

Research Paper

Grieving experiences of widows and their psychological wellbeing in Kibwezi East Sub County, Makueni County

Kameli Fransisca^{1*}, Shem Mwalwa, PhD²

ABSTRACT

This study sought to examine grieving experiences of widows in Makueni County and how they relate to their psychological well being. The study adopted the embedded mixed method research design specifically adopting descriptive survey and phenomenology. Sampling was done using cluster sampling with a sample size of 340 widows for quantitative data, 8 widows and 5 key informants from the sampled organizations were also interviewed. Data were collected using the Ryff psychological wellbeing scale, a self-developed grieving experiences questionnaire and interview guide. Data were analyzed using correlation and univariate analysis. The findings indicated that readjustment of roles was the biggest challenge of most widows in Makueni with personal growth being the dimension of psychological being reported by majority of the widows. The study recommends counseling services for widows from various stakeholders, provision of social support from the government, capacity building of widows, protection by the state, the family and other non-governmental agencies and self-acceptance of the widow to better their socio economic and psychological wellbeing.

Keywords: *Grief, Widows, Psychological Wellbeing*

Widowhood which is caused by death and death on its part is as a result of some factors such as diseases, illnesses, accidents, old age, afflictions or attacks, all of which finally result in death. These factors result in the loss of health and finally in death. Autopsies indicate that 26 percent of individuals past the age of eighty-five die from 'natural causes' (Holden, Kim & Novak, 2010). In these 'natural' deaths, degenerative disease is present, but its ravages are not severe enough to have caused death in a stronger, more vital person. Widowhood has psychological implications on its victims. It has been called the exemplar of a stressful life event, perhaps requiring more adjustment than any other life transition (Lee, 2015; Hahn, Cichy, Amelda & Haley, 2011). The death of a spouse sets off a series of adjustments including roles that were once for the diseased spouse. In such a situation, the surviving spouse must not only cope with the grief and emotional distress caused by the loss of a meaningful relationship but also redefine a social reality that reflects their new status as a widowed person (Utz, Swenson, Carseta & Lund,

¹Department of Psychology, The Catholic University of Eastern Africa

² Department of Psychology, The Catholic University of Eastern Africa

*Responding Author

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2014). When men and women initially enter a marital union, they redefine their individual identities and construct a social reality that is shared by both marriage partners (Naef, Ward, Mahrer-Imhof, & Grande, 2012).

When the marital union is broken (due to widowhood, in this case), that shared social reality and individual marriage identity are also shattered. Widowed persons must then reconstruct a new reality as they undertake the social roles associated with widowhood and modify the old ones that were associated with the marriage, this automatically calls for a new psychological pattern of managing self and the environment (Naef et al., 2012). Thus, on the death of a spouse, widowed persons undergo a conscious process of adaptation in which they must, among other things, alter the daily tasks and routine responsibilities that were once shared by the couple to reflect the new reality.

The death of a spouse can be a painful and sometimes debilitating experience. However, bereaved individuals differ markedly in how much and how long they grieve and get their psychological well-being back to the original pattern or better (Carr, 2018). Comparisons across bereavement studies have revealed three basic patterns of psychological well-being outcome: common or time-limited disruptions in functioning (for example, elevated depression, cognitive disorganization, health problems) lasting from several months to 1 to 2 years, 'chronic disruptions in functioning lasting several years or longer, and the relative absence of depression and other disruptions in functioning (Bala, 2015). These patterns suggest potentially important implications for understanding the experiences and implications on the psychological well-being. However, there remain a number of central but as yet unresolved questions. For example, because older bereaved widows generally experience less intense and less enduring grief symptoms (Lee, 2015; Carr, 2018), they may exhibit chronic grief reactions less often and the absence of grief reactions more often compared with younger bereaved widows hence a difference in the psychological well-being trends between the different ages.

Spousal bereavement is the state of having experienced the death of one's spouse. Its consequences are generally short-term (though not always) and have personal consequences and meanings (Gerstorf, Hoppmann, Löckenhoff, Infurna & Schupp, 2016). Widowhood, on the other hand, is a long-term and ongoing state which not only has personal consequences but carries with it social consequences and meanings. It is important to distinguish between them because the effects of one may well be different from the effects of another. For example, there may be short-term disruptions in sleeping and eating patterns as a consequence of grieving, but these do not often continue into long-term widowed life (Adefemi, 2015). In terms of the time-scale of effects for bereavement, 2 years is often seen as an appropriate cut-off for the effects of bereavement, and effects after this are often dismissed as not related to spousal loss Bennet (2010.a); and yet, there are consequences which may have a longer-term effect and are concerned with the state of widowhood and its social and personal meanings. These include personal consequences such as continuing to miss the deceased, loneliness, and continuing restorative activities. These also lead to identity changes which demonstrate the interaction between the intra- and inter-personal (Bennett, 2010.a). Finally, there are changes which continue at a social level such as changes in friendships, social support, and the changes in status within society which continue long after the husband has died.

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Widows are not treated kindly in many societies, they are not allowed to remarry and are required to look after their children until the children are old enough to reciprocate (Lee, 2015). They lack support networks because of their invisibility (Lee, 2015). Much of the work in the past has focused on the unusual and problematic outcomes. Research has demonstrated that grieving among widows lead to lower levels of psychological wellbeing (Hughes & Waite, 2016). For example, in China, a widow was supposed to remain faithful to her dead husband during grieving and after (Cheng Lee, 2016). In India, for instance, this situation forces the widows to heavily depend on their sons and if there are no sons, invite husbands of their daughters to stay with them (Guiaux, 2010).

Despite the number of cultural groups and wide variation in cultures across sub-Saharan Africa, the customs relating to Widowhood are largely similar in the region and are unfortunately oppressive to widows (Bennet & Soulsby, 2012). During grieving period, and as part of the funeral rites, widows are required to have sexual intercourse with one of the male in-laws, mostly the brothers or cousins of the husband, as a ritual to get rid of the husband's ghost. This is practiced among the Luo of Kenya (Miruka, Joshua and Obongo, 2015), Zambians (Kalinda and Tempo, 2010), and Rwandese (Cooper, 2010.b). Furthermore, widows in several African societies are often considered bad people who have killed their husbands (Miruka et al., 2015). As a result, many widows are forced to migrate to towns to find alternative means of livelihood and can no longer fit into the village life because of rejection and stigma in their families and in the society as in the case of the Zambian widows in Lusaka (Kalinda and Tempo, 2010). It is clear from the above experiences of widows that their situation is not a happy one in many societies all over the world.

Customs of widow cleansing and inheritance are practiced in several communities throughout sub-Saharan Africa (Miruka, Joshua & Obongo, 2015). In South Africa among the Isiokpo tribe, widows are forced to drink the water used to wash the corpse of their husband (Tasie, 2013). In Rivers State in Nigeria, widows are denied inheritance by the husband's relatives, accused of having a hand in the death of her husband and made to pass through agonizing rituals to prove her innocence (Amaru, 2012). In Nyanza region of Kenya, according to tradition, Luo widows are expected to engage in sexual practices with a cleanser in order to remove the impurity ascribed to her after her husband's death. Such widows have a higher prevalence of HIV because of the cultural risky sexual behavior (Miruka, Joshua & Obongo, 2015). In Kibwezi East sub county, widowed women look so unmotivated and as a researcher i keep on asking on what it is that makes them look so unmotivated.

The African *Ubuntu* principle which states that 'an individual does not and cannot exist alone except corporately because they owe existence to other people' (Mbiti, 1969); contradicts the experiences of widows in my area of study and it does not work for them. Out of these stigmatizing experiences, gossip and verbal insults from the family and the society cause a high level of low psychological wellbeing characterized by self-exclusion from different societal gatherings, isolation, stressed lifestyle and others. Because of this ignorance and callousness portrayed by society, the widowed are in isolation (Lee, 2014). They are not organized into any self-help groups or associations. They lack support networks because of their invisibility, which is sustained by the fear of marginalization and the stigma is more pronounced in rural than urban areas. While men were often left with the property of the deceased, widows were variously denied access to land, refused to inherit and often sent off

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the male spouse's land particularly in cases where a will was missing (Olum, 2015; Ayikuwei, Ngare, Sidle, Baliddawa & Green, 2008). Unlike men who were either left with other wives in the event of a polygamous union, or could remarry, widows were left either in competition with co-wives for property, or found it more difficult to remarry due to the double standards in this male-dominated patriarchal society. It is not expected of widows to remarry as soon as possible, even if it seemed the most appropriate decision since society ostracized a widow if she did the same (Cooper, 2010.b).

A common reaction to widowhood by the widow goes beyond the specific stress syndrome of grief. For older women, widowhood remains the most common marital transition. Many women who have never worked themselves, or those whose husbands spent their lives in manual labor with low incomes and episodic work histories, economic insecurity in old age has always been a fact of life and widowhood has meant only further hardship (Lowe, 2010; Lee, 2014). Increasingly, though, marital disruption occurs early in a woman's life, well before a woman faces the elevated risk of widowhood associated with aging, and has important implications for her old age economic security. Given the complexity of contemporary marital histories, an understanding of the economic consequences of widowhood, especially when we talk of provision and protection of the family, and other marital statuses on women's economic security in later life has important policy implications.

Most bereaved rely on their own personal resources as well as the support of others in their lives for the means to adapt and do not require more formal assistance (Lee, 2014). Others consider continuing the bonds with their deceased spouse by commemorating the anniversaries of their late husbands, keeping memories of their husbands by retaining their photos on the walls while others may consider cutting the bonds immediately to end the relationship with the dead person. For those experiencing greater difficulty, however, interventions like support groups and one-on-one programs can be effective, especially if accessed early in bereavement (Uche, 2015). While a small proportion of bereaved spouses in general participate in these programs, men as a rule are typically less receptive to them and often shy away from helping situations, at least at first (Manala, 2015). Consistent with their need to appear in control, especially regarding the display of their emotions, some widows may not try to make it on their own even when they can't benefit from outside help. This is not to say that all widows like participating in traditional bereavement interventions like self-help groups. The society at large however, believes that counseling interventions are services designed primarily for women. Widows are typically comfortable with environments where the open expression of emotion is encouraged because it is consistent with their preferred way to grieve. However, there is a gap in the inconclusive and inconsistencies in the research findings of different researchers and limited psychological adjustment strategies for the management of widowhood experiences and their psychological wellbeing.

METHODOLOGY

This study was guided by embedded mixed method design with dominant quantitative aspect. An embedded design entails that one data set provides a supportive secondary role in a study based primarily on the other data type (Creswell, 2014). The site of this study was at Kibwezi East Sub County since it has the highest number of widows according to Kenya National Bureau of Statistics (2014), compared to other sub counties in Makueni County.

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The target population in this study comprises all widows and the senior officers in the 16 organizations that work with widows in Kibwezi East Sub County, Makueni County. The senior officers were included since they work directly with widows and have knowledge on the experiences and psychological wellbeing of widows in the Sub County.

The sample size comprised 355 widows and 5 senior officers working with widows in the organization. Data were collected using a standardized questionnaire (Ryff scale), a self-developed grief experience questionnaire and interview guide. The Ryff scale was adapted from Ryff 1989, Ryff (2013), and the researcher sought permission from the developer.

RESULTS

In table 1, the study examined the four major categories of grieving experiences among the widows. These categories of experiences included; readjustment of roles, rejection, stigma and conflicts. This section summarizes their response on their grieving experiences, their psychological wellbeing and the relationship between their grieving experiences and their psychological wellbeing

Table 1 Grieving experiences of widows

	N	Minimum	Maximum	Mean	Std. Deviation
Readjustment of Roles	340	1.00	5.00	4.5082	.72514
Rejection	340	1.00	5.00	2.5804	1.00624
Stigma	340	1.00	5.00	1.8228	.90579
Conflicts	340	1.00	5.00	2.4066	.69734

As illustrated, out of the 340 sampled respondents, a majority of the widows at a mean of (4.5082) cited readjustment of roles as the experience that affected them most during their grieving period as compared to (1.8228) who cited stigma as their worst grieving experience. Though will a small margin, rejection as a grieving experience seemed to affect more widows (2.5804) than conflicts (2.4066).

For widows with no formal education, Personal Growth (3.3238) was the hardest to achieve followed by Purpose in Life (2.9238), then Environmental Mastery (2.64760 and finally Self-Acceptance (2.5829).

Across all age brackets, widows experience more challenges with readjustment of roles than all as compared to other experiences. Generally, the younger the widow the harder it was for them to cope with the loss of their husbands as well as readjusting to new roles. For example, widows of 50 years and above faced difficulty in readjustment of roles (4.4820) as compared to stigma (1.6643) as this old widow explained;

Our relationship with my late husband was good and I was the envy of many. When he died, my neighbors were laughing at me and keeping an eye on what was to happen next now that am left alone. I knew nothing else outside my husband. I did not know how to struggle and look for food or pay for any bills. He provided everything for me and for the children. It was a great loss.

In general, the study established that readjustment of roles was by far the most difficult experience among widows of all ages. This agrees with Utz, Carr, Nesse and Wortman

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(2014) and (Carey, 2017) findings that when the marital union is broken due to widowhood, the shared social reality and individual marriage identity are also shattered. Widowed persons must then reconstruct a new reality as they undertake the social roles associated with widowhood and modify the old ones that were associated with the marriage. Thus, following a spouse 's death, widows undergo a deliberate process of adaptation in which, among other things, they have to alter the everyday tasks and routine duties once shared by the couple to reflect the new (or newly reconfigured) social reality associated with becoming a widowed man.

The following is the experience of two young widows,

- 1. I was chased away from the family. All the property was taken and you know, my husband died out of accident, he was not sick at all. So, the brothers of my husband together with their mother chased me, I was still mourning my husband. We were very close so the pain was doubled by being chased away when I had not healed from the loss. I joined church prayers in my church where I was born, and it is prayers and my faith that took away my grief but this was slowly by slowly.*
- 2. While I was mourning my late husband, his parents chased me away from our matrimonial home. I felt so helpless but after sometime I forced the way and came back. They took away my property and I began to bring up the children on my own. This affected me so much because I had not yet healed from the loss. I claimed back the few goats and a cow that he had left, took care of them and made them to multiply so as to help my children. When I sold the cow to by two small ones, I was accused of mismanaging my husband's property*

Psychological Wellbeing of Widows in Makueni County.

Assessment of psychological wellbeing of widows was conducted using the Ryff Scale and results presented in Table 2.

Table 2 Psychological wellbeing of widows

	N	Minimum	Maximum	Mean	Std. Deviation
Autonomy	340	1.00	7.00	2.8643	1.20646
Environmental Mastery	340	1.00	7.00	2.8542	.96986
Personal Growth	340	1.00	7.00	3.3324	.91617
Positive Relationship	340	1.00	7.00	2.4517	1.19296
Purpose in Life	340	1.00	7.00	3.2466	1.00500
Self-Acceptance	340	1.00	7.00	2.6298	1.04743

Table 2 presents findings on the psychological wellbeing of the widows. Among the psychological wellbeing factors; autonomy, mastery of the environment, personal growth, positive relationships, purpose in life and self-acceptance that were examined during the study, personal growth as a psychological wellbeing factor affected more widows (3.33324) as compared to positive relationship (2.4517). Out of the samples 340 respondents, a mean of 3.2466 cited purpose in life as a psychological wellbeing factor affecting them whereas 2.6298 considered self-acceptance. This could be attributed to varied environmental factors such as financial status among the widows at the time of loss of their husbands and available support systems during bereavement.

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It was much easier for widows whose husbands had left some property behind and their in-laws had not intervened and prevented them from utilizing the property. For example, these two widows;

Young widow one;

My husband left me with a few cows and goats. I learnt that I should avoid selling them when there was no great need for selling them and so I made them multiply and traded with them. I took good care of them for I had learned from him. The land he left behind, I have not sold any part of it and so I do farming although the rains are not that promising in this area so we don't harvest much. I take good care of the children although it is not easy because of financial constraints.

Young widow two;

My husband left behind cows and goats and the piece of land where we had settled. I manage his property by selling and buying of cows and goats and the profit I make is the money I support my young family with. Am the owner of his property because none of his relatives has come to claim anything so far although it is so early to say this but up to now, my in laws are in good relationship with me.

However, Personal Growth was particularly hard to achieve for the widows who were either chased away from their homes by their in-laws or were denied the right to manage the properties that their husbands had left behind as the following young widows explained;

Young widow three;

I don't play any role. I left his family. But where I am, I am the sole leader and owner of my family. I act as the mother and father of my family. I take up the roles which I can manage and leave those that I can't manage

Young widow four;

I feel am not completely the owner of my husband's property. His brothers have a lot of say in my land because I can't sell it even if I wanted to. They own it. What I do is that I take care of it by cultivating it and taking care of the cows that came after. Sometimes I sell the cows to get school fees for my children because I have no other means. I just use what I have.

This findings disagree with the literature about, 'Ubuntu that forms the core of most traditional African cultures. It embraces a spirit of caring and community, harmony and hospitality, respect and responsiveness' (Manala, 2015).

Relationship between Widows Grieving Experiences and their Psychological Well being

Correlation analysis was conducted to identify the relationship between widow's grieving experiences and their psychological wellbeing. The findings are presented in Table 3.

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Table 3 Correlation analysis of Widows' Grieving Experiences and their Psychological Well being

	Readjustment of Roles	Rejection	Stigma	Conflicts
Autonomy	.148	.215	.249	.087
	.006	.000	.000	.110
	340	340	340	340
Environmental Mastery	-.026	-.054	.462	.316
	.637	.320	.000	.000
	340	340	340	340
Personal Growth	.054	.109	.176	.028
	.325	.044	.001	.601
	340	340	340	340
Positive Relationship	.133	.075	.270	-.010
	.014	.165	.000	.853
	340	340	340	340
Purpose in Life	.006	.077	.196	.154
	.911	.159	.000	.005
	340	340	340	340
Self-Acceptance	.017	.073	.154	.024
	.762	.181	.004	.664
	340	340	340	340

Table 3 illustrates the relationship between the experiences of widows at family level and their psychological wellbeing. Though at varied degrees, from the findings presented above, there was a direct cause-effect relationship between the widowhood experiences at family level and their psychological wellbeing. Widows that experienced a challenge with self-acceptance were less likely to be autonomous (0.493). On the other hand, the widows that were well autonomous experienced fewer conflicts (0.87). This could be attributed to the fact that, widows struggling to accept themselves after bereavement take longer to master independence and self-reliance. Similarly, autonomous widows will have fewer chances of getting into family conflicts simply because they do not depend on them for basic support and care as the following widows explained;

Young Widow one:

After the death of my husband, I used to cry daily throughout the mourning period. I was missing my late husband. I was feeling lonely. I was looking around and feeling his absence, I used to be filled with fear and sorrow of a life without him. I lost my energy of planning my daily work and lost taste in life. I forgot my duties and responsibilities for some time because I did not know where to begin from.

Widows that had a good mastery of the environment coped much better with adjustment of roles (-0.27) and stigma (-0.54) than those that struggled with mastery of the environment. This could be due to the fact that, a good mastery of the social-economic environment enhances adaptation to change and consequently, ability to adjust accordingly just like the following widow narrates.

Young widow two;

I stayed in the house without going out or interacting with people for several weeks. I felt stressed up, shocked and confused on where to begin. I told myself that there was no life

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outside my husband and became very helpless. Good women continued to visit me and they gave me courage to be strong, accept the situation and move on. It was very hard for me to accept this new situation. With time I took a step to take care of my children.

Widows that experienced fewer conflicts, stigma and rejection, reported a higher rate of personal growth (028), (176) and (109) respectively. Rejection, conflict and stigma may not allow one to plan, invest or even learn within the same family environment. Further to this, there was a direct relationship between psychological wellbeing in matters purpose in life and adjustment of roles (.006) and rejection (.077). This could be attributed to a reality that, widows with a strong will of purpose in life will take the new roles positively as well as disallow rejection from destructing them from focus on life's purpose which often imply, bringing up the children, providing for the family and purpose to live on. This widow explains how latter she overcame bereavement and purposed to live well again

Young widow three;

When my husband died, I felt that I should not dress decently as before. I felt that nobody else who can love me the way he did and so there was no need to look decent any more. This took me sometime but when I healed, I overcame and started dressing as before.

DISCUSSION

The study established that widows experienced different grieving experiences that negatively affected their psychological wellbeing. Most widows explained that the first experience after learning the deaths of their husbands was shock. Some lost consciousness for some time. Others experienced many deep thoughts. Most widows reported that during mourning period they developed several illnesses related to the grieving experience such as high blood pressure and ulcers. Most widows lost weight and became very miserable. Others often felt dizzy many times during the day and started experiencing a lot of heart palpitations. This finding agree with the study by Wright and Brown (2017) who conducted a study in Chicago, America to determine the benefits of living with an unmarried partner that found that 22.6% of un-partnered women and widows reported frequent depressive symptoms, which was higher than figures for cohabiting and married women.

Ude, Paula, Ugochukwu and Camillus (2017) carried out a study to examine widowhood practices and impacts on women in Sub-Saharan Africa and how widows can be empowered. The study generally argued that in Sub-Saharan Africa, Widowhood practices in Sub-Saharan Africa have been detrimental to women's general well-being and as such considered a serious social and psychological problem. Across different cultures and traditions in Sub-Saharan Africa, widows are subject to a wide range of plights and reprehensible oppression following the death of a spouse. Many widows face various forms of discrimination, stigmatization, oppression, and deprivation and thus suffer deplorable abuse and powerlessness. The authors conclude that empowerment theory has the capacity to lift widows out of the shadows and enable them to proactively take more control of their lives and situations. (Ude, et al., 2017)

Perry et al., (2014) conducted a study titled *Widow cleansing and inheritance among the Luo in Kenya: the need for additional women-centred HIV prevention options* to examine how some of the widow cleansing rituals and inheritance among the Luo of Nyanza region in Kenya contribute to the spread of HIV and the consequently poor widow's psychological wellbeing. They found out that among the Luo widows are expected to engage in sexual

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intercourse with a “cleanser,” without the use of a condom, in order to remove the impurity ascribed to her after her husband's death. The authors therefore concluded that to prevent the infection of HIV widows needed women-controlled HIV prevention methods such as antiretroviral-based oral pre-exposure prophylaxis, vaginal gels, and vaginal rings to engage in sexual rituals related to widowhood.

All these grieving experiences had negative impact on their psychological wellbeing. Widows reported developing low self-esteem, poor self-image. Many widows started dressing poorly because they believed that no one could admire them anymore. Equally, due to low self-esteem and self-image most widows opted to seclude themselves and did not want to mix with other people or even fellow widows. Just like Wright and Brown (2017) said, widows lived on their own, with limited connections with family members and with no support from their kin's, taking up all the responsibilities as the sole protectors and providers of their family lacking social support and protection from their deceased husbands' families. Young widows were particularly hard hit as they did not expect to be called widows when they were still of very young age. With time and appropriate support strategies, the study also established that widows have the capacity to accept their situation and develop adequate coping strategies. Support structures included organizations such as the church and widow's welfare organizations.

It was also established that the widows had to adjust their roles in order to continue making a living after the loss of their husbands who were the main breadwinners of their families. However, adjusting into roles that were previously their husbands was not that easy. First most widows faced rejection and conflict from their families when they tried to adjust into the new roles of providing and protecting their families. To adjust into new roles, the widows had to be strong and stand firm to manage the property or business of her deceased husband as they often faced intimidation and torture by the in-laws and sometimes chased away from the family so as to leave the property behind. For widows who were chased by their in-laws, they had to start from scratch, most engaging in small scale business or small-scale farming.

The study revealed two different ways in which widows relate with their families and its implication on their psychological wellbeing. The first was widows who have a positive relationship with their families and second widows who did not have a positive relationship with their families. Those who had a positive relationship with their families had a comparatively easier time after the loss of their husbands than those who faced rejection, stigma and conflicts from their families. Widows who reported positive relationship with their in-laws easily adjusted into new roles. They easily managed their husband's properties and business without interference from their in-laws. For widows who have a positive relationship and receive support from the in-laws, their psychological wellbeing is also positive and faces their widowhood with courage and confidence.

The study established that at the moment, there are no strategies of programs initiated by the government or the private sector to help the widows with psychological adjustment. However, the widows as individuals or as groups have developed several strategies to help them cope with widowhood and help in their psychological adjustment. The first one is seeking divine intervention. Most widows reported that attending church services, praying and joining church related groups helped them a great deal with coping with widowhood. Those who were not religious become born again Christians and started attending church

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services. Others who had left their churches to join their late husband's churches went back to their original churches where they felt more comfortable and more peaceful. By joining the church and church groups, the widows reported learning to trust and put their hope in God to help them overcome the great difficulties that they were going through as the bible teaches that God is the husband of widows. This is supported by an earlier quantitative study showed a link between core values in Africa and other positive values of 'warmth, empathy, giving, commitment and love' in living with widowed families (Nyangweso, 2017).

The study concludes that an informed inference can be drawn to the effect that grieving experiences of the widows at the family level had an impact on the psychological wellbeing of widows. The grieving experiences of the widows also contributed to numerous challenges for the widows in adjusting to their new roles. The widows faced challenges in taking up new roles and also faced stigma when readjusting their roles. The widows' relationship with the family was also found to affect the psychological wellbeing of the widows accordingly. Where the relation was good, the widows had better psychological wellbeing but where the relationship had broken down, the widows psychological wellbeing was negatively affected due to the rejection, stigma and conflicts that ensue. Widow's physical and mental health was adversely affected by the rejection and stigma with stress, high blood pressure and ulcers being the main consequences. Widow's also lost weight, confidence and developed low self-esteem and self-image. Lastly, while formal structures to support the psychological wellbeing were not established, the widows had developed various strategies to help cope with widowhood. These strategies included divine intervention and self-help groups.

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Conflict of Interest

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