Clinical Psychology* 47, no. 1 (2008): 31-42.

[4] Jordan, "Childless Mothers: Lived Experiences of Black Mothers Who Lost an Only Child"

Culture and Gender

In most coastal communities in Kenya, motherhood was attributed to a certain social identity and status.[5] The loss of a child affected a lady's societal view bringing about the issue of disenfranchised grief and stigma. Many young mothers in most studies reported that they were not allowed to grieve publicly due to:

e) Push from family members to moving on quickly without going through the normal stages of grief as mentioned by Kubler Ross[6]

f) Publicly shedding tears and mourning over a child loss was discouraged in most communities;

g) Religious beliefs and practices do not discuss freely matters of child loss, concluding with it being divine punishment or God's will.

Studies conducted by Cacciatore and Wijngaards-de Meij et al aligned with this finding, in that the method of expressing grief was limited by the community one came from, later bringing about pyschological issues which affected the functionality of these women.[7]

Religious coping and theology

Religion in most times was a mean of giving hope and supporting communities, especially when affected by child loss among young mothers. With supported findings, the study found several positive attributes associated with religious support to bereaved young mothers. These included:

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[5] Kenya National Bureau of Statistics, "Kenya Demographic and Health Survey 2022."

[6] Elisabeth Kubler-Ross Foundation, "The Kübler-Ross Change Curve."

[7] Crystal Raypole, "Disenfranchised Grief: When No One Seems to Understand Your Loss," accessed 24 August 2025, https://www.healthline.com/health/mental-health/disenfranchised-grief#examples.

a) Active participation in religious activities held back grief and brought in acceptance[8]

b) For one to cope up well, support from the church and other counselling services boosted growing beyond the grief.

Whereas religious coping contributed to positive outcomes, it also had some of the negative responses from the bereaved young mothers. Some of these included:

a) God brings about the child loss as a punishment or lesson, increasing self-guilt of the person affected[9]

b) Some women may avoid discussing about this matter entirely so as to prevent others from concluding that they failed spiritually.[10]

In summary, the below *table 2* gives the attributes to both positive and negative views of their effects.

Table 2. Religious Coping in Maternal Grief

Response	Action	Extended grief outcome
Positive	Prayer, community support, reinterpretation of loss	Facilitates resilience, hope
Negative	Punitive theology, guilt, fatalism	Increases complicated grief symptoms

A few women theologians in Africa encouraged the re-interpretation of Holy Scriptures in discussing about disenfranchised grief in all women so as to not be

[8] Mukaria and Mukaria, "The Traditional Understanding of Grief among Ameru in Kenya," 1-10.

[9] Burke et al., "Complicated Spiritual Grief II," 268-281.

[10] Ibid., 270.

biased in view and support, and discouraged interpretations which seem to favor men.[11]

Protective Interventions

When communities mourned the loss of a loved one, both young and old, they acknowledged the grief experienced by the other person, this strengthening resilience in their way of life.[12] These practices, ranging from burial ceremonies to support groups, helped reframe grief in women and this empowered young mothers to freely:

a) Share their grief with everyone,

b) Speak up and not fall back to social silencing

By doing this, these young women were able to align their views with the principles shared by other writers who share that grief is communial and relatable to everyone, not in hiding but openly.[13]

Summary

In summary, the desk research conducted showed that complicated grief in young mothers in Mombasa County was influenced by the mix of socio-economic, cultural, psychological and theological factors. Since most studies showed that poverty and financial instability affected the bereaved mothers by limiting their access to healthcare and psychological/psychosocial support, these formed a compounding effect on them causing unresolved grief in the long run.

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[11] Mercy Amba Oduyoye, *Daughters of Anowa* (Maryknoll, NY: Orbis, 1995), 46; Musa Dube, *Postcolonial Feminist Interpretation of the Bible* (St. Louis, MO: Chalice, 2000), 90.

[12] Nwosu et al., "Socio-cultural Context of Death and Mourning Practices in Rural Igbo Communities of Nigeria," 47-57.

[13] Oduyoye, *Daughters of Anowa*, 102–115.

On the other hand, culture and gender influences amplified the intensity and period of grief, with pressure on young mothers to hide their sorrow by avoiding public lamentations, pushing for disenfranchised grief. These findings expounded on findings from prior research amplifying the need of cultural programs and advocacy to reduce complicated grief by removing restrictions on grieving hence the acceptance of mourning of the bereaved mothers.

While religious practices especially in the Seventh-day Adventist context were associated with resilience, hope and acceptance of the loss, the way this was put in that ‘loss was a divine punishment’, seemed to cause more pain to the bereaved mothers. Scriptures should be interpreted without reinforcing shame, thus necessary to contextualize and reframe pastoral practices.

The presence of limited professional support to these young mothers after their loss also increased their ability to be resilient and move forward. Because of constant stigma and social silencing, young mothers felt unsafe to grieve openly leading many of them into isolation, increasing their grief.

This study was able to contribute to new knowledge by showing the interplay between socioeconomic stressors, culture and gender norms and theological reframing, in light with the limitations of mental health resources which shaped complicated grief in these young mothers. Communities and religious communities can leverage and explore this approach in addressing structural inequities without intensifying grief.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Complicated grief in young mothers is a multi-dimensional phenomenon influenced by cultural expectations, societal traditions, religious frameworks and economic stability. Addressing such a group of people needs a common approach touching on all aspects, and in the process providing practical help, spiritual growth, mental health support systems, which would in turn empower women to openly grieve without judgement or consequences. This will in turn stop or reduce prolonged grief and make these young mothers more resilient.

Recommendations

The following are a few recommendations from this study:

1. Counseling programs - Utilize trained professionals for low-cost community support.
2. Integration of faith and mental health - Collaborate with pastoral leaders to ensure culturally sensitive counseling.
3. Awareness campaigns - Educate families and communities about complicated grief to reduce stigma.
4. Conduct more empirical studies with first hand data focusing on interventions and cross-cultural comparisons.

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