

**ANALYSIS OF EFFECTS OF CULTURAL CHALLENGES AFFECTING THE  
WELLBEING OF WIDOWERS: A CASE OF SELECTED CHURCHES IN  
KAKAMEGA COUNTY, KENYA**

**ABSTRACT**

The loss of a wife is hugely a distressing experience presenting itself in form of tormenting unfriendly cultural challenges. The widowers experience anger, shock, denial, stress and loneliness affecting their wellness. An expression of these emotions is categorized as a weakness on their part. The purpose of this research was to analyze the effects of cultural challenges on the wellbeing of widowers for selected church congregations in Kakamega County. The target population was all widowers who attended church services in Kakamega County. The source of data in this research was primary where data was collected using questionnaires from a sample of widowers in selected church congregations in Kakamega County. The results revealed that cultural factors affected widowers' wellness and their coping to new life challenges. This study would help church leaders to develop programs to enhance wellness among widowers.

**Key words:** Widowhood, Widower, Bereavement, Cultural, wellness

**1.0 INTRODUCTION**

Widowhood is primarily a late-life experience since more than three quarters of all widowed persons are aged 65 or older (Lee, 2014). By comparing widowers to married men Holmes and Rahe observed that widowhood is a hugely a distressing experience (Holmes and Rahe, 1967). The widowers' experiences are examined in terms of the differences and similarities between them and their female counterparts. There exist similarities between widows and widowers but their unique differences attract a lot of attention. The process of adaption to the loss of a wife is an oscillation between good and bad. Some of the factors which affect widowers' wellness include age, relationship with the family, nature of new responsibilities, physical health, belief system, and availability of material and emotional support. Most research in this area is dedicated to establishing mechanisms in which widowers manage to cope with the loss of their wives and adjust to the new realities.

Widowers most often feel having lost someone who kept them organized. The Harvard Bereavement Study demonstrated that widowers considered the death of their wives to the loss of their primary protection, support and comfort (Ira, Robert and Colin, 1974). In that study widowers described themselves as having lost their —life compass. This was due to profound loneliness, high dependency on their wives for managing household, and caring for children. Emotionally they also experience anger, shock, denial, and sadness.

An expression of these emotions is culturally categorized as a weakness on the part of a widower.

Young widowers who have not retired from work and who still have children at home might suffer less loneliness compared to their older counterparts who have lost collegial connections and their children are independent. The risk of becoming physically sick and dying earlier is higher in widowers than it is in widows. This is partly because widowers develop stress which in turn reduces their immune system. Some widowers resort to alcohol and substance abuse and poor nutritional practices. The other cause of stress is impaired life skills such as; meal preparation, baby sitting, shopping, laundry and housekeeping among others. This situation is compounded by the fact that domestic division of labor for most communities depended a lot on gender.

Women are more likely than men to be widowed for two reasons. First, in re –examining the gender gap in life expectancy for most countries of the world, Comfort found that female life expectancy is higher than male life expectancy (Comfort, 2014). Second, women tend to marry older men, although this gap has been narrowing with time. Because women live longer and marry older men, their chances of being widowed are much greater than men's (Lee, 2014).

Ironically, the disorder and trauma that follow the death of a spouse seems to be greater in women than in men whenever either loses their spouse (Fasoranti and Aruna, 2007).

In some isolated cases the contrary is true. For instance, Lichtenberg reported that there was no support, solace, or consolation for him when he lost his wife Becky (Lichtenberg, 2016).

Widowhood presents a number of cultural problems, particularly in the first month after the death of the spouse. Many studies (e.g., Amoran *et al.*, 2005; Abdallah and Ogbeide, 2002)

concluded that a higher rate of mental illness exists among the widowed than their married counterparts. In considering widowhood as a specific stress, Gamino and Sewell concluded that more difficult grief experiences occurred with unexpected deaths, widowhood at a younger age, and when losses were viewed as preventable (Gamino and Sewell, 2004).

Many widowed people experience unique loneliness and loss of self-esteem, causing them to withdraw and become unresponsive. But the greatest problem in widowhood is emotional such that even if it had been a bad marriage, the survivor still feels the loss (Fasoranti and Aruna, 2007).

People respond differently to loss and overcome grief in their own time and style. The most difficult time for the newly widowed is a period just after the funeral.

Young widowers often have no peer group. Elderly widowers are generally less prepared emotionally, psychologically and culturally to cope with the loss (Scannell, 2003).

Several studies (e.g., Schuster and Butler, 1989; Thompson *et al.*, 1989; Davar, 1999; Reddy, 2004) have found that widowhood have a greater adverse impact on the psychological well-being of women. Other studies (e.g., Lee *et al.*, 2001; Umberson *et al.*, 1992; Jason *et al.*, 2002), have however reported stronger effects on men. Still others have found no gender differences at all (Li *et al.*, 2005).

## **1.1 RESEARCH QUESTIONS**

The study sought to answer the following research questions:

1. Do cultural challenges affect the wellness of widowers within the selected churches in Kakamega County?
2. Do coping mechanisms that widowers employ to enhance wellness affect the wellbeing of widowers in Kakamega County?

## **2.0 RESEARCH METHODS**

This study used a descriptive and correlation survey designs. Data on views and perceptions on the wellbeing of widowers who attended church services was collected from widowers,

pastors and elders in selected church congregations. The study applied both qualitative and quantitative approaches. Statistical package for social sciences software (SPSS) was used. A high significance value (below 0.05) indicated existence of a relationship between the study variables. R- Programming language was also used to analyze the data. Frequency tables were used to determine the significance of various factors while the chi-square was also used to determine if there was a relationship between the variables.

### 3.0 Results and Discussion

#### 3.1 Respondent’s Demographic Information

**Table 1. Distribution of Respondents by Age**

	Frequency	Percent
Valid below 30	5	6.0
30-40 years	19	22.6
41-50 years	26	31.0
above 50 years Total	34	40.5
	84	100.0

Table 1 shows how the respondents were distributed across different age groups. Majority, 40.5%, of the respondents were above 50 years, 31% were between 41 and 50 years, 22.6% were between 30 and 40 years while 6% were below 30 years of age. Notably many widowers fell in the above 50 years age group.

#### 3.2 Effect of Cultural Challenges on the wellbeing of the widowers

**Table 2. Strategy of healing versus feeling completely healed**

	strategy of healing	

		Cultural- Widower-group	self denial	church ministry	Total
feeling completely	yes	14	0	0	14
healed	no	14	2	54	70
from bereavement	total	28	2	54	84

Table 2 presented count of widowers who healed through different strategies. The table showed that majority of the widowers (70 out of 84) felt that they had not healed completely, even though majority of them (54) belonged to church ministry groups. The other 14 who felt they had healed completely received their healing from the cultural widower groups. It's also worth noting from the table that none of the widowers healed completely by practicing self-denial.

**Table 3. Relationship between Cultural Strategy of healing versus feeling completely healed**  
**Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	33.600	2	.0001
N of Valid Cases	84		

Table 3 shows a chi-square test results that sought to determine the relationship between the cultural strategies of healing versus feeling completely healed. The results indicate that there is a significant relationship between cultural Strategy of healing and feeling completely healed.  $P < 0.05$  (df=2,  $P = 0.0001$ ).

### 3.4 Experience of cultural stigma versus feeling completely healed

**Table 4. Experience of cultural stigma versus feeling completely healed**

		experience of cultural stigma		Total
		yes	no	
feeling completely healed from	yes	14	0	14
bereavement	no	54	16	70
Total		68	16	84

Table 4 showed that many widowers (70 out of 84) did not feel completely healed. Out of the 70, 54 experienced cultural stigma. It's interesting to note that even the 14 out of 84 who felt completely healed still experienced cultural stigma. The results reveal that cultural stigma reduces the healing process of a widower.

**Table 5. Relationship between Experience of cultural stigma and feeling completely healed**

Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.953	1 .047
N of Valid Cases	84	

Table 5 shows a chi-square test results that sought to determine the relationship between Experience of cultural stigma and feeling completely healed. The results indicate that there is a significant relationship between Experience of cultural stigma and feeling completely healed.  $P < 0.05$  (df=1,  $P = 0.047$ ).

**Table 6. Relationship between Coping mechanisms and feeling completely healed**

**Chi-Square Tests**

Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	84.000	2 .0001
N of Valid Cases	84	

Table 6 shows a chi-square test results that sought to determine the relationship between the Coping mechanisms and feeling completely healed. The results indicate that there is a significant relationship between Coping mechanisms and feeling completely healed.  $P < 0.05$  (df=2,  $P = 0.0001$ ).

**3.5 Answering the First Research Question**

Do cultural challenges affect the wellness of widowers within the selected churches in Kakamega County?

**Null hypothesis (H0)** There is no significant relationship between cultural challenges and the wellbeing of widowers in Kakamega County.

**Alternative hypothesis (H1)** There is a significant relationship between cultural challenges and the wellbeing of widowers in Kakamega County.

Table 3 indicated that there is a significant relationship between cultural Strategy of healing and the feeling completely healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ).

Table 5 indicated that there is a significant relationship between experience of cultural stigma and widower feeling completely healed.  $P < 0.05$  ( $df=1$ ,  $P= 0.047$ ).

Since  $P < 0.05$  in both the cases, we reject the null hypothesis of no significance, and conclude that there is a significant relationship between cultural challenges and the wellness of widowers in Kakamega County. Therefore, cultural challenges affect the wellbeing of widowers within the selected churches in Kakamega County.

### **3.6 Answering the Second Research Question**

Do coping mechanisms that widowers employ to enhance wellness affect the wellbeing of widowers in Kakamega County?

**Null hypothesis (H0)** There is no significant relationship between coping mechanisms that widowers employ to enhance wellness and wellbeing of widowers in Kakamega County.

**Alternative hypothesis (H1)** There is a significant relationship between coping mechanisms that widowers employ to enhance wellness and wellbeing of widowers in Kakamega County.

Table 6 indicated that there is a significant relationship between Coping mechanisms and feeling completely healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ).

Since  $P < 0.05$  in both cases, we reject the null hypothesis of no significance, and conclude that there is a significant relationship between coping mechanisms that widowers employ to enhance wellness and well-being of widowers in Kakamega County. Therefore, coping mechanisms that widowers employ to enhance wellness affect the wellbeing of widowers in Kakamega County.

### **4.0 Summary of findings**

The summary has discussed the findings of the study with a view to answering the research questions that were used in the study.

#### **4.1 Effect of cultural Challenges on the wellbeing of the widowers**

Here, we answered the first research question. The question was; —Do cultural challenges affect the wellbeing of widowers within the selected churches in Kakamega County? This was answered as follows;

Results of Table 2 showed that majority of the widowers (70 out of 84) felt that they had not healed completely, even though majority of them (54) belonged to church ministry groups. The other 14 who felt they had healed completely received their healing from the cultural widower groups.

The results of Table 3 indicated that there was a significant relationship between cultural Strategy of healing and the feeling of completely being healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ).

Results of Table 4 showed that many widowers (70 out of 84) did not feel completely healed. Out of the 70, 54 experienced cultural stigma.

It's interesting to note that even the 14 out of 84 who felt completely healed still experienced cultural stigma. The results reveal that cultural stigma reduces the healing process of a widower. Results of Table 5 indicated that there was a significant relationship between experience of cultural stigma and feeling completely healed.  $P < 0.05$  ( $df=1$ ,  $P= 0.047$ ).

#### **4.3 Effect of coping mechanisms that widowers employ to enhance their wellbeing**

Table 6 indicated that there is a significant relationship between Coping mechanisms and feeling completely healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ).

Since  $P < 0.05$  we conclude that there is a significant relationship between coping mechanisms that widowers employ to enhance wellness and well-being of widowers in Kakamega County. Coping mechanisms have got positive correlation with wellbeing of widowers hence should be enhanced.

#### **5.0 Conclusion**

The conclusions were based on the summary of our findings in the analysis. These were as follows;

There was statistically significant relationship between cultural Strategy of healing and the feeling of completely being healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ) as observed in Table 3.

There was statistically significant relationship between Experience of cultural stigma and feeling completely healed.  $P < 0.05$  ( $df=1$ ,  $P= 0.047$ ) as revealed in Table 5.

There was statistically significant relationship between Coping mechanisms and feeling completely healed.  $P < 0.05$  ( $df=2$ ,  $P= 0.0001$ ) as observed in Table 6.

### **5.1 Recommendations for Further Research**

The study was limited to investigation of the of challenges affecting the wellbeing of widowers in selected church congregations in Kakamega County, through cultural challenges. A study should be conducted, which could involve the determination of effect of other intervening variables such as social and economic challenges on wellbeing of widowers in Kakamega County.

Death studies remain open problems and especially so because there are no first-hand experiences of persons who have the experience of having died and coming back to life.

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