

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 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 study employed sample survey of data collection. Non-probability method of sampling was used. Those who volunteered formed the sample. Data collected was analyzed using Chi-squares to test the degree of relationship between variables of study and wellbeing of widowers.** The results revealed that cultural challenges affected widowers' wellness and their coping to new life. This study would help church leaders to develop programs to reduce stigma and 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 widowers also experienced anger, shock, denial, and sadness.

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

Most young widowers who have not retired from work and still have children at home 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 lose 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 Cultural Challenges

Rites and practices in widowhood have for long remained unexposed, unchallenged and not sufficiently reflected upon in spite of the pain inflicted on widowers. Indeed, widowhood is a cultural disaster but reactions and practices vary from culture to culture. Most widowers who never sired a child with the deceased wife for instance, have their homes rummaged through and literally all valuable belongings carried away by the wife's relatives. Generally, there was no drafting of wills, since this was considered as though you were inviting death (*kuhihiza*) into the extended family. The widower was expected to stay at his home during the mourning period. He was not expected to share a meal with others (including his own children) unless

they were also widowed. His meals were prepared by a widow (relative) who could not marry him. For elderly widowers the son's wife was not allowed to prepare a meal for him for two reasons; one that would mean she was preparing for her own death (*kuhihiza*) and two it will be like she was married to two different men, her own husband and her father in-law. The practice of head shaving was prevalent even when the widower kept off from the same. The widower was always reminded to behave in a manner that showed he was grieving irrespective of whether he had healed or not. Symbols of widowhood were always displayed by the widower. In church congregations widowers sat at the back pew during worship service. They were totally isolated from other worshippers who sat some distance away from them. Compliance with the mourning rites and practices was a sign that the widower *grieved properly* and that he respected his deceased wife and was faithful to her in marriage. It was forbidden for widowers to arrive home before sunset, visit neighbors, attend family or community functions during the mourning period. They always took breakfast and supper from their own homes. All this was done to ensure that the widowers do not constitute a *ritual danger* already embedded in them to the community. These rituals were considered to have therapeutic value to the grieving widower as explained in African grief work (Nowye 2005).

Research by Manala however, pointed out that there is an apparent deliberate uncaring, disrespectful, discriminatory, impolite and unjust treatment of widowhood in African communities in spite of the values and Christian teachings prevalent on the continent (Manala 2015). Kotze *et al* (2012) observed that these cleansing rites did not resonate with human dignity, respect and decorum.

Existing literature is very scanty and especially so in terms of the coping and intervention mechanisms to be employed to enhance the wellbeing of widowers. It's against this background that this research analyses the effects of the said cultural challenges on the wellbeing of widowers

in Kakamega County.

1.2 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?

1.3 Justification of the study

There is a conspiracy of silence on the cultural challenges widowers go through and therefore their condition is rarely addressed. Widowed men had a significantly higher mortality rate than their married counterparts (Heising and Szki, 1981). Majority of research for instance (Muthangya, 2019; Miruka et al., 2015; Nduati, 2010; Mwangi, 2014) did not focus on widowers 'wellness in Kakamega County. This study provided an opportunity to investigate and explore the cultural challenges that affect widower wellness and the coping mechanisms adopted for resilience. This study identified and filled missing gaps of knowledge by focusing on cultural challenges experienced by the widowers and documented the coping and intervention mechanisms that widowers employed to improve upon their wellness.

2.0 RESEARCH METHODS

This study used a descriptive and correlation survey designs. The target population was all widowers in Kakamega County. Using a questionnaire, the authors collected data on views and perceptions on the wellbeing of widowers who attended church services 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.

Validation of data was done using Chi- Square values obtained in analyzing the relationship between the study variables. 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. The data which was qualitative in nature was categorized and the analyzed quantitatively using Chi-Squares.

2.1 Ethical Consideration

Permission to carry out this research was sought from County Overseers of respective churches. Confidentiality of all the information obtained from the respondents was assured before the Questionnaire was administered. Participation of the respondents was completely voluntary. A total of 84 respondents was used. The findings of the study were solely for the purpose of this research.

2.2 Inclusion Criteria

Widowers aged at least 20 years and attended church services in Kakamega County.

2.3 Exclusion Criteria

Non-widowers, widows, widowers aged below 20 years and widowers who did not attend church services in Kakamega County.

3.0 RESULTS

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			Total
		Cultural- Widower-group	self denial	church ministry	
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 bereavement	yes	14	0	14
	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 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?

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 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?

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 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 DISCUSSION OF RESULTS

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. $P < 0.05$ ($df=1$, $P= 0.047$).

4.2 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 conclusion was 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 cultural challenges affecting the wellbeing of widowers in selected church congregations in Kakamega County. We recommend another study to be conducted, which could involve the determination and analysis of the effects of other intervening variables such as social, spiritual and economic challenges on the wellbeing of widowers in Kakamega County.

ACKNOWLEDGEMENT

We acknowledge the invaluable support received from our moderators: Bishop Dr. Naboth Otieno, and Rev. Dr. Luchetu P. Imbayi. They were always available whenever we needed them. Their constant guidance and encouragement were a great motivation. We cannot forget

the caregivers, Pastor Zackayo Omusula and brother Joseph Ochien'g Omolo for providing the needed regular moral and general psychological support during the process of this research. We thank our classmates for their moral and academic assistance throughout the course. We thank Holy Ghost Missions Bible College of East and Central Africa for giving us opportunity to study in this great institution. Finally glory to God who by His grace, favor and wisdom has enabled us go through this work.

DECLARATION OF INTEREST

Data collection and preliminary analysis were self-sponsored. We have no conflict of interest to disclose the findings.

REFERENCES

- Abdallah D. and Ogbeide, D.O. (2002), Prevalence of mental illness among Saudi adult primary care patients in Central Saudi Arabia. *Saudi Medical Journal*. Vol.23, No. 6, 721–724.
- Amoran, O.E., Lawoyin, T.O. and Oni, O.O. (2005) Risk factors associated with mental illness in Oyo State, Nigeria: A Community based study, *Annals of General Psychiatry* Vol.54, No.19 doi: 10.1186/1744-859X-4-19.
- Comfort, F. R. (2014), Re-Examining the Gender Gap in Life Expectancy: A Cross Country Analysis, *International Journal of Humanities and Social Science* Vol. 4, No. 10(1).
- Davar B.V. (1999) *Mental Health of Indian Women – a Feminist Agenda*. New Delhi/ Thousand Oaks/ London: Sage Publications; p. 281.
- Fasoranti O.O. and Aruna J.O. (2007) A Cross-Cultural Comparison of Practices Relating to Widowhood and Widow-Inheritance among the Igbo and Yoruba in Nigeria. *Journal of World Anthropology*, Vol. III No. 1, 53–73.
- Gamino, L. A., and Sewell, K. W. (2004). Meaning constructs as predictors of bereavement adjustment. *Death Studies*, 28, 397–421.
- Heising, K.J., Szklo, M. G. W. (1981) *American Journal of Public Health*, Vol. 71, No. 8, 802-9. doi:10.2105/ajph.71.8.802.
- Holmes, T. H., and Rahe, R. H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, Vol. 11, 213–218. doi:10.1016/0022-3999(67)90010-4

- Ira O. G., Robert S. W. and Colin M. P. (1974) *The First Year of Bereavement* 102–15, 179, 269– 70 (New York: John Wiley & Sons)
- Jason B., Luoma M.A. and Pearson J.L. (2002), Suicide and Marital Status in the United States, *American Journal of Public Health*, Vol. 92, 1518–1522.
- Kotze, E., Lishje, L. & Rajuili-Masilo, N.,(2012), “Women...mourn and men carry on”: African women storying mourning practices- A South African example, *Death Studies* 36(8), 742-766. <http://dx.doi.org/10.1080/07481187.2011.604463>.
- Lee, G.R. (2014). Current research on widowhood: devastation and human resilience. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, Vol. 69, No. 1, 2–3, doi:10.1093/geronb/gbt111.
- Lee, G. R., Demaris A. Bavin S. and Sullivan R. (2001), Gender Differences in the Depressive Effect of Widowhood in Later Life. *Journal of Gerontology: Social Sciences*. Vol. 56, No. B,556–561.
- Li L., Liang J., Toler A., ShengzuGu. (2005),Widowhood and depressive symptoms among older Chinese, *Journal of Social Science and Medicine*, Vol. 60, No. 3, 637–647.
- Lichtenberg P. A. (2016), Grief and Healing in Young and Middle Age: A Widower’s Journey, *Journal of the Gerontologist* Vol. 00, No. 00, 1 –\doi:10.1093/geront/gnw115
- Manala, M.J (2015), African traditional widowhood rites and their benefits and/or detrimental effects on widows in a context of African Christianity *HTS Theological Studies* 71(3), Art.#2913,9 pages. <http://dx.doi.org/10.4102/hts.v71i3.2913>
- Miruka, P., Aloo, M., Nathan, J. & Onginjo, M. (2015). The role of the Church and the christian family towards widow care. *Sociology and Anthropology*, 3(1), 52-57 Retrieved from <http://www.hrpub.org/journals/article-info.php?aid=2091>
- Muthangya A. K. M. (2019), Psychosocial Challenges Affecting the Wellness of Widows: A case of Selected Churches in Nakuru County, Kenya
- Mwangi, R. N. (2014). *Psychosocial challenges and adjustment of widows of HIV and AIDS partners: A case study of Mugunda Location, Nyeri County, Kenya*. (Master’s Thesis, Catholic University of Eastern Africa, Nairobi, Kenya). Retrieved from <http://ir.cuea.edu/jspui/bitstream/>
- Nduati, S.K. (2010). *Pastoral care of widowers in Baharini location of Nakuru Municipality, Kenya*. (Master’s Thesis, University of Wales, Lampeter). Retrieved from <http://www.researchkenya.or.ke/api/>

Nowye, A. (2005), Memory healing and community intervention in grief work in Africa, *Australian and New Zealand Journal of Family* 26(3), 147-154.
<http://dx.doi.org/10.1002/j.1467-8438.2005.tb00662.x>.

Reddy P.A. (2004), *Problems of Widows in India*. New Delhi: Sarup; 2004.

Schuster T. L., Butler E. W. (1998), *Bereavement, Social Networks, Social Support, and Mental Health*. pp. 55–68 New York: Hemisphere.

Thompson L. W. et al. (1989), Effects of Bereavement on Symptoms of Psychopathology in Older Men and Women pp. 17–24, New York: Hemisphere

Umberson D., Wortman C. B. and Kessler R. C. (1992) —Widowhood and Depression, *Journal of Health and Social Behavior*, Vol. 33, 10–24.