

**PSYCHOSOCIAL CHALLENGES AFFECTING THE WELLNESS OF
WIDOWS: A CASE OF SELECTED CHURCHES IN NAKURU COUNTY,
KENYA**

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FOR MASTER OF ARTS DEGREE IN COUNSELING PSYCHOLOGY OF
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DECLARATION

This thesis is my original work and has not been presented for a degree or any other award in any other University.

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DEDICATION

This work is dedicated to my late son Geremiah Kililiku Mutisya whose demise made me to understand the real pain of death.

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ABSTRACT

The loss of a spouse is a life changing experience that presents itself in terms of serious psychological and social challenges that affect the widow wellness. The widow plight in various churches is not addressed due to the lack of awareness on the psychosocial challenges they experience. The purpose of the study was to determine the psychosocial challenges that affect the widow's wellness and explore the coping and intervention mechanisms adopted by the widows in selected churches in Nakuru County. The objectives of the study were to identify the psychological and social challenges affecting the wellness of widows and explore the coping and intervention mechanisms that the widows adopt to deal with the psychosocial challenges and improve widow wellness within the selected churches in Nakuru County. The study adopted descriptive research design using a qualitative approach. The target population was all widows who attended church services in the selected churches in Nakuru County. The data collection methods were in-depth individual widow interviews and focused group discussions. The data were analyzed thematically and presented in verbatim. The major study findings indicated that spousal death results into psychosocial challenges such as; depressive symptoms, fear of taking up family responsibilities, threats and fear of own life and feelings of regret; while the social challenges included poverty and financial stress, conflicts, isolation and rejection by the in-laws and the community, loneliness among others. To achieve wellness widows engaged in various coping and intervention mechanisms. The coping mechanisms were; the use of divine intervention, social support, acceptance, avoidance and embracing change. The key interventions to overcome the psychosocial challenges, were awareness creation, social support groups, use of personal support and own initiative to seek professional counseling services. The study recommended that for the widows to attain wellness, they need to 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. In addition, the widows could be organized into widow groups for ease of attracting support services from the churches and other agencies. The study also recommended that the churches should endeavor to organize and create a pastoral ministry for widows that would serve as a channel for awareness creation and access to services and resources required for improved wellness.

TABLE OF CONTENTS

DECLARATION	ii
ABSTRACT	vi
TABLE OF CONTENTS	vii
ABBREVIATIONS AND ACRONYMS	xii
CHAPTER ONE	1
INTRODUCTION.....	1
1.2 Statement of the problem	3
1.3 Purpose of the study	4
1.4 Objectives of the study	5
1.5 Research questions	5
1.6: Justification of the study	5
1.7: Limitations of the study	7
1.8: Delimitation and scope of the study.....	7
1.9: Significance of the study	7
1.10: Assumptions of the study	8
1.11 Operational definition of terms	10
CHAPTER TWO.....	11
LITERATURE REVIEW	11
2.0: Introduction	11

2.1: Psychosocial challenges and widow wellness.....	11
2.2: Coping mechanisms and widow wellness.....	14
2.3: Intervention mechanisms and widow wellness.....	17
2.4: Theoretical Frame work.....	17
2.5: Conceptual Frame work.....	20
CHAPTER THREE.....	22
RESEARCH METHODOLOGY.....	22
3.1: Introduction.....	22
3.2: Research Design.....	22
3.2: The Target population.....	23
3.3: Sampling procedure.....	23
3.5: Instrumentation.....	24
3.6: Pilot testing.....	24
3.7: Validity and reliability.....	25
3.8: Methods of data collection.....	25
3.9: Methods of data analysis.....	26
3.10: Ethical Considerations.....	26
CHAPTER FOUR.....	28
RESULTS AND DISCUSSION.....	28
4.0: Introduction.....	28

4.1: Response rate	28
4.2: Demographic findings of the respondents.....	28
4.3: The Psychological challenges and widow wellness.....	37
4.4: Social challenges and widow wellness	45
4.5: Coping Mechanisms and Widow Wellness.....	52
4.6: Intervention mechanisms and widow wellness	60
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	69
5.0: Introduction	69
5.1: Summary	69
5.2: Conclusions	71
5.3: Recommendations on the research findings.....	73
REFERENCES	76
Appendix B: Statement of informed consent:	82
Appendix C: In-depth interview guide for the widow respondents	83
Appendix D: Guide for the focused group discussions.....	89
Appendix E: List of the main stream churches in the study.....	91
Appendix F: Details of the Focus Group discussions	92
Appendix G: Ethical clearance:.....	93
Appendix H: Research authorization:	95
Appendix I: Research permit:.....	96

LIST OF TABLES

Table 4.1: Psychological challenges as reported by the widow respondents.....	38
Table 4.2: Social challenges as reported by the widow respondents	46

LIST OF FIGURES

Figure.2.1: Conceptual Framework.....	21
Figure 4.2: Ages of Respondents	29
Figure 4.3: Number of Children	30
Figure 4.4: Duration of Widowhood	32
Figure 4.5: Relationships with the Late Spouse	34
Figure 4.6: Relationships with the Relatives.....	34
Figure 4.7: Causes of Spousal Death	35
Figure 4.8: Communication on Spousal Death	37

ABBREVIATIONS AND ACRONYMS

ACK	Anglican Church of Kenya
AIC	African Inland Church
AIDS	Acquired Immunodeficiency Syndrome
DPM	Dual Process Model
FBO	Faith Based Organization
FGDs	Focused Group Discussions
FGC	Full Gospel Church
HIV	Human Immunodeficiency virus
KeMU	Kenya Methodist University
NACOSTI	National Commission for Science, Technology and Innovation
NCCK	National Council of Churches of Kenya
NGO	Non-governmental Organization
PCEA	Presbyterian Church of East Africa
RCC	Roman Catholic Church
REBT	Rational Emotive Behavior Therapy
UN	United Nations

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Human life is precious but the same life is threatened by both natural and unnatural causes, and in particular death. Death is universal and nobody has control over it and it is perceived as the end of life. The death of a spouse disturbs the wellness pattern of the widow and she has to adjust to living alone again. Eboiyehi (2013) noted that the death of a spouse is a traumatic event that results into profound effects on their wellness and provokes important life changes, including the loss of an intimate companion that results into long-term psychosocial consequences. Miruka, Aloo, Nathan and Onginjo (2015) assert that as a result of death, women face various forms of psychosocial challenges within the society. A review by the United Nations Division for the Advancement of Women (2000) indicated that the various psychosocial challenges experienced by the widows, include low status, poverty and violence, discrimination on inheritance, the patriarchal nature of society, and the domination of oppressive traditional practices and customary codes. 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. The rituals, that include wife cleansing and inheritance of the widow and all her husband's properties, subject the widows to various psychosocial challenges. According to Oniye (2000) some of the psychosocial challenges a widow faces are related to the income variations, living conditions, perceived health, status and presence of a confidant. Oniye (2000) 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 study further contends that an adjustment strategy is crucial because a widow without proper

adjustment or assistance is not only experiencing problems, but could be a problem to herself, her family and local community. The perceived inability to cope with the demands of living following the death of a spouse causes stress and this result into various psychosocial challenges and reduced wellness levels. To address these challenges widows and enhance wellness widows need to employ certain interventions and coping mechanisms (Oniye, 2000).

Kaori (2007) maintains that the denial of widows of their rightful inheritance results into marginalization and discrimination, and leads the widows to loose self-esteem. He further notes that the widows suffer discrimination, stigma and even violence, and may also be denied inheritance and land rights. The sufferings could lead to further serious mental and physical health problems, since the widows experience a lack of satisfying human relationships, and this would usually be accompanied with a negative feeling, causing distress to the individual. Recent research on the adjustment strategies of Nigerian widows by Oniye (2000) indicated that changes in the widow living conditions are worse off emotionally after the observance of the widowhood practices during the mandatory mourning period. Another study done in Kisumu County, (Miruka et al., 2015) revealed that the practice of widow care has not been fully implemented in churches. The research carried out by Nduati (2010) at Baharini location of Nakuru County, only analyzed the experiences of widowers and the pastoral care they receive.

The statistics for Kenya indicates that there are about 895,000 windows in Kenya, with Nakuru county registering 29,561 widows, as documented by the Kenya National Bureau of Statistics [KNBS], (2016). The widows are affiliated and participate in church activities and it is

expected that the churches would address the plight of the widows and assist them to adjust and cope with the psychosocial challenges.

The synthesis of the literature so far indicates that psychosocial challenges do affect the wellness of the widow, and this requires active participation of the widow to adopt intervention and coping mechanisms that help to restore the wellness of the widow. The adjustment strategy is crucial because a widow without proper adjustment or assistance is not only experiencing problems but could be a problem to herself, her family and local community. The literature reviewed did not indicate any similar studies that have been carried out in Nakuru County on widows and particularly focusing on the psychosocial challenges they face within the churches in Nakuru County. The fact that no studies were found to have been carried on the psychosocial challenges widows face within the churches in Nakuru County, justifies the need for the current study. Nakuru County is a cosmopolitan with various tribes having settled within the county, with all major Kenyan tribes represented, and this interaction between the various cultures and Christianity makes such a study necessary. The investigation on the psychosocial challenges the widows face and the understanding of the adjustment mechanisms within the churches in Nakuru County, is of critical importance.

1.2 Statement of the problem

The loss of a spouse is a devastating and life changing experience, and sets up the beginning of widowhood status (Owen 2010) and affects the widows' quality of life. Bennett, Hughes and Smith (2005) also noted that the loss of a spouse is one of the most negative life events, and as such causes much stress to the widow affecting her wellness. The widowhood, as documented by Fazoranti and Aruna (2007) presents itself with serious economic, social and

psychological challenges influencing widow wellness and particularly in the first year or so after the death of the spouse. A study in Nyeri, Kenya by Mwangi (2014) found that the widows lacked the necessary support systems, in terms of family, friends and professionals that could help them to cope. The Human Right Watch (2010) noted that many of the widows are illiterate and untrained, and as such those who do not abide to the demands of the male relatives on inheritance, cleansing, remarriage, or traditional burial rites, are often violently evicted from their marital homes. Many widows in Kenya continue to suffer a lot of economic hardships, and particularly if the husband was the sole bread winner. There is scanty literature on the magnitude of the psychosocial challenges facing widows in Nakuru County, and especially on the adjustment mechanisms that are employed by the churches and society to assist the widows. The reviewed sources and studies did reveal that little empirical research has actually been conducted in Nakuru County on the current topic under investigation, and that a study on the psychosocial challenges affecting the wellness of widows should be of great benefit to the County and the selected churches. Since there was no study that was noted to have been carried out in the churches in Nakuru, this study endeavored to identify the psychological challenges that affect the wellness of widows and identify the coping and intervention mechanisms that can be used to improve the widow wellness.

1.3 Purpose of the study

The spousal death results into various psychosocial challenges that affect the wellness of the widow. The purpose of the study was to investigate and document the psychosocial challenges experienced by widows, and the adjustment mechanisms that are adopted to positively impact upon the widow wellness, within the selected churches in Nakuru County, Kenya.

1.4 Objectives of the study

The objectives of the study were:

- i. To identify the psychological challenges affecting the wellness of widows within selected churches in Nakuru County, Kenya.
- ii. To determine the social challenges affecting the wellness of the widows within the selected churches in Nakuru County.
- iii. To explore the coping mechanisms that widows employ to enhance wellness within selected churches in Nakuru County.
- iv. To establish the interventions that widows adopt to deal with the psychosocial challenges and improve widow wellness within the selected churches in Nakuru County

1.5 Research questions

The study sought to answer the following research questions:

1. What are the psychological challenges that affect widow wellness within the selected churches in Nakuru County, Kenya?
2. What are the social challenges that affect widow wellness within the selected churches in Nakuru County?
3. What coping mechanisms do widows use to enhance wellness after spousal death in selected churches in Nakuru County??
4. What are the interventions that widows adopt to improve their wellness in selected churches in Nakuru County?

1.6: Justification of the study

The widows hardly talk about their experiences and therefore the plight of widows' remains within them and their plight is therefore not fully addressed within the churches community or

in the society. The synthesis of the literature reviewed (Ajiboye, 2016; Eboiyehi, 2013; Oniye, 2000; Kaori, 2007; Miruka et al., 2015) showed that, widows all over the world were faced with various psychosocial challenges after losing their husbands. Most of the reviewed studies were conducted in other parts of the world, and those done in Kenya (Miruka et al., 2015, Nduati 2010; Mwangi 2014) none were focused on widow wellness in Nakuru County. A report by the United Nations Division for the Advancement of Women (2000) indicated that the women are becoming more educated and economically independent and are more aware of their rights, and as such these factors are contributing to a growing trend of the widow's refusal to continue to be in abusive and unsatisfying family relationships. The widows continue to experience various psychosocial challenges despite the awareness on the women rights. However, there is still lack of awareness on the plight of widows and the study did provide an opportunity to investigate and explore the psychosocial challenges that affect widow wellness and document the coping and intervention mechanisms the widow adopted for resilience within the selected churches. The current study identified and filled the missing gaps of knowledge by focusing on the psychological and the social challenges experienced by the widows and documented the coping and intervention mechanisms that widows employed to improve upon their wellness. It was critical, therefore, to determine the psychosocial challenges the widows' experience and explore the adjustment mechanism the widows employ to adjust to widowhood and improve wellness. The findings of the study would increase the awareness of the psychosocial challenges the widows experienced and assist the churches and the society to identify alternative support systems that would assist the bereaved in adjusting to widowhood and improved wellness. The study would increase the knowledge on the coping mechanisms and support interventions that could be put in place for the widows to manage themselves through this traumatic change and improve upon widow wellness.

1.7: Limitations of the study

The study was conducted by focusing and obtaining a small representative sample from the selected churches in Nakuru County in an attempt to analyze and document the psychosocial challenges widows within the churches experienced; hence the findings may not be applicable or generalized to all other churches. The study focused only on the participant widows within the selected churches and might not be applicable to other widows in other locations and timing. The applications of the study findings would therefore be limited to the area and location of the study. Nevertheless, the data obtained were adequate to provide understanding of the psychosocial challenges widows experienced and the coping mechanisms involved. The study focused on human experience and subjectivity may inform a lot of what is observed by the researcher and the conclusions that were drawn therefrom. However, during the interviews and the FGDs, all the respondents declined to be audio recorded.

1.8: Delimitation and scope of the study

The study was set out to investigate the psychosocial challenges that affect the wellness of widows within selected churches in Nakuru County. The determination of the challenges and the coping and intervention mechanisms made the study a success. The findings of the study greatly relied on the willingness of the widows to participate in the interviews and volunteering all the information and referring fellow widows to the researcher. The ministers of the selected churches were very helpful in the identification of the initial widow participants and the willingness to participate in the focused group discussions.

1.9: Significance of the study

The study did inform the widows on self-awareness on matters of widowhood and how to manage and improve upon widow wellness after spousal death. It formed the basis to the

society and the churches to be involved in widow support systems that would play a vital role in reorganizing the widows to overcome the psychosocial challenges they experienced upon the death of the spouses. Further usage of the findings of the study would be in the consideration to the formation of bereavement support groups, provision of critical discussion points and a basis for comparative effects of widowhood in other regions. The study findings would also impact the counseling institutions, churches and the government departments to establishing guidance and counseling programs that would specifically offer grief therapy to the society and the widows in particular. The study may contribute to the awareness of widows and their families on how to best apply the coping mechanisms to improve their wellness. Further, the study findings would enlighten the spouses on the importance of empowering their wives, by allowing them to be emotionally, financially stable and in building social networks with other people in order for them to learn the skill of self-care and reliance. The study would contribute to the knowledge of managing widowhood and contributed to the world of academia by filling gaps in information and literature on the important subject of widowhood. The study explored and established the coping and intervention mechanisms that the widows have relied upon to overcome the various challenges. The study would be useful in assisting the widows to become more aware of death and understand the circumstances that they experience after the death of the spouse and how to mitigate upon them and improve upon their wellness. The study would be a platform for the county and national government to relook at the welfare of widows and make policies of how they could be supported to live normal lives.

1.10: Assumptions of the study

During the execution of the study, it was assumed that the respondents were fully aware of the death process, grief and bereavement and the challenges they had experienced as well as the

coping and intervention mechanisms that they had engaged in after the death of their spouses. The participants voluntarily took part in the study and were assumed to have been truthful as they responded to the interview.

1.11 Operational definition of terms

The following terms have been operationally defined as follows in this study:

Coping – is to invest ones effort to solve personal and interpersonal problem and to try and minimize a challenge

Intervention mechanism –any action to improve by preventing or reducing the severity of a challenge

Main stream churches –the term is used in the study to collectively refer to the common views of major denominations of Christianity

Psychological coping mechanisms -the strategies or skills applied to manage or minimize the challenges

Psychosocial challenges - the psychological and social aspects that affect the life of the widow. The psychological aspects include the thoughts, emotions, behavior patterns; while the social aspects are concerned with friends, family support, cultural and religious background.

Resilience - the ability of a widow who lost her husband due to death to manage and maintain stable and healthy levels of psychological and physical functioning as well as the capacity for generative experiences and proper handling of grief emotions.

Social Support - the physical and emotional comfort given to a widowed person by family, friends, co-workers and others

Spousal death - the loss of a marriage partner

Wellness–a state that entails happiness and satisfaction with a healthy and fulfilling life.

CHAPTER TWO

LITERATURE REVIEW

2.0: Introduction

The literature review was designed to examine the literature related to the issues under consideration in the study. The chapter discusses the literature review as it relates to the research objectives and the applicable theories that were used to guide the study. The review examined previous studies on psychosocial challenges and coping and intervention mechanisms to wellness and the theories applicable to study.

2.1: Psychosocial challenges and widow wellness

The psychosocial challenges that affect widows after spousal death result into negative experiences that affect both the psychological and social wellbeing of the widows. The loss results into changes that affect the woman's living arrangements, affects the financial situation and results into poor health and low living standards. The psychosocial challenges can also influence and hamper the widows' adjustment to wellness. Owen (2011) noted that the psychosocial challenges affect both the mental health and morale and these could last for several years and the effects of living alone result into social challenges of isolation and disconnectedness. He further postulated that when widows live alone, they could suffer depression, anxiety, low self-esteem and self-worth and are haunted by a constant thought of suicide. Research conducted by Kayode (2011) on the problems associated with widows indicated that the immediate family were more concerned with how the property of the late husband will be shared among them without due consideration for the welfare of both the widow and her children. The psychosocial challenges affect the widow both psychologically and socially in relation to the widow wellness.

2.1.1: Psychological challenges and widow wellness

The loss of a spouse was described by Bennett, Hughes and Smith (2005) as one of the most negative life events. The loss presents itself with many varied economic, social and psychological problems (Fasoranti & Aruma 2007) and more so when the husband was the principal breadwinner. They further noted that many widows live by themselves, and as such they suffer the fear of being alone and loss of self-esteem, in addition to the many practical problems related to living alone. They also experience the loss of personal contact and human association; therefore, they tend to be withdrawn. Vitelli (2015) stated that spousal bereavement results in life stresses that often leave people vulnerable to other problems, including depression, chronic stress, anxiety and reduced life expectancy. Stress and coping theorists Kubler-Ross (1969); Stroebe and Schut (1999) maintain that major life changes, like the death of a loved one, become distressing if a person appraises the event as taxing or exceeding his or her resources. The analyses of bereavement studies reveal three outcome patterns; elevated depression, cognitive disorganization, and health problems (Bonanno, Wortman & Nesse 2004). Common symptoms of normal grief include anxiety, hopelessness, loss of purpose for living, slower thinking, and indecision (Stroebe & Stroebe, 2007). Negative effects such as sadness and depression are frequently experienced at the time of a loved one's death (Bonanno et al., 2004; Stroebe & Stroebe 2007). Owen (2011) and Uzo (2006) concur, in that, the loss of a spouse due to AIDS is considered as one of the life's most stressful experiences and a moment of sadness due to the loss of love, care, company and livelihood. The study conducted in Mugunda location in Nyeri County (Mwangi 2014) found that the death of the spouse due to HIV virus was a painful and a difficult reality for the bereaved, since many widows were faced with numerous psychosocial challenges and stigma as they struggled to survive with HIV and AIDS diagnosis; and many lived in poverty due to lack of resources,

skills and education and with no access to justice. The literature review did not come up with similar studies in Nakuru County and such a study is considered necessary to generate the necessary data and bridge this information gap.

2.1.2 Social challenges and widow wellness

The study by Bennett and Soulsby (2012) noted that the loss of a spouse affects almost every aspect and domain of life, and as a consequence has a significant impact on wellness of the widow in the areas of psychological, social and physically; as well as the practical and economic spheres. Eboiyehi and Akinyeni (2016) indicated that there are a myriad of challenges associated with the loss of spouse and that the widows are confronted with cutting across cultural practices, isolation, and poor access to basic healthcare, constant illness, poverty, psychosocial trauma, poor nutrition, and abandonment to loneliness. The Human Right Watch (2010) noted that many widows in Kenya suffer a lot of economic hardships, after the death of the husband, especially when he was the sole bread winner. This results in a situation where the grieving partner begins to live a lonely life in an unfamiliar and solitary state of widowhood. Mbabazi (2016) noted that the loss of a husband causes unimaginable suffering and in some cases, the trauma is worsened by the members of the widows' immediate family who are only interested in the deceased's assets. In Zimbabwe, studies by Dube (2017) found that widows suffered social exclusion and marginalization upon the death of their partners. Peterman (2012) noted that the widows are perceived to face discrimination in asset inheritance, leading to poverty for themselves and their children. Vitelli (2015) noted that loneliness, engaging into risky behaviors, and reduced life expectancy; are some of the social challenges resulting from spousal bereavement. He further noted that in addition to psychological impacts such as depression, grief can have physical consequences such as

sleeplessness and loss of appetite. Another problem associated with widowhood is loneliness that results into many widows living by themselves. The widows do suffer from the fear of being alone and the loss of self-esteem, in addition to the many practical problems related to living alone. Fazoranti and Aruma (2007) noted that such widows feel the loss of personal contact and human association and they tend to withdraw and become unresponsive.

A study done by Ogweno (2010) in Kibera slums in Nairobi County, described the experiences among the widowed persons and noted that they varied depending on the age, length of marriage before spouse died, gender, their economic status and the social support from family and the community and this in turn influenced the way each or all coped with their widowhood status. Ogweno (2010) further indicated that both widows and widowers agreed that the financial burden rated highest, followed by psychological and mental effects, such as low self-esteem due to the stigma placed on widowhood. Neimeyer (2000) stated that off time deaths do disrupt the expected course of life and brings stresses not normally associated with the stage of life these women were living in. Therefore, widowhood at a younger-than-expected age is an unanticipated and unprepared for individually as well as socially, and as such Neimeyer (2000) concluded that the young widow, due to premature spousal loss, may precipitate a challenging and perhaps prolonged process of grief, mourning, adjustment, and adaptation for survival. Similar studies are needed in Nakuru County to document all the social challenges that widows within the selected churches experience.

2.2: Coping mechanisms and widow wellness

The loss of a husband affects all dimensions of the widow's life such as physical, psychological, spiritual and social. The impact of the challenges experienced in all these

aspects of a widow livelihood, it is critical to put in place coping and intervention mechanisms in order to maintain a sense of normality and avoid depression like symptoms. Studies by Mathias, Jacob and Shivakumara (2014) on the psycho-social adjustments faced by young widows indicated that there were significant difference in the way widow cope and who are actively engaged in some occupation and those living with children had significant association with psycho-social problems. Akinlabi (2013) noted that the old and young widows did not differ in their coping strategies and mechanisms. On the influence of length of marriage, Akinlabi (2013) found that respondents both old and young widows did not differ on their experience with grief.

Research conducted on the problems encountered by widows and the need for adjustment in relation to the age when married, bereavement period, religion, type of family, type of job and highest educational qualification in Nigeria indicated that psychological problems are the most common confronting widows (Suleiman, 2010). The study noted that the psychological problems involved feeling of sadness on the remembrance of their later husbands, followed by financial problems, social and then health problems. Suleiman (2010) also indicated in his finding that the widows needs adjustment in all areas of their lives that is in the area of social, health, financial and psychological issues. The findings also revealed that significant differences were found on the basis of age when married, type of family, type of job and highest educational qualifications. However, on the basis of length of bereavement and religion no significant difference was found in the problems encountered by widows.

The study by Elegbeleye and Oyedeji (2003) revealed major findings in support of the psychological and social dysfunctions that arise as a result of the loss of a spouse, but no

significant difference existed between the coping strategies adopted by both middle aged and old aged widows. However a significant difference existed in the coping abilities of the middle age and old age widows. According to Owen (2010), widows adjust better if they were involved in physical activities, got support from the family members and friends and when they developed new interests. The World Health Organization [WHO] (2011) indicated that psychosocial support systems are necessary to be put in place in assisting the widows of HIV partners. Mwangi (2014) proposed that counseling, social support provided by friends, families, churches, NGO and the community could assist widows in coping better with bereavement and the related challenges. Bonanno et al. (2004) conducted a study at Columbia University on resilience in bereaved persons, and his findings revealed that, a natural resilience is the main component of grief and traumatic reactions.

The studies by Scannell (2003) noted that people respond differently to the loss and overcome grief in their own time, but the most difficult time for new widows is after the funeral; and that the greatest problem in widowhood was emotional, and this closely related to the role the spouse used to play. The realization that one is no longer a couple and has changed from a couple back to a single person system, and has lost her love and partner, results into sad feelings and stress. Widows adopt to the use of religiosity and spirituality as a coping mechanism, where the widows turn to God for help and restoration (Lichtenthal, Neimeyer, Currier, Roberts & Jordan, 2013). Studies in Rural Nigeria by Eboiyehi (2013) indicated that spousal loss coupled with poor health, lack of property inheritance and income contribute greatly to the poverty status of elderly widows. To adjust to these scenarios, the study indicated that the widows employed various coping strategies that included petty trading, farming, selling of personal property, and alms begging.

2.3: Intervention mechanisms and widow wellness

Studies by Vitelli (2015) suggested that for the widow to overcome grief and loneliness, the bereaved will need to get their own support, social support, professional counseling, and especially the use of cognitive behavior therapy to counter negative thinking. Some research studies on the practice of widow care in AIC churches in the Central Lake Region (Miruka et al., 2015) revealed that the practice of widow care has not been fully implemented in the churches. Mgboo (2014) studying the role of the Anglican church on widowhood practice in Ezeagu, Nigeria, found that the Anglican Church was active in addressing harmful and dehumanizing widowhood practices as well as charting a path to assist widows in ordering their personal worlds through pastoral and caring activities.

2.4: Theoretical Frame work

Death is an issue every individual has to confront at one time or the other. Given that it is inevitable that every individual will become bereaved at one point or the other in life, it is important to create awareness of bereavement, the stressors which arise as a result of death and most importantly the need to cope with the resultant stress. Bereavement is therefore a period of time during which an individual moves through phases of grief and coping, as described by the various stress and coping theorists (Kubler-Ross (1969); Stroebe & Schut 1999; Worden 2009). The theorists maintain that major life changes, like the death of a loved one, become distressing if a person appraises the event as taxing or exceeding his or her resources. To understand the psychosocial challenges and the adjustment mechanisms of widow women in the study, we postulated that the three models; the Kubler-Ross Model, the dual process model of coping with bereavement by Stroebe and Schut (1999) and Rational Emotive Behavior Therapy by Albert Ellis would be applicable to this study.

2.4.1: The Kubler-Ross Model

The Kubler-Ross model was introduced and named after Elisabeth Kubler-Ross in a book called 'Death and Dying' which was published in the year 1969. The model, also known as the five stages of grief, postulates a series of emotions experienced by people who have lost a loved one, wherein the five stages are denial, anger, bargaining, depression and acceptance. Anastasia (2015) described the Kubler-Ross model as a Change Curve that consists of various levels or stages of emotions which are experienced by a person who has undergone an intimate death.

This theory is applicable to the current study in understanding the psychosocial challenges widows face and how they internalize them so that they could adjust to wellness.

2.4.2: The Dual Process Model

The Dual Process Model (DPM) was founded in 1999 by Stroebe & Schut to address deficits between bereavement and stress theories during grieving. The DPM theory was developed to address criticisms to the stage theories of bereavement which emphasized grief work, and it was developed with widowhood in mind. The model identifies two types of coping experiences, loss-oriented and restoration-oriented. The loss-oriented coping focuses on those experiences and behaviors which are associated with a focus on the deceased. The studies by Stroebe and Schut (1999) identified four types of experiences: grief work, intrusion of grief, denial and avoidance of restoration changes, and breaking bonds, ties, and relocation. The restoration-oriented coping process includes attending to life changes, doing new things, denial and avoidance of grief, new roles, identities, relationships, and distractions from grief. Further studies by Gillies and Neimeyer (2006) noted that the DPM was useful in the coping process in assisting the widows in searching for meaning both in the lost life and reconstructed one and

in their identity. The theory will assist the current study in the identification of the adjustment mechanisms the widow choose to adopt in the coping process and how the interventions relate to improved wellness of the widows.

2.4.3: Rational Emotive Behavior Therapy

The Rational Emotive Behavior Therapy (REBT) was founded by Albert Ellis in 1955, and as discussed by Turner (2016) focuses on uncovering irrational beliefs which may lead to unhealthy negative emotions and replacing them with more productive rational alternatives. Dryden (2005) described REBT as a short-term form of psychotherapy that helps the bereaved to identify self-defeating thoughts and feelings, challenge the rationality of those feelings, and replaces them with healthier, more productive beliefs. He further postulated that REBT focuses mostly on the present time to help and understand how unhealthy thoughts and beliefs create emotional distress which, in turn, leads to unhealthy actions and behaviors that interfere with the current life goals. The negative thoughts and actions can be changed and replaced with more positive and productive behavior, allowing the widow to develop more successful personal and professional relationships. The study will attempt to relate this theory to the data generated during the interviews in an attempt to explain the interventions that can be used to help the widow deal with their challenges.

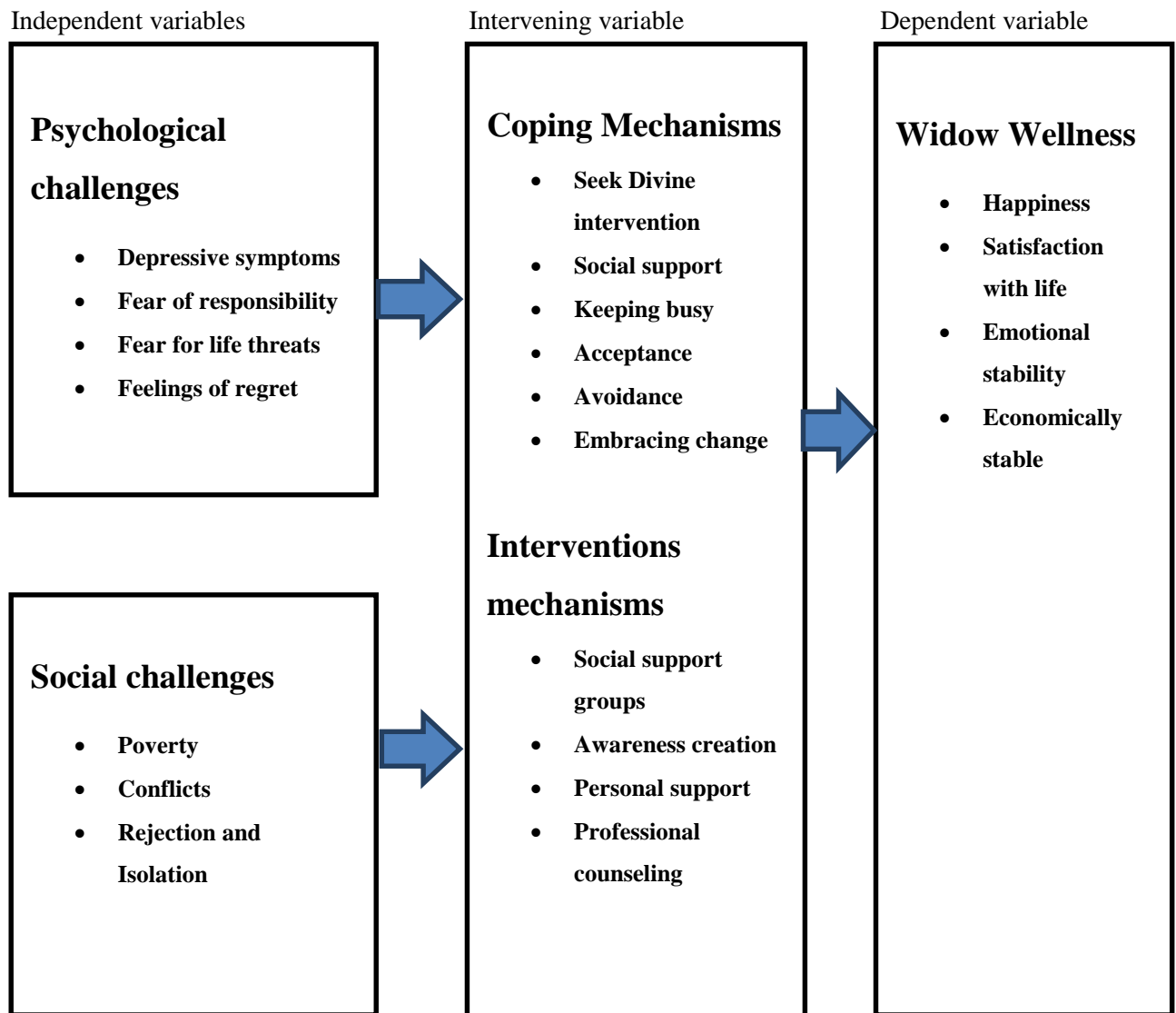
The study applied the three theories, the Kubler-Ross model, the dual process model and the rational emotive behavior therapy. The theories guided the researcher through the interviews and analysis of the data collected. The Kubler-Ross change model consisting of the various levels or stages of emotions which are experienced by a person, who is of an intimate death, assisted in analyzing the challenges they experienced and how they coped with such challenges.

The DPM assisted in identifying the coping experiences that the widows applied to improve upon their wellness. The REBT assisted to explain how the widows became self-aware and institutionalized the intervention mechanisms to cope with the loss of their spouses.

2.5: Conceptual Frame work

The current study was conceptualized in the form of the various interrelated variables that affect the wellness of a woman after spousal death. In the study, the independent variables were the psychological and the social challenges the widows experienced after spousal death. The dependent variable was the widow wellness that was influenced by the psychosocial challenges and intervening variables that were the support systems in the form of coping and intervention mechanisms employed. The psychosocial challenges triggered the type of coping mechanism and the intervention that were deployed to assist the widow to mitigate the challenges and improve her wellness.

Conceptual Frame work



Source: Researcher

Figure.2.1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

The chapter outlines the research design, and the procedures that were employed for the study. The details of the study location, the determination of the target population, the sample selection procedure and the research instruments and its pilot testing and the data collection methodology are discussed. The data analysis and presentation procedures and ethical considerations are discussed.

3.2: Research Design

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. The research approach was qualitative and the participants were interviewed in their natural environments. The qualitative study is an inquiry process of understanding a social or human problem (Cresswell 2007 and Hale 2011) using the detailed views of informants, and conducted in a 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 has the advantage of studying the respondents at their natural setting. The study was also a social science research which eventually produced qualitative data through interviews and in the form of the respondents' words.

3.2: The Target population

The study location was Nakuru County, Kenya. The target population of the study was all widows that attended church services within the County. The churches were registered by the National Council of Churches of Kenya (NCCCK). The target population was arrived at as defined by Kombo and Tromp (2009) that a target population is the entire group of people or objects that have at least one or more characteristics in common that are of interest to the researcher and from which samples are taken for measurements. While Ogula (2009) argues that the target population refers to the entire membership of the group that the researcher hopes to gain information from during the study and derive some generalized conclusions. The researcher postulated that within the women population in the selected churches, there would be adequate number of widows whose life experiences would form the basis of the study.

3.3: Sampling procedure

The study focused on widows within the seven churches that were selected purposively from the membership of all those registered under NCCCK as indicated in appendix E. Snowball sampling procedure was employed to identify the respondents, whose spouses had passed on and were congregants within the seven churches. Browne (2005) asserted that snowball sampling is best suited for those populations that are not known and are 'hidden' due to the sensitivity of the topic. The choice of the snowballing procedure was influenced by the fact that the widow population in the churches is a sensitive matter and they tend to be silent and hidden among the church population. The snowball sampling is a non-probability sampling method, and the researcher used own judgment and consultations with the church ministers to choose the initial participants and requested those participants to refer him to other they knew; and then ask those respondents to refer him to others. These steps were repeated until there

were no further referrals. The snowball sampling procedure 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 and it was used in this study to identify and reach the widow population in the churches. The snowball sampling procedure identified 110 respondents, through the referral procedure and thereafter there were no further referrals, and this formed the sample size for the study.

3.5: Instrumentation

The data was collected through the use of in-depth interview guides and Focused Group Discussions (FGDs) to illuminate the lived experiences of the widows and the challenges they have experienced after the spousal death. The in-depth interview guide method was chosen as it allows for flexibility of gathering information on the participants' experiences. The study brought together the respondents from each of the selected church into a focused group discussions (FGDs), to supplement the information obtained through the interviews. Each of the focused group discussion comprised of the widow respondents from the selected church and their church ministers were invited to participate.

3.6: Pilot testing

The data collection instrument was pilot tested for content validity and reliability through the interviewing of three widow respondents chosen at random from any of the participating churches. The pilot testing informed the researcher on how the respondents understood the questions, how they responded to the interview guides and the flow of information. This 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 views from the university supervisors and the results of the pilot testing were all considered and incorporated

into the instrument and informed the decision to review the interview questions and approach. The modified interview guide was discussed again between the researcher and the university supervisors to ensure it accurately enquired and represented the concept under study.

3.7: Validity and reliability

The reliability of research instruments in qualitative data is depended on the researcher's trustworthiness (Castillo-Montoya, 2016). He further indicated that qualitative researchers can strengthen the reliability of their interview protocols instruments by refining them through the interview protocol refinement framework. The interview protocol refinement framework comprised of a four-phase process for systematically developing and refining an interview protocol. The researcher applied the four-phase process through ensuring interview questions align with research questions, constructing an inquiry-based conversation, receiving feedback on interview protocols, and piloting the interview protocol. The interview protocol was adjusted and amended as per the feedback and reviews by the university supervisors, and this resulted into improved reliability of interview protocols and on the quality of data obtained from interviews.

3.8: Methods of data collection

The data collection was done through in-depth interviews and focused group discussions. The researcher was introduced to one widow by the church minister and after the interview process with the widow respondent she referred the researcher to another widow, and the process continued until there were no further referrals. This snow balling procedures was applied and repeated in each of the selected churches. During the interviews, the questions were carefully phrased to ensure that the respondents understood the intent of the interview. The full art of questioning was applied to elicit clear responses from the informants. All the verbal and

nonverbal responses and actuations were carefully noted and documented. All the participants from each church and the church ministers were invited to participate in a focused group discussion (FGD) that deliberated upon the challenges of widowhood, coping mechanisms and the life supportive interventions. Each selected church and the participants from that church formed one FGD.

3.9: Methods of data analysis

The raw data, collected using in-depth interviews from the widow respondents and focus group discussions, was organized, processed and analyzed qualitatively. The analysis used an interpretive approach with data from individual interviews and focused group discussions, scanned for data cleaning and reduction, data organization and data interpretation based on related and similar thematic areas. The data was categorized into four thematic areas; the psychological challenges, the social challenges, the coping and the intervention mechanisms. All this was concerned with the organization and the interpretation of data in order to discover any important underlying patterns and trends. The analyzed data was presented by grouping similar statements into a thematic area and interpreted in line with the research objectives before general conclusions were derived and presented in verbatim.

3.10: Ethical Considerations

The study was presented for approval and clearance to the scientific and ethical review board of Kenya Methodist University (KeMU). A research permit for the same was also obtained from the National Commission for Science, Technology and Innovation (NACOSTI). The copies of the research permit were submitted to Nakuru County Commissioner, Nakuru County and the County Director of Education for approval to undertake the research in the County.

The purpose of the study was explained to all participants, and their informed and voluntary consent to participate in the study enlisted after which they signed the consent declaration. The informants were assured of the utmost confidentiality of all the disclosed information and they were assigned pseudonyms and codes to safeguard their identity. The respondents' privacy was assured and protected during the data analysis, interpretation and presentation of the findings. The researcher established a rapport and credibility with the widow respondents and assured them of their rights to voluntarily participate or withdraw from the study. The participants were treated with respect, dignity and were encouraged to share only information that they felt comfortable with, and to ask about anything they did not understand or that needed further clarifications.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0: Introduction

The chapter is a presentation and discussion and interpretation of the study findings on the psychosocial challenges and adjustments to wellness of widows in the selected churches in Nakuru County. The findings are presented thematically and in line to the research questions and the objectives of the study.

4.1: Response rate

The sample size determined by the snowballing procedure was 110 widow respondents and all of them presented themselves for the in-depth interviews. Hence the data were collected on all the 110 respondents giving a response rate of 100%.

4.2: Demographic findings of the respondents

The study gathered demographic data on the widow respondents. The variables noted by the study were; the age of the widow respondents, the number of children each had, the duration of widowhood, the perceived relationships with the late spouses and his relatives, the perceived causes of death and how the news of the death were relayed to the widow.

4.2.1: Age of respondents

The study sought to establish the ages of the respondents. The responses were as in Figure 4.2:

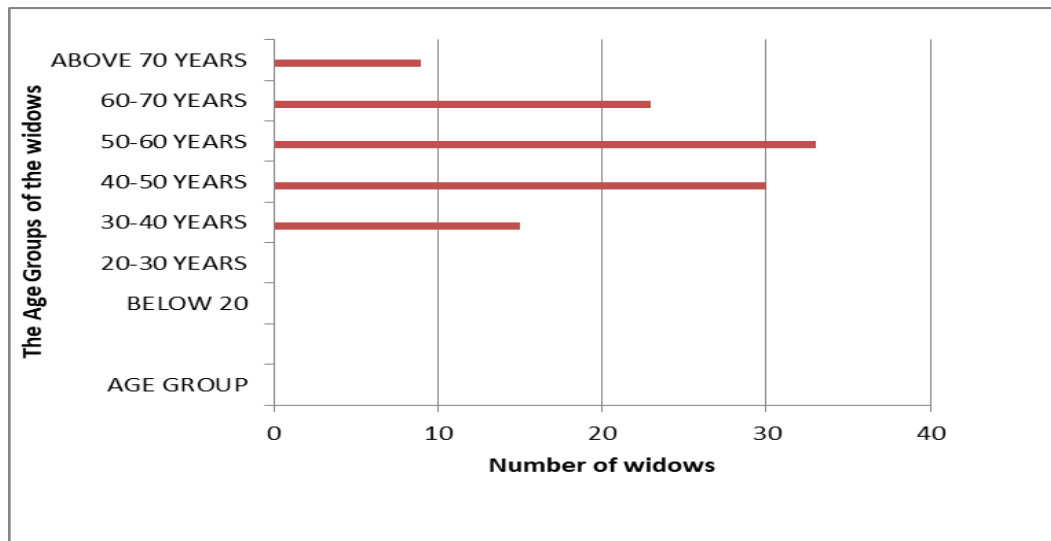


Figure4.2: Ages of respondents

The age distribution indicated that out of the 110 widow respondents, 95 widow respondents were aged between 40 and 70 years old and only 15 were below the age of 40 years. The widows aged between 40 and 50 years of age numbered 30 and those aged between 50 and 60 years were 33 in number. The bigger proportion of elderly widows increased the probability of the study giving authentic lived experiences on the psychosocial challenges and adjustment mechanisms. Though, the study did not seek to establish the relationship between the ages of the widow respondents and the type of psychological and social challenges they experienced, the data indicated that the older widows had an extra advantage on coping and interventions mechanisms due to the support of working children. The assertion is supported by the respondents such as:

Respondent RW44, who was a widow and aged above 70 years old, said; I prayed to God and He provided for me and my children were always concerned about my situation and provided Whatever I needed.

Respondent RW31, who was aged between 30 and 40 years, said: I was bitter and angry. I felt lost, lonely and without focus. I was frustrated by the in-laws and relatives and faced financial stress.

The elderly widows seemed to have established themselves both socially and economically and found it easier to cope and continued to carry out with the plans they had planned while the spouse was still alive. The younger widows did not have such an advantage with social support and exposure from the children. These interpretations are in agreement with other researchers, such as Stroebe and Stroebe (2007) who indicated that for the younger widowed people, bereavement is a non-normative event and, therefore, its effects are less familiar and are associated with a greater decline in physical and psychological health.

4.2.2 Number of children

The study sought to establish the number of children per widow respondent to check if the burden of children was related to the psychosocial challenges the widow participants experienced. The findings are represented in figure 4.3.

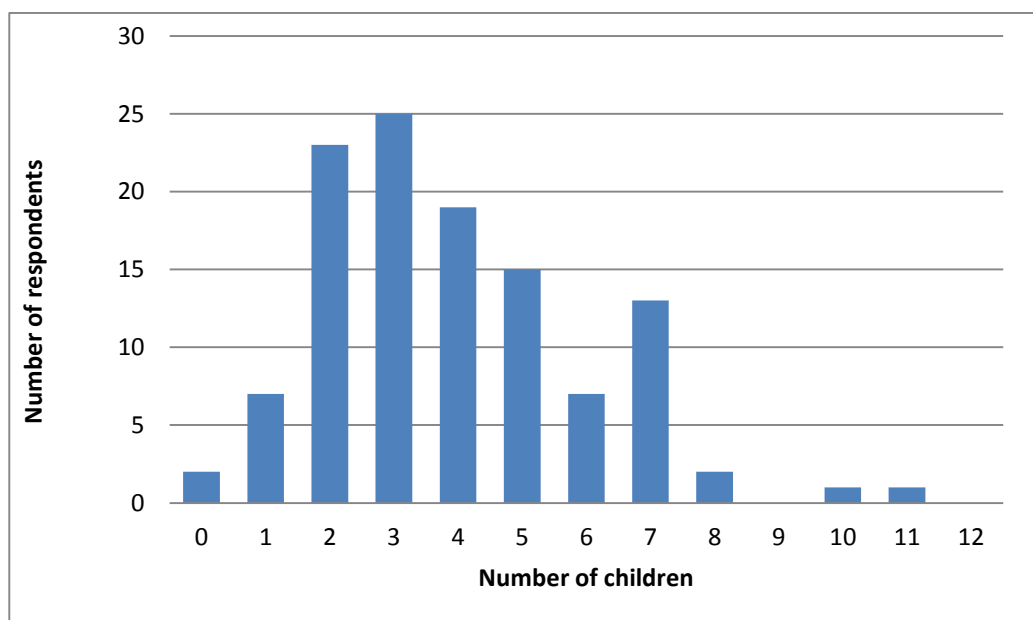


Figure 4.3: Number of children

The study indicated that the majority of the respondents had 3 children. The assumption was that the more the children, the higher the burden of taking care of them and the more the psychosocial challenges experienced. A study by Mathias et al. (2014) investigating the psycho-social adjustments faced by young widows, noted that living with children had significant association with psycho-social problems among young widows. However, study findings did not associate the number of children with the impact of the psychosocial challenges the respondents experienced. This was illustrated by the example of three widow respondents who had a different numbers of children, but they all experienced financial challenges:

Respondent RW16, who was left with 2 children, said that I experienced some financial challenges and stress. I developed hatred and was depressed. I imagined life alone and how to manage. I resigned to myself, prayed to God to overcome.

Respondent RW98, who was left with 7 children said; I didn't know what was where and how to continue surviving. I was worried of taking up full family responsibilities and that caused me sleepless nights.

Respondent RW95, who was left with 11 children said with bitterness; I was stressed and I did not believe that he had died and I felt like my mind was blocked as I struggled to make ends meet and nothing was working, and as such my children dropped out of school and I became poor.

The three widows experienced similar psychosocial challenges, though they had different number of children. As long as the widows did not have adequate resources to sustain themselves, the number of children did not seem to influence the impact of the psychological challenges.

4.2.3: Duration of widowhood

The respondents were asked to indicate their duration of widowhood and the responses were as presented in Figure 4.4.

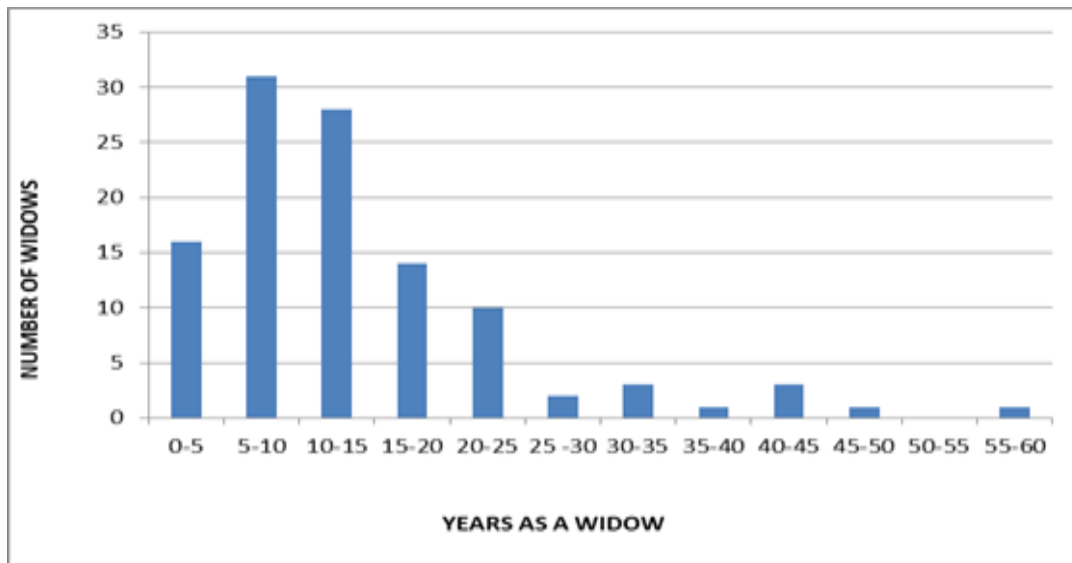


Figure 4.4: Duration of widowhood

The study established that the duration of widowhood varied among the widow respondents, with the majority having 5-10 years in widowhood. However, a few of the respondents had been widowed for longer periods, ranging between 30 years to over 60 years. The assumption was that those with many years of widowhood had the experience to overcome the psychosocial challenges, however, the study findings did not support this assertion and indicated that all the widow participants experienced similar psychosocial challenges irrespective of the duration in widowhood. This is illustrated by the verbatim quotations from some widow respondents:

Respondent RW24, who had been a widow for 2 years said; I did not believe that he had died, I cried a lot, was pained, shocked and confused. I was emotionally affected as my mind was blocked, and I had sleepless nights.

Respondent RW18, who was 20 years in widowhood said; I was lonely, felt bad, and was annoyed, pained and confused. I was shocked, felt desperate and demoralized. I cried a lot, lost sleep, and I had financial stress.

Respondent RW43, who was widowed for 40 years said; I was affected all round, and more so mentally. I was shocked, cried, fainted, confused and wondered what next. I felt devastated, lost appetite, and lost control and was lonely and socially withdrawn. I had financial stress.

A study on the problems and adjustment needs of literate widows (Suleiman, 2010) revealed that significant differences were found on the basis of age when married, type of family, type

of job and highest educational qualifications. Elegbeleye and Oyedeji (2003) investigated the perception of death by the bereaved, the process of mourning and grief, the psychological and social malfunctioning which arose as a result of bereavement and the results indicated no significant difference existed between the coping strategies adopted by both middle aged and old aged widows. Also studies by Akinlabi (2013) revealed that there were differences between the coping strategies and mechanisms between the old and young widows.

4.2.4 Relationship with the late spouse

The study sought to find out the type of lived relationship experiences for each respondent with the late spouse. The study indicated that 48% of the respondents had experienced very good relationships with their late spouses and 44% also had good relationships, making a total of 92% with good to very good relationships with the late spouse. The data indicated that only 7% of the respondent experience poor relationships (Figure 4.5). The findings indicated that the respondents with great relationships had developed great bonds and any disengagement; especially through untimely death was very painful.

Respondent RW005 said that our relationship with my spouse was very good and we loved each other. However, after his death, I was pained and life has not been the same again.

Respondent RW049 noted that our relationship was good. On his death I felt lost, frustrated and lonely and resigned.

The widow respondents, who had satisfactory relationships with the spouses, experienced the psychosocial challenges and had difficulties in adjusting and coping with the bereavement,

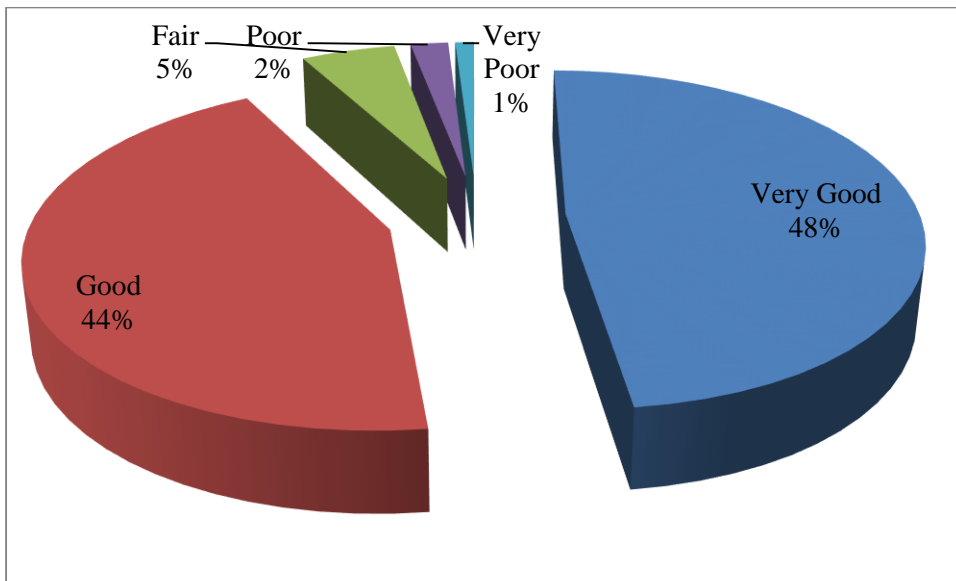


Figure 4.5: Relationships with the late spouse

4.2.5: Relationship with the relatives

The respondents were asked to rate the relationship with their relatives and the responses were as presented in Figure 4.6:

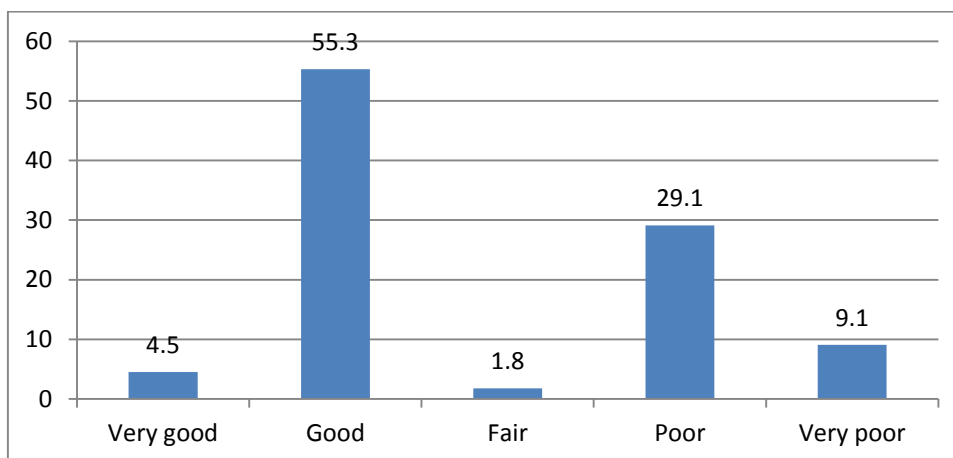


Figure 4.6: Relationships with the relatives

The study indicated that 55.3% of the respondents had experienced good relationships with their in-laws, and only 38.2% had relationships that ranged between poor to very poor. The

widow respondents that experienced the poor to very poor relationships tended to experience much more of the psychosocial challenges;

Respondent RW017 said the relation with my in-laws was very poor and they chased me away.

Respondent RW106 said I had poor relations with my in-laws; they took me to court over a conflict over the ownership of a piece of land my husband had bought.

4.2.6: Causes of spousal death

The findings of the study on the causes of spousal death were summarized in figure 4.7: The study found that sicknesses in general were the highest contributor to spousal deaths. The causes of the spousal death were classified as long term, short term, or sudden. The long term sickness such as cancer and hypertension resulted into the highest number of deaths. Spousal death due to sudden events like road accidents was also reported by 23 widow participants.

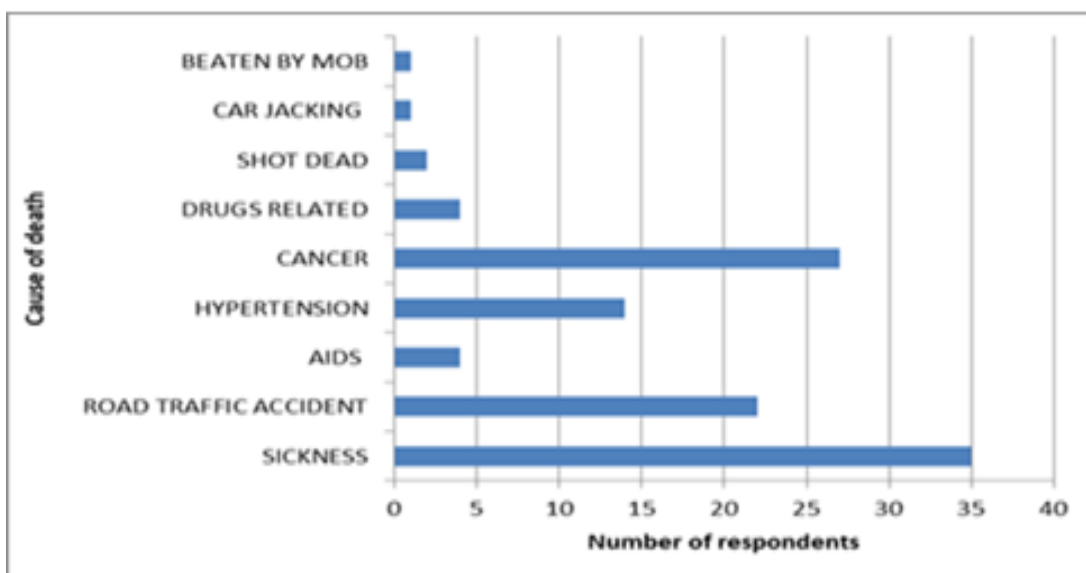


Figure 4.7: Causes of spousal death

The cause of death, whether long sickness, sudden sickness or an accident did influence the psychological challenges the widows experienced. Death whether due a long term cause or

sudden cause was bad and had devastating effects. However, sudden death resulted into shock and severe depression, but long term sickness, seemed to have prepared the widow respondent to eminent death and termination of intimacy, and did not result into severe psychological challenges. The finding concur with past study on sudden death (Bennett & Soulsby 2012) that found that while the grief is not greater in sudden death, the capacity to cope is diminished, since the griever is shocked and stunned by the sudden loss of their loved one and the loss is so disruptive that recovery almost always is complicated. The widow respondents indicated that they experienced extreme feelings of bewilderment, anxiety, self-reproach, and depression:

Respondent RW044, whose spouse died through a road accident said; when I received a phone call that my husband had been knocked down by a vehicle and died, I was shocked, confused, devastated and broke down. I felt pain, saddened and cried. I had financial stress and I had to adjust the family budget.

Respondent RW064, whose husband died from a long term sickness, a combination of Arthritis and Diabetes complications said; we were in and out of hospital many times, but this time I took him to hospital and he didn't make it, I was at his bedside as he rested. I had gotten used and I expected him to leave us at any time. But when I noticed he was gone, I felt frustrated, saddened and felt bitter and confused. I had financial challenges as the medical bill was huge. I had to get used to making decisions and taking up all the family responsibilities alone.

4.2.7: How the news of spousal death was conveyed

The study sought to establish how the respondents received the news of the death of the spouse. The data indicated that 51% of the respondents were with their spouses at the time they passed on, 34% of the respondent received the news through information by other people, 13% received the news on the passing on of their spouses through phone calls and 2% had to go and search for their spouses who had failed to return home after sometime, hence getting worried of their whereabouts. The findings on the mode of how the news of spousal death were conveyed to the widow respondent were as presented in Figure 4.8:

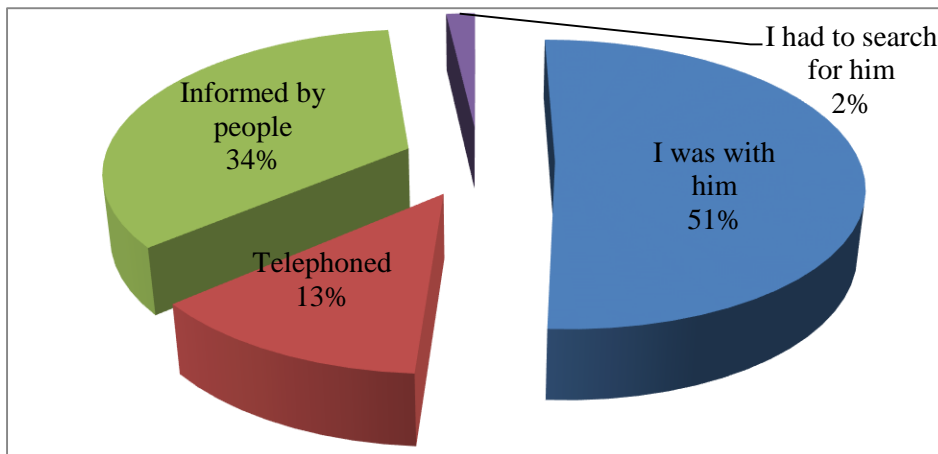


Figure 4.8: Communication on spousal death

Depending on the manner the news of death were communicated, the widows would experience and perceive the psychosocial challenges differently. Parkes (1998) noted that too much anxiety slows us down and impairs our ability to cope, and anything that enables us to keep anxiety within tolerable limits will help us to cope better with the process of change. Hence the communication on breaking bad news such as spousal death would be done in such a manner that the anxiety is maintained within tolerable limits.

4.3: The Psychological challenges and widow wellness

The psychological challenges identified by the study included those with symptoms associated with depression; that were 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 challenges experienced by the widow respondents were; the fear of taking up family responsibilities, especially now without any assistance from the late spouse, the feeling of being threatened and fear for my life and feelings of regret. The findings are summarized in table 4.2.

Table 4.1: Psychological challenges as reported by the widow respondents

ENTRY	PSYCHOLOGICAL CHALLENGE	FREQUENCY	PERCENTAGE
1	Felt Depressed / feeling demoralized	100	90.9
2	Experienced crying spells	84	76.4
3	Hopelessness / lost all / hated myself / saw darkness / suicidal feelings	83	75.5
4	Felt Shock	78	70.9
5	Denial	77	70.0
6	Confusion	71	64.5
7	Annoyance	41	37.3
8	Anger	25	22.7
9	Loss of sleep	10	9.1
10	Felt pain	9	8.1
11	Felt sickly / Hospitalized	8	7.3
12	Lost appetite	5	4.5
13	Fear of responsibility	31	28.2
14	Felt threatened / fear for life	19	17.2
15	Feelings of regret	9	8.2

Source: Interview Data

4.3.1: Depressive symptoms

During the interviews, most respondents indicated that they experienced feelings of demoralization after they realized it was true they had lost the spouse and they now were lonely. The respondents used various terms to describe the feelings of depression as captured in table 4.1. The symptoms of depression and the traumatic events that followed, were in line with the descriptions by the Kubler-Ross model, progressing through shock, denial, frustration anger and depression, though not necessarily in that order. 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. The widow respondents' reactions are reported in verbatim:

Respondent RW017, said that; I was accused of killing my husband and was disappointed, felt bad, annoyed, and angry, confused, hated myself and wanted to die.

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.

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

A widow respondent, RW077 said I was not appreciated and respected by the community and I felt stigmatized, and did not to want to mix with them or come 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.

The widow respondents further indicated that they had to undergo very stressful feelings that resulted into multiple reactions including crying, feeling 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 such as by Mwangi (2014); Owen (2011); Uzo (2006) and the Kubler – Ross theory on death and dying, as discussed (Anastasia, 2015) and the five stages of grief in the model were noted to be very applicable to the study. The respondents indicated that after getting the news of the death of the spouse they experienced grief effects, such as shock and disbelief, emotional release through outbursts of crying, pain, and anger, feelings of guiltiness, confusion, restlessness, depression, hopelessness, fear and resignation. The widow respondents indicated that they were surprised on hearing the news of spousal death, they went into disbelief, and they started blame games either to others or self, went into confusion, anger and low moods, as they recognized that things were different and had no choice but engage with the new situation.

4.3.2 Fear of taking up F\family responsibilities

The study 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, as indicated in 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 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 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 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 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 widow respondents were over-whelmed by taking up not only 100 % of the family responsibilities and to some extent the extended family and relatives and assuming the roles of

being the sole bread winner. 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 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 and 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 and Schut (1999) noted that the death of a loved one is distressing and reduces the available resources to live upon.

The Dual Process Theory model of Stroebe and Schut (1999) applies to this challenge through the fact that the widows needed to apply the restoration oriented coping mechanism and attend to new life changes and take up new roles and identities. The Rational emotive behavior theory (Turner, 2016) also applies to this challenge as the widows would be affected by the way they view spousal death rather than by the financial constraints.

4.3.3: Threat and Fear of own life

The study findings identified another psychological challenge as threats and fear of own life. 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:

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.

4.3.4 Feeling of regret

The widow respondents indicated 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 FGDs indicated that the major psychological challenge the widows experienced was associated with depression that was expressed as loneliness, no body to share with, lack of sleep, loss of appetite and not eating, frustrations, stress, sadness and anger. They noted that the widows had to undergo very stressful feelings that resulted into multiple reactions including crying, feeling of hopelessness, and feeling that they had lost all and some developed bad and suicidal feelings. The FGDs noted that the widows experienced fear of taking up extra and new responsibilities, fear for own life, fear and threats by relatives, fear of the friends of late husband taking advantage of her, and the fear of the children becoming stubborn.

4.4: Social challenges and widow wellness

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 from the individual widow respondent interviews were reported in table4.2.

Table 4.2: Social challenges as reported by the widow respondents

ENTRY	SOCIAL CHALLENGE	FREQUENCY	PERCENTAGE
1	Poverty / Financial stress	106	96.4
2	Conflicts / threatened by in-laws / Not accepted / property taken away / Intrusion by relatives / hated by family / unwanted / false accusations / sent away by family / lack of support	105	95.5
3	Rejection / neglected / deserted / lost friends / Isolated / isolated by married women / self-pity	72	65.5
4	Ashamed / mocked / Not respected / Discriminated	11	10.0
5	Loneliness	18	16.4
6	Empty house / House too big	17	15.5

Source: Interview Data

4.4.1: Poverty and Financial Stress

Poverty and financial stress was ranked as the most important and felt social challenge affecting most of the respondents. All the respondents asserted that after the loss of a partner, they suffered financial constraints. The financial constraints were also expressed as lack of resources, increased poverty, increased debts and poor nutrition:

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 as a 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 came out vividly as presented:

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.

4.4.2: Conflicts with in-laws

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, including court causes on inheritance and especially land cases, false accusation and being sent away by the husband's family and the issue of the in-laws talking behind my back was major drawback.

Respondents 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 her. A study done in Rwanda by Mbabazi (2016) noted a similar trend where 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 from property grabbing, 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.

4.4.3: Poor Interpersonal relationships.

The study found 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 by Eboiyehi and Akinyeni (2016) 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.

4.4.4 Loneliness

The other social challenge identified by the study, included 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 didn'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 FGDs noted that the major social challenges that widows experienced after spousal death were basically as a result of the lack of awareness on the marriage act and the widow rights and inheritance laws. The widows were not informed on the death process, bereavement and

widow rights as regards property and assets they owned together with the late spouse. The FGDs noted that the widows would encounter the social challenges such as unexpected financial constraints and lack of adequate resources, conflicts with relatives on inheritance of the late spouses poverty and assets, the tedious and long legal processes on succession and inheritance of assets, fear of the widow being forced to inherit either a relative or a false friend, cruel and false accusations, discrimination, lack of being respected and mockery by the society resulting into feelings of stigmatization and rejection. The study noted that the major issues with widows if economic hardships that are expressed in terms of poverty, impoverished, discrimination, family burden, helplessness and hopelessness and the widows' children are dropped out of schools, and destitution.

4.5: Coping Mechanisms and Widow Wellness

The study established and documented various coping mechanisms that the widow respondents made use of to improve on their wellness. The widows were faced with specific psychosocial challenges and had to appraise the situation and her capacity to respond to it, and develop and apply particular coping strategies that best addressed the situation. The coping mechanisms that the widows employed included; seeking divine intervention, social support, keeping busy, acceptance, avoidance and embracing change. The widow respondents had to initially engage with the new situation, accept the reality and after rationalization, learn how to cope with the new reality in a more positive manner and move on.

4.5.1 Seeking Divine intervention

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 said 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.

4.5.2: Social support

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. 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 gave the widows confidence:

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 were 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 the 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 et al. (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.

4.5.3 Keeping Busy

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 their 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 and 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 and 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.

4.5.4: Accepting the death of the spouse

The study found that the majority of the widows had to accept the death of the spouse and move on with life. 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 and Fischer (2000) found that widows would accept the loss of the spouse and reorganize themselves and assume new identities and roles and move on.

4.5.5: Problem Avoidance

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.

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 and 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.

4.5.6: Embracing change

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.

Window 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, by Stroebe and 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.

4.6: Intervention mechanisms and widow wellness

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.

4.6.1: Awareness creation

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 to the widows provides them with all the essential information and networks that ensure that they are given the support they need to cope with their loss and make a successful transition to an active, healthy life. The awareness 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 would be empowered and made aware of issues like death. They would keep themselves busy and avoid negative people. It is better to accept and move on life and avoid depression and many negative thoughts. They would 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 competed 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.

4.6.2: Social support groups

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 round 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 also joined 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 of widowhood and how we could manage ourselves. They organized table banking activities for our group.

Widow respondent RW039 proposed let the church to create and organize programs for us widows and 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 administration structures to recognize the presence of widows and how they could be made useful part of the society. Various recommendations were put forward:

Respondent RW101 proposed that the society interventions would be through the chief of the area who would 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 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 round 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 widows well and avoid discrimination, the church leadership to plan on visits to the widows and provide assistance to the widows, and for the church to visit and pray with the widow 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 in and we meet as widows and 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 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 for widows 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 would 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.

The social support can assist the widows to be resilient after the death of a spouse and gradually move from grieving to healing. The widows who stayed socially engaged through group activities did improve upon their health and quality of life in the years ahead. The FGDs indicated that both social support and social participation are key factors in helping widows respond in resilient ways to the death of a spouse, and this can improve their health outcomes over time. The social engagement offered the widows the opportunity to provide and receive social support, and to develop a balance between grieving and moving forward in their lives. Family, friends, support groups or a built-in network of support to the widows can all be helpful in providing a widow with vital social support after the death of a spouse. The support networks such as the family, keeping positive and acceptance concur with the Dual process model (Stroebe & Schut, 1999). The widows would benefit from social support and social participation to be resilient after the death of a spouse (Kaori 2007). The widows should therefore need to stay socially engaged through group networks and activities to improve health and quality of life.

4.6.3: Personal support

The study sought to find out what how the widow respondents applied and utilized 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 widow networks. I took up the responsibility of learning new life skills and moved on.

Respondent RW080 indicated that 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 avoided involving strangers in her family affairs. I became assertive 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 would 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 supports 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.

4.6.4: Professional counseling

The study established that some respondents used 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 got counseling sessions and started recover.

Respondent RW038 noted, 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 some counseling.

Respondent RW062 noted, 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 RW063 said, "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. A study conducted on counseling needs of widows (Amaru 2012), identified the counseling needs of widows to include economic, psychological, socio-cultural and educational. The study concluded that practice counselors and psychologists may need to rely on economic, psychological, and social-cultural levels to render effective counseling to the widows. Further the study showed that young and elderly widows have equal tendencies of involvement in the counseling services and exhibit equal counseling needs. The professional counseling would apply the various coping interventions identified by the study. The interventions were in congruence with the principles as advanced by the Rational Emotive Behavioral Theory (REBT) of Albert Ellis and as discussed by (Dryden, (2005); Turner (2016). The study noted that the respondents' thoughts and behaviors could be deduced from their reasoning and the way they talked and viewed the challenges. The application of REBT would really improve the effectiveness of the intervention of the professional counseling as it would assist to train the respondents to identify, evaluate, dispute, and act against the irrational self-defeating beliefs, and after considering the whole process face the challenges positively, accept and moved on normal with life.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0: Introduction

The chapter presents a summary of the research findings, conclusions, recommendations and suggestions for further research.

5.1: Summary

The study sought to investigate and document the psychosocial challenges that affect the wellness of the widows in selected churches in Nakuru County, Kenya. The study focused on the widows who attended services in the selected churches. The study was qualitative and in-depth interviews and focused group discussions were the data collection instrument.

5.1.1: Demographic findings

The study sought to determine the key demographics on the widows that included the age, number of children, duration of widowhood, relations with the spouse and relative and the cause of death and how the news were conveyed. Though all the widow experience similar psychosocial challenges, the older widows had an advantage on coping and intervention mechanisms due to the support of working children. The study did not associate the number of children with the severity of the psychosocial challenges. The study further indicated that the duration of widowhood did not influence the level of psychosocial challenges affecting the widows. The widow who experience good to very good relations with the spouse, and also those who experienced poor to very relations with the relatives, tended to experience much more psychosocial challenges. The cause of death did not influence the severity of the psychosocial challenges. However, the manner in which the news of death was communicated,

the widows would experience and perceive the psychosocial challenges with much anxiety and affects the ability to cope.

5.1.2: Psychological challenges affecting widow wellness

The psychological challenges experienced by the majority of the widows were expressed as depressive symptoms that resulted into feelings of trauma, feelings of demoralization, fearfulness, emptiness, loneliness, feelings of sadness, experiencing anger outbursts and crying spells, feelings of helplessness, frustration, hatred, suicidal feelings and lack of sleep and lost appetite. The widow respondents also indicated that they were not familiar with all the work the husband was doing and they experienced fear in taking over the family responsibilities and experienced difficulties of getting accustomed to the new responsibilities and felt overwhelmed by taking up not only 100 % of the family responsibilities but also the support to the extended family and relatives. The widows suffered financial constraints that expressed itself as increased poverty, increased debts and poor nutrition. The widows were threatened with dire consequences if they did not comply with the demands of the in-laws, were abandoned by friends and family and shunned by the married women for fear of snatching their husbands. The poor and skewed administration of the late spouse's property resulted into frustration, confusion, sadness and anger, coupled with the feelings of regrets to the widows.

5.1.3: Social challenges affecting widow wellness

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. Poverty and financial stress, that expressed itself as lack of resources,

increased poverty, increased debts and poor nutrition was the most felt social challenge affecting most of the widows. The widows indicated that after the death of the spouse, the relationships with the in-laws deteriorated and the poor interpersonal relationships were expressed in the form property stripping and eviction from the marital homes, threats by in-laws, intrusion by relatives and the feelings of being unwanted. The widows faced rejection which was expressed as discrimination, desertion, isolation and the fear of rejection. The widows experienced the loss of intimacy, company and relationship support.

5.1.4: Coping mechanisms

The psychosocial challenges impacted negatively on the widow wellness and coping mechanisms were necessary to restore emotional wellness, health and social interaction and satisfaction with life. The study identified various coping mechanisms that the widows adopted to be resilience with life and these were seeking divine intervention, use of social support, keeping busy, acceptance, problem avoidance and embracing change.

5.1.5: Intervention mechanisms

The intervention mechanisms that assisted the widows to wellness were in the form of awareness creation on the psychosocial challenges that widows experienced and the options for wellness, the use of personal initiative and self-support, the involvement and use of social support groups and networks and seeking professional counseling.

5.2: Conclusions

The study established that the wellness of the widows was affected by the various psychosocial challenges that the widows experienced after spousal death. The widow assumes huge

responsibilities with scarce resources and become overwhelmed by the lack of finances, and this might lead to fear and depression. The widows may be deprived of matrimonial property and threatened and rejected by the in-laws if they don't comply with their demands. The widows need to be resilient and adopt effective coping and intervention mechanisms. The adjustment to wellness was majorly dependent on the system of coping the widows employed and the availability of the support intervention systems such as the family, friends and professional assistance. The resilience to effective wellness was possible through the widow self-initiative to adopt both adaptive and negative coping mechanisms.

The adaptive coping 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. All these were positive and adaptive coping processes.

The negative coping mechanisms employed by some of the widows involved problem avoidance and keeping oneself busy. The widows made decisions not to be associated with anything that reminded them of the late spouse; they avoided the estate, the house, and any of the places they used to frequent together.

The study further noted that the widows required supportive interventions to be able to cope properly and improved wellness. The psychosocial challenges required individual and collective responsibility for the widows to become innovative and assertive in finding the

proper coping mechanisms. Improved wellness depended on the resolve and resilience of the widow, and the availability of support systems and resources.

5.3: Recommendations on the research findings

The synthesis of the research findings implied certain recommendations need to be:

5.3.1: Recommendations on research findings

The study identified and documented the psychosocial challenges that impacted on the wellness of the widows and derived the following recommendations:

1. The study recommends that the widows and the church communities should be fully appraised with the plight of widows and the study finding through awareness creation forums. The forums would sensitize and create awareness on psychosocial challenges that might impact on widow wellness in the event of spousal death. The forums should be useful in detailing women rights, inheritance laws and how and where to seek for professional counseling, enlightening on the various adjustment mechanisms that are required to assist the widow to be resilient to full wellness. Thus the study findings would greatly assist the widows to understand death and its psychosocial challenges and how to navigate through the traumatic change and improve their wellness and contribute to the society. The study findings should be useful in assisting the widows to become aware of death and understand the circumstances that they might experience after the death of the spouse with a view on how they could organize themselves into widow groups and improve their well-being.
2. The study further recommends that widows should be involved in 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 would be trained on how to reorganize their lifestyles and improve on their wellness through keeping engaged with such activities that bring the widows together more often. The activities might involve 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.

3. The study further recommends that the widows would be supported to regain their sense of self worthy. The families, friends and the society would 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.

4. The study recommends that the churches should organize a pastoral ministry of widowhood that would assist the widows in accessing services and resources, such as pastoral care and counseling and form the basis for the churches and all the believers to become more involved in the ministry of widowhood and play a vital role in supporting widows through awareness creation and availing other support systems to improve upon their wellness. The churches would be the initial point of increasing the visibility of widows through widow profiling and documentation. Through the churches, the widows should be encouraged to be involved in income generating activities and self-care initiatives that would facilitate and improve upon their wellness.

5. The service providers, including the governments and non-governmental organizations may need to be involved in widow support through initial widow registration and identification, civic education, advocacy and by enacting laws and policies that would assist the widows to access the necessary support services and resources.

6. The study findings would also impact and influence the counseling institutions, churches and the government departments in establishing guidance and counseling programs that would specifically offer grief therapy and coping interventions.

5.3.2: Recommendations for further research

The following areas are suggested for further research:

1. Studies on the comparative effectiveness of the various coping and intervention mechanisms in addressing the psychosocial challenges experienced by widows.
2. The effects of widowhood duration on the severity of the psychosocial challenges and wellness.
3. Comparative studies on the psychosocial challenges experienced by young and older widows.

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Appendix A: Introduction letter

Anne K M Muthangya

P O Box 15956 Nakuru

January 20, 2018

To All Respondents,

Dear Madam,

I'm a student at the Kenya Methodist University, pursuing a Master's degree. In partial fulfillment of the requirement for the degree is a research project in the area of specialization. In this regard, I will be visiting you for a formal discussion and completion of a data collection instrument in the form of a discussion interview on the subject area. Kindly note that all information you provide will be treated in strict confidence, and will not be shared with any other person, but will be used only for the purposes of this research and as an academic exercise only. I anticipate that the interview may cause you some discomfort as you share some aspects of your life history that may be uncomfortable, but be assured of my complete confidentiality of the shared information. However, your participation by way of sharing your own story may help in furthering the knowledge base on coping skills in bereavement for the benefits of many others that will be properly taken care of.

Participation in this study is voluntary, and there will be no monetary compensation. Your decision whether or not to participate will not affect your current or future relations with the researcher or the University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the University supervisors.

You will be given a copy of this information to keep for your records.

Yours Faithfully,

Mrs. Anne K M Muthangya.

Appendix B: Statement of informed consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study. I also consent to an audio-recording of my interview with the researcher.

Name of participant

Signature: Date:

Appendix C: In-depth interview guide for the widow respondents

Section A: Respondents Bio data

1. Kindly briefly introduce yourself

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.....

Church affiliation

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.....

- 3 Age group; tick / circle the appropriate one - Below 20 years; 20-30 years; 30 - 40 years; 40 -50 years; 50-60 years; 60 – 70 years; above 70 years

Section B: Psychological challenges

1. Explain to me what caused the death of your spouse.

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2. How did you get the news of his death?

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3. Kindly explain the challenges that you experienced and how you were affected by the death of your spouse

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4. How did the above psychological challenges affect your wellbeing?

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5. How long have you be a widow?

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6. What challenges did you experience after his demise?

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7. Discuss any emotional experiences soon after the death of your spouse?

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8. How did you overcome those experiences?

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Section C: Social challenges

1. Describe how your marital relationship was with your late husband

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2. After his death, how did you feel?

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3. And how did you handle those feelings?

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.....

4. How did the social challenges affect your wellbeing?

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5. How are your relationships now with his parents and relatives?

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6. What issues did you have to deal with to inherit your husband's estate?

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7. Describe any cultural issues you had to deal with after his death.

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8. Describe any economic challenges that you experienced after the death of your spouse

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Section D: Coping mechanisms

1. How did you manage to cope with the loss?

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2. What coping skills did you use to deal with the loss of your spouse?

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3. How did you deal with his parents and relatives?

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4. What changes did you undertake to make sure you can move on?

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5. What actions did you take to deal with the children for loss of their father?

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6. Kindly explain if you are involved in any networks, such as church cell groups, church widow groups, County widow forums, Kenya widow affiliations, community affiliations, or any widows' activities

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.....
.....
7. What social challenges did you face when administering your late husband's estate?

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.....
8. What kind of support did you receive from the following groups: - your religious / church minister, your spouse's friends, the family, friends, the church or the county

Section E: Interventions

1. What were your initial feelings upon learning of your husband's death

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2. Are you currently or have you ever been involved in a grief/loss support group?

3. If yes, describe the kind of help you have obtained from the group.

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4. Kindly describe the lessons learned from the experience of losing a spouse

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5. Discuss the interventions that you use to enhance your wellness after the death of your husband.

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Appendix D: Guide for the focused group discussions

The participants will be appreciated for agreeing to participate. The objective of the FGD will be outlined. The group will be assured of confidentiality of the discussion and the information volunteered, and their consent will be required to proceed with the discussions. They will be requested to sign in the attendance list and the consent form.

The discussion will focus on “A widow comes to you for help after death of her husband”

- a. Describe some of the challenges she could be experiencing

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.....
.....

- b. How did those challenges affect her wellness

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.....
.....

- c. What are some of the mechanisms she could be using to cope with her challenges?.....

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.....
.....

- d. How can such a widow be helped to deal with her challenges

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- e. Describe how the church can assist the widows with the challenges they face.....

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.....

f. How can the society also assist the widows among them?

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Appendix E: List of the main stream churches in the study

Church	Number of Respondents
Roman Catholic Church	18
Anglican Church	17
Full Gospel Churches	16
Presbyterian Church of East Africa	16
Africa Inland Church	18
Methodist Church	12
Baptist Church	13
TOTAL	110

Appendix F: Details of the Focus Group discussions

FGDs	The Selected church	Date of meeting	Venue	Number of participants
1	Roman Catholic Church	18/02/2018	Kiamunyeki - Lanet	16
2	Anglican church	25/02/2018	ACK St Peters Olive church hall	21
3	Full gospel Churches	04/03/2018	Full Gospel church - Kiamunyi	13
4	Presbyterian Church of East Africa	02/03/2018	PCEA Mwanganza Church hall	13
5	Africa Inland Church	27/02/2018	AIC Bondeni	13
6	Methodist church	18/03/2018	Methodist church Shabaabu	11
7	Baptist Church	09/03/2018	Baptist Church Hall Shabaabu	11

Source: FGDs data

Appendix G: Ethical clearance:



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

19TH DECEMBER, 2017

Anne K. M. Muthangya
MCO-3-5664-3/2015

Dear Anne,

SUBJECT: ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

Your request for ethical clearance for your Masters' Research Thesis titled "Psychological Challenges faced by Women after Spousal Death within Selected Churches in Nakuru County, Kenya" has been granted to you in accordance with the content of your Thesis proposal.

As Principal Investigator, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the Thesis.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval prior to the activation of the changes. The Proposal number assigned to the Thesis should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The SERC may conduct audits of all study records, and consent documentation may be part of such audits.

5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.

Thank You

Dr. Wamachi

Chair, SERC

Cc: Dean, ~~19 DEC 2017~~



Appendix H: Research authorization:



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: 020 400 7000.
0713 788787,0735404245
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/33633/20970**

Date: **31st January, 2018**

Anne Kiviu Muthangya
Kenya Methodist University
P.O. Box 267-60200
MERU.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Psychosocial challenges faced by women after spousal death, within selected churches in Nakuru County, Kenya”* I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for the period ending **31st January, 2019**.

You are advised to report to **the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:
The County Commissioner
Nakuru County.

The County Director of Education
Nakuru County.

Appendix I: Research permit:

**THIS IS TO CERTIFY THAT:
MS. ANNE KIVIU MUTHANGYA
of KENYA METHODIST UNIVERSITY,
0-20100 NAKURU, has been permitted to
conduct research in Nakuru County**

**on the topic: PSYCHOSOCIAL
CHALLENGES FACED BY WOMEN AFTER
SPOUSAL DEATH, WITHIN SELECTED
CHURCHES IN NAKURU COUNTY, KENYA**

**for the period ending:
31st January, 2019**

**Permit No : NACOSTI/P/18/33633/20970
Date Of Issue : 31st January, 2018
Fee Recieved :Ksh 1000**



Kithara
.....
**Applicant's
Signature**

J.P. Kalewa
.....
**Director General
National Commission for Science,
Technology & Innovation**