

Relationship Between Widowhood and Psychological Health of Widows in Kisumu East Sub County, Kisumu County, Kenya

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Abstract

Despite the inevitability of death, the loss of a spouse comes with diverse psychological burden ranging from intense anguish, helplessness, deep pain, mourning and anxiety. Worldwide and even in Kenya, widowhood; the loss of a spouse through death is on the rise. The heightened stress that comes with death may be detrimental to psychological wellbeing of the remaining spouse. The objective of the current study is to assess the relationship between widowhood and psychological health of widows in Kisumu East Sub County, Kisumu County, Kenya. The sampling technique used was purposive in nature. This enabled the researcher to sample 50 widows in Kisumu East Sub County. The study used mixed method research design, which includes quantitative and qualitative approaches. Questionnaires and scheduled interviews were used to gather information from the respondents. The researcher conducted a one-on-one session with the widows to be able to get further information on their psychological health. The study findings show that widowhood is correlated to psychological health as it leads to poor psychological health of widows. The study recommends that widows should be sensitized on the need to strive for good psychological health either by seeking counseling or joining widows support programs in the community to help them cope with psychological health challenges that comes with the death of a spouse. It is also recommended that counselors and non-governmental organization should aid in establishing widow support networks in Kisumu East Sub County. Through local campaigns, widows should be encouraged to share their experiences and speak with one voice in regard to their psychological health.

Keywords: relationship, widowhood, psychological health

1. Introduction

Worldwide, widowhood comes with a lot of psychological challenges ranging from grief, stress, sexual hunger, denial, withdrawal, anxiety loneliness low self-value and negative

change in mood. (Trivedi, Sareen & Dhyani, 2009; Sasson & Umberson, 2014). According to Jegtvig (2013) the sudden transition to widowhood is harmful to a person's mental health. Moreover, Chima (2006) argues that depression and ill

psychological being is experienced during the first year of widowhood. This is further escalated by widows' adjustment to social and economic dynamics which may cause intense psychological stress.

Widowhood is a transitional moment because the loss of a spouse is usually painted by high levels of psychological distress as the newly bereaved person adjusts to life without one's spouse. The critical factors related to depression in widowhood include social support, health, and survivor's financial situation. (Wilcox, Evenson, Aragaki, Hutchinson, Wassertheil, Mouton, & Loevinger, 2003; Bruce, 2005). Studies (Jegtvig, 2013; Atindabilal, Bamford, Adataru, Nuako, & Obenwa, 2014) refer to psychological health as the mental and emotional challenges such as grief, loneliness, isolation, anxiety, low self-esteem, denial, withdrawal, sexual unfulfillment and depressed moods that the widows go through after spousal death.

Moreover, a study by Hahn, Cichy, Small and Almeida (2014) assert that, the loss of a life partner may impact on mental health of a person as they go through grief and bereavement. Widows may be left on them to live lonely lives which may be harmful to their self-esteem. A lot of women who relied on their husbands for economic support may develop low self-esteem after the death of their spouse. Although, individuals have different ways of handling grief, Atindabilal, Bamford, Adataru, Nuako and Obenwa (2014) report that the first year of widowhood comes with a high level of emotional turmoil for both younger and older widows; this is at times called the widowhood effect. Other studies (Chou & Chi, 2000; Ahmadi & Sadeghi, 2016) opine that the death of a spouse causes serious distress and grief as the living partner loses the full support and care of the deceased.

Furthermore, Lee and De Maris (2007) report that during the first year, widows are susceptible to depression and at times death since they are not prepared to handle the loss.

Several studies report that the number of years one has stayed as a widow after the death of their husband, does not change the narrative of the widowhood effect on psychological health of the remaining spouse. (Kendlar, Hetteema, Butera, Gardner & Prescott, 2003; Avison, Ali & Walters, 2007). Contrastingly, Choi and

Vasunilashorn (2014) report that women who lose their spouses at a tender age and have chosen to remain in their widowhood state show high levels of symptoms of depression. However, in comparison to men, other studies argue that widowhood has immense negative impact on the psychological wellbeing of women. (Lee, Demaris, 2007; Bharathi, Sridevi & Kumar, 2015).

In Kenya, a study by Kamunyu, and Makena (2020) assert that isolation and loneliness are so heightened in widowed persons. They have to learn to live with loneliness and less intimacy. Many widows stay alone and suffer from inadequate human contact. This leads to isolation and disengagement which may be detrimental to their mental health. Furthermore, Olum (2014) opines that before the passing on of a spouse, both partners rely on each other for psychological support. However, a woman who has lost a spouse must learn to cope with stress resulting from the death and must also strategize on how to fit in her new status and take up her responsibilities as a widow.

According to Mburugu, Nyaga, Chepchieng and Ngar (2015), the death of a husband has serious implication on the widow's self-esteem, more so when the spouse was the only financial provider and was constantly the key decision maker. With the change of status and the new transition to widowhood, the living spouse goes through a lot of distress having lost the tenderness, the care and companionship of their loved one. Although, studies have been carried out in Kenya on widowhood, no study has been carried out on the relationship between widowhood and psychological health of widows, specifically, Kisumu East Sub County. Therefore, the current study seeks to assess the relationship between widowhood and psychological health of widows in Kisumu East Sub County, Kisumu County, Kenya.

2. Research Methodology

A mixed method research design using both quantitative and qualitative methods was used in the study. The population targeted were widows in Kisumu East Sub County, Kisumu County, Kenya. The sampling technique used was purposive in nature. This enabled the researcher to sample 50 widows in Kisumu East Sub County. The instruments for data collection were questionnaires and scheduled interviews. Open and closed-ended questions were used in

the questionnaire.

The interview schedules were used to seek information on the relationship between widowhood and psychological health of widows. During the interviews, the researcher had a face-to-face interactive session with each respondent; this actually helped in putting the widow's psychological health in perspective. Data was analyzed using descriptive statistics and thematic analysis for the scheduled interviews. Reliability and validity of the instruments was carried out to ascertain the degree to which test components measure the features for which they are designed.

3. Results and Discussion

Figure 1 shows the distribution of age of the respondents. The study found that nearly half of

the widows in the study were aged between 45-60 years (52.6%). However, it is evident from the findings of the study that, only 0.3 % of the widows who participated in the in the study were between 25-30 years of age as shown in Figure 1.

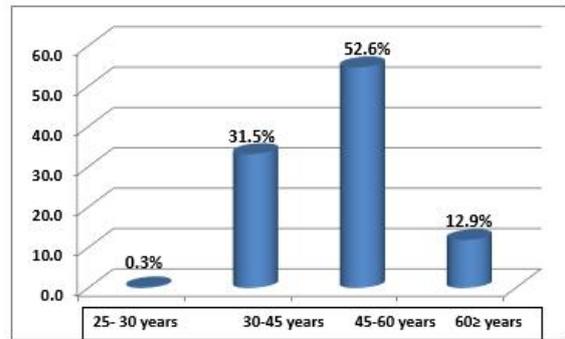


Figure 1. Age Distribution of the Respondents

Table 1. Correlation between Widowhood and Psychological Health of Widows

	Widowhood	Psychological Health
Widowhood	Pearson Correlation	1
	Sig. (2-tailed)	-.531**
	N	.000
Psychological Health	Pearson Correlation	1
	Sig. (2-tailed)	-.531**
	N	.000
	N	50

** . Correlation is significant at the 0.01 level (2-tailed)

In Table 1, the study reports a significant negative correlation between widowhood and psychological health [$r = -.531, n = 50, p < 0.01$]. Hence, widowhood is perceived as a major cause of poor psychological health among widows. The implication of Table 1, with a correlation coefficient of $-.531$, shows that widowhood is a determinant of poor psychological health of widows in Kisumu East Sub County. From the study, it can be deduced

that the transition to widowhood comes with a lot of psychological burden that widows have to cope with after the death of their life partner. Comparatively, past studies (Chima, 2006); Jegtvig (2013; Sasson & Umberson, 2014) are in agreement with the study findings that widowhood is harmful to one's mental health as depression and ill psychological well being is experienced during transition to widowhood.

Table 2. Responses on widows Psychological Health

Psychological health issues	Most difficult (4)	More difficult (3)	Difficult (2)	Not difficult (1)
Self esteem	30(60%)	10(20%)	7(14%)	3(6%)
Anxiety	28(56%)	12(24%)	6(12%)	4(8%)
Loneliness	42(84%)	6(12%)	2(4%)	0(00%)

stress	36(72%)	10(20%)	3(6%)	1(2%)
Denial	29(58%)	11(22%)	6(12%)	4(8%)
Persistent grief	20(40%)	12(24%)	13(26%)	5(10%)
Sexual deprivation	40(80%)	6(12%)	3(6%)	1(2%)
withdrawal	42(84%)	6(12%)	1(2%)	1(2%)

Key: 4- most difficult, 3- more difficult, 2- difficult, 1- Not difficult

Table 2 shows the opinion of the respondents in regard to their psychological health issues (self-esteem, anxiety, loneliness, stress, denial, persistent mourning, lack of sexual fulfilment, disengagement), they had to face with the death of their spouses. The widows had a strong view that the death of their spouses had a negative impact on their self-esteem 30 (60%). However, only 3(6%) agreed that it was not difficult for them to work on their self-worth. Similarly, Mburugu, Nyaga, Chepcheng and Ngar (2015), report that the death of a husband has serious implication on the widow's self-esteem, more so when the spouse was the only economic provider and was constantly key in decision making.

In regards to anxiety, half of the widows 28(56%) agreed that they experienced anxiety attacks whereas nearly 42(84%) of widows were of the opinion that they were deeply affected with loneliness after the death of their husbands. During the interview with one of the widows, it was established that widows were susceptible to anxiety attacks after the death of their spouses, some even engaging in excessive alcohol to calm their nerves; *"After the death of my spouse I began experiencing anxiety attacks especially when I was all alone. I started taking alcohol to control my nerves and it went from bad to worse."*

In comparison with the results from the questionnaires, findings from the scheduled interviews with the widows also show that a majority of widows have difficulty dealing with loneliness. One of the widows remarked that *"After the death of my husband, the most torturous experience I had was dealing with loneliness. Almost all our relatives and friends disappeared in to thin air. For the first time I came to the reality of my husband's death."* Of the same opinion another respondent opined that; *"When, I lost my spouse, it seemed as if the only company I had remaining*

were my children, who many times asked me;" *"Where have all the pastors, relatives and our fathers friends gone to?"* Studies (Kendlar, Hetteima, Butera, Gardner & Prescott, 2003; Avison, Ali & Walters, 2007) show shows that regardless of the number of years one has lived as a widow after the death of their life partner, widowhood has an endless psychological effect on the surviving spouse. Contrastingly, Choi and Vasunilashorn (2014) report that women who lose their spouses at a tender age and have chosen to remain in their widowhood state show high levels of symptoms of depression.

In spite the fact that 50 widows took part in the study, only 1(2%) expressed that they were a little stressed as the majority; 36(72%) were overly stressed. Similarly, the interview schedules reveals that most widows have to carry the weight of escalated stress as reported by one of the widows during the interview. *"When I lost my husband life became a nightmare, I did not know how to deal with my own grief, let alone supporting my children as they faced the reality of losing a loving father and a friend. Each night in the stillness of my bedroom, my grief was unstoppable"*. The study is in agreement with Atindabilal, Bamford, Adatara, Nuako and Obenwa (2014) showing that the first year of widowhood comes with a high level of emotional turmoil for both younger and older widows; this is at times called the halo effect of widowhood.

On the same breath, 29(58%) said they lived in denial whereas, 20(40%) had to contend with persistent grief. During the interview, another widow opined that, *"After the burial of my beloved husband I did not want to get out of bed, I locked myself in the room, because I did not know how to face the world without him. I stayed without eating for days on end. I couldn't take my meals knowing, he was outside buried in the deep earth. I was crushed."* Results from Table 2 also assert that

most widows 40(80%) found it most difficult to deal with lack of sexual fulfilment after the death of their beloved husbands. Moreover, results from the interviews also point out that, one of the major challenges widows go through is the burden of sexual unfulfillment as noted from the following respondents “I felt so alone after the passing on of my husband. I was deeply hurting not knowing how to quench my sexual desires.” Of the same opinion, another respondent during the interview pointed out that widows lose the love and tender care and touch of their spouses “I missed the tender touch and voice of my husband. The nights were lonely without anyone to turn to for comfort, tenderness and sexual satisfaction”. Findings show that nearly all the widows 42(84%) had to deal with withdrawal after the loss of their spouses, since they found it difficult to deal with the reality of death. Comparatively, Kamunyu, and Makena (2020) report that solitude and loneliness are more evidenced among widowed persons. They have to learn to live with loneliness and less intimacy. A majority of widows stay alone and suffer from deprivation of human contact. Consequently, the isolation and disengagement may be injurious to the widows mental health.

4. Conclusion and Recommendations

Overall, the study reveals that there is a significant negative relationship between widowhood and psychological health. Although, widowhood is an inevitable life occurrence among married couples, it is a negative determinant of psychological health. This study has further demonstrated that, widowhood is a significant contributor to poor psychological health of widows in Kisumu East Sub County, Kisumu County, Kenya. Therefore, the recommendation of the study is that widows should be sensitized on the need to strive for good psychological health either by seeking counseling or joining widows support programs in the community to help them cope with the challenges of widowhood. It is also recommended that in areas where there are no widow support groups, counselors and non-governmental organizations should establish widow support networks in the community. Through local campaigns, widows should be encouraged to share their experiences and speak with one voice in regard to their psychological health.

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