

“The Psychosocial Resilience and Wellness in Women after Spousal Death: A Case of Selected Churches in Nakuru County, Kenya”

Anne K M Muthangya¹, Dr. ZipporahKaaria², Doreen Katiba²

¹ Kenya Agricultural & Livestock Research Organization, Private Bag, Njoro,

² Kenya Methodist University Department of Theology, Religious Studies and Counselling Kenya Methodist University

Corresponding Author: Anne K M Muthangya

Abstract: Spousal death does influence the psychosocial wellbeing of widows, and its impact depends on how well the widows can adapt to the psychosocial challenges of being widowed and the coping interventions and mechanisms. The study investigated the coping and intervention mechanisms that the widows adopted to build resilience and impact wellness after spousal death. Descriptive research design was adopted in gathering an in-depth understanding of the psychosocial challenges faced by the women after spousal death and the coping and intervention mechanisms they deployed. The research approach was qualitative and the data collection methods were through interviews and focused group discussions. The target population was all the women who had lost their spouses, irrespective of their ages, and attended church services in the selected mainstream churches in Nakuru County. The data collected via the interviews and focused group discussions were organized, processed and analyzed thematically and presented in verbatim. The thematic areas were categorized from the objectives of the study, and were the psychological challenges, the social challenges, the coping mechanism and the interventions employed. The study findings indicated that spousal death results into psychosocial challenges which greatly affected the wellbeing of the widows and that of their children. The psychological challenges identified were depression, the fear of taking up family responsibilities, threats and fear of own life and feeling of regret; while the social challenges included poverty and financial stress, conflicts and rejection by both the in-laws and the community, poor interpersonal relationships and loneliness. The coping mechanisms the widows adapted were the use of divine intervention, social support, acceptance, avoidance and embracing change. The key interventions to overcome the psychosocial challenges were through social support groups, awareness creation, use of personal support and seeking professional counseling. The study recommended that for the widows to improve upon their resilience and wellness, they should take personal responsibility to deal with the effects of the psychosocial challenges through self-awareness, seeking professional counselling and to be part of social networks.

Key words: psychosocial challenges, wellness, psychosocial challenges, wellbeing, coping mechanisms, resilience and social support.

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I. INTRODUCTION

Human life is precious but the same life is threatened by either natural or unnatural causes, particularly death. Death is universal and nobody has control over it. Death is perceived as the end of life. Eboiyehi (2013) noted that the death of a spouse is a traumatic event that results into profound effects on their well-being and provokes important life changes, including the loss of an intimate companion and results into long-term psychological consequences.

As a result of death, women face various forms of challenges within the society and these affect them psychologically, socio-economically and spiritually (Miruka, Mojola, Nathan&Onginjo2015). Further, Ajiboye (2016) discussed the world of widowhood in many African cultures that is characterized by dehumanizing cultural and ritual practices passed off as mourning rites. According to Oniye (2000), some of the challenges a widow faces are related to the income variations, living conditions, perceived health, status and presence of a confidant. Oniye, further noted that the widows feel ignored and suffer within the society; they may lack self-esteem and feel loneliness and may live in state of fear as they lack groups to identify with. The psychosocial challenges do affect the wellness of the widow.

The statistics for Kenya indicates that there are about 895,000 widows in Kenya, with Nakuru county registering 29,561 widows, as noted in the Kenya National Bureau of Statistics 2016: (Kenya County statistical abstracts 2016).

There is scanty literature on the magnitude of the challenges facing widows in Nakuru County, and especially on the coping and intervention mechanisms that are employed by the mainstream churches to assist these widows. The past studies did reveal that little empirical research has actually been conducted on the current topic under investigation, and did not fully address the issue of psychosocial challenges and adjustment of widows who lost their spouses due to one cause or another. This study was therefore deemed necessary, and described and documented the psychosocial challenges that affect the widow wellness within mainstream churches in Nakuru County and explored how widows coped with the challenges and on the interventions that were used to help them deal with the psychosocial challenges. The study objectives which were: to identify the psychosocial challenges affecting the wellness of women after the death of their spouses within selected main stream churches in Nakuru County, Kenya; to explore the coping mechanisms that women employ to deal with the psychosocial challenges affecting their wellness; and to determine the interventions that widows can use to deal with the challenges they faced after spousal death within the main stream churches in Nakuru County.

II. MATERIALS AND METHODS

The study adopted a descriptive research design to gather an in-depth understanding of the challenges faced by the widows after spousal death. Shuttleworth (2008) indicated that descriptive research design is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way. In the study the observational method as described by Hale (2011) was applied to study the participants in their natural environments.

The research approach was qualitative, as described by Mugenda & Mugenda (1999), as a process of collecting data in order to answer questions concerning the status of the subjects (behavior, attitudes, values and characteristics) in a study. In addition, Cresswell (2007) asserts that a qualitative study is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words reporting detailed views of informants, and conducted in a natural setting. This approach was found to be best as the research topic required meeting the widows face to face in their natural setting. The qualitative research design was chosen because although it is a rigorous design, demanding a lot of time in the field carrying out interviews and in depth observations on the informants, it had the advantage of studying the respondents at their natural setting.

The target population was all the widows who attended church services in the seven mainstream churches in Nakuru County. The researcher postulated that within the women population in these churches, there would be adequate number of widows whose life experiences would form the basis of the study. The snowballing sampling procedure (Biernacki & Waldorf (1981) was adopted for the study due to the fact that there was no prior information available on the widow population in each of the churches. Snowball sampling was used in this study to identify and reach the widow population in the churches. The snowball sampling procedure employed identified 110 respondents, and thereafter there were no further referrals, and this formed the sample size for the study.

The data and information was collected through the use of an in-depth, semi - structured interview with guiding questions in order to illuminate the lived experiences of the widows and the challenges they have experienced after the spousal death. The study brought together the respondents from each church into the Focused Group Discussions (FGDs), to supplement the information obtained through the interviews. To ensure the validity and reliability of the research instrument, the researcher applied the four-phase process test, as described by Castillo-Montoya (2016), to ensure that the interview questions were aligned to the objectives of the study and constructing an inquiry-based conversation, receiving feedback on interview protocols, and piloting the interview protocol. The interview protocol was adjusted and amended to reflect the feedback and this resulted into improved reliability of interview protocols and on the quality of data obtained from interviews.

The data collection instrument was pilot tested for validity and reliability. The pilot testing content and reliability was by the interviewing of three widow respondents chosen at random, and the results on how they understood the questions, how they responded and the flow of information; was utilized to modify and adjust the document accordingly to ensure proper data capture. The process flow and responses were checked and noted. The purpose of the study was explained to all participants, and their informed and voluntary consent to participate in the study enlisted. The informants were assured of the utmost confidentiality of all the disclosed information and they were assigned pseudonyms and codes to safeguard their identity. All the verbal and nonverbal responses and actions were carefully noted and documented. All the participants from each church were invited to participate in a focused group discussion (FGDs) that deliberated upon the challenges of widowhood, coping mechanisms and the life supportive interventions. However, during the interviews and the FGDs, all the respondents declined to be audio recorded.

The analysis of data from individual interviews and focused group discussions used interpretive approach, and as discussed by Lancia (2012) and started with data reduction, data organization and thematic groupings; and interpretation. The data was categorized into four key thematic areas; the psychological challenges, the social challenges, the coping systems and the intervention mechanisms. All this was concerned with the organization and the interpretation of information in order to discover any important underlying patterns and trends. The analyzed data was presented through verbatim and interpreted in line with the research objectives.

III. RESULTS

The findings are thematically and systematically presented according to the study objectives that were; to identify the psychosocial challenges affecting the wellness of women after the death of their spouses within selected main stream churches in Nakuru County, Kenya, to explore the coping mechanisms that women employ to deal with the psychosocial challenges affecting their wellness and to determine the interventions that widows can use to deal with the challenges they faced after spousal death within the main stream churches in Nakuru County.

The findings, from the individual widow respondent interviews are presented in tables 1 and 2) and those from the FGDs in table.3. The main psychological challenge identified was depression, the fear of taking up 100 % family responsibilities, the feeling of being threatened and fear for my life, and feelings of regret were also experienced by the widow respondents.

The respondents indicated that they had various depressive symptoms that included demoralization, the feelings of sadness, fearfulness, emptiness or hopelessness, anger outbursts, irritability or frustration, even over small matters, sleep disturbances, including insomnia or hypersomnia i.e. sleeping too much, tiredness and lack of energy, so even small tasks needed extra effort, reduced appetite, anxiety, agitation or restlessness, feelings of worthlessness or guilt, fixating on past failures and blaming the past and self-blame, frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide and feelings of physical aches.

Respondent RW080, on hearing the news of her spouses' death, said that; "I was very saddened, felt pained, annoyed, angry, sobbed and cried".

Respondent RW049, said; "I cried, had sleepless nights, had panic attacks, felt ill and was taken to hospital. I felt frustrated regretted for the first time why I got married".

Respondent RW077 noted that "I was terrified, confused, did not believe, I felt like I was going to die at any time and was engulfed in fear and shock, felt demoralized and felt as if my mind was blocked".

Another respondent, RW013 said; "I experienced low moods and lack of energy resulting into lack of sleep and loss of appetite"

The widow respondents further indicated that they had to undergo very stressful feelings that resulted into multiple reactions including crying, feelings of hopelessness, and feeling that they had lost all and some developed bad and suicidal feelings.

Respondent RW110 said "I thought this was the end of our life with my children, I couldn't imagine bringing them up without their father".

Respondent RW074, said; "I felt unbearable pain as his death became real. I was agitated and felt that my life had come to a sudden end".

Respondent RW073 said; "I physically got tired, cried a lot, got confused and I did not know what would happen next".

Respondent RW004 said; "after the death of my husband, I started thinking too much and was crying and lacked sleep, and I had fear of the unknown, I felt doomed and easily got annoyed and upset".

After the death of the spouse, several widows reported that they got confused; felt shocked, had annoyance, anger and went into denial. The findings of the study were in agreement with the study findings by Vitelli, (2015), that found that spousal death results in life stresses that included depression, anxiety and reduced life expectancy. The findings also concur with other studies by Mwangi (2014), Owen (2011), Uzo (2006) and the Kubler Ross theory on death and dying, as discussed Anastasia (2005) and the five stages of grief in the model were noted to be very applicable to the study.

The study further noted that the majority of the widow respondents experienced a new reality and a new situation that required them to take up all the family responsibilities (table 1). The widow respondents were left with families to provide for without any source of income, or on reduced income levels due to the loss of the principal bread winner:

Widow respondent RW057 noted "I was not familiar with my late husband's business and was very scared to take it up and getting accustomed to the new responsibilities".

Respondent RW032 indicated that, "I was so scared to adjust to a new life style and of taking up the family responsibilities".

Respondent RW062 said, "I was lonely and felt frustrated and had many financial problems and many burdens of paying school fees and debts".

Respondent RW103 noted, "I was scared of adjusting to a new life without my spouse and I feared taking up the responsibility of running the family affairs alone".

Respondent RW077 noted, "I was terrified, confused and didn't know where to start, as I was now the father and mother of my children and this was not easy. I got confused and alone and depressed".

Respondent RW034 said, "I could not imagine taking up full family responsibilities and specifically the expenses of moving houses and paying rent".

Respondent RW039 said, "I underwent through a financial crisis, losing all the properties and our businesses, as I was taking up new responsibilities and roles of running the family all alone".

The fear of taking up this responsibility was a real challenge as the widows also felt uncomfortable in a society that is couple oriented, and that being single is out of the norm. The widow respondents also indicated that they were not in the know and familiar with all the work the husband was doing. Hence the fear of taking up the family responsibilities and the difficulties of getting accustomed to the new responsibilities was a real challenge and were rated highly by the respondents. The findings of the current study are in agreement with other studies, Fasoranti & Aruma(2007) who found that the death of the principal bread winner results in many economic problems that affect widow wellness. Also studies by Stroebe & Schut (1999) noted that the death of a loved one is distressing and reduces the available resources to live upon.

The study identified another psychological challenge as threats and fear of own life (table 1). The widow respondents noted that they were threatened with dire consequences if they did not comply with the demands of the in-laws. They also experienced abandonment by friends and family when they needed them most. The widow respondents also indicated that they did not get the much attention from friends or the family and had no one to vent emotions to and lacked emotional support. The widow respondents were also shunned by the married ones for fear of snatching their husbands. This challenge was real and subjected the widow respondents to various experiences such as:

A widow respondent, RW077 said "I was not appreciated and respected by the community and I felt stigmatized, and did not want mixing with them or coming out to the society and I became lonely and experienced various complications such as not eating and lack of sleep".

Respondent RW042 noted "I had problems with the in-laws who kept on interfering on matters of inheritance and succession and the long and tedious legal process, made me feel frustrated, annoyed and lonely and I had no body to share with".

Respondent RW038 said, "I was harassed by the in-laws in relation to the compensation dues and was very scared and worried".

Respondent RW080 said; "my in-laws hated me and I felt rejected. I felt alone and had sleepless nights and nightmares".

Respondent RW074 said "I had serious conflicts with the in-laws and they threatened to send me away, if I didn't agree to their demands".

The respondents felt a sense of being threatened and not welcome to the in-law's family, since they were treated as strangers and were denied the rights they had acquired through the marriage. Due to the intensity of the conflicts, the widows had fear for their lives and had to seek safety by other means. Studies in Zimbabwe by Dube (2017) concurred with the current study findings, as the widows had conflicts with in-laws and their properties were taken over and were left in abject poverty. The widows would reflect on how secure they were when the spouse was still living and would feel pain, anger and confusion. They would be preoccupied with many unfinished businesses such as doing things they could have done but did not do. These feelings and the resultant expressions are in accordance to the Kubler Ross Model of grief, Anastasia (2015) and were associated with the psychosomatic symptoms such as the feeling of pain, falling sick, and fear of the unknown.

The widow respondents indicated also that they had feelings of regret, feelings of worthlessness, self-blame, and frequent and recurrent thoughts of death and feelings of physical aches and pain (table 1). The way the widows were treated by the in-laws, especially in the administration of the late spouse's property, problems associated with the long tedious legal process on the inheritance of the late husband's assets and interference from the in-laws resulted into frustration, confusion, sadness and anger, coupled with the feelings of regrets. Frustrations would also result from the in-laws wanting to take advantage of the widow by pretending to want to inherit her, and as such she would be seen as a threat by the other ladies in the family. The lack of adequate resources to sustain the widow would also lead to situations of regrets and self-blame.

Respondent RW049 said; "I felt anger, fear and frustration. It is a bad thing to happen and then you realize who your true friends and relatives are. I was very lonely and had feelings of regrets".

Respondent RW073 said "I was frustrated, confused, had regrets and was very alone and many times I felt physically tired".

The findings of the study concur with other works, Neimeyer (2005), that explored the common symptoms of normal grief to include anxiety, hopelessness, loss of purpose for living, slower thinking and indecision. The study findings also concur with the theory of Kubler Ross, as described by Anastasia (2015), that the respondents had to undergo through a change curve and through various change levels as in the model; including denial, anger, bargaining, depression and acceptance, though not in the same occurrence order as described in the theory. The study noted that the widows had to live in fear of the next day and that included prolonged and pervasive stress, depression, loss of appetite and sleep, fear, feelings of guilt, emptiness, hopelessness, social anxiety, and a continuous sense of exhaustion. They were lonely, emotional and depressed and that calls for the need for rationalization, acceptance and coping interventions.

The social challenges that emerged from the study included poverty and financial stress; conflicts and threats from in-laws; rejection and isolation, hatred, mockery, discrimination; loneliness that included having no body to share with, lack of intimacy and the widows going back to an empty house. The findings, both from the individual widow respondent interviews are reported in table 2.

Poverty and financial stress was ranked as the most important and felt social challenge affecting most of the respondents. All the respondents unanimously agreed that after the loss of a partner, they suffered financial constraints that affected their livelihoods and wellness. The study found that the financial constraint also expressed itself as increased poverty, increased debts and poor nutrition. The widows needed to meet all the expenses on family maintenance, pay rent, procure food, pay electricity and other utility bills, meet transportation costs, and shelter the education for the children on a reduced income level on their own. The financial constraints were also expressed as lack of resources, increased poverty, increased debts and poor nutrition:

Respondent RW096 also said “I got annoyed with myself as the children dropped out of school due to lack of school fees”.

Respondent RW069 noted that, “I had financial troubles, my life changed all of a sudden and the children dropped out of school which led me into depression”.

Respondent RW092 said, “I was financially stressed and didn’t know how to find money for school fees and even food”.

Respondent RW076 noted “I had financial stress and paying school fees and rent were the hardest parts, as we were living in a rented house”.

Respondent RW095 said; “I had so many struggles financially and my children dropped out of school and I became poor”.

Respondent RW028 indicated that “I had financial stress, the in-laws took me to court, and at the same time I was retrenched and lost my job”.

Widow respondent RW062 noted that “I did assume new responsibilities of managing the family affairs and I did not have any resources and I experienced financial constraints and frustrations”.

Respondent RW096 said with bitterness, “I saw real poverty as my children dropped out of school due to lack of school fees and I got annoyed with myself”.

The poverty challenge was more aggravated where widows lost the benefits of being married and the in-laws frustrated their efforts to inherit their late spouse’s properties and dues. The possibility of increased poverty was real as the widows had to undergo property and inheritance deprivation. This was presented as:

Respondent RW046, “I was financially stressed as I had spent a lot of our resources and savings on his hospital bills and medication”.

Respondent RW083, “I was financially stressed, and saw discrimination and poverty increase and the children dropping out of school”.

Respondent RW078, “I was confused and I saw real poverty as putting food on the table was very hard and the children had to drop out of school”.

The study findings were in congruent with other studies that identified financial constraints as the main challenge facing widows. Mwangi (2014) found that many widows in Mugunda location, Nyeri County, suffered financial constraints, after they were left with families to provide for, without any other source of income. Similarly, Ogweno (2010) studying widowhood challenges in the Kibera slums in Nairobi County, found that the widows felt the significant weight of the financial problems after their husbands’ deaths since in 90% of the cases, the husbands were the sole bread winners.

The study further indicated that conflicts with in-laws came up immediately after the spousal death and were basically associated with the inheritance of the respondent’s late husband’s estates. The widow respondents indicated that after the death of the spouse, the relationships with the in-laws deteriorated. The poor relationships were expressed in the form attempts to evict the widows from their marital homes by the brothers or parents of the spouse, or when the family claimed their son’s property. The conflicts would result into the widow being threatened by in-laws, the widow not accepted, her property taken away, intrusion by relatives, hatred by in laws, being falsely accused, being sent away by in-law’s family and the feelings of being unwanted:

Respondent RW045 noted that, "I had many conflicts with his parents on inheritance of my late husband's property".

Respondent RW035 said, "The in-laws chased me away and I did not have money".

Respondent RW033 noted "I felt lonely as his relatives threatened to chase me away".

Respondent RW047 said, "I had conflicts with my in-laws on my late husband's properties and I was economically and financially affected".

Respondent RW017 indicated that "His relatives chased me away and I was devastated".

Respondent RW080 said, "His relatives and family hated me and I felt rejected".

Respondent RW078 said, "I became so frustrated after my in-laws took everything we owned together and left me with the children only".

Respondent RW071 complained, "I had too much interference from the in-laws on inheritance issues and also on the long and tedious legal succession process".

Widow respondent RW013 said "in addition to the problems with the in-laws that included court cases on inheritance; and the false accusation and the issue of the in-laws talking behind my back and the action of being sent away from my late husband's family were major drawbacks".

Respondent RW109 complained "the in-laws wanted to take advantage of my lack of awareness on my rights as a widow and how to file the succession case".

The findings of the study are in agreement with studies done in Zimbabwe by Dube (2017) which indicated that after the death of a husband, the widow experiences property stripping by depriving her of acquired or inherited movable or immovable possessions that rightfully and legally belong to the widow. A similar trend was observed in Rwanda by Mbabazi (2016) noted that the widow's property that legally belonged to her and her children was grabbed by her in-laws. The widow respondents indicated that they do suffer social exclusion and marginalization upon the death of their partners. The loss of a spouse causes unimaginable suffering and in some cases, the trauma is worsened by the in-laws that are only interested in the deceased's assets.

The study noted that the widow respondents faced rejection which was expressed as discrimination, desertion, isolation and the fear of rejection. They lacked support and lost key friendships, were not respected and faced hatred and mockery especially from the married women, who thought that the widows would snatch their husbands. The in-laws showed no respect and discriminated against them:

Respondent RW069 said, "I was rejected, misused and I felt self-pity on myself".

Respondent RW091 noted, "I realized that I was alone and hopeless, even though people pretended to love me, I smelled rejection".

Respondent RW080 said, "I was rejected by in-laws and felt alone".

Respondent RW083 said, "The in-laws left me and my friends also deserted me".

Respondent RW011 noted that, "All my friends deserted me, friends of my late husband also could no longer visit our home and I felt rejected by the whole society. I was not recognized by the in-laws".

Respondent RW050 said, "My in-laws rejected me and they were hostile to me".

Respondent RW023 indicated that "All the people I knew deserted me, others avoided me".

Respondent RW084 said, "The major challenge was that I was rejected by my in-laws and I did not know what to do to his child".

Respondent RW011 said, "My mother in law refused to stay with me and my children".

A widow respondent RW013 said, "I experienced discrimination, lack of being respected and mockery in the society, and other ladies feared that I may snatch their husband's. I felt isolated and rejected".

The widow respondents experienced social challenges that included being sent away by the husbands' family, false accusation by society, people talking behind their backs, discrimination, lack of being respected and mockery in the society, other ladies fearing that the widow was a threat and might snatch their husband's, isolation and rejection. The widow respondents noted that they had to get used to the children who persistently asked too many questions and others became stubborn. The widow respondents said that they were not easily accepted by in-laws and experienced major handles with the in-laws on how to inherit her late husband's assets. Some experienced pre-conditions such as being requested to accept to be also inherited if she was to be part of the in-law's family and be part of the succession plan. The widow respondents indicated that the lack of adequate resources to sustain themselves resulted into feelings of isolation and rejection.

The results of the current study concur with other studies, (Eboiyehi & Akinyeni 2016), who found that isolation and rejection of widows was a key social challenge. A review by the Human Rights watch (2010), noted that the widow would find herself in a lonely life after rejection by the spouse's family and these challenges are likely to trigger more psychological challenges resulting into reduced wellness.

The other social challenge identified by the study, was the fact that the widow would go home in a solitary state, where there is no spouse to give the much needed company and relationship support as before; and

therefore the house seemed empty and felt too big. The widow respondents indicated that the family and friends don't recognize or appreciate them and neither did they give them any attention:

Respondent RW101 said; "I found the house too big because children are grown up and the others are in boarding school. I have no one to listen to me or give me attention. I wanted someone to spend nights with me but no one".

Respondent RW032 said; "I was so scared of going home only to find a house without my husband, and starting to adjust to a new life style and taking over responsibility of myself and the whole family".

Respondent RW040 said, "I feared entering and staying in a house where my husband will never knock the door again".

Respondent RW093 said, "I had to get used to sleeping alone, and to not getting any sleep; and to doing all activities alone, including planning and taking up all the family roles".

A widow respondent RW095 said "I faced discrimination and mockery from the in-laws and relatives and I felt alone and stigmatization".

The study concurs that loneliness is a major social challenge experienced by widows, as was highlighted by Vitelli (2015) who noted that loneliness occurs due to the loss of a lifelong companion and the bereaved needed to be supported to counter the challenges they experience. The study found that the widows experienced similar issues and the loneliness was expressed in various modes such as the lack of companionship, eating alone, sleeping alone and missing mutual love; with no one to fix things for them, finding no one to assist in the making of decisions, no one to turn to, no one to do anything with and no one to love.

The study organized focused group discussion for all the widow respondents from each of the main stream churches. The FGDs results were in conformity with the individual respondent interviews, and concurred that the psychosocial challenges included depression, stigmatization, financial constraints, social rejection, family conflicts, and lack of social structures to cushion the widows, awareness on widowhood and inheritance of properties after the death of a spouse. The results of the discussions were summarized in table 3.

The study established and documented various coping mechanisms that the widow respondents employed to improve on their wellness. The widows were faced with specific psychosocial challenges and had to appraise the situation and within capacity to respond to it, and develop and apply particular coping strategies that best addressed the situation. The coping mechanisms that the widows employed were based on divine interventions, self-appraisal and awareness and acceptance, while the intervention mechanisms were based on social networks and community support (table 3). The widow respondents had to initially engage with the new situation, accept the reality and after rationalization, learn how to cope within the new reality in a positive manner and move on.

The study noted that the respondents would turn to God for divine intervention. Seeking divine intervention involved many aspects of being strong spiritually, thanking God and looking upon Him through prayer and fasting. By seeking divine intervention, the widow respondents believe in God and trust him to cause something to happen through his grace and favor. The widow respondents indicated that they had to wait upon God, being strong in the lord, having hope in the favor of God in life, and engage church activities. They noted that it was through the increased trust in God, by praying, attending church and church functions and by joining church groups that they felt better and free to interact and the burden and challenges became manageable.

Respondent RW080 said; "I had to seek God through prayers and by attending fellowships and other church activities".

Respondent RW018 said, "I started praying, going to church, and joined the church cell group in my estate".

Respondent RW045 said, "I accepted the truth, prayed to God to sustain me and continued working hard in the business".

Respondent RW060 said, "I learnt to trust in the Lord and through praying and going to church fellowships and I knew that even if I am alone life must continue".

Another widow respondent RW058 said "I trusted in God and relied on Him alone and became prayerful and keep on reading the word of God".

Respondent RW065 noted that "I had to seeking divine intervention by praying, joining church groups and support groups".

Respondent RW103, "I dedicated myself to praying and reading the word of God for direction".

The widows had to choose to seek divine intervention by making decisions and adapt to a new lifestyle change so that they would benefit through improved relationships, increased personal strength, exploring new possibilities and spiritual change. The benefits of interactions within the church and finding comfort in God assisted the widows to resolve emotional and behavioral problems and disturbances and lead happier and more fully lives. Seeking divine is as a result of the widow respondent accepting the reality of spousal death and after

evaluating various alternatives, rationalizes that God is the only pillar she can trust to redefine and renew her to move on.

The support by the society, family and friends during the grieving period and thereafter was valued by the widows as it came out in the interviews and the FGDs (table 3). The widow respondents indicated that they got social support which they perceived through such experiences as being valued, respected, cared about, and loved by others. The social support was offered by family, friends, the community and the social groups they are affiliated to. The social support can come in the form of tangible assistance provided by others and perceived social support that assures the widow confidence of the availability of adequate support when they require it:

Respondent RW031 said, "I go to the church for networking with other widows and participation in the church activities".

Respondent RW064 said, "I find networking with other widows useful. I have learnt that we are many of us. We meet as widows once every month for table banking and to encourage and support each other as we share life experiences".

Respondent RW001 noted "I had frequent visits from the church widow groups who supported me morally and financially".

Widow Respondent RW017 said "I got spiritual support from the church. The family and friends stood with me and would provide us with resources and food".

Respondent RW088 noted that "Our family supported me much with finances and encouragement".

Widow respondent RW099 indicated that "I received support from the whole community and society showered us with a lot of love and encouragement. Our friends and relatives also supported us very much".

Respondent RW065 noted that "I had to continue seeking divine intervention by praying, joining church widow groups and support groups. We got great assistance from family and friends.

The social support is needed to re-assure the widows of the normality of grief, explain its symptoms and reassure them that life has to continue despite the demise of the spouse. The social support in terms of interpersonal interactions and relationships provide the widows with actual assistance and feelings of attachment to the persons they perceive as caring. The widows need social support which may be material support such as food and money, or emotional support that includes useful information, advice with personal problems, and time spent with friends and visitations. The support could come from friends, family members, companions, co-workers, neighbors, church members, and others. The findings of the study indicated that the support included the networking with other widows, visiting each other, sharing and encouragement for each other, getting into useful groups, involvement in networks and engaging in widows' groups. The widows indicated that showering love to the in-laws and bringing them closer resulted in good support. Similarly showing love to her children also resulted into reciprocal support by the children when they are grown up. The widows had to show the need for the social support and actively be involved. The literature reviewed by Ozbay, Johnson, Dimoulas, Morgan, Charney & Southwick (2007), demonstrated that social support was essential for maintaining physical and psychological health and that it was critical to have access to rich and functional social networks in fostering effective coping strategies.

To cope with the various challenges, the widow respondents indicated that they had ensured they are fully engaged and active in many activities. They indicated that the point was that it is better to do things than sit at home doing nothing, since doing nothing soon becomes very boring, even depressing. The widow respondents indicated that had to try and do anything and everything that they thought was right and good and healthy. They took up new hobbies, focused on career, and worked hard. They resolved to be assertive, focused, self-confident and courageous, working hard and kept busy. To keep themselves busy, the widow respondents had to intentionally make decisions to invest wisely and taking over the running of the late spouse's business.

Respondent RW079 said, "I started a business to keep myself busy and occupied".

Respondent RW095 said, "I kept myself busy and continued teaching, I talked to other widows to know what happens and I also prayed to God to help me".

Widow respondent RW090, "I decided to work hard and keep myself busy and ensured that all the plans we had developed with my late husband are fully implemented".

Respondent RW069 noted that, "I accepted that I was a widow and I have to move on with life by working hard and avoiding idleness and keeping busy, being assertive and focused".

Widow respondent RW103 said "I had to move on with life, and kept working hard and I avoided idleness and bad friends".

The widows had to encourage themselves, and start working hard to support the family, in terms of feed and paying fees. Some other widows found solace in helping, doing community work or voluntary work, going for further studies, getting employed and starting a business. Spangenberg & Henderson(2001) studying

Stress and coping in Black South African adolescents found that in the initial stages of grief, taking care of details and keeping busy helps, as you have to face the change in your life. The study found that the majority of the widows had to accept the death of the spouse and move on. The widow respondents noted that acceptance was about accepting life on life's terms and not resisting what you cannot or choose not to change:

Respondent RW080 said, "I had to accept that my husband is gone and I will never see him again and I focused on life".

Respondent RW014 said, "I had to accept that death is real and it is a journey for all of us and I started growing spiritually".

Respondent RW110 noted, "I accepted that he was no more and took charge of life and all family responsibilities and worked hard to make life as it was meant to be for us".

Widow respondent RW085, "I had to accept that he is dead and that I was now a widow and life has to continue. I decided to keep busy and to avoid being idle, but to be involved with other widows, to be active in church activities, to keep positive and be assertive and to work hard to ensure life goes on".

Widow respondent RW021, said that "I had to accept that he is no more and I'm now a widow and life will never be the same again and I've to move on".

Respondent RW026, "I had to accept that my husband is gone and life will never be the same again. I had to face the in-laws in relation to the inheritance of my late husband's property and I had to seek legal services to assist in the case. I relocated and ensured that I continued and upheld my late husband's aspirations, and worked hard and supported the children to maturity".

Widow respondent RW103 noted that "I moved on with life, kept the right company with the right people, worked hard and avoided idleness".

This increased their self-confidence as they trained themselves to be on their own, having self-principles, continuing to do what they both used to do together. The widows kept positive friends, and chose to close their ears to what is being said out there, increasing self-worth and refusing the fear of insecurity. Anastasia (2015), commenting on the Kubler Ross model, noted that acceptance comes into play when the widows realize that fighting the change would not make the grief disappear, so hence they resign to the situation and accept it completely. The resigned attitude may not be the best coping option, but is one in which the person may stop resisting change and move ahead with it. However, Hegge & Fischer (2000) found that widows would accept the loss of the spouse and reorganize themselves and assume new identities and roles and move on.

The study noted that some widows did not want to be associated with anything that reminded them of their late spouse: The widow respondents indicated that they had to make deliberate efforts to avoid the feelings of sadness and pain by avoiding the stressor and social withdrawal:

Respondent RW034 said, "I had to avoid anything that reminded me of my late husband, including giving away his clothes and keeping his photos away and moved out of the house to a new one in a different estate".

Respondent RW080 said, "I started working hard in my new job and moved from the estate we were staying to a cheaper one and reorganized my budgets".

The widow respondents noted that they avoided the estate, the house, and the places they used to frequent together. The avoidance also included the act of removing what reminded them of the late spouse, whatever would put them down, including shifting estates, houses or even changing bedrooms. The study further identified that as a coping mechanism some widows kept by themselves and avoided public places. This was evident especially to the widows who expressed symptoms of depression, so they either resigned to self, kept alone under self-pity and anger, staying indoors believing that with time they will be well. Such widows avoided mixing with other people.

Respondent RW033 said; "I felt alone and frustrated and I resigned to self and prayed to God to provide a way out for me".

Respondent RW083 said, "I was depressed and had fear of rejection being a widow at such an early age, I felt misused, self-pity and loss of self-esteem and so I resigned to myself and only trusted in God".

Respondent RW082 said, "I was pained and felt lonely and low-esteemed and I resigned to myself and prayed to God to help me overcome".

Sahler & Carr (2009) noted that avoidance and denial strategies may be appropriate as stop-gap measures, especially when the stress is so acute and acknowledging it immediately would be overwhelming. The widow, who avoids the feelings of grief when a loved one dies, may remain and stay in denial. The study indicated that some of the widows manifested the negative coping method of not wanting to be associated with anything that reminds her of her late spouse and avoidance of all situations that would cause her to remember the spouse.

The study further noted that some widow respondents indicated that they embraced the change by understanding that things can and will be different and in life change has to happen and that the change can happen quickly and at any point. The widow respondents had to acknowledge that death of the spouse was a

real change and the best was to embrace this new reality. The widow respondents said that they had to learn on how to cope with change.

Widow respondent RW054, indicated that, "I had to make changes in the way I lived, I made new friends, moved out of the estate we used to live and moved to a new one and kept busy and worked hard to earn a decent living".

Respondent RW080 said, "I reorganized the family budget and moved the children from private schools to the public ones that are cheaper and manageable".

Respondent RW033 noted, "I got a man friend to support me and fill in the loneliness. I also got involved into church cell groups to keep busy".

Respondent RW078 said, "I got into a relationship, opened a business to keep myself occupied. I took the children to boarding schools to give them the best".

Respondent RW059 indicated, "I got a man friend to support me and keep going. I also moved from the house we were staying and rented a smaller one in a different estate".

Respondent RW047 said, "I started a business, changed friends and became seriously involvement in the church".

Respondent RW075 said that "I did re-arrange the house, moved bedrooms and redesigned the sitting room and removed all his photographs from the walls".

Widow respondent RW034 noted that "I had high expectations for my family, my business, and my marriage, but I was shocked and learned that nothing lasts forever".

Respondent RW069 noted that "I decided to pursue further studies in order to keep busy and I joined organizations that empower women".

Kane (2017) noted that widows have to embrace and welcome change in order to grow by accepting the current status, listing all the momentous events in the widows' life, then figure out how the change will happen. The Dual Process Model (DPM), by Stroebe & Schut (1999) is focused both on a loss - oriented coping and also on restoration oriented coping. The loss-oriented coping occurs when the widow deals with separation from the dead spouse through crying, missing, yearning, and remembering all activities dealing with the loss itself. The restoration oriented coping refers to activities by which the widow begins to build a new life and identity. The DPM theory was found to be applicable to the study especially when the respondents were dealing with the coping process. The coping processes identified by the study were not only in response to the loss the widow underwent but also focused on restoration. The adaptation process involved the change movement between the loss orientation and the restoration orientation till a point of satisfactory coping was achieved. Neimeyer (2000) noted that the central motive in all this was the search for a meaning, both in the lost life and in a newly reconstructed life. The widow identifies a necessary change and also finds a purpose and meaning in life through that change and initiates an effective coping strategy. The study was also in concurrence with Worden (2009) who pointed out that adaptation involves a process of accepting the loss, working with the loss, becoming accustomed to a new life in which the lost person does not exist, and then re-arranging the emotional bond with the lost one and continuing with life.

The study identified various types of interventions that were used to reduce the psychosocial challenges the widows experienced. The widow respondents indicated that they appreciated the efforts of other people or institutions that came to support and be with them during the bereavement period. The interventions the widow respondent noted were through social support groups, awareness creation, use of personal support, and seeking professional counseling (table 3). The study revealed that to support the widows in the coping process, the social support group based interventions were critical. The social support was shown to be extended either through emotional, informational or instrumental; and depended mainly on the size of the widows' social circle and the type of resources provided. The FGDs noted that the widows are part and parcel of the society they live in and the social support groups are best placed to offer interventions to the psychological and social challenges they experienced. The social support groups were active mainly through various modes, such as the use of community centers, social halls, churches or community sponsored programs to reach the widows. The widows would cope better through participation in communal activities such as luncheons, social parties, community activities, neighbors' networks, village or estate merry go rounds and investment groups. During these activities the widows would benefit and meet new people and friends, get support from feeling isolated and participate in organized activities. The respondents explained that they were involved in many networks, such as church cell groups, church widow groups, community affiliations and widows' activities.

Respondent RW072 indicated "I'm a member of the catholic women association and do attend church seminars.

Respondent RW003 said; "I Joined the church cell group and became a member of the Catholic Women association"

The church is well positioned to serve as a key social support group. All the widows interviewed for the study were affiliated to church organizations. The FGDs noted that the Church could play a central role in the intervention process on the various challenges widows faced.

Respondent RW094 noted “I benefited from the church leadership who assisted us to form our church widow group, where they trained us on widowhood and how we could manage ourselves. They organized table banking activities for our group”.

Widow respondent RW039 proposed “Let the church create and organize programs to focus on the widows to create networking opportunities, visits and counseling sessions”.

Respondent RW093 said “The church visited me often and did prayers and encouraged me to join women groups in the church and to attend awareness seminars”.

Respondent RW072 suggested that “the intervention of the church through organizing seminars for the widows, to love them and involve them in church activities, avoid discrimination and the church leadership to plan on visits to and assistance to the widows”.

The suggestions call for the churches to be fully involved through the strengthening of pastoral care ministry and possibly through the creation of a ministry of widowhood. The community where the widows reside could support them through the administrative structures that should recognize the presence of widows and how they could be made to be a useful part of the society.

Respondent RW101 proposed that “the society interventions should be through the chief of the area who should organize the society to visit widows and assess their needs and plan how to assist them, the society to accept them and avoid any acts that will result in to discrimination and intimidation, the community to accept widows and visit them regularly and offer them needed assistance, the village elder to ensure they have records of all widows in their location, know them personally, and through the chief protect them from oppressors and forward their details to the chief and county governments for awareness and assistance purposes, the society to recognize the talents of the widows and utilize them by electing them to leadership positions and the widows to participate in communal activities including enrolling in burial groups, clan activities, merry go rounds and investment groups”.

Widow respondent RW051 proposed that “the church leadership to organize seminars to educate the widows, to love them and involve them in church activities, the church to treat the widows well and avoid discrimination, the church leadership to plan widow visits to pray and offer assistance to the widows regularly”.

Respondent RW967 suggested that “the church to look into ways of assistance, such as employing the widows to oversee church projects”.

The widows could form their own groups to be meeting to share widowhood experiences, support each in the coping process and initiate or perform economic activities such as merry go round and table banking to poster business activities.

Respondent RW064 said, “We meet as widows once every month to attend awareness seminars, share and network and undertake table banking. I’m involved in church cell groups and meetings”.

Respondent RW016 noted, “In our church we have a widows group that meets monthly and I joined them to share and network”.

Respondent RW025 said; “I belong to our church widows’ group and meet to discuss widow issues and to encourage each other”.

Respondent RW028 noted, “We have a group of widows in Kiamunyi, where we meet for networking, discussions, take meals together and contribute money for our table banking project”.

Respondent RW110 said: “In our church we have a widow group known as NYENA widows and this group has been of help to me as they encouraged me so much after I lost my spouse, since we were sailing in the same boat. We pray for each other and assist one another when the need arises”.

Widow respondent RW056 noted that “We formed a widow group, and we organize meetings every month to come together to share experiences and support each other in the journey of widowhood and economically through activities like table banking and carrying out business such as event chairs and tents leasing”.

The study found that organized visits were very important in supporting the widows to cope with both the psychological and social challenges that they experienced after spousal death. The visitations were mainly from the church ministers, her fellow widows, the spouse’s friends and the in laws. The FGDs noted that the church could be very instrumental by creating a visitation and care ministry to offer supportive services to those in need and provides an opportunity for people to live their faith by serving others. The church leadership could plan and organize a ministry of widowhood with trained preachers in matters of widowhood for the purposes of spearhead the issues of widows and organizing visits and assistance to the widows.

Respondent RW084 said, “I was encouraged by my friends that this was not the end of life and that I was still young and full of all the energy”.

Respondent RW012 said; “I’m very grateful to the church for supporting us through visits and prayers”.

Respondent RW034 noted, "The church supported all through with visits and encouragement. The friends and family were also very supportive and kept me very close with frequent visits.

Respondent RW059 said, "The church has been praying and visiting me frequently. Joyce a fellow widow from the church has been very close and encouraging me so much".

Widow respondent RW096 said that "the church should organize visitations to the widows' home to shower them with love and assist them meet their needs".

Respondent RW043 proposed that "the church leadership to organize seminars to educate the widows, to love them and involve them in church activities, the church to treat widows well and avoid discrimination, the church leadership to plan on visits to and assistance to the widows and the church to pray and visit the widow regularly".

Widow respondent RW094 proposed that "the intervention could be by creating a leader's voice on the issues of widows, the widows to organize themselves into groups to visit, support and encourage each other and the society to ensure widows' issues are addressed".

Coping requires the widow respondents to know themselves well, and become more aware of what is truly involved and the type of the psychosocial challenges they are experiencing. The goal in coping is to provide a means to explore and enhance the experiences of improved wellness. Hence awareness creation presents the necessary information and tools to help the widows make meaning of her experiences and provide a process for coping and growth. The awareness creation as an intervention was strongly brought out in the individual widow respondent interviews and FGDs:

Respondent RW040 said; "the widows need an organization where awareness is created and everyone is empowered and made aware of their rights".

Respondent RW010 agreed that "the society needed to intervene on the widow challenges through involvement of the chief lobbying for bursaries to be awarded to the widow and her family; the village elders could also have a forum for widows and assist passing this information to ward administrators for consideration".

Widow respondent RW053 suggested that "various interventions could be utilized to assist the widows to deal with the challenges such as creating awareness on the rights of a widow through mixing with other widows, talking to her through encouragement, encouraging her to be firm and to trust herself and work hard for her children to move on with life".

Respondent RW093 said that; "Women should be empowered and made aware of issues like death. They should keep themselves busy and avoid negative people. It is better to accept and move on life and avoid depression and many negative thoughts. They should be strong and move on with life".

Widow respondent RW051 noted that "creating awareness of the rights of widows through mixing with other widows, and by talking to them through encouragement and providing direction and way forward".

The widows need to be made aware of the rights of a widow through mixing with other widows and through awareness creation by competent bodies. Awareness is the ability to directly know and perceive, to feel, or to be cognizant of events and being conscious of something. The widows need to keep aware and abreast with her surroundings, so that any issue dealing with widows is brought to her attention. These would include issues like bursaries, seminars on widows, funds for widows, and any development partners ready to partner with widows. The awareness creation could be utilized to assist the widows to be aware of their rights and how to deal with the challenges such as property rights and succession issues. The FGDs noted that the best system to create awareness was through organized structures like administration or the churches. The head of an administrative unit in at the community level is the village elder. The FGDs recommended that the Village elder needs to ensure that they have records of all widows in their location, known to them personally, and through the chief forward their details to the county governments for awareness and assistance purposes.

The study noted that the widow respondents did apply and utilize their own efforts to intervene upon the psychological and social challenges they experienced. In addition to using conventional and complementary therapies to deal with their depression, the widow respondents indicated that being smart, loving self, keeping positive, making new friends and encouraging themselves assisted them in the coping process. The widow respondents talked about taking part in enjoyable activities or pursuing their interests as a source of coping intervention. They mentioned various strategies they used to improve upon their wellness, such as going to the gym for physical activity and participating in various social activities. The widow respondents indicated that they did come up with various aspects of own support that assisted them to cope with the psychosocial challenges:

Respondent RW110 said; "I had to accept that my husband is gone and I will never see him again and accepted the new responsibilities. I humbled myself and showed love to the in-laws. I decided that I will be at the right place at the right time and be smart always".

Respondent RW108 noted, "I just accepted the situation first, and decided to keep only positive friends".

Respondent RW024, noted; "I trusted in God only for my life and that of my children. I decided to keep smart and take care of myself and the family and avoided being idle and got involved in church groups".

Respondent RW034, advised; "I decided to accept that fact that he is gone and was now on my own. I had to work hard and keep busy and was involved in church activities and widownetworks. I took up the responsibility of learning new life skills and moved on".

Respondent RW080 indicated "I encouraged myself and made up my mind to be firm and work hard to keep the family moving on. I accepted the situation and kept positive, avoided negative friends and made an effort to control my thoughts, feelings and behaviors".

Respondent RW099 said "I was assertive and avoided involving any strangers in my family affairs and ensured proper guidance to the children. I kept close to the church and at times did volunteer work in the church".

Respondent RW107 advised; "Keep positive friends, be positive of oneself, avoid confessing negative things and accept the situation because death is there in every living thing".

These included being proactive, following own interests such as hiking, games, gym, joining clubs, doing volunteer work or even joining a church. These were all done by the widow, as she decided to seek out and reach out for peer support from other widows and making new friends. There was concurrence of the individual respondents own support intervention system and those from the various FGDs. Both the respondents and the FGDs agreed that a widow can be assisted to develop and draw from her own support system during bereavement. The FGDs clearly indicated that widows need to be talked through and encouraged so that they are to be firm and to trust and love herself and trust in God for the future. The widow needs to take care of herself by focusing on her immediate needs such as taking care of her physical self and improve her mood and the strength to cope. The widow should try and do the best to get enough sleep and eat regular, healthy meals. The study also indicated the need for the widow to talk to positive people about her feelings. The study also suggested that the widows need to join support groups. The widow will need to consider and accept help from those who have been supportive in the past, including her family, friends or members of her faith based community. The need to talk to a professional counselor and other mental health professionals can also help the widow and guide her to express and manage her feelings in a view to find healthy own support mechanisms.

The study established that some respondents relied on the services of professional counselors to be supported back to full life and wellness. Professional therapy and counseling are treatments that can improve the mental wellness of the widows. The counseling can assist the widows to cope with feelings and situations, such as feelings of anger, fear, anxiety, shyness, and panic; and give them the tools to help them fight low self-esteem and depression.

Respondent RW001 said; "I received encouragement and counseling from relatives and church, though I still have not fully accepted he is no more".

Respondent RW008 said, "I had some counseling and support from my mother, sisters and friends".

Respondent RW016 said, "I had counseling sessions and I noticed that I started to appreciate myself and soon was on the recovery process and feeling better".

Respondent RW038noted, "It was by God's grace and through some counseling sessions that I did accept and now I'm doing well and managing".

Respondent RW019 said, "I felt extreme anger and cried a lot but was assisted by family and friends and later I had somecounseling".

Respondent RW062noted, "I was working and this kept me occupied. I prayed to God to show me the way. My friends encouraged me to keep on going. I had to be hospitalized, and taken through some counseling".

Respondent RW063said, "The church priest used to visit me for prayers and assisted in consoling me".

The use of professional counseling would encourage the widows to vent and express themselves emotionally and would reaffirm and support the coping mechanism as identified by the study to enhance self-esteem and autonomy to restore quality of life.

The various coping interventions identified by the study were in congruence with the applications by the Rational Emotive Behavioral Theory (REBT) of Albert Ellis as discussed by Dryden (2005) and Turner (2016). The authors contend that REBT's central premise is that events alone do not cause a person to feel depressed, enraged, or highly anxious, but it is one's beliefs about the events which contributes to unhealthy feelings and self-defeating behaviors. The irrational and self-defeating thinking, emoting and behaving are correlated with emotional difficulties such as self-blame, jealousy, guilt, frustration, depression, and anxiety. The process of identifying self-defeating thoughts, the use of counseling and social support, keeping positive all

these concur with REBT. The study noted that the respondents' thoughts and behaviors could be deduced from their reasoning and the way they talked, as some were very negative had gone down in their thoughts as they reasoned and viewed the challenges as such and there was no way out of it and as such they had already given up. REBT therefore would be applied to teach the respondents to identify, evaluate, dispute, and act against the irrational self-defeating beliefs, and accepted after considering the whole process positively and moved on with life. In professional counseling, the application of REBT would really improve the effectiveness of the intervention. The welcoming restoration, support from the family, keeping positive and acceptance concur with the Dual process model of Stroebe & Schut (1999).

IV. DISCUSSION

The study established that the resilience to wellness of the widows was affected by the psychosocial challenges that the widows experienced after spousal death. The analysis of the study findings indicated that the widows' respondents experienced various psychosocial challenges after the death of the spouse. The psychological challenges identified were depression; that was expressed in terms of feeling demoralized, experiencing crying spells, feelings of helplessness, hatred, sadness, suicidal feelings, shock, denial, confusion, anger, annoyance, lack of sleep and lost appetite. The other psychological challenge experienced by the widows was the fear of taking up 100 % family responsibilities, especially now without any assistance from the late spouse. The feelings of being threatened and fear for my life and feelings of Regret were also experienced by the widow respondents. The social challenges that emerged from the study included poverty and financial stress; conflicts and threats from in-laws; rejection and isolation, hatred, mockery, discrimination; loneliness that included having no body to share with, lack of intimacy and the widows going back to an empty house.

The coping and interventions mechanisms noted by the study were focused on restoring the emotional wellness of the widow and the reduction of social isolation and loneliness. The study identified the coping mechanisms that the widows employed to be seeking divine intervention, social support, keeping busy, acceptance, avoidance and embracing change while the main interventions noted were the use of social support groups, awareness creation, personal support, and professional counseling. The study noted that the widows were affected by various psychosocial challenges after the death of the spouse and these subjected them into depression, poverty, financial stress, family conflicts with in laws, cruel accusations, stigma and discrimination both on the personal, family and societal levels. It was clear that most of the widows were not fully conversant with the matrimonial property rights and as such they were evicted from their matrimonial property. Lack of resources and deprivation of matrimonial property led many widows to experience severe financial constraints. The widow loses a partner and the intimacy and resources become scarce, as they assume huge responsibilities, and as such they become overwhelmed by the lack of finances, and this might lead to depression and fear. The awareness on the handling of inheritance of matrimonial property and widow rights was a draw back to the widow's wellness.

The intervention mechanisms that were available to the widows for resilience and reduction of the psychosocial challenges included; the availability of social support groups, awareness creation, personal support, and professional counseling. The adjustment to wellness was majorly dependent on the system of coping the widow employed and the availability of the support intervention systems such as the family, friends and professional helps. The adaptive coping mechanisms that included seeking divine intervention involving all aspects of being strong spiritually and its benefits through improved relationships and increased personal strength; social support by the society, family and friends during the grieving period and thereafter; keeping busy by being assertive, focused, self-confident and taking courage to invest and working hard; accepting the death of the spouse and increasing self-confidence to face the challenges head on and by embracing change in the form of new relationships. The negative coping mechanism employed by some widows were avoidance and keeping busy. The widows made decisions not to be associated with anything that reminded them of their late spouse, they avoided the estate, the house, and the places they used to frequent together.

The study further noted that the widows required supportive interventions to be able to cope properly and for improved wellness. The psychosocial challenges required individual and collective responsibility for the widows to become innovative and assertive in finding coping mechanisms. The availability of intervention support systems through awareness creation by church and government would reinforce the widows' resilience to wellness. Improved wellness depended on the resolve and resilience of the widow, and the availability of support systems and resources.

The study was useful in assisting the widows to become aware of death and understand the circumstances that they experience after the death of the spouse with a view on how they could organize themselves into widow groups and improve their wellbeing. The study recommends that widows, therefore, should form cohesive widow groups that could be the focus to attract the churches and other organizations that offer support to the widows to improve their wellness. These widow groups would be the ideal target for any form of assistance whether from the churches, the county governments, and the national government or even

from development partners. Through the groups, the widows will be trained on how to reorganize their lifestyles and improve on their wellness through such activities as round table discussions on widow issues and women rights, on the need for keeping memory diaries, and on the need for undertake regular physical exercises. The study further recommends that the widows should be supported to regain their sense of self worthy. The families, friends and the society should be sensitized to clearly identify with the psychosocial challenges that widow's experience and in the process avail alternative support systems that would help the bereaved in adjusting to widowhood. The support would also encourage the widows to seek professional counseling to assist them in the healing process and living life to the full.

Table 1: Psychological Challenges Facing Widows

| | Psychological Challenge | Frequency | |
|---|---|---|----|
| 1 | Felt Depressed / feeling demoralized | 100 | |
| | Experienced crying spells | 84 | |
| | Felt Hopelessness/ I have lost all/ I felt I hated myself/saw darkness/ Had suicidal feelings | 83 | |
| | Felt Shock | 78 | |
| | Denial | 77 | |
| | Confusion | 71 | |
| | Annoyance | 41 | |
| | Anger | 25 | |
| | Loss of sleep | 10 | |
| | Felt pain | 9 | |
| | Felt sick / Hospitalized | 8 | |
| | Lost appetite | 5 | |
| | 2 | The fear of taking up 100 % family responsibilities | 31 |
| | 3 | Felt threatened and fear for my life | 19 |
| 4 | Feelings of Regret | 9 | |

Table 2: Social Challenges Facing Widows in Nakuru Churches

| | Social Challenge | Frequency |
|---|--|-----------|
| 1 | Poverty / Financial stress | 106 |
| 2 | Conflicts - Threatened by in-laws / Not accepted / property taken away / Intrusion by relatives / Hatred by family / unwanted / false accusations / sent away by family / Lack of support. | 105 |
| | | 21 |
| 3 | Rejection - Neglected / rejection. felt rejected / Deserted /Lost friends / Isolated, isolated by married women / Self – pity | 72 |
| | Ashamed / Mocked / Not respected/ Discriminated | 11 |
| 4 | Loneliness | 18 |
| | Empty house / House too big | 17 |

Table 3: The Psychosocial Challenges. Coping and Interventions from the FGDs

| Main Themes | Sub-themes |
|-------------|------------|
| | |

| | |
|---|--|
| Psychosocial Challenges | <ul style="list-style-type: none"> · Conflict with relatives resulting into rejection · Tedious legal processes on succession and inheritance of assets · Depression that is expressed as loneliness, no body to share with, lack of sleep, loss of appetite and not eating, frustrations, stress, sadness and anger · Stigmatization as a result of lack of respect and mockery by the society, discrimination and false accusations by the society. · Cruel accusations · Fear of inheritance by relatives and false friends · Lack of awareness on widow rights and inheritance laws · Financial constraints and lack of adequate resources · Fear of taking up extra and new responsibilities, fear of the friends of late husband taking advantage, fear of stubborn children |
| The coping mechanisms | <ul style="list-style-type: none"> · Seeking divine intervention and trusting in God by prayer and reading the word of God · Accepting the truth and refusing to mourn for too long · By working hard and keeping busy and avoiding idleness · To be assertive, confident and sure of herself and avoid confusion. · Net working with other widows and Join support groups and organizations that empower women · Encouraged to seek professional counseling · Embracing change that could result into good companionship, re-marriage, friends, estate, houses or rooms or even going for further studies. · To embrace love for her children and the in-laws · Being aware of her rights and shield against property grabbing · Keep positive friends and talk to the right people avoid wrong company and false and negative friends · To keep smart and not neglect herself · Resign to self and mind own business · Assistance from family and friends |
| How can such a widow be helped to deal with her challenges? | <ul style="list-style-type: none"> · Visitations and encouraged to net working with other widows · Encourage her to be firm, accept and trust in herself and assist her to see the direction and way forward through hard work and wise investments. · To be encouraged to interact and share with positive people and good Christians · Encourage her to join investment groups · Visiting a counselor who will take her through encouragement and providing direction and way forward · To keep aware of the surroundings, for any organization that support widows |
| Describe how the church can assist the widows with the challenges they face | <ul style="list-style-type: none"> · The church leadership to organize programs that involve the widows into main stream church activities and awareness seminars to empower the widows and networking opportunities · The church to pray and visit the widow regularly and encourage them to join women groups in the church · The church to organize a ministry of widowhood and to look into ways of assistance to the widows, such as employing the widow to oversee church projects |
| How can the society assist the widows? | <ul style="list-style-type: none"> · The village elder to identify and ensure they have complete records of all widows in their location and share the details with the government for awareness and assistance · The community to accept the widows and integrate with them and |

involve them into communal activities and avoid any acts that will result in discrimination and intimidation

The society to identify and recognize the special talents of the widows and take advantage and utilize them and elect them to useful community and leadership positions

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