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RESEARCH ARTICLE **OPEN ACCESS**

Support Needs of Bereaved Family Members in Limpopo, South Africa: A Qualitative Study

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Abstract:

Introduction/objective: Bereavement is associated with the risk of mortality and has also been linked with insomnia, anxiety, depression, cognitive function, as well as work and relationship difficulties. In Limpopo province, which is one of the rural provinces of South Africa, family members are expected to observe bereavement rituals. However, there are no qualitative studies conducted on the lived experiences and context-specific support needs of bereaved family members in Limpopo Province of South Africa (SA). This research gap prompted the researchers to conduct the current study. This study aimed to explore and describe the lived experiences and perceived support needs of bereaved family members in Limpopo Province, South Africa.

Methods: A qualitative research approach and interpretive phenomenological research design were followed to explore and describe the support needs of bereaved family members in Limpopo, South Africa. A non-probability purposive sampling method was used to select potential participants who met the inclusion criteria of the study. Four Focus Group Discussions (FGDs) were used to collect data from 27 participants. Each FGD was determined by data saturation, which lasted approximately 45-60 minutes. Data was analysed using thematic analysis. Trustworthiness was ensured through credibility, dependability, confirmability, and transferability.

Results: Two themes emerged from the findings. The first theme identified in the study is positive experiences of coping with bereavement and loss. The sub-themes revealed are accepting the situation, strengthened by the community, as well as sharing memories of the deceased. The second last theme that emerged from the findings is support needs during the bereavement period. The sub-themes revealed are counselling, employment, and financial support, as well as emotional and psychological support.

Discussion: The findings of this study may provide much-needed guidance for supporting the bereaved family members.

Conclusion: The findings of this study showed that the family members need counselling, employment, and financial support, as well as emotional and psychological support during the bereavement period. The results of this study led to recommendations for practice, policy, research, and education.

Keywords: Bereavement family, Family members, Limpopo province, South Africa, Cognitive function, Depression.

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1. INTRODUCTION

Bereavement is a complex and deeply personal experience that often entails significant psychological, social, and cultural challenges. Bereavement is defined as an objective situation one experiences after the death of an important person in their life [1]. Bereavement often carries a profound emotional toll that extends beyond individual grief, particularly in communities deeply rooted in culture and tradition. In Limpopo province, South Africa (SA), bereaved family members navigate unique challenges shaped by inadequate formal support systems, isolation, and cultural expectations. Bereaved family members face unique support needs that remain inadequately addressed within current healthcare and community frameworks. It has long been acknowledged as one of life's most stressful experiences [2]. For instance, several studies have shown that bereavement increases the risk of mortality and has also been linked with insomnia, anxiety, depression, cognitive function, as well as work and relationship difficulties [2]. On the other hand, authors such as Downar and colleagues mentioned that there are barriers to identifying and supporting bereaved family members with severe symptoms. For example, family members may be reluctant to be contacted or to accept bereavement support [3]. Similarly, Kirby and colleagues [2] indicated that less is known about the extent to which bereavement care engages family members and the forms of support needed by family members. These challenges indicate that more studies are needed on the support needs of bereaved family members.

In view of the above discussion, bereavement support has been identified as a research and clinical priority. Future research will need to expand the scope of how bereavement support is provided to the family members [3]. In addition, authors such as McNeil and colleagues [1] mentioned that more research is needed in bereavement, especially in Low- and Middle-Income Countries (LMICs) to help provide them with the support they need within their specific religious, cultural, and social context [1].

A recent qualitative study focusing on parents who experienced stillbirth in the Mopani District of Limpopo revealed that bereaved parents predominantly utilized emotion-focused coping strategies, including acceptance, reframing the loss, seeking emotional support from healthcare workers, sharing experiences with others, and engaging in spiritual practices [4]. However, despite these coping mechanisms, unresolved grief persisted, underscoring a critical need for more comprehensive and integrated support services tailored to the unique cultural and emotional contexts of these families. Further, Motsoeneng and Modise [5] explored the lived experiences of grieving widows in rural South African settings and found that cultural norms often exacerbate bereavement through social exclusion and stigmatization, leading to feelings of loneliness and being perceived as burdens. Such findings illustrate the interplay between cultural practices and psychological distress, suggesting that effective bereavement support must be culturally sensitive and community-informed.

One of the similar qualitative studies was conducted in Limpopo province. The authors suggest that a bereaved person should not be alone; the family, friends, and the community as a whole should try offering their support to the person [6]. After a thorough review of the literature, there are no studies focusing specifically on the support needs of bereaved family members in the Limpopo province of SA. Hence, the researchers deemed it necessary to conduct the current study with the main aim of exploring and describing the support needs of bereaved family members in Limpopo, SA.

2. MATERIALS AND METHODS

This study adopted a qualitative research approach using an interpretive phenomenological design to explore and describe the support needs of bereaved family members in Limpopo, South Africa. An interpretive phenomenology was considered appropriate as it allows for an in-depth understanding of participants' lived experiences and the meanings they ascribe to bereavement and support. The study population included community members and individuals from the rural villages of Limpopo Province who lost a loved one (family or close friend) in the past two years. Only individuals over the age of 18 who provided voluntary informed consent were eligible to participate in the study. Before data collection, entry negotiation with the village royal leaders was done. After consent was granted from the leaders, the researchers purposefully sampled eligible participants and made appointments for data collection.

2.1. Study Setting

The study was done within the Vhembe and Mopani districts of Limpopo province. These districts consist of

nine municipalities: Thulamela, Ba-Phalaborwa, Greater Letaba, Greater Tzaneen, Maruleng, Makhado, Greater Giyani, Musina, and Collins Chabane. Three villages from the Vhembe district and only one village from the Mopani district were included in the study, and all villages were selected after entry negotiation at the Department of Health (DoH); villages and townships that have experienced the most loss for the past two years were included. These communities are characterized by strong cultural traditions, close-knit family structures, and limited access to formal psychosocial support services. The setting was chosen to capture the perspectives of bereaved family members within a rural and resource-constrained context.

2.2. Population and Sampling

The target and accessible population were used to select participants. The target population means the entire set of elements about which the researcher would like to include in the study [7]. Accessible population refers to the group of objects or people that is accessible or available to the researcher during data collection [7]. In this study, the target population was all community members from the rural villages of Limpopo Province in South Africa. Then, from the target population, a group of community members who were realistically accessible to the researchers was included in the study. A non-probability purposive sampling method was used to recruit participants who could provide rich and relevant information, or those who experienced the loss of a family member. The sample consisted of 27 community members who were from bereaved families. Participants were recruited through the tribal office for families who had experienced grief for the last two years. In South Africa, for the researchers to access the population in communities, they must obtain permission from their universities, the Department of Health, and Tribal Offices. This study excluded participants who were below the age of 18 and those who refused to participate. There were no vulnerable bereaved participants in this study.

The recruitment of participants was done after obtaining ethics clearance from the South African university with the following ethics number FHS/2/PH/17/131D. This study was also approved by the Department of Health and the Tribal Office of the Department of Health. The participants were informed about the study through the recruitment material that was posted on the local shops and taverns. Those who had an interest in participating in the study contacted the researchers. Before participating in the study, all the participants provided written and verbal informed consent for voluntary participation in the current study.

2.3. Data Collection

Face to face Four Focus Group Discussions (FGDs) were used to collect data from 27 participants in August and September 2024. The pilot testing was done with the 5 community members to check whether the questions would yield the desired results. Data was collected in selected participants' homes. Before data was collected, the researchers built rapport with participants and explained the study, gave each participant an information sheet, and signed a consent form to participate in the study. Those who refused to sign the consent form were excluded from participating in the study. This was done to avoid selection bias. Data were collected through semi-structured, face-to-face in-depth FGDs using an interview guide developed from the study objectives and existing literature. Field notes were also recorded during and after the FGDs. An audio recorder was used to record participants' responses in all FGDs. The FGDs were conducted in participants' preferred language (Xitsonga, Tshivenda, or English), audio-recorded with consent, and each FGD was determined by data saturation and lasted approximately 45–60 minutes. Field notes were taken to capture non-verbal cues and contextual details. The data collection tool was translated into Tshivenda and Xitsonga. The researchers interviewed 27 participants in four FGDs due to data saturation. Open-ended questions were used to collect data in focus group interviews. A semi-structured interview guide was used as an instrument for data collection. The following was the interview guide with questions asked: You've lost a loved one recently. How did that feel? What could you or others have done to assist you in your grief? How does loss affect life as you know it? How do you feel now when you think about the loss you've encountered? Can you tell us about your grieving process? How did you manage to get through it? Considering your loss experience now and before, are there any similarities and differences? What did you wish you could have done during the grieving process that you didn't have? (psychologically, emotionally, socially, or material-wise). The participants were contacted telephonically after getting permission from the royal office, where the meeting date was set, and the telephone numbers of researchers were given to participants for communication if any changes occurred. Data was collected in two different months for a 45-minute to an hour period per session.

2.4. Data Analysis

Data were analysed by the 8th author and an independent co-coder using thematic analysis guided by Tesch's eight steps of the open coding method. This allowed the researchers to understand all the transcriptions. Based on this, all transitions were read carefully, and essential points were jotted down. Only one transcript was documented, and the researchers read it and asked about it. The researchers searched for the underlying meaning and documented their thoughts along the margin. The researchers read and completed all the transcripts clustered together, listed similar topics, and formed these topics into columns. The analysed data were revisited, abbreviated topics as codes, documented next to the relevant text, and checked if new categories and codes emerged. The researchers decided on descriptive wording for the topics, which led to the development of categories. Data was reduced based on related topics, and lines were drawn to show the categories' interrelationships. The final

decision was made on abbreviations for each category, and alphabets were used for the codes. A preliminary analysis was performed on the material belonging to the category. The existing data was recorded to finalize the analysis.

2.5. Trustworthiness

Trustworthiness was ensured through credibility, dependability, confirmability, and transferability [7]. To ensure the credibility of this study, the researchers built trust and rapport with all the participants before data collection. Triangulation was ensured by asking different questions during data collection. Lastly, the data obtained in this study were analysed by researchers and an independent co-coder. To ensure the dependability of the study, the research methodology is written in detail. Secondly, data was analysed independently by the researchers and the co-coder, and they compared the findings, and the researchers are confident that if this study were to be repeated with the same (or similar) participants in the same (or similar) context, its findings would be similar. Confirmability in this study was ensured by using voice recorders during data collection. Therefore, the data presented in this study represent the information provided by the participants and not the researchers' biases or perceptions. Transferability in this study was ensured by thick descriptions of data collection and analysis methods. The purposive sampling technique was also used to collect data from the potential participants. Lastly, data were collected until saturation was reached. Data saturation in this study occurred when additional participants provided no new information, and the themes became repetitive.

2.6. Ethical Considerations

This study was conducted ethically from conceptualisation until the dissemination of the findings. The study was approved by the South African university with the following ethics number FHS/2/PH/17/131D. Participants were informed about the aim, benefits, risk and funding of the study before they agreed or declined to participate in the study. They were also informed that their participation is voluntary, meaning they have the right to choose whether to participate in the study or not. Participants were informed that their real names would not be used anywhere in the study and only the codes would be used, such as participant 1, 2, and so forth.

Table 1. Themes and sub-themes.

Themes	Sub-themes
1. Positive experiences of coping with bereavement and loss	1.1 Accepting the situation 1.2. Strengthened by the community 1.3. Sharing memories of the deceased
2. Support needs during the bereavement period	2.1. Counselling 2.2. Employment and financial support 2.3. Emotional and psychological support

3. RESULTS

The results of the study highlight participants' descriptions of bereaved families' experiences and proposed supports needed during bereavement. The responses of the participants have been divided into themes and sub-sub-themes using thematic analysis, and these themes are shown in Table **1**. Participants provide illustrative quotes that support the themes.

3.1. Demographic Characteristics

A total of 27 bereaved family members participated in the study. The majority of participants were females, as there were two males.

3.1.1. Theme 1: Positive Experiences of Coping with Bereavement and Loss

From this theme, the following sub-themes emerged: Accepting the situation, strengthened by the community; Sharing memories of the deceased. The subthemes are indicated below, supported with quotes.

3.1.1.1. Accepting the Situation

Participants coped through accepting the situation as they realized they had no control over certain aspects, and they had to "move on" to take care of the children left behind. This finding is confirmed by the verbatim quotation from the participants' interviews:

> *"I just had to accept it, if one cannot change the situation, the best thing is to accept it. I just had to accept the pain, no matter how painful it was."* (P2)
>
> *"However, as time goes on, we accepted it and moved on as a family. All we have to do is to raise and look after his children."* (P4)

3.1.1.2. Strengthened by the Community

In spite of all the restrictions, community members found ways to support each other. It is this support that helped participants to heal. Participants said:

> *"…all I can say is that her death was painful, the neighbours were very supportive, they gave us all the support we needed by then."* (P1)
>
> *"But there were those people who were calling me from time to time, they also helped me a lot."* (P2)
>
> *"The support that I am getting from community members gives me strength."* (P4)

3.1.1.3. Sharing Memories by the Deceased

Siblings tried to support each other through sharing memories of the deceased. The participants also received

financial support that helped to overcome the challenges. To confirm this finding, participants said:

> *"Every time I am here with my siblings, we try to support each other. We always talk about our mother, the things she used to love or say. I will say we are here for each other.*
>
> *"I then get money from the place where my mother was working, and I use it to pay for my sisters' tuition for her to go back to school. She went back and finished her studies, but by then, we didn't have any other money left. During that time, we didn't have money left. I went and borrowed money for her graduation from someone else, with the agreement that I would pay it in three months. She now has her certificate and has been applying for a job since then with no luck till now."* (P5)
>
> *"…the neighbours haven't changed at all, they still live with us like when mother was still alive."* (P5)

The same participant also went for counselling and found it better to share emotional and other challenges with an independent person to avoid feeling exposed and afraid that sensitive information would be shared among the community members. This is what the participants said:

> *"I went for counselling, which is very important because you can talk to this person without fear. I advise that it is best to find professional help, like a social worker, not just anyone in the community, because they will share your information with the rest of the community members. At church, I also share my problems with the pastor."* (P5)

3.1.2. Theme 2: Support Needs during the Bereavement Period

From this theme, the following sub-themes emerged: counselling, employment, and financial support, as well as emotional and psychological support. The subthemes are indicated below, supported with quotes.

3.1.2.1. Counselling

Participants explained that they need counselling to facilitate acceptance of the loss. To confirm this finding, participants said:

P1: As for me, I would like to be supported through counseling so that I can understand that those people are gone, so that I can accept that maybe there might be any other support that you might give me. Even when I look at my mother, she is left alone, and I feel bad thinking that maybe God can take her away from me. She is left alone, so I would like to be supported in this way.

P1: Maybe social workers or mental health professionals, because when I am alone, I think a lot, but I do not know what I should do, because I was used to those people, as they were taking care of me. They are gone. They left me.

3.1.2.2. Employment and Financial Support

Participants mentioned that others need employment and help with financial needs to overcome the gap left by the deceased and take care of the family's needs. This is what was said during the interviews:

P5: In my side, the support that I need is employment so that I can be able to take care of my mother and siblings; as our father left us, the grant is not sufficient

P5: If possible, the municipality can check those families with problems so that when there are jobs for EWP, they can start with these families to get jobs. This will reduce difficulties within the families, and those who are unemployed will also get an opportunity to be employed and take care of their children and parents.

Food parcels and donations for clothing and housing were also mentioned as possible ways of relieving the pain and struggles participants were experiencing during the bereavement period. To confirm this finding, this is what the participants said:

P6: Thank you regarding food parcels, they should be given every month, and those having children who are attending school, those children should get donations of uniforms as others cannot afford uniforms and jerseys, as it is now cold

P1: To me, on my side, we lack food and a place to stay. They can donate to us, RDP, so that we can have shelter

3.1.2.3. Emotional and Psychological Support

Other participants explained the need for emotional and psychological support from the community and family members. This finding is confirmed by the following quotation.:

P2: The support that I needed was, yes, not financial. I wanted them to visit and say, those are my brother's kids. That was the kind of support we needed, but to them, it was not there. Since we lost our father, they have never visited us

Participants expressed a need to support each other, feel and share their pain, and encourage others experiencing loss. They felt it was better than relying on relatives who do not keep their promises to provide support. One of the participants said:

P1: I feel pain as the person is undergoing what I went through when mourning. What if I go close to the person if the place is nearby and tell that person that it has happened, nothing will change I will tell that person to rely on God, not relatives, as relatives only love you when

you are grieving after the funeral no one will be left to take care of you, no one will come to a visit what they do they will promise to take care of you, but they will never do that, and I never heard it happening to anyone, Just tell your self-life goes one whatever I get I will survive

4. DISCUSSION

This study explored and described the lived experiences of individuals coping with bereavement and their support needs during the bereavement period. According to our knowledge, this is the first qualitative study to be conducted in Limpopo province of South Africa. The study provided an in-depth insight into how family members experienced bereavement, coping strategies that they employ, and how they should be supported. Two major themes emerged: firstly, the experiences of coping with bereavement, and secondly, loss and support needs during the bereavement period. These themes are discussed below in relation to existing literature.

Participants highlighted that bereavement is a painful experience, but accepting the situation, with support from the community, family solidarity, and faith, assisted them in coping with their loss. Participants primarily coped with bereavement through acceptance of the loss and a conscious effort to "*move on*" to care for children and other family members left behind. Statements such as "I just had to accept it… the best thing is to accept it" and "we accepted it and moved on as a family" reflect this process of emotional adaptation. A study by Kirby and colleagues [2] outlined that bereaved family members often rely on social support networks to mitigate grief-related distress. The research shows that in low-and-middle-income countries, coping strategies are often grounded in family and community bounds [1]. The findings of this study also align with the Dual Process Model of Coping with Bereavement proposed by Stroebe and Schut [8], which suggests that healthy grieving involves oscillating between loss-oriented coping (processing the emotional pain of loss) and restoration-oriented coping (adjusting to new roles and life changes).

Community and sibling support also emerged as central to participants' coping processes. Neighbours, religious leaders, and peers offered both emotional and practical assistance, while siblings provided mutual support through sharing memories of the deceased. This finding is consistent with evidence that social support acts as a protective factor against complicated grief and mental health difficulties, particularly in low-resource settings [9, 10]. In a recent study conducted in Ghana, authors argue that the research on coping with loss in bereavement contexts has indicated that, compared to widowers, widows are more socially supported and adjust better following spousal loss because widows seek relational connections in bereavement, whereas widowers rely mostly on their own capacity and resources to cope with bereavement [11].

The second theme identified in this study is support needs during the bereavement period. Some participants reported seeking professional counselling to address sensitive issues, perceiving it as safer than confiding in community members. Counselling is seen as a vital intervention in bereavement support. However, some of the participants indicated that counselling alone will not be of value if not articulated with the needs specific to their socio-economic status, such as being assisted with employment opportunities, food parcels, clothing, and housing assistance. McNeil and colleagues [1] support the statement by noting that bereavement in low-socio-economic countries frequently intersects with financial insecurities, which in turn increase distress and complicate the healing process.

Participants explained that they need employment opportunities, food parcels, school uniforms, and adequate housing to mitigate the impact of losing a breadwinner. It is clear from this result that, there is need for external source of assistance to undertake a broad range of programs that can improve the food security status of the household, improve the income generation capability of the household, empower orphans to become self-reliant, strengthen community based social support mechanisms and empower women so that vulnerabilities that place them at risk of falling ill and dying can be minimized [12, 13].

Emotional and psychological support needs also emerged from this study, where participants highlighted that counselling support can help them cope with the loss by assisting them to understand and accept the need to move on with life after the death of a loved one. Some participants reported feeling a lack of emotional presence and validation from extended family and community members after the funeral, while others preferred to offer support to peers experiencing loss, advising them to rely on faith rather than relatives whose support often wanes over time. Psychological support helps to relieve emotional suffering so that beneficiaries are sooner able to rely on their own resources and cope more successfully with the hardships they face on the road to recovery [14].

Overall, the findings of this study affirm that coping with bereavement in this context is a multidimensional process shaped by individual, family, community, and structural factors. Effective bereavement support must therefore be holistic, combining emotional and psychological services with practical and economic assistance. Strengthening community-based support groups, expanding access to culturally sensitive counselling, and implementing targeted material and employment support programmes could improve outcomes for bereaved individuals and families.

5. LIMITATIONS

This study was conducted in one province of SA. Therefore, the findings of this study cannot be generalised to the other 8 provinces, but they can be applied. Again, the methodology followed to achieve the aim and objectives of this study was described in detail for other researchers who might be interested in conducting the same study.

CONCLUSION AND RECOMMENDATIONS

This is the first study to focus on the support needs of bereaved family members in Limpopo province of South Africa. Two themes emerged from the findings of the study, namely, positive experiences of coping with bereavement and loss, as well as the support needs during the bereavement period. These themes were discussed and supported with verbal quotations from the participants and with relevant recent literature. The results of this study have the potential to support bereaved family members in Limpopo, South Africa. As a result, we recommend that the findings of this study be included in policies targeting the needs of family members. Mental Health Care Practitioners are also encouraged to incorporate the findings of this study into their practices. Based on the findings of this study, it is also highly recommended that similar studies be conducted on this topic, and should follow different methodologies, such as quantitative and mixed methods.

AUTHORS' CONTRIBUTIONS

The authors confirm contribution to the paper as follows: L.A.S., R.M., A.M., T.M.: Participated in study conception and design; A.M. and T.M.: Participated in data collection; A.V.D.W., R.L., and F.M.M.: Participated in analysis and interpretation of results; M.R., E.R., B.K., M.M., H.M., M.S., J.F.T., K.M., T.R., and L.A.S.: Participated in drafting the manuscript. All authors reviewed the results and approved the final version of the manuscript.

LIST OF ABBREVIATIONS

DoH	=	Department of Health
FGD	=	Focus Group Discussion
LMIC	=	Low-and-Middle-Income-Countries
SA	=	South Africa

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The recruitment of participants was done after obtaining ethics clearance from the South African University with the following ethics number FHS/2/PH/17/131D. This study was also approved by the Department of Health and the Tribal Office of the Department of Health.

HUMAN AND ANIMAL RIGHTS

All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committee and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

Verbal and written informed consent were obtained from all the participants of the study.

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

The data and supportive information are available within the article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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