

# HOLISTIC HEALTH OF ORPHANED YOUTH IN CANADA: THE ROLE OF SUPPORT RESOURCES IN COPING WITH PARENTAL LOSS

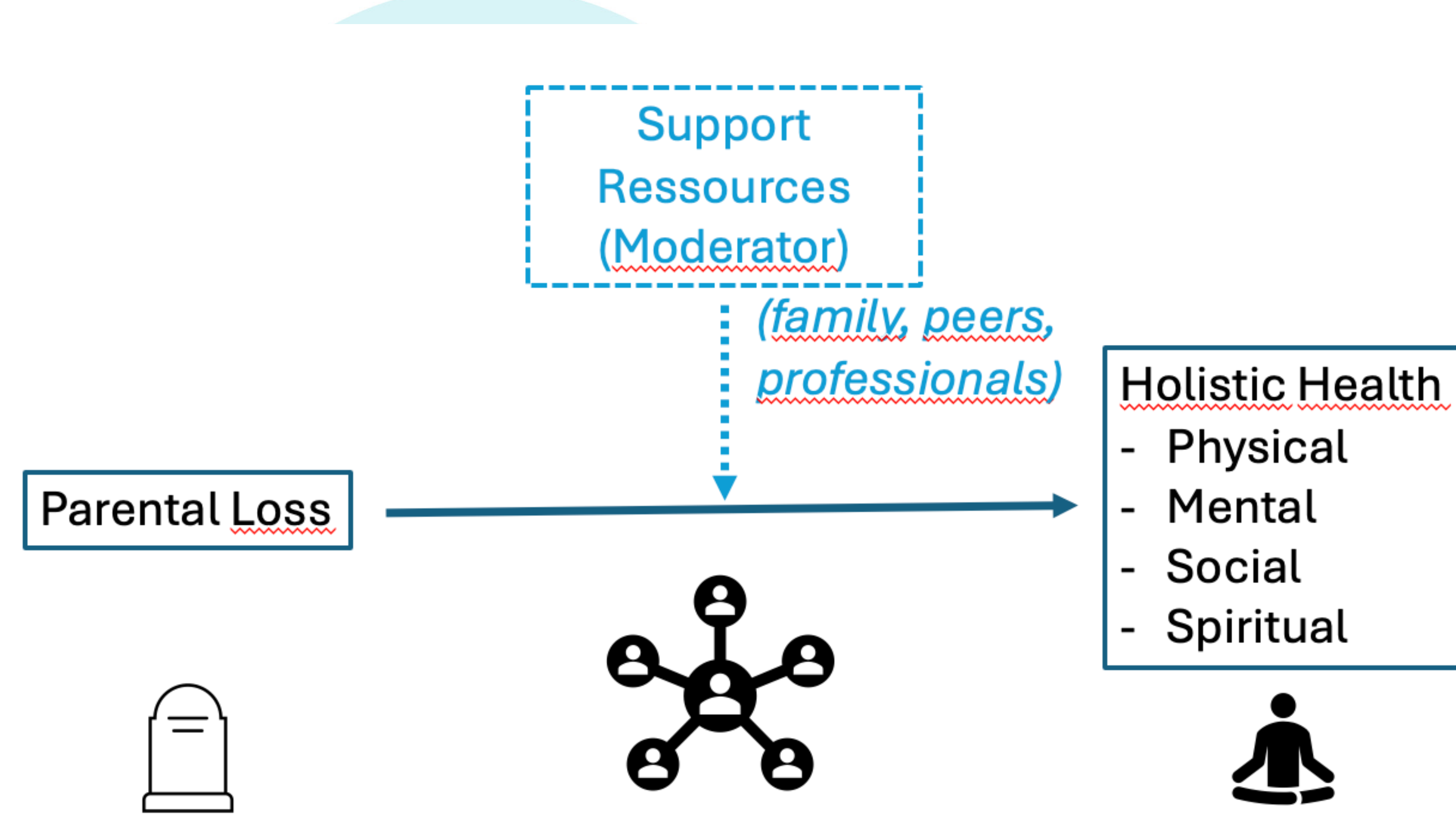
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## 1. INTRODUCTION / BACKGROUND

- ❖ Parental loss before the age of 25 is a major life event.
- ❖ There is very limited data in Canada on the holistic health of orphans.

**Objective:** Compare the holistic health (physical, mental, social, spiritual) of orphans to that of other youth and identify the role of received support.



## 2. METHODOLOGY

**Sample:** 781 youth (14–25 years)

**Measures:** Physical health (SSS-8); Mental Health (PHQ-4); Social support (SPS-5); Spiritual well-being (WHOQOL-SRPB)

**Analyses:** ANCOVA (age/gender controlled) and multiple regressions (age/gender/expectability of death controlled, effect of immediate and long-term support)

	Parents together (n = 238)	Separated parents (n = 250)	Orphans (n = 293)
<b>Age</b>			
Mean (SD)	20.7 (3.3)	19.3 (3.1)	19.6 (2.9)
[min – max]	[16 – 25]	[16 – 25]	[16 – 25]
<b>Gender, n (%)</b>			
Male	109 (45.8)	80 (32.0)	154 (52.6)
Female	126 (52.9)	160 (64.0)	128 (43.7)
Other	3 (1.3)	10 (4.0)	11 (3.8)
<b>Educational status, n (%)</b>			
Full time	144 (60.5)	165 (66)	183 (62.5)
Part time	30 (12.6)	34 (13.6)	70 (23.9)
Not at school	64 (26.9)	51 (20.4)	40 (13.7)
<b>Employment status, n (%)</b>			
Full time	72 (30.3)	48 (19.2)	40 (13.7)
Part time	108 (45.4)	126 (50.4)	174 (59.4)
Unemployed	43 (18.1)	53 (21.2)	51 (17.4)
Other	15 (1.8)	23 (9.2)	28 (9.5)
<b>Legal status in Canada</b>			
Canadian citizen	219 (92.0)	238 (95.2)	273 (93.2)
Perm./Temp. resident	16 (6.8)	10 (4.0)	10 (3.4)
Other	3 (1.2)	2 (0.8)	10 (3.4)

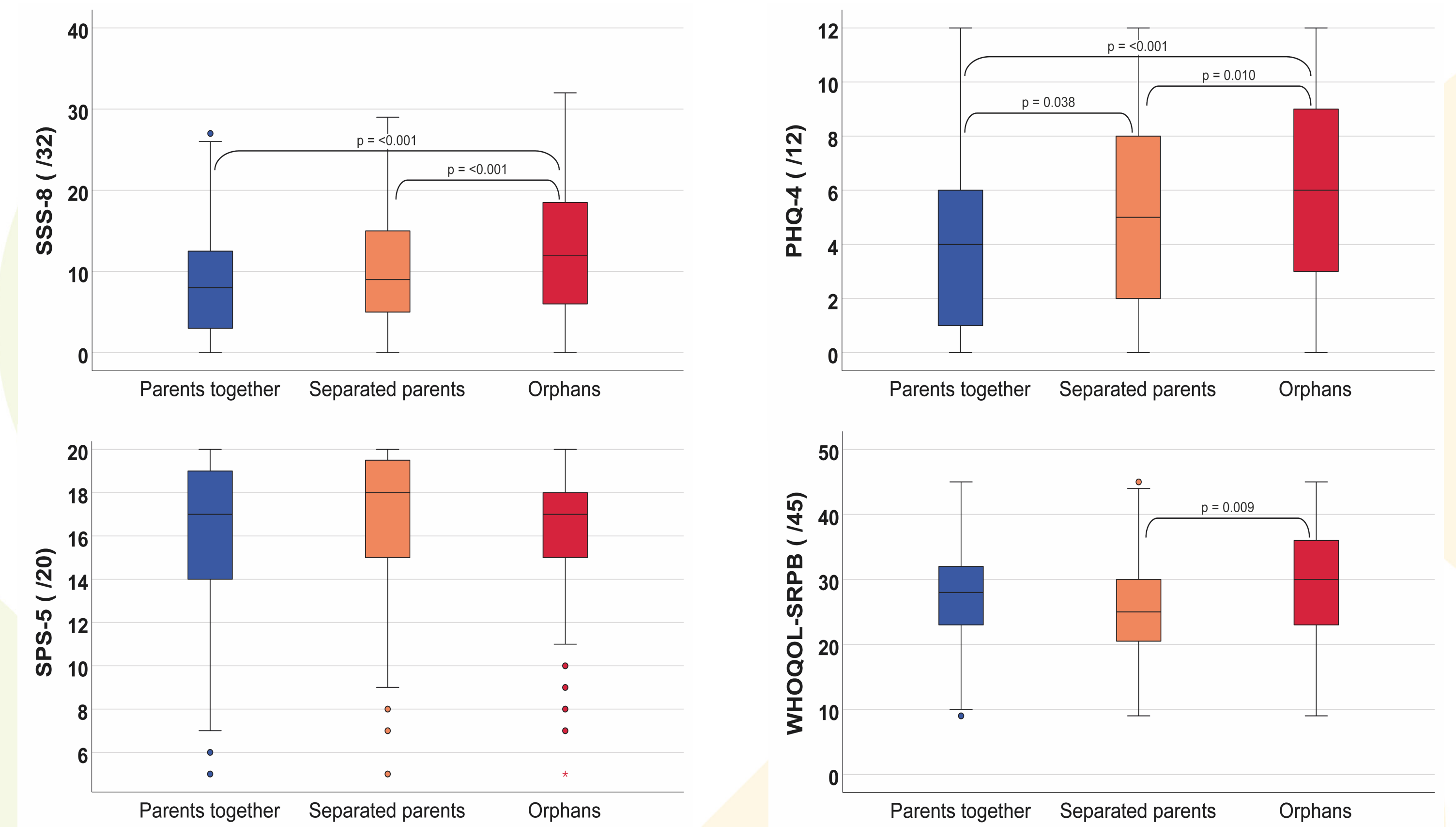
## 3. MAIN RESULTS

### A) Group comparisons (ANCOVA)

**Physical and mental health:** Orphans report significantly higher scores (somatic and anxiety-depressive symptoms) than non-orphaned youth.

**Social support:** no clear differences.

**Spirituality:** higher scores among orphans.

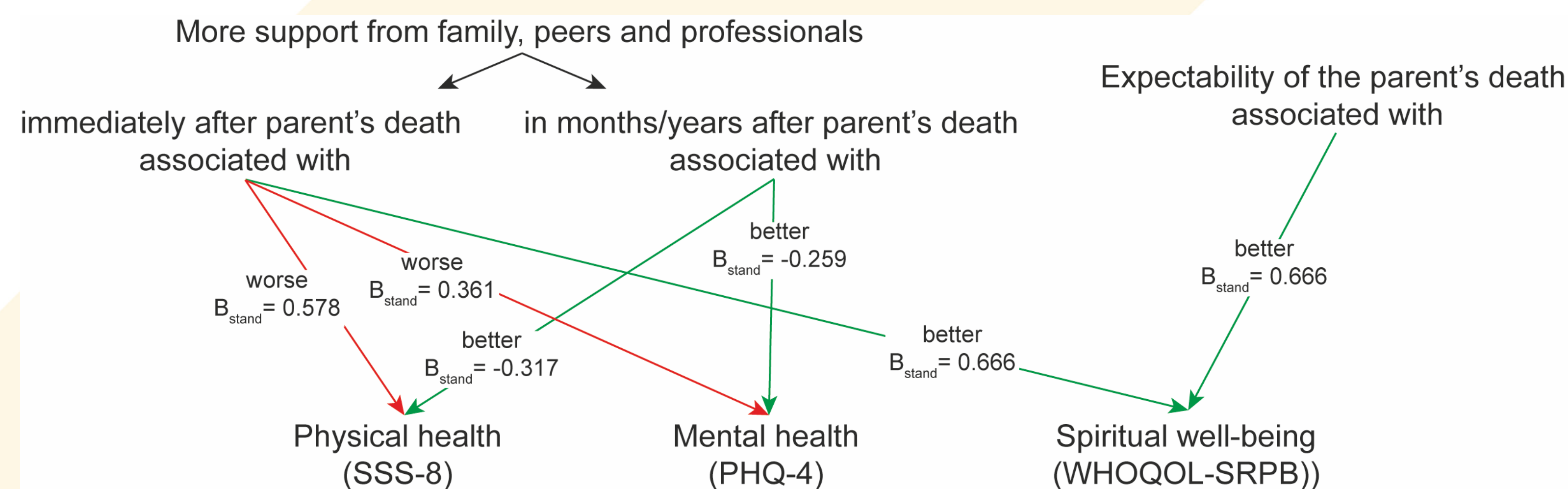


### B) Effects of support on orphans' health

**Immediate support** → paradoxically associated with **more symptoms** (SSS-8, PHQ-4).

**Long-term support** → associated with **fewer symptoms** and **better adjustment**.

**Predictable death** → associated with **higher spiritual well-being**.



## 4. DISCUSSION

Orphans show a **dual profile**: more physical/psychological symptoms but also higher spiritual well-being → **spirituality may act as a resilience resource**.

**Timing of support matters:**

Immediate support = linked to more distress (crisis context)

Long-term support = linked to fewer symptoms and better adjustment

Implication: grief is not only an **individual process** but shaped by **social structures and cultural norms**.

Need for **sustained, long-term networks of care** (family, peers, schools, professionals) rather than short-term interventions only.

## 5. CONCLUSION / NEXT STEPS

🇨🇦 **First Canadian evidence on orphaned youth's holistic health**

👉 **Sustain long-term support → beyond crisis care**

🔍 **Future analyses: SEM to test pathways**

## 6. REFERENCES & ACKNOWLEDGMENTS

### Key references

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