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Antisocial Behaviours that are More Prevalent Among Children with Complicated Grief in Selected Public Primary Schools in Nairobi County, Kenya

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Abstract

The inability of children to comprehend and process death due to factors like chronological age, attachment of the child to the deceased, nature of death, and family support, might lead to delayed or prolonged grief processes resulting in complicated grief (CG). Complicated grief in a child's life can affect his/her social and cognitive functioning manifesting in antisocial behaviours. This study aimed to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County, Kenya. This study was guided by Attachment Theory. Multistage sampling, purposive sampling, inclusion, and exclusion criteria were used to select 259 pupils aged 10-13 years who had lost a loved one in the last year. Purposive sampling was also used to select 22 class teachers of the bereaved pupils who participated in the study. The study employed a convergent mixed-method design. Data was collected through self-administered questionnaires (SDQ, ICG, and STAB) and interviews. Quantitative data was analyzed through descriptive and inferential statistics using SPSS Version 25.0. The findings indicated that the most prevalent antisocial behaviour was social aggression with an aggregated mean of 3.01. The findings indicated that antisocial behaviours were common among children with CG as well as those without. The most prevalent antisocial behaviour among children who had lost a loved one was social aggression. The study recommends that the Ministry of Education should introduce a school-based counseling program incorporating grief intervention techniques and recommend trained counselors who do not double up as teachers to be school counselors to negate dual relationships. Public Primary schools are encouraged to develop several training programs to help teachers understand how to intervene and foster resiliency in their students who have experienced grief.

Keywords: *Antisocial behaviours, Complicated grief, Children, loved one*

1.0 Introduction

Antisocial behaviour "is a description of all behaviours, attitudes, and personality traits that people engage in that appear to be dysfunctional, in that they often have negative interpersonal and societal outcomes" (Hashmani & Jonason, 2017, p. 1.). Antisocial behaviour can be explained as complex behaviours that include violence, aggression, and rule-breaking (Waller

et al., 2017). In Denmark, Høeg et al. (2017) examined specific behaviours reported by parents of children who lost a sibling and noted that aggression was the most prevalent. Additionally, Krupnick (1984, as cited in Ener and Ray, 2018) noted that children who experience difficulty when verbally expressing their emotions, tend to externalize their distress in the form of aggressive behaviours. Ener and Ray (2018) also stated that the loss of a loved one can increase fearfulness in children which they often demonstrate through aggressive actions, such as stubborn or rule-breaking behaviours and/or temper.

Antisocial behaviours among children can be caused by different factors as explained by (Santos et al., 2019). Santos stated that antisocial behaviours can be caused by difficulties related to the family environment like low levels of parental monitoring and support. The more misfortunes the family faces, the greater the chances of the child developing aggressive and antisocial behaviours. Peer influence is another determinant of antisocial behaviours since young people engage in antisocial behaviour more often when in groups. Personality and neighborhood are other causes of antisocial behaviour. For instance, people with a lack of remorse and empathy as well as low impulse control and issues like social class and violence display aggressive behaviours (Santos et al., 2019). Additionally, a loss can also cause antisocial behaviours. Nevertheless, in this study, the focus was on antisocial behaviours among children caused by complicated grief. According to Therivel and McLuckey (2018), children with complicated grief might develop risk-taking behaviours, aggression, agitation, withdrawal, and conduct disorders like breaking rules, lying, and truancy. This is because loss increases fear in children and they demonstrate it through aggressive actions. In the words of Ferow (2019), CG can cause irritability, anger, or aggression as well as isolation or withdrawal among children. Nevertheless, the antisocial behaviours that this study focused on are; physical aggression which entails-, direct acts like hitting and attacking others, punching, or spitting to express anger or frustration; social aggression characterized by spreading rumors, betraying trust, and excluding others and the last behaviour is rule-breaking, that entail- violating social norms, theft, substance abuse or selling, truancy and damage to property, suspension from school, leaving home for an extended period of time without telling anyone.

Although there is literature on antisocial behaviours among children, there is very limited information available on statistical data on antisocial behaviours caused by complicated grief. It is for this reason that this study sought to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary **s**chools in Nairobi County, Kenya.

Globally, the United Nations Children's Fund Press Center (2017 as cited by Burns et al., 2020) indicated that 140 million children have lost one or both parents. Also, UNICEF (2017) recorded that almost 10,000 children become orphans every day and that there were nearly 140 million orphans globally in 2017, including 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. In the United States of America, 4% of children and adolescents below 18 years old experience the loss of one of their parents (Revet et al., 2018). Harrison and Harrington (2001) carried out a study in Northern England in the United Kingdom (UK) among adolescents aged between 11-16 years to estimate the prevalence of bereavement experiences in adolescents. They reported that 77.6% of the adolescents had at least lost one of their close relatives or close friends (Revet et al., 2018). These global figures of bereaved children are noteworthy. If such children are not given a chance to process grief, there may be a significant number of children with CG.

In Sub-Saharan Africa, UNICEF (2017 as cited in Huynh et al., 2019) recorded that, over 52 million children have been orphaned. A study conducted by Thurman et al. (2017) in South Africa indicated that 88% of bereaved adolescents experience complicated grief. This percentage was from a sample of 339 adolescent girls and their primary caregivers. In Tanzania, a study on treating unresolved grief and posttraumatic stress symptoms in orphaned children indicated that 92% of the participants had symptoms of unresolved grief. This was from a sample of sixty-four orphaned children and their guardians who participated in the study (O'Donnell et al., 2014). Such a huge percentage of unresolved grief indicates that the number of orphaned children in Tanzania who are susceptible to complicated grief is equally high.

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

1.1 Problem statement

McCoyd and Walter (2016) referred to children as the forgotten mourners. Family members tend to think that children are not aware of the loss in their lives unless others draw their attention to them. As a result, children are left out during the grieving process by being excluded from death-related events (Akerman & Statham, 2014). They are not given room or space to share their feelings, thoughts, and questions they have. In the words of Huynh et al. (2019), this hinders children from processing grief which may lead to complicated grief. Complicated grief can manifest in antisocial behaviours like physical and social aggression, and rule-breaking which might affect the child's social, cognitive, academic, and relational functioning. Additionally, Burns et al. (2020) noted that regardless of grief's consequences on well-being and lifetime health, the prevalence of childhood grief is not well understood. Furthermore, there is a gap in the area of CG among children as it has not been researched especially in Africa (Ngesa et al., 2020a). This study therefore sought to address this knowledge gap by finding out the antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County.

1.2 Research Objective

The study sought to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County.

2.0 Literature Review

2.1 Theoretical Review

Attachment theory is based on the joint work of John Bowlby and Mary S. Ainsworth (Bretherton, 1992). Holmes (2014) indicated that the theory's development began in the 1930s when Bowlby developed an interest in the connection between maternal loss or deprivation and later personality development and Ainsworth's interest in security theory. However, Mary Ainsworth worked with Bowlby from the 1950s according to (Holmes, 1993).

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Attachment develops from lifetime needs for security and safety. When parents or primary caregivers are supportive and responsive, they increase attachment security in their attachment relation to the child. According to Bowlby (1988), children's reactions and feelings when they experience separation or loss are greatly affected by the bonding quality between a parent/a primary caregiver and the child. Bowlby stated that attachment is substantial since children need to feel safe from external threats and they do so as they find a safe place in the attachment relationship with the caregiver. A child can therefore face challenges when they feel secure in that relationship and can easily get access to support. However, a child becomes anxious when they separate from the attachment figure.

Bowlby (1982) states that, depending on the quality of early parent-child interactions, children build internal representational working models. These are a set of internalized beliefs and expectations about oneself and others. Sequentially this working model determines or influences the way individuals interact with their environment. Attachment has often been considered a categorical construct distinguishing different sets of behaviours by Ainsworth (1978). Ainsworth then identified three distinct patterns of attachment: secure attachment, insecure-ambivalent attachment, and insecure-avoidant attachment (Holmes, 1993). A fourth attachment style the insecure- disorganize attachment was added by Main and Solomon in 1990 (Fear, 2017).

Children who exhibit a secure pattern tend to be imaginative, and disciplined and manage difficult situations well. They show limited frustration and are more open in sharing their feelings (Ainsworth et al., 1978; Matas et al., 1978). Additionally, Ainsworth noted that in hard times, they can overcome their frustration and remain calm and confident. Gaik et al. (2010) added that securely attached children are less likely to engage in antisocial behaviour. They enjoy more positive relationships with family and peers and manage their school work more successfully. They demonstrate less concern about loneliness and social rejection and display more adaptive coping strategies.

In contrast, children displaying an insecure attachment style have poor adaptive qualities (Matas et al., 1978). They are not able to control negative feelings and become helpless in a distressing situation (Sroufe et al., 1999). Ambivalent children are anxious about their surroundings and usually unwilling to distance themselves from the primary caregiver in new circumstances. These children are also likely to develop an emotional disorder (Kennedy & Kennedy, 2004). On the other hand, avoidant children do not trust their attachment figure and remain independent (Bartholomew, 1990). They stay emotionally and physically distant and do not trust any support. At times of stress, they often misbehave, e.g. they lie or bully other children (Kennedy & Kennedy, 2004). This is because they are not sure whether to approach or avoid the parents and may not be able to control their emotional responses because they have received varying feedback (Ainsworth, 1989). During grief, such children may struggle with expressing their feelings and emotions which might manifest in antisocial behaviours. Therefore, poor attachment implies failure to identify parental and societal values regarding conformity and work. These lapses leave the child lacking internal control and showing negative attitudes toward school, work, authority and tend to have antisocial behaviours (Elliott et al., 1985).

Therefore, according to attachment theory, attachment relationship problems generally precede the emergence of behaviour problems (Hutchings et al., 2023). Many of the early disruptive behaviours considered to be antecedents of antisocial behaviours like tantrums, aggression, and noncompliance may be viewed as attachment-oriented struggles for gaining the attention and

proximity of caregivers who are otherwise unresponsive. Though this may be adaptive for the short term, these effects may contribute to the development of aversive family interactions, increasing the likelihood of antisocial behaviours later (Hill & Maughan, 2004).

This is reverberated by Greenberg (1999) who stated that untreated early attachment difficulties are related to consequent hyperactivity, hostility, aggression, oppositional defiant disorder longer-term mental health problems, and delinquency. Dudge (1991) noted that insecure attachment may lead to hostile attributional biases resulting in reactive aggression. Additionally, Futh et al. (2008) indicated that teachers rate children with attachment problems as also having behaviour problems, poor school attendance, and academic underachievement.

A child learns to regulate emotions in the framework of early parent-child relations. If a parent does not help a stressed child to manage his emotions effectively, that child may be left to his immature behavioural ranging from, tantrums, and aggression to other aversive behaviours (Hill & Maughan, 2004). It is important then to realize that antisocial behaviours are related to the way children are attached to their parents. The bonding between parents and their child/ren is important. If the bond of affection to the family is strong, the attachment formed may be able to prevent antisocial behaviours (Gaik et al., 2010).

Therefore, adapting attachment theory, this study applied Bowlby's principles of secure and insecure attachment styles and explained how such attachments can influence how children may or may not display antisocial behaviours during grief. Children with secure attachments feel safe from external threats like the death of a loved one. They show limited frustration and are more open in sharing their feelings hence reducing the chances of displaying antisocial behaviours. On the other hand, children with insecure attachment may have poor adaptive qualities which might lead to an inability to control negative feelings making them feel helpless in a distressing situation that may be expressed as antisocial behaviours.

2.2 Empirical Review

According to the Diagnostic and Statistical Manual of Mental Disorders DSM–5) and the International Classification of Diseases (ICD-10), antisocial behaviour is a key symptom and subtype of conduct disorder (CD). Antisocial behaviour and associated conduct disorder are among the most common behavioural problems in childhood and adolescence as well as a principal concern among both educators and the general public. This is echoed by the National Institute for Health and Care Excellence (2017) by states that conduct disorders, and associated antisocial behaviour, are the most prevalent mental and behavioural problems in children and young people. Anti-social behaviour has been defined as a comprehensive term usually used to refer to a variety of problematic behaviours that violate established norms in specific social contexts that can negatively impact both the individual engaged in the behaviour and their family as well as the community in which they live. On the lower end of the spectrum, ASB may include oppositional or 'difficult' type behaviours such as lack of cooperation and unwillingness to follow basic rules of social engagement. On the upper end, ASB may include more serious violations of formal and informal codes of behaviour including verbal or physical aggression, harassment or bullying, substance abuse, and engagement in crimes such as vandalism and theft (Piotrowska et al., 2019). This study, however, defined antisocial behaviours as a variety of problematic behaviours among children which violate established norms in specific social contexts that can negatively impact both on the child engaged in the behaviour and on their family and the community in which the child lives.

Early antisocial behaviour has its origins in childhood behaviour problems, mostly those characterized by aggressive and destructive behaviour. Shortfalls in self-regulation across various spheres of functioning, from the physiological to the cognitive, are linked with early behaviour problems that may place children at greater risk for the development of later antisocial behaviour (Calkins & Keane, 2009). Although antisocial behaviours in childhood are frequently characterized by milder symptoms such as stealing at home, lying, and truancy, more severe symptoms such as aggressive and delinquent behaviours increase during adolescence (Dishion & Patterson, 2015). According to the Pupil Wellbeing survey, antisocial behaviours are categorized into three categories namely, personal, nuisance and environmental antisocial behaviours. Personal ASB is when a person targets a specific individual or group which includes threatening behaviours, verbal abuse, or nuisance phone calls. Nuisance ASB is when a person causes trouble, annoyance, or suffering to a community by exhibiting rowdy behaviours, public drunkenness, and inconsiderate driving. Last but not least, is environmental ASB where a person's actions affect the wider environment such as public spaces by littering and vandalism (Clark, 2021).

In children and adolescents, ASB can be categorized by signs such as being verbally and physically harmful to other people, engaging in behaviours such as delinquency, vandalism, theft, and truancy, violating social expectations, or having disturbed interpersonal relationships (Otto, et al., 2021). Antisocial behaviour "is a description of all behaviours, attitudes, and personality traits that people engage in that appear to be dysfunctional, in that they often have negative interpersonal and societal outcomes" (Hashmani & Janason, 2017, p. 1). Antisocial behaviour can also be explained as complex behaviour that includes violence, aggression, and rule-breaking (Waller et al., 2017). Additionally, in terms of behaviour, antisocial acts can manifest as cheating, lying, aggression, substance use, theft, and violence (Baskin-Sommers, 2016).

As stated by Dishion and Patterson (2015), the main domains involved in the development of ASB are relationship dynamics, behaviour settings, self-regulation, culture, and community. Additionally, Khaliq and Rasool (2019) added that antisocial behaviour can be caused by unhealthy social relationships within a family, community, peers, and educational environment, a child's cognitive ability, a deficit of cooperative problem-solving skills, temperament, and irritability. Adesanya (2022) stated that aggression which is a form of antisocial behaviour in children can be caused by many factors like genetics/heredity, environment, development, and pathology. Additionally, media violence, actual traumas that activate the fight response in the nervous system, fear of inability to deal with emotions, particularly frustration, environmental influences, unrelieved stress, and lack of appropriate problem-solving skills and coping strategies can also result in aggressive behaviours (Kliem et al., 2014; Ali, 2015). Complicated grief has also been associated with antisocial behaviours as supported by Therivel and McLuckey (2018). This study sought to establish the antisocial behaviours that are more prevalent among children with complicated grief in public primary schools in Nairobi County in Kenya.

3.0 Methodology

The study adopted a mixed methods approach. Multistage sampling, purposive sampling, inclusion, and exclusion criteria were used to select 259 pupils aged 10-13 years who had lost a loved one in the last year. Purposive sampling was also used to select 22 class teachers of the bereaved pupils who participated in the study. The study employed a convergent mixed-method design. Data was collected through self-administered questionnaires (SDQ, ICG, and STAB)

and interviews. Quantitative data was analyzed through descriptive and inferential statistics using SPSS Version 25.0. The findings were presented as tables, pie charts, and graphs.

4.0 Results and Discussion

4.1 Antisocial Behaviours that are more Prevalent Among Children with Complicated Grief

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

The researcher computed a mean score ($\bar{x}$)and standard deviation (s) for each subscale which was used to rate the prevalence of physical aggression (PA), social aggression (SA), and rule-breaking (RB). The mean scores ranged from 1 – 5 and were interpreted as follows; A mean score below 3.0 was interpreted to indicate a low level of the antisocial behaviour being measured, 3.0 – 3.9 indicated moderate/average, and scores of 4.0 and above were considered an indication of the high level of the attribute (Welch, 2010).

Physical Aggression among Children with Complicated Grief

Physical aggression is a form of antisocial behaviour characterized by direct grabbing, pushing, hitting, pinching, biting, hair-pulling, or spitting. Physically aggressive behaviour often overlaps with disruptive, oppositional, and cheeky behaviours like throwing tantrums, arguing, and refusing to comply with rules and requests (Tremblay, 2012 as cited in Kaiser et al., 2017). Children with CG according to (Dyregrov, 2016) may exhibit antisocial behaviours by being physically aggressive, disturbing others, and violating social norms. Høeg et al., (2017) in Denmark, examined specific behaviours reported by parents of children who lost a sibling and noted aggression to be the most commonly observed behaviour. Additionally, Krupnick (1984, as cited in Ener and Ray, 2018) noted that children who experience difficulty when verbally expressing their emotions, tend to externalize their distress in the form of aggressive behaviours. The findings of the rating of physical aggression among children with complicated grief were summarized in Table 1.

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Table 1: Rating of Physical Aggression among Children with Complicated Grief

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

In this study, ASB was assessed using the STAB. The scores presented in Table 6 show an aggregated mean score of 2.06 for physical aggression among children with complicated grief and an SD=0.0645. These scores are below a mean score of 3.0 indicating that there was a low level of physical aggression among the respondent. These findings corresponded with a a study conducted in Dakahlia governorate on Aggression and Depression among Orphanages resident Children among orphans aged 10 years and above indicated that physical aggression constitutes 41.2% of orphan children (Ahmed et al., 2013). On the other hand, the findings contrasted with Dewi (2021) who stated that the most common form of aggressive behaviour reported is physical aggression among children. It was also a contrast to WHO report that the universal burden of aggression and other mental disorders in puberty under the age of 16, ranges from 12% to 29%, showing the fact that aggression among children and adolescents is a major concern (WHO, 2003 as cited in Lakhdir et al., 2020). The findings in this study showed low levels of physical aggression.

Social Aggression Among Children with Complicated Grief

Children with CG may exhibit antisocial behaviours by being socially aggressive with acts like the use of obscene language, lying, and being rude towards others (Dyregrov, 2016) which can impair the normal functioning of a child at home and school. The findings of the rating of social aggression among children with complicated grief were summarized in Table 2.

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Table 2: Rating of Social Aggression Among Children with Complicated Grief

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

From Table 2, social aggression had an aggregated mean score of 3.01 and SD=1.31 which indicated a moderate/average level of aggression. The findings agreed with a systematic review of the global epidemiology of conduct disorder which showed that gender-specific prevalence rates worldwide are relatively stable over time indicating that among 5 to 19-year-olds 3.6% of males and 1.5% of females are affected (Otto, et al.,2021). These findings corresponded with A study conducted in Dakahlia governorate on Aggression and Depression among Orphanages resident Children among orphans aged 10 years and above that indicated that verbal aggression represents 33.0% and indirect aggression accounted for 44.3% of orphan children (Ahmed et al., 2013).

Rule-breaking Among Children with Complicated Grief.

Complicated grief can lead to dysfunctional thoughts, emotional dysregulation, and maladaptive behaviours like aggression and rule-breaking (Ener & Ray 2018). These behaviours and emotional struggles further interfere with children's functioning across home and academic settings. The findings of the rating of rule-breaking among children with complicated grief were summarized in Table 3.

Table 3: Rating of Rule-breaking Among Children with Complicated Grief

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

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

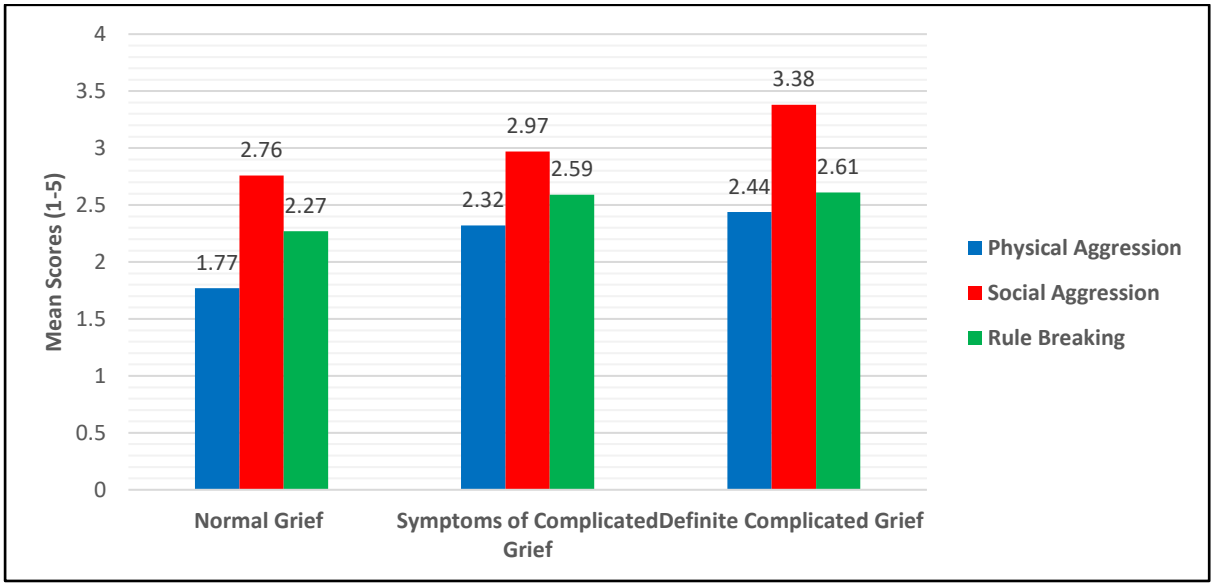
The findings also contrasted a study by Blakey et al. (2021) which indicated that in the UK around 5% of 11–16-year-olds experience conduct problems (aggression and rule-breaking) of clinical importance. In their study on the prevalence of conduct problems and social risk factors in ethnically diverse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

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

Comparison of the more Prevalent Antisocial Behaviours Among Children with Complicated Grief

The study was further interested in finding out which antisocial behaviour was more prevalent among children with CG. The study therefore computed the prevalence of physical aggression social aggression, and rule-breaking among children with CG. Figure 13 provides a summary of the findings.

Figure 1: Prevalence of Antisocial Behaviours Among Children with Complicated Grief



Respondents with normal grief recorded mean scores of 1.77 for physical aggression, 2.76 for social aggression, and 2.27 for rule-breaking. This study found children with normal grief to have all three ASBs; physical aggression, social aggression, and rule-breaking. Social

aggression was found to be the highest. However, social aggression was the highest score even for this category. On the other hand, respondents with CG scored a mean score of 2.44 for physical aggression, 3.38 for social aggression, and 2.61 for rule-breaking. Respondents with CG scored the highest mean scores in comparison to those with normal grief and those with symptoms of CG on the three sub-types of aggression. Under this category, social aggression had the highest score too. Score among children with normal grief. Respondents with symptoms of CG had mean scores of 2.32 for physical aggression, 2.97 for social aggression, and 2.59 for rule-breaking. In comparison to respondents with normal grief, the aggression and rule-breaking scores among children with symptoms of CG were higher.

The mean scores for respondents with normal grief and those with symptoms of CG were below 3.0 on the three subtypes of ASB. Therefore, they had low levels for the three sub-types of antisocial behaviours. Under the category of respondents with CG, the mean scores of physical aggression and rule-breaking were below 3.0 thus low levels of antisocial behaviours. Conversely, social aggression was average/ normal with a mean score of 3.38. From Figure 1, it was displayed clearly that antisocial behaviours were present in respondents with normal grief, those with symptoms of CG, and those with CG. It was also noted that social aggression was the most prevalent among all the respondents, followed by rule breaking and the least was physical aggression.

This study's findings agree with Høeg et al., (2017) who examined specific behaviours reported by parents of children who lost a sibling and noted aggression to be the most commonly observed behaviour. The prevalence of aggression in this study also agrees with different studies according to Kanne and Mazurek (2011 as cited in Ali, 2015) which showed the prevalence rate of aggression in children as 35% in South Asian countries in 2010 and 49.6% in Pakistan. This study's findings differed with those of Liu et al., (2022) on left-behind children (children whose parents had migrated to other countries) aged 10-16 years, which showered that children exhibited antisocial behaviours rule-breaking being the primary antisocial behaviour. Liu however focused on parents who migrated to cities in search of job opportunities leaving their children ages 10-16 behind under the care of other family members and not on antisocial behaviours presented by children with complicated grief. This study on the other hand focused on antisocial behaviours caused by complicated grief.

5.0 Conclusion

This study sought to find out antisocial behaviours that are more prevalent among children with complicated grief in selected public primary schools in Nairobi County. The findings indicated that antisocial behaviours were common among children with CG as well as those without. Most of the children respondents had social aggression which affected their social and academic lives. The most prevalent antisocial behaviour among children who had lost a loved one was social aggression. Social aggression was the most prevalent among all the respondents, those with CG, those with symptoms of CG along those with normal grief. Social aggression being the behaviour of eliminating a person from a social environment, threatening to end a relationship, or generating gossip might lead to fights and verbal abuse both at home and school among children with CG. This will disrupt relationships with other people which is most likely to affect the relational aspect of a child. Children with antisocial behaviours have strained relationships both at home and school interfering with their interactions and academic performance.

6.0 Recommendations

This study recommends that;

The Ministry of Education needs to introduce a school-based counseling program incorporating grief intervention techniques and recommend trained counselors who do not double up as teachers to be employed as school counselors to negate dual relationships. Public Primary schools are encouraged to develop several training programs to help teachers understand how to intervene and foster resiliency in their students who have experienced grief.

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