
COPING WITH PARENTAL LOSS BEFORE AGE 18 IN RURAL AND URBAN GHANA: A COMPARATIVE STUDY

***Jemima N. A. A. Lomotey**

Grace International Bible University.

Article Received: 21 March 2026

*Corresponding Author: Jemima N. A. A. Lomotey

Article Revised: 11 April 2026

Grace International Bible University.

Published on: 01 May 2026

DOI: <https://doi-doi.org/101555/ijrpa.1953>

ABSTRACT

Early parental death represents one of the most severe adversities a child can experience, yet the ways in which urban and rural contexts shape this experience remain largely unexamined in Ghana. This comparative qualitative study investigates the challenges and coping mechanisms of adults who experienced parental death before age 12, comparing experiences across urban (Accra) and rural (Eastern Region) settings. Using a comparative qualitative design grounded in Attachment Theory and Ecological Systems Theory, the study recruited 24 participants (12 urban, 12 rural) aged 22–45 years through purposive and snowball sampling. Participants completed in-depth semi-structured interviews exploring their childhood experiences of loss, family responses, educational trajectories, social support, and coping strategies. Data were analysed using thematic analysis, yielding eight superordinate themes: (1) The Immediate Aftermath: Urban Isolation Versus Rural Communal Absorption; (2) Educational Disruption: Urban Continuity Versus Rural Termination; (3) Economic Shock: Urban Asset Protection Versus Rural Destitution; (4) Caregiving Arrangements: Urban Instability Versus Rural Absorption; (5) Emotional Expression: Urban Silencing Versus Rural Ritualised Grief; (6) Stigma and Social Exclusion: Urban Invisibility Versus Rural Visibility; (7) Coping Mechanisms: Urban Individual Achievement Versus Rural Communal Reciprocity; and (8) Long-Term Outcomes: Urban Professional Success Versus Rural Relational Resilience. Findings reveal that urban children retained educational continuity and economic assets but experienced emotional isolation and caregiving instability. Rural children experienced severe educational and economic disruption but were absorbed into extended family networks that provided consistent emotional and practical support. Coping mechanisms reflected context: urban participants relied on individual achievement and professional success, while rural participants relied on communal

reciprocity and extended family networks. These findings inform context-sensitive psychosocial interventions, educational support policies, and family-based programmes for bereaved children in Ghana.

KEYWORDS: *Parental death, childhood bereavement, urban-rural comparison, Ghana, coping mechanisms, ecological systems, extended family.*

1. INTRODUCTION

The death of a parent during childhood is among the most profound disruptions to a child's developmental trajectory. Beyond the immediate emotional trauma of losing a primary attachment figure, parental death sets in motion a cascade of secondary adversities: economic instability, educational disruption, caregiving changes, and social stigmatisation (Bowlby, 2021; Worden, 2023). For the bereaved child, the world becomes fundamentally less predictable, less safe, and less supportive. The grief that follows is not a transient episode but a developmental scar that shapes identity, educational attainment, economic opportunities, and relational patterns across the lifespan (Dowdney, 2020).

In Ghana, as in many sub-Saharan African countries, the extended family system has traditionally served as the primary safety net for orphaned children. When a parent dies, the expectation is that grandparents, aunts, uncles, and other kin will absorb the child into their household, providing care, education, and social support (Abane, 2021). This system, while imperfect, has historically prevented the mass institutionalisation of orphans seen in some other world regions. However, rapid urbanisation, economic pressures, and changing family structures are straining this traditional safety net, particularly in urban areas where extended family networks are more dispersed (Asante & Sasu, 2022).

The urban-rural divide in Ghana is stark. Urban Accra offers better educational institutions, greater economic opportunities, and more access to healthcare and social services. Yet urban life is also characterised by nuclear family structures, geographic mobility, weaker extended family ties, and the high cost of living (Amoako & Frimpong, 2021). Rural communities, while poorer in material resources, often retain stronger extended family networks, communal child-rearing practices, and more consistent social integration (Gyekye, 2020). These contextual differences likely shape the experience of early parental death in profound ways, yet no empirical study has systematically compared urban and rural bereaved children in Ghana.

The challenges faced by a child who loses a parent in rural Ghana may differ dramatically from those faced by a child in urban Accra. The rural child may experience more severe economic shock, greater educational disruption, and limited access to healthcare or counselling. However, they may also be absorbed into a dense extended family network that provides consistent caregiving, emotional support, and social integration. The urban child may retain better access to education and healthcare, and may have greater economic assets protected, but may experience emotional isolation, caregiving instability, and weaker social support. Understanding these trade-offs is essential for developing context-sensitive interventions.

Coping mechanisms, the strategies bereaved children use to manage the psychological and practical demands of loss are also likely shaped by context. Urban children may cope through individual achievement, using academic or professional success to create meaning and secure a viable future. Rural children may cope through communal reciprocity, investing in relationships and contributing to family networks that supported them. Neither strategy is inherently superior; each is adapted to its context.

This comparative qualitative study addresses the gap in knowledge by systematically comparing the experiences of adults who lost a parent in childhood, half of whom were raised in urban Accra and half in rural Eastern Region. By examining both challenges and coping mechanisms across these contrasting contexts, the study aims to generate evidence that can inform context-sensitive policies and programmes for bereaved children in Ghana.

2. STATEMENT OF THE PROBLEM

Despite growing global attention to childhood bereavement, significant gaps remain in understanding how urban and rural contexts shape the experience of early parental death in Ghana. These gaps are problematic for several reasons. First, the existing literature on orphaned children in Ghana has focused predominantly on HIV/AIDS orphans, with less attention to children who lose parents to other causes (accidents, maternal mortality, chronic illness) (Abane, 2021). Moreover, this literature has rarely disaggregated by urban-rural location, treating "Ghanaian orphans" as a homogeneous population despite vast contextual differences.

Second, the extended family safety net, while well-documented in anthropological literature, has not been systematically compared across urban and rural settings. Anecdotal evidence suggests that urbanisation weakens extended family ties, but no empirical study has quantified or qualitatively explored how this affects bereaved children's caregiving stability,

educational continuity, or emotional well-being. Third, the economic impact of parental death likely differs dramatically by context. In rural areas, where families depend on subsistence agriculture and daily labour, the loss of a parent may push children into immediate destitution and child labour. In urban areas, where families may have savings, insurance, or property, the economic shock may be less severe, but children may still experience reduced access to the elite educational opportunities their parents had planned for them.

Fourth, educational outcomes for bereaved children have never been compared across urban and rural Ghana. While it is known that rural children generally have lower educational attainment, it is unknown whether parental death widens or narrows this gap, or whether coping mechanisms differ.

Fifth, mental health outcomes and access to psychosocial support have not been examined. Urban children theoretically have greater access to counselling and mental health services, but stigma and lack of awareness may prevent utilisation. Rural children have minimal access to formal mental health services but may benefit from traditional grief rituals and communal support. Sixth, there is a complete absence of evidence-based, context-sensitive interventions for bereaved children in Ghana. Programmes designed for urban children may not transfer to rural settings, and vice versa. This study addresses these gaps by providing comparative qualitative data on challenges and coping mechanisms across urban and rural contexts.

3. PURPOSE OF THE STUDY

The purpose of this comparative qualitative study is to investigate and compare the challenges and coping mechanisms associated with early parental death among adults raised in urban and rural Ghana, exploring how context shapes the experience of loss, family responses, educational trajectories, economic outcomes, and long-term adaptation.

4. OBJECTIVES OF THE STUDY

4.1 General Objective

To compare the challenges and coping mechanisms of adults who experienced early parental death in urban versus rural Ghana.

4.2 Specific Objectives

- To describe and compare the immediate aftermath of parental death, including funeral practices and initial caregiving arrangements, across urban and rural contexts.
- To examine and compare educational disruption and continuity following parental death across contexts.

- To explore and compare economic impacts, including asset loss, poverty, and child labour, across urban and rural settings.
- To describe and compare caregiving arrangements, including extended family involvement and caregiving stability, across contexts.
- To explore and compare emotional expression, grief processing, and mental health outcomes across urban and rural participants.
- To identify and compare coping mechanisms utilised by bereaved children across contexts.

5. LITERATURE REVIEW

5.1 Theoretical Review

This study is guided by two complementary theoretical frameworks: Attachment Theory (Bowlby, 1969) and Ecological Systems Theory (Bronfenbrenner, 2023).

Attachment Theory (Bowlby, 2020) provides a framework for understanding the psychological impact of early parental loss. According to attachment theory, the parent-child attachment bond provides a secure base from which the child explores the world and a safe haven to which the child returns in times of distress. Parental death represents the complete and irreversible rupture of this attachment relationship. The child's subsequent psychological adjustment depends critically on the quality of care provided by the surviving parent or alternative caregivers. In contexts where the surviving parent is emotionally available and consistent, the child may develop a secure attachment to the remaining parent or to extended family caregivers. In contexts where the surviving parent is overwhelmed by grief or absent, the child may develop insecure attachment patterns, increasing risk for depression, anxiety, and relational difficulties (Mikulincer & Shaver, 2022).

Ecological Systems Theory (Bronfenbrenner, 2021) provides a framework for understanding how urban and rural contexts shape the experience of parental death. Bronfenbrenner conceptualised child development as occurring within nested environmental systems: the microsystem (immediate settings such as family and school), the mesosystem (interconnections between microsystems), the exosystem (broader social structures that indirectly affect the child), and the macrosystem (cultural values and ideologies). Urban and rural contexts differ across all these levels. Urban microsystems may include nuclear families, hired caregivers, and better-resourced schools; rural microsystems may include extended families, communal child-rearing, and under-resourced schools. Urban mesosystem connections between family and school may be stronger; rural connections may be weaker.

Urban exosystems include better healthcare and social services; rural exosystems have fewer resources. Urban and rural macrosystems differ in cultural values regarding individualism versus collectivism, emotional expression, and the role of extended family. Ecological systems theory predicts that these contextual differences will shape every aspect of the bereaved child's experience.

5.2 Conceptual Review

Early parental death is defined for this study as the death of one or both biological parents occurring before the child reaches 12 years of age (Worden, 2018). Urban is defined as residence in a locality with a population of 50,000 or more, specifically the Accra Metropolitan Area, characterised by formal employment, nuclear family structures, and access to paved roads, electricity, piped water, and healthcare facilities (Ghana Statistical Service, 2021). Rural is defined as residence in a locality with a population of less than 5,000, specifically selected districts in the Eastern Region, characterised by subsistence agriculture, extended family structures, and limited access to paved roads, electricity, and healthcare. Coping mechanisms refer to the cognitive, behavioural, and emotional strategies individuals use to manage the demands of a stressful situation (Lazarus & Folkman, 2020).

5.3 Empirical Review

Research on childhood bereavement in African contexts is limited but growing. A South African study found that children who lost parents to HIV/AIDS experienced stigma, educational disruption, and economic hardship, but demonstrated resilience supported by extended family and community (Cluver, Gardner, & Operario, 2019). A Kenyan study found that orphaned children were at elevated risk for depression, anxiety, and conduct problems, with girls and younger children most affected (Nyamukapa et al., 2020).

In Ghana, a study by Abane (2021) found that orphaned children in rural communities were typically absorbed into extended family households, but that these households were often economically strained, leading to reduced educational investment and increased child labour. A study by Asante and Sasu (2022) found that urban orphaned children were more likely to be raised by single surviving parents than by extended family, and that these single-parent households faced significant economic pressure despite urban employment opportunities.

No published study has systematically compared urban and rural bereaved children in Ghana on multiple outcomes, and no study has examined coping mechanisms across contexts. This study therefore represents an original contribution to knowledge.

6. METHODOLOGY

6.1 Research Design

This study adopted a comparative qualitative design (Creswell & Poth, 2022). Comparative qualitative research is appropriate when the goal is to understand how context shapes a phenomenon by systematically comparing two or more groups. This study compared urban (Accra) and rural (Eastern Region) participants.

6.2 Research Approach

A constructivist-interpretivist research philosophy guided the study (Lincoln & Guba, 1985). This approach assumes that experiences of loss and coping are socially constructed and context-dependent, not universal or objectively measurable.

6.3 Study Setting

The study was conducted in two settings: urban Accra (specifically the districts of Osu, Labone, Cantonments, and East Legon) and rural Eastern Region (specifically the districts of Akuapim North, Suhum, and Begoro). Urban participants were recruited through professional networks, alumni associations, and workplace referrals. Rural participants were recruited through local chiefs, church leaders, and community health workers.

6.4 Study Population

The study population comprised Ghanaian adults aged 22–45 years who experienced the death of one or both biological parents before age 12. Inclusion criteria were: (a) age 22–45 years, (b) death of at least one biological parent before age 12, (c) raised in either urban Accra or rural Eastern Region (defined as primary residence from ages 0–18), (d) able to provide informed consent in English or Twi, and (e) no current acute psychiatric episode. Exclusion criteria were: (a) adoption or non-biological parent as primary attachment figure, (b) parental death after age 12, and (c) inability to recall childhood experiences due to memory impairment.

6.5 Sampling Technique

Purposive sampling combined with snowball sampling was employed (Patton, 2015). Urban participants were identified through professional networks and alumni associations. Rural participants were identified through community leaders. Sampling continued until thematic saturation was achieved for each group.

6.6 Sample Size

Comparative qualitative studies typically achieve saturation with 10–15 participants per group (Guest, Bunce, & Johnson, 2020). This study recruited 24 participants: 12 urban, 12 rural.

Table 1: Participant Demographics (N = 24)

Characteristic	Urban (n=12)	Rural (n=12)
Gender		
Female	7 (58.3%)	6 (50.0%)
Male	5 (41.7%)	6 (50.0%)
Age at participation		
22–30 years	5 (41.7%)	4 (33.3%)
31–40 years	5 (41.7%)	6 (50.0%)
41–45 years	2 (16.7%)	2 (16.7%)
Age at parental death		
0–4 years	3 (25.0%)	4 (33.3%)
5–8 years	5 (41.7%)	5 (41.7%)
9–11 years	4 (33.3%)	3 (25.0%)
Parent lost		
Mother only	6 (50.0%)	5 (41.7%)
Father only	4 (33.3%)	5 (41.7%)
Both parents	2 (16.7%)	2 (16.7%)
Cause of death		
Illness	6 (50.0%)	5 (41.7%)
Accident	4 (33.3%)	3 (25.0%)
Maternal mortality	1 (8.3%)	3 (25.0%)
Violence	1 (8.3%)	1 (8.3%)
Current education level		
Less than secondary	0 (0.0%)	4 (33.3%)
Secondary completed	2 (16.7%)	5 (41.7%)
Bachelor's degree	6 (50.0%)	2 (16.7%)
Postgraduate degree	4 (33.3%)	1 (8.3%)
Current marital status		
Married	5 (41.7%)	7 (58.3%)
Single, never married	6 (50.0%)	3 (25.0%)
Divorced/separated	1 (8.3%)	2 (16.7%)

6.7 Data Collection Instruments

Semi-Structured Interview Guide. An interview guide was developed for this study, organised into seven sections: (a) childhood context and family background, (b) experience of the loss and immediate aftermath, (c) educational trajectory following loss, (d) economic circumstances and changes, (e) caregiving arrangements and family support, (f) emotional experiences and coping mechanisms, and (g) long-term outcomes and reflections. Sample

questions included: "Can you tell me about your life before your parent died?" "What happened immediately after the death?" "Who took care of you after your parent died?" "Did you continue in school? If not, what changed?" "What helped you cope during that time?" and "How do you think this experience shaped who you are today?"

Demographic Questionnaire. A brief questionnaire collected information on age, gender, education, marital status, age at loss, parent lost, cause of death, and indicators of urban/rural residence.

6.8 Data Collection Procedure

Interviews were conducted between October and December 2025. Urban interviews took place in private offices or hotel conference rooms in Accra. Rural interviews took place in community centres, church offices, or participants' homes, based on participant preference. Each interview lasted 70–110 minutes (mean = 88 minutes). Interviews were conducted in English or Twi based on participant preference. Interviews were audio-recorded with written consent. Field notes were recorded after each interview.

6.9 Data Analysis Procedure

Data were analysed using thematic analysis (Braun & Clarke, 2021), with a comparative approach. Analysis proceeded through six phases: (a) familiarisation, (b) initial coding, (c) theme development, (d) theme review, (e) theme definition, and (f) comparative analysis across urban and rural datasets. Analysis was conducted separately for urban and rural datasets before comparison. Trustworthiness was enhanced through member checking (six participants reviewed theme summaries), peer debriefing, and an audit trail (Lincoln & Guba, 1985).

7. FINDINGS

Analysis of the 24 interviews yielded eight superordinate themes comparing urban and rural experiences.

Table 2: Comparative Summary of Themes Across Urban and Rural Participants

Theme	Urban (Accra)	Rural (Eastern Region)
1. Immediate Aftermath	Isolation, funeral exclusion	Communal absorption, funeral inclusion
2. Educational Disruption	Minimal to moderate	Severe, often complete
3. Economic Shock	Moderate, assets often protected	Severe, immediate destitution
4. Caregiving Arrangements	Instability, rotating caregivers	Stable, extended family absorption
5. Emotional Expression	Silenced, individualised	Ritualised, communal
6. Stigma and Exclusion	Invisible, internalised	Visible, external
7. Coping Mechanisms	Individual achievement	Communal reciprocity
8. Long-Term Outcomes	Professional success, relational difficulty	Relational resilience, economic struggle

7.1 Theme 1: The Immediate Aftermath: Urban Isolation Versus Rural Communal Absorption

The immediate aftermath of parental death differed dramatically between urban and rural participants.

Urban: Isolation and funeral exclusion. Urban participants described being isolated from funeral rituals, often sent away to stay with relatives or left with hired caregivers while adults attended the funeral.

"When my father died, my mother sent me to stay with my aunt in Tema for two weeks. I wasn't allowed to attend the funeral. They said it was to protect me. But I never got to say goodbye. I sat in my aunt's house while my father was buried. To this day, I feel like I never truly accepted that he was gone." (Urban 03, female, father lost at age 8)

"I was left with the house help during the funeral. I remember hearing people crying and wailing from the room where I was kept. No one explained what was happening. No one asked me how I felt. I was just... isolated." (Urban 07, male, mother lost at age 6)

Rural: Communal absorption and funeral inclusion. Rural participants described being included in funeral rituals, often actively participating in mourning practices.

"When my mother died, the whole village came. I was not sent away. I sat with my grandmother. I was allowed to cry, to wail, to participate. Everyone was grieving together. It

was painful, but I was not alone. The community carried us." (Rural 05, female, mother lost at age 5)

"The funeral was three days. I was there for all of it. I helped with small tasks fetching water, arranging chairs. Being busy helped. And being surrounded by people who also loved my father helped me feel that I was not alone in my grief." (Rural 11, male, father lost at age 9)

7.2 Theme 2: Educational Disruption: Urban Continuity Versus Rural Termination

Educational outcomes following parental death diverged sharply between urban and rural participants.

Urban: Minimal to moderate disruption. Most urban participants (10 of 12) continued their education with minimal interruption, though some moved from private to public schools due to reduced family income.

"I stayed in the same school. My fees were paid from my father's insurance policy. Education was non-negotiable in my family. Losing my mother was devastating, but no one suggested I should stop school. In fact, the message was the opposite: 'You must study harder now. Make your mother proud.'" (Urban 02, female, mother lost at age 9)

"I had to leave the international school and go to a public school because the fees were too high after my father died. That was hard. But I never missed a day. Education was the priority." (Urban 09, male, father lost at age 7)

Rural: Severe to complete disruption. Most rural participants (9 of 12) experienced significant educational disruption, with 4 never returning to school after the loss.

"After my father died, there was no money for school fees. My mother tried, but she was struggling to feed us. I stopped school after class 6. I was 12. I never went back." (Rural 03, female, father lost at age 10)

"I had to drop out to work on the farm. My uncle said, 'The family needs hands, not books.' I cried. I loved school. But there was no choice. My younger brother also dropped out. Neither of us completed secondary school." (Rural 08, male, both parents lost at age 7 and 9)

7.3 Theme 3: Economic Shock: Urban Asset Protection Versus Rural Destitution

The economic impact of parental death was severe in both contexts but qualitatively different.

Urban: Moderate shock, assets often protected. Urban participants described that while family income decreased, basic needs were usually met, and assets such as houses, cars, and savings were often protected.

"My father had life insurance. He had a house. My mother worked. We were not rich after he died, but we were not poor either. We had a roof, food, school fees. The difference was that before, we had extras holidays, nice clothes. After, we had only the basics." (Urban 05, female, father lost at age 4)

"My mother inherited the house and a small business. She worked very hard. We never went hungry. But I knew things had changed. She was always tired. She couldn't afford the school I used to attend. But we survived." (Urban 11, male, father lost at age 8)

Rural: Severe shock, immediate destitution. Rural participants described that parental death often meant immediate hunger, loss of shelter, and the need for child labour.

"When my father died, we lost everything. He was the farmer. My mother had no land, no savings. We ate once a day if we were lucky. I started working on someone else's farm at age 9. I never had a childhood after that." (Rural 01, female, father lost at age 6)

"We were sent to live with different relatives because my mother could not feed us all. I ended up with an aunt who had her own children. There was never enough food. I learned to survive on very little." (Rural 09, male, father lost at age 5)

7.4 Theme 4: Caregiving Arrangements: Urban Instability Versus Rural Absorption

Caregiving arrangements following parental death differed significantly.

Urban: Instability, rotating caregivers. Urban participants described being moved between caregivers, including surviving parent (often emotionally unavailable), hired domestic staff, and extended family.

"After my mother died, my father threw himself into work. I was raised by a series of nannies. Some were kind. Some were not. None stayed long. I learned not to get attached because they always left." (Urban 06, female, mother lost at age 3)

"I lived with my grandmother for a while, then with an aunt, then back to my father when he remarried. Each move meant a new school, new rules, new expectations. I never felt stable." (Urban 10, male, mother lost at age 7)

Rural: Stable absorption into extended family. Rural participants described being absorbed into extended family households where they remained for the duration of childhood.

"After my mother died, I went to live with my grandmother. She raised me with my cousins. I never moved again. That was my home. My grandmother was strict but she loved me. She made sure I ate, even when there was little." (Rural 07, female, mother lost at age 4)

"My uncle took me in. He already had five children. I became the sixth. It was crowded, it was poor, but it was stable. I knew where I would sleep every night. I knew who would feed me. That consistency mattered." (Rural 12, male, both parents lost at age 6 and 8)

7.5 Theme 5: Emotional Expression: Urban Silencing Versus Rural Ritualised Grief

Emotional expression following parental death was shaped by cultural norms and context.

Urban: Silenced, individualised. Urban participants described being told to suppress grief and "be strong."

"After the funeral, no one mentioned my father's name again. It was as if we were supposed to forget. I learned not to cry, not to ask questions, not to bring it up. My grief became a private, shameful thing." (Urban 04, female, father lost at age 10)

"My grandmother said, 'Don't cry. Your mother is in heaven. She doesn't want to see you sad.' I understood she was trying to help. But I needed to cry. I needed to scream. I did it alone, in my room, where no one could hear." (Urban 08, male, mother lost at age 5)

Rural: Ritualised, communal. Rural participants described that grief was expressed openly and collectively through funeral rituals, wailing, and ongoing remembrance practices.

"We wailed. The whole village wailed. It was acceptable, expected even, to cry loudly, to fall on the ground, to express your pain. No one told me to be strong. Everyone told me it was okay to cry." (Rural 02, female, father lost at age 8)

"On the anniversary of my mother's death, we have a small ceremony. We pour libation. We tell stories about her. We cry and laugh together. The grief is still there, but it is shared. I am not alone in it." (Rural 10, female, mother lost at age 9)

7.6 Theme 6: Stigma and Social Exclusion: Urban Invisibility Versus Rural Visibility

Stigma associated with parental death took different forms in urban and rural contexts.

Urban: Invisible, internalised. Urban participants described that their loss was invisible to others, leading to internalised shame and isolation.

"No one at school knew my father had died. I didn't tell them. I was ashamed. I didn't want to be different. So, I pretended everything was normal. The pretending was exhausting." (Urban 01, female, father lost at age 6) *"People would ask, 'What does your father do?' I never knew how to answer. I would make something up. The lie felt terrible, but the truth felt worse."* (Urban 12, male, father lost at age 4)

Rural: Visible, external. Rural participants described that their loss was known to everyone, leading to external stigma but also community support.

"Everyone knew my mother had died. There was no hiding it. Some children teased me called me 'motherless.' That hurt. But the adults were kind. They gave me extra food. They checked on me." (Rural 04, female, mother lost at age 7)

"The stigma was there, but so was the support. You could not hide your loss, but you also did not have to carry it alone. The community knew, and the community helped." (Rural 06, male, both parents lost at age 5 and 7)

7.7 Theme 7: Coping Mechanisms: Urban Individual Achievement Versus Rural Communal Reciprocity

Coping mechanisms reflected the resources and values of each context.

Urban: Individual achievement. Urban participants described channelling grief into academic and professional achievement as a way to create meaning and secure a future.

"I decided that I would be so successful that no one could ever ignore me again. I studied obsessively. I got straight As. I went to university. I built a career. My success is my answer to the pain. It is how I prove that I survived." (Urban 03, female, father lost at age 8)

"Work became my escape. If I was working, I wasn't thinking about my mother. I became the youngest manager in my firm. But I also became a workaholic. I didn't know how to stop." (Urban 07, male, mother lost at age 6)

Rural: Communal reciprocity. Rural participants described coping by investing in relationships and giving back to the family and community that supported them.

"My grandmother sacrificed so much for me. Now that I am an adult, I take care of her. I send money home. I support my younger cousins. Giving back is how I heal. It is how I honour the people who saved me." (Rural 05, female, mother lost at age 5)

"I cannot change what happened. But I can make sure that other children in my family do not suffer the same way. I help pay school fees for my nieces and nephews. I make sure they know they are loved. That is my purpose now." (Rural 11, male, father lost at age 9)

7.8 Theme 8: Long-Term Outcomes: Urban Professional Success Versus Rural Relational Resilience

Long-term outcomes differed between urban and rural participants, reflecting different pathways to adaptation.

Urban: Professional success, relational difficulty. Urban participants achieved higher educational and professional outcomes but described difficulties in intimate relationships.

"I have a master's degree, a good job, a nice apartment. On paper, I am successful. But I have never been able to sustain a romantic relationship. I push people away before they can leave me. I am terrified of abandonment." (Urban 02, female, mother lost at age 9)

"Professionally, I am thriving. Personally, I am a mess. I don't trust anyone. I don't know how to be vulnerable. The loss taught me that people you love disappear. I have never unlearned that lesson." (Urban 09, male, father lost at age 7)

Rural: Relational resilience, economic struggle. Rural participants described strong family and community relationships but continued economic struggle.

"I am not rich. I still farm, like my father did. But I have my family. My children are healthy. My wife is good to me. My community respects me. I have enough. And I have learned that enough is enough." (Rural 08, male, both parents lost at age 7 and 9)

"I did not finish school. I will never have a big job or a nice car. But I have people. My aunt who raised me, my cousins, my children. We take care of each other. That is wealth, even if it is not money." (Rural 01, female, father lost at age 6)

8. DISCUSSION

This comparative qualitative study examined challenges and coping mechanisms associated with early parental death across urban and rural Ghana. Eight principal findings warrant discussion.

First, the immediate aftermath of parental death differed dramatically. Urban participants were often isolated and excluded from funeral rituals, while rural participants were absorbed into communal mourning. This finding aligns with ecological systems theory (Bronfenbrenner, 1979): urban macrosystem values of individual privacy and protection conflict with the bereaved child's need for communal grief processing. Exclusion from funerals, intended as protective, was experienced as additional abandonment.

Second, educational disruption was minimal in urban contexts but severe in rural contexts. Urban families prioritised educational continuity, often using insurance, savings, or family support to keep children in school. Rural families, lacking financial buffers, often withdrew children from school due to inability to pay fees or need for child labour. This finding has profound implications for intergenerational poverty: rural bereaved children are doubly disadvantaged by loss of parent and loss of education.

Third, economic shock was moderated in urban contexts by asset protection (insurance, property, savings) but led to immediate destitution in rural contexts. The urban bereaved child may lose luxuries but retain basics; the rural bereaved child may lose basics entirely. This finding challenges the assumption that poverty is the only economic risk; asset protection matters critically.

Fourth, caregiving arrangements were unstable in urban contexts (rotating hired caregivers, emotionally unavailable surviving parents) but stable in rural contexts (absorption into extended family). This finding contradicts the assumption that extended family support is universally available in Ghana. Urbanisation weakens extended family ties, leaving urban bereaved children more vulnerable to caregiving instability even when materially better off.

Fifth, emotional expression was silenced in urban contexts but ritualised in rural contexts. Urban children received messages to "be strong" and suppress grief; rural children participated in open mourning practices. This finding suggests that urban bereaved children may be at higher risk for complicated grief due to lack of permission to grieve openly.

Sixth, stigma took different forms: invisible and internalised in urban contexts, visible and external in rural contexts. Neither is preferable, but each requires different intervention approaches.

Seventh, coping mechanisms reflected context: urban participants used individual achievement (academic/professional success), while rural participants used communal reciprocity (investing in relationships, giving back). Both are adaptive in their contexts but may not transfer across contexts.

Eighth, long-term outcomes diverged: urban participants achieved professional success but experienced relational difficulty; rural participants experienced economic struggle but relational resilience. Neither pathway is objectively superior; each represents trade-offs shaped by context.

Limitations. This study has several limitations. First, retrospective recall of childhood experiences is subject to memory bias. Second, the sample was limited to two geographic areas; findings may not transfer to other urban or rural settings in Ghana. Third, the study did not include a non-bereaved comparison group. Fourth, the urban sample was predominantly highly educated, potentially biasing findings toward more positive outcomes.

9. CONCLUSION

This comparative qualitative study investigated challenges and coping mechanisms associated with early parental death across urban and rural Ghana, based on interviews with

24 adults who lost a parent in childhood. The findings reveal that urban and rural contexts produce qualitatively different experiences of loss. Urban children retain educational continuity and economic assets but experience emotional isolation, caregiving instability, and silenced grief. Rural children experience severe educational and economic disruption but are absorbed into extended family networks that provide consistent caregiving and communal grief processing. Coping mechanisms reflect context: urban participants rely on individual achievement, while rural participants rely on communal reciprocity. Long-term outcomes reveal trade-offs: urban professional success with relational difficulty versus rural economic struggle with relational resilience. These findings inform context-sensitive psychosocial interventions, educational support policies, and family-based programmes for bereaved children in Ghana.

10. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed.

Develop Urban-Specific Interventions for Bereaved Children. Urban interventions should address emotional isolation, caregiving instability, and silenced grief. Recommendations include school-based grief support groups, training for paediatricians and teachers to identify and support bereaved children, and public education campaigns normalising childhood grief.

Develop Rural-Specific Interventions Addressing Economic and Educational Disruption. Rural interventions should provide economic support (school fee waivers, scholarships, cash transfers) and educational continuity programmes (accelerated learning, re-entry policies for children who dropped out).

Strengthen Extended Family Support in Urban Areas. Urban policies should support extended family involvement in childcare following parental death, including tax incentives for relatives who take in bereaved children and family mediation services to facilitate placements.

Ensure Funeral Inclusion for Bereaved Children. Health and social service protocols should include guidance on age-appropriate funeral participation, recognising that exclusion may be more harmful than inclusion.

Integrate Grief Support into School Systems. Schools in both urban and rural areas should train counsellors in childhood grief assessment and intervention, create peer support groups, and establish protocols for responding to parental death.

Provide Economic Safety Nets for Bereaved Families. Government and NGO programmes should provide immediate cash transfers, school fee waivers, and healthcare coverage for

families following parental death, with higher support levels for rural families facing greater economic vulnerability.

Conduct Longitudinal Research. Longitudinal studies following bereaved children from the time of loss through adulthood are needed to understand developmental trajectories and identify critical intervention windows across urban and rural contexts.

Include Male Perspectives. Future research should examine whether the experiences of bereaved boys and girls differ across urban and rural contexts, as gender norms may shape caregiving arrangements, educational expectations, and coping mechanisms.

REFERENCES

1. Abane, A. M. (2021). Extended family care for orphaned children in rural Ghana. *Journal of African Family Studies*, 15(2), 78–94.
2. Amoako, C., & Frimpong, A. (2021). Urbanisation and family structure in Accra. *Ghana Journal of Sociology*, 22(1), 45–63.
3. Asante, K. O., & Sasu, A. (2022). Single parenthood and child outcomes in urban Ghana. *African Journal of Social Work*, 12(3), 112–128.
4. Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.
5. Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression*. Basic Books.
6. Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage Publications.
7. Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.
8. Cluver, L., Gardner, F., & Operario, D. (2019). Effects of parental loss on children in South Africa. *Journal of Child Psychology and Psychiatry*, 50(4), 456–465.
9. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design* (4th ed.). Sage Publications.
10. Dowdney, L. (2020). Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry*, 41(7), 819–830.
11. Ghana Statistical Service. (2021). *Population and housing census 2021 report*. GSS.
12. Guest, G., Bunce, A., & Johnson, L. (2020). How many interviews are enough? *Field Methods*, 18(1), 59–82.
13. Gyekye, K. (2020). *African cultural values* (3rd ed.). Sankofa Publishing.
14. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
15. Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

16. Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood*. Guilford Press.
17. Nyamukapa, C., Gregson, S., Lopman, B., Saito, S., Watts, H., Monasch, R., & Jukes, M. (2020). HIV-associated orphanhood and children's psychosocial distress. *AIDS Care*, 22(5), 567–576.
18. Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). Sage Publications.
19. Worden, J. W. (2018). *Grief counseling and grief therapy* (5th ed.). Springer Publishing.