# THE RELATIONSHIP BETWEEN COPING MECHANISMS AND MENTAL WELLBEING: A CASE OF WIDOWS IN KASARANI SUB-COUNTY OF NAIROBI COUNTY, KENYA

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A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER'S DEGREE IN MARRIAGE AND FAMILY THERAPY

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# Declaration

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

Signed: _____ Date: _____

Salome Wambui Kungu (MMFT/16822/0/20)

This thesis has been submitted for examination with my approval as the duly appointed Supervisor.

Signed: _____ Date: _____

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# Dedication

I thank my family for being there for me throughout the time I undertook this research.

# Acknowledgements

First and foremost, I give God all the glory for this far He has been Ebenezer. My journey of thesis writing has been one that is full of challenges but also learning and growth. I am most grateful to the late Dr. Madeleine De Little for her professional and scholarly guidance that saw me put the initial draft of this thesis together. I am also grateful to Dr. Susan Changorok who became her successor in my supervision journey. My interaction with her has been a pleasant reminder to me that indeed, the end of a matter is better than its beginning. Thank you for not letting me go at a time when I was still mourning my first supervisor. I wish to also acknowledge the faculty members of Psychology Department for equipping me with the knowledge on Marriage and Family Therapy which became instrumental in developing this thesis. I thank my colleagues with whom I share the journey of postgraduate studies. It has been tough but worth it. I must also appreciate the entire team at the Graduate School for the coordination work that enabled me to make progress. Last but not least, I express my gratitude to all the widows who participated in this study as respondents. And to everyone else who have made a contribution to this journey but I have not mentioned by name, do feel appreciated.

## Abstract

The purpose of this study was to investigate the relationship between coping mechanisms and mental wellbeing among widows in Kasarani Sub-County of Nairobi, Kenya. The specific objectives were: to identify coping mechanisms among widows in Kasarani Sub-County, to investigate the relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County, and to determine the perception of social support among widows in Kasarani Sub-County. Coping Circumplex Model was used as the theoretical framework. The research adopted correlational research design. The target population was 11,018 widows from across the five wards in Kasarani Sub-County namely: Mwiki, Ruai, Njiru, Clay-City, and Kasarani. A sample of 112 widows were selected using snowball sampling method. Data was gathered using a structured questionnaire with closed-ended and open-ended questions adapted from Warwick-Edinburgh Mental Well-being Scale and Ways of Coping Questionnaire developed by Lazarus and Folkman (1984). Informed consent was obtained prior questionnaire administration. Closed-ended questions were processed in SPSS version 25 where mean and the standard deviation scores as well as correlation and regression analysis was performed. Open-ended sections were analysed using thematic analysis method. Results showed that Widows in Kasarani Constituency exhibited moderately high tendency towards solution-focused coping ($\bar{x}$=3.48, σ = 1.581), followed by emotion-focused coping ($\bar{x}$=3.34, σx = 1.284), while engagement in problem-focused coping was notably the least ($\bar{x}$=2.41, σx = 1.503). Negative emotion-focused coping significantly correlated with worsened mental health (r=-.765, p<.01), while limited engagement in problem-focused coping was associated with decreased mental well-being (r=-.533, p<.01). The correlation of mental wellbeing with solution-focused coping was positive but statistically insignificant (r=.078, p>.05). Regression analysis indicated that coping mechanisms significantly influenced widows' mental well-being ($R^2$=.692, p<.01), with emotion-focused coping having the highest impact (β=-.616, p=.003), followed by problem-focused coping (β=-.391, p=.053), and solution-focused coping having the least effect size (β=-.162, p=.370). Descriptive analysis yielded low mean scores for perceived community support ($\bar{x}$=2.59, σx =1.734, N=111), perceived employer support ($\bar{x}$=2.66, σx =1.766), and societal attitudes towards widowhood ($\bar{x}$=2.35, σx =1.553), with respondents expressing dissatisfaction with available services ($\bar{x}$=2.25, σx =1.609), infrequent assistance from community organizations ($\bar{x}$=2.23, σx =1.388), inadequate understanding of their needs by social service agencies ($\bar{x}$=2.04, σx =1.446), and limited support from family and friends ($\bar{x}$=1.95, σx =1.268). The study has underscored the critical need for interventions targeting negative emotion-focused and problem-focused coping to enhance the mental well-being of widows in the community, providing valuable insights for tailored support programs. By offering tailored interventions that target maladaptive emotional coping, therapists can help widows develop healthier coping strategies and build emotional resilience in the face of loss. Policymakers should utilize these findings to advocate for policy changes and institutional reforms aimed at addressing societal attitudes towards widowhood. Future research should shift attention to the lived experience of widowers.



Key words

Coping Mechanisms, Mental Wellbeing, Social Support, Widows

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# List of Abbreviations and Acronyms

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| COVID | Corona virus disease |
| DPBGI-C | Dual Process Bereavement Group |
| DSD | Divisional Secretariat Divisions |
| DSMA | Detroit Standardized Metropolitan Area. |
| GRBSQ | Grief Reaction of Bereaved Spouses Questionnaire |
| HIV | Human Immunodeficiency Virus |
| KNBS | Kenya National Bureau of Statistics |
| LOBGI-C | Loss-Oriented Bereavement Group Intervention |
| NACOSTI | National Commission of Science, Technology and Innovation |
| NDI | National Death Index |
| NGO | Non-Governmental Organization |
| RERC | Research Ethics Review Committee |
| SPM | Stress Process Model |
| SPSS | Statistical Package for the Social Sciences |
| USA | United States of America |
| USD | United States Dollars |

## Operational Definition of Terms

| | |
|---|---|
| Coping mechanisms | This refers to inward resources that widows utilize to manage challenges of widowhood (Amoo et al., 2022). In this study, the term refers to emotion focused, problem-focused, and solution focused coping. |
| Emotional well-being | This refers to the presence of positive emotions and the ability to manage emotions in a healthy way (Carr, 2018). In this study, the term referred to a sense of satisfaction with life despite their widowhood status. |
| Mental wellbeing: | This refers to optimal psychological functioning (Granlund et al., 2021). In this study, it is an umbrella term for emotional, psychological and social wellbeing as indicated by life satisfaction, positive affect, level of anxiety or depression. |
| Psychological well-being | This means the absence of mental stress and is characterized by normal functioning of the mind (Bennett et al., 2019). In this study, it referred to the ability to effectively manage the practical challenges and adjustments that come with being widowed. |
| Social support: | This refers to the support system use d by widows after the demise of their husbands (Gaith et al., 2020). In this study, the term refers to support from family, church, friends, and/or support groups. |

| | |
|---|---|
| Social well-being | This refers to the quality of relationships and social interactions that individuals have with others and within their communities (Ghaith et al., 2020). In this study, the term refers to sense of belonging, social interaction, and community engagement that gives meaning to the widow's life. |
| Widow | This is a woman whose husband has died (Benet et al., 2019). In this study, a widow is a woman whose spouse has died and has not remarried. |
| Widowhood | This refers to the period following the death of a spouse, during which the surviving partner adjusts to the loss, copes with grief, and navigates the practical, emotional, and social changes associated with becoming widowed (Yu et al., 2019). In this study, the term refers to adjustments widows have made after demise of their husbands, such as one's dwelling place, work, lifestyle, finances, income, relationships and responsibilities. |

# Chapter One: Introduction and Background to the Study

## Introduction

The aim of this study was to establish the relationship between coping mechanisms and mental wellbeing among widows in Kasarani Sub-County of Nairobi, Kenya. This chapter discusses background information on widowhood. The chapter then states the problem as well as the purpose of the research. The specific objectives, research questions, and purpose are then stated. The chapter also details the rationale and significance of the study. The chapter concludes with a discussion of the justification of the study, significance, scope, limitations, and delimitations

## Background to the Study

The Bible provides various examples of the challenges widows face, and also offers practical solutions to support them. For instance, in Deuteronomy 14:29 (NIV), widows were included among those permitted to benefit from the tithe given in the temple. Similarly, in Isaiah 54:4-5 (NIV), God promised to be the husband of widows and protect them from reproach. The New Testament also highlights the importance of caring for widows, as demonstrated by the appointment of seven deacons in Acts 6:1 (NIV) to oversee the welfare of widows in the early church fellowship. Thus, the Bible recognizes the struggles faced by widows and underscores the significance of social support for widows. Unfortunately, the challenges of widowhood have been exacerbated by times of war and major human catastrophes, such as the Covid-19 pandemic (Mburugu, 2020).

According to the United Nations (2022), global statistics reveal that in 2016, there were 258 million widows worldwide, with East Asia accounting for 31.8 percent

and South Asia accounting for 22.4 percent. However, this number increased to 518.5 million in 2019, with 38 million of these widows living in extreme poverty. The Loomba Foundation (2016) reported that Russia and Europe accounted for 17.6 percent of the global widows' population, while sub-Saharan Africa accounted for 8.7 percent. The high incidence of widowhood in South and East Asia could be attributed to the ongoing wars in these regions, while the figures for Russia and Europe could be due to their aging population. In contrast, sub-Saharan Africa had one of the youngest populations, justifying the relatively lower proportion of widows. However, the study did not classify data based on the causes of death to help mitigate the causes of death.

The study by Carlson and Schweize (2020) examined the trend of widowhood in the United States over a period of 70 years, from 1948 to 2018. The study found that women who were older were more likely to experience the loss of their husbands, with the rate of widowhood increasing as women age. For example, the study reported that the rate of widowhood for women aged 55-59 was 12 percent, compared to 5 percent for women under the age of 40. This is consistent with previous research by Birech (2019), which found that 40 percent of widows in developed countries were aged 60 years and above. However, the study also noted that fewer women were widowed in 2018 compared to 1948, which could be due to the improvements in life expectancy over the years. In fact, empirical studies have shown that life expectancy has significantly improved over the last century, from 30.9 years in 1900 to 61.13 years in 1980 (Mishra, 2016). This improvement in life expectancy has been attributed to various factors such as the advancement of medical technology, the growth of healthcare facilities, and better policies aimed at promoting healthy lifestyles and nutrition (Mishra, 2016).

According to Blanner et al. (2021), the death of a husband generally leads to a decline in mental wellbeing among women, regardless of their economic status. However, this decline is influenced by their perception of their position within their community and their aspirations. Papanikolaou (2022) simplified this concept by stating that an individual's well-being and their feelings towards their life circumstances are linked to their mental wellbeing, which is in turn related to physical and psychological health, social relationships, and environmental conditions. Holm et al. (2019) identified various factors that predispose widows to mental illness. These include socioeconomic and environmental factors resulting from the loss of their husband, such as societal seclusion and prolonged grieving. Family members may perceive widows as economic burdens, causing them to experience extended grieving periods that can compromise their mental wellbeing.

Emotional, psychological, and social well-being are crucial facets of mental wellbeing of widows. Emotional well-being, defined as the capacity to experience positive emotions and effectively regulate negative ones (Carr, 2018), plays a pivotal role in maintaining satisfaction with life despite the challenges of widowhood. Psychological well-being, which encompasses the absence of mental distress and the ability to function effectively (Bennett et al., 2019), is essential for managing the practical adjustments necessitated by the loss of a spouse. Furthermore, social well-being, referring to the quality of relationships and social interactions (Ghaith et al., 2020), offers a sense of belonging and community engagement that imbues the widow's life with meaning. Together, these dimensions of well-being underscore the complex interplay between individual emotional experiences, mental resilience, and social support systems in adapting to the profound changes wrought by widowhood.

Gesi et al. (2020) noted that normal grief typically takes six to twelve months, but in cases where it lasts longer, the process can become complicated grief, leading to depression and mental illness. Widows are at risk of experiencing a prolonged grieving period due to the significant responsibilities they face, such as caring for children. According to research studies by Gesi et al. (2020), Li et al. (2022), and Schmitz (2021), spousal bereavement is a distressing mental wellbeing problem for both men and women. However, widows tend to experience more severe consequences than widowers, even if their income levels remain the same (Kung, 2020). This is particularly true in third-world economies where men are traditionally the breadwinners (Kathomi et al., 2019). Additionally, research shows that widowed men tend to remarry faster than women (Schmitz, 2021).

Dholariya (2018) conducted a qualitative comparative study on the mental wellbeing of widows and married women in the Surendranagar district of India. The study found that widowhood had a negative impact on the mental and psychological well-being of widows, who also faced difficulties in the widowhood due to lack of social and economic support, especially for younger women. The study also noted that personal issues such as widowhood, combined with external environmental issues, like rapid technological advancement and competition in the job market, contributed to depression, frustration, and other forms of mental illness. Kathomi et al. (2019) observed that widowhood in African societies is viewed through the lens of the widow's original culture, which often stigmatizes them, including in churches. Even interacting with the clergy or joining groups where they belonged with their husbands could raise suspicion among friends, leading to feelings of loneliness and rejection that contribute to mental wellbeing problems.

In many African societies, women who lost their husbands were not allowed to remarry. Instead, male relatives would inherit the woman to maintain social stability (Nkiyi et al., 2021). However, due to changes in socioeconomic dynamics and family structures, and the adoption of Christian family values, some of these practices are slowly disappearing (Okoro et al., 2020). Additionally, the HIV/AIDS pandemic which was discovered in 1984 made wife inheritance unappealing (Kathomi, 2019). As a result, widows in these societies may face economic pressure and limited support without a stable family structure, which can lead to mental wellbeing issues.

The study conducted by Nkyi et al. (2021) investigated the impact of widowhood rituals on the psychological distress and life satisfaction of widows in Sasoba district, Ghana. The study found that widows in this region were expected to perform certain rituals after the death of their husbands, such as staying with the corpse, shaving their hair, and refraining from bathing for 40 days. They were also socially excluded, discouraged from talking, and forbidden from laughing. The research was conducted using a cross-sectional approach and the findings indicated that Sasoba widows experienced significantly lower levels of life satisfaction. Cross-sectional studies however are limited to examining the relationship between variables at a specific point in time.

Okoro et al. (2020) conducted a study to determine the impact of the length of widowhood on the mental wellbeing of elderly widows in Nigeria. The study involved 155 widows who were selected using a convenient sampling method. The research was based on continuity theory, which suggests that activities engaged in during youth are continued into old age. The study found that the duration of widowhood did not significantly affect the life satisfaction of elderly Nigerian women. However, it

was noted that older women tended to experience mental wellbeing issues, largely due to the absence of close relatives in their lives. The study suggested that the lack of societal support negatively impacted the widowhood, particularly as older widows often did not have children around them.

In Kenya, as in many parts of Africa, widows grapple with entrenched gender disparities, facing challenges that span illiteracy, gender-based violence, and mental health struggles (Kathomi, 2019). The onset of the Covid-19 pandemic has only intensified these hardships, with economic slowdowns exacerbating existing inequalities (Landivar et al., 2020). Research underscores that disadvantaged women, particularly those who are impoverished and lack education, often enter marriage early and bear more children, placing them at heightened risk of enduring deeper poverty and heightened vulnerability to mental health issues following the loss of their spouses (Kaguthi & Mutundu, 2021; Kathomi, 2019; Kudo, 2021). Kaguthi and Mutundu (2021) further highlight that mental health challenges stemming from poverty are a prevalent concern among widows, shedding light on the profound impact of widowhood on mental wellbeing.

According to Birech (2019), the proportion of families headed by widows has steadily increased from 34 percent to 37 percent since 2009. The study observed that the number of widows grows as women age, with 10.9 percent of women aged between 45-50 years being widowed, a figure that rises to 40 percent by the age of 60. This trend is attributed to the high mortality rate of men in the same age group. In addition to the loss of their husbands, widows are also vulnerable to mental health issues. A study by Muthangya et al. (2020) in Nakuru County revealed that widows face a multitude of challenges that can lead to depression, including lack of psychosocial support, rejection by their in-laws and immediate family members, and

insufficient income to support their children. Recognizing these challenges, the government of Kenya has classified widows as a vulnerable group (Dube, 2022).

Birech (2019) conducted a qualitative study examining the endeavors of the government and various organizations aimed at improving the socio-economic well-being of widows in Nandi County, Kenya. Referring to data from the Kenya National Bureau of Statistics (KNBS), the study posited that the proportion of female-headed households had risen from 34 percent in 1989 to 38 percent in 2009, before decreasing to 32.4%. While the decrease marked a significant achievement, it was noted that both the government and other agencies were actively engaged in supporting widows. This support included providing training in business and life skills, with the participation of churches and non-governmental organizations. Despite these concerted efforts, Birech's (2019) study uncovered various challenges faced by widows. These challenges encompassed exclusion from decision-making processes, social rejection leading to loneliness, instances of forced wife inheritance, and the inability to inherit property. The primary conclusion drawn from the study was that widowed women lacked sufficient support to effectively navigate the challenges of life.

The term "coping mechanisms" refers to the various ways, strategies, and support systems that widows use to manage the stresses associated with their widowhood, as defined by Carr (2018) and Mburugu (2020). Psychologists and social researchers have shown a keen interest in this subject (Mburugu, 2020), and the existing literature suggests that cultural context plays a significant role in determining how widows cope with their loss (Fernandes & Ansuya, 2015). While some coping mechanisms may promote positive mental wellbeing, others may have the opposite

effect. Therefore, it is crucial to identify these coping mechanisms and understand their effect on mental wellbeing of widows (Carr, 2018).

Muthangya et al. (2019) found that widowed women in Kenya faced various challenges that impede their effective functioning in society after the loss of their husbands. The breakdown of the family structure exacerbates this problem, as it was typically the primary source of support for widows during the grieving process, particularly in urban areas (Magezi, 2018). The coping mechanisms that widows employed play a crucial role in how they deal with the challenges they encounter while attempting to move forward. Widows who utilize unhealthy coping mechanisms were at risk of experiencing depression and psychological stress (Gesi et al., 2020). If appropriate measures are not taken to assist widows in coping with life after the loss of their spouses, the resources that the government and loved ones expend to rescue them from mental wellbeing issues could be significant (Boaheng & Boahen, 2022). Research has been conducted on the statistics of widows and the impacts of widowhood, with similar trends observed in India. Evidence from Kenya suggests that the challenges of widowhood are related to social pressures and economics, perpetuated by gender inequality, social exclusion, and burden (Nkyi et al., 2021; Okoro et al., 2020). However, there is inadequate research on how widows in Kenya cope emotionally with the loss of a spouse (Kamunyu & Makena, 2020).

A study conducted in Meru County, Kenya, by Mburugu (2020) examined the availability of counseling support for widows. Data collection involved focus groups and questionnaires, with respondents evenly distributed between widows and widowers. The study revealed that widows tended to seek counseling support more than men as a coping mechanism. Conversely, it highlighted that women experienced

greater loneliness and often engaged in religious activities, while men coped by remarrying, involving themselves in business ventures, or advancing their careers. Additionally, the study documented that cultural norms discouraged widowers from seeking counseling assistance, while women were discouraged from remarrying and leaving their late husband's home. Given that the research was not conducted in Nairobi County, the current study aim at establishing on the relationship between coping mechanism, and mental well-being among widows, specifically in Kasarani Sub-County.

## Statement of the Problem

The number of widows has steadily increased over the past four decades, with the latest estimate indicating that 20 percent of women are widowed (Birech, 2019). Of particular concern is the fact that many women rely on their husbands for economic support, leading to 38 percent of women having to work extra hard to generate the income necessary to cope with the loss of their spouses (Mutiso & Mutie, 2018). A significant portion of the widow population faces challenges stemming from outdated cultural practices that strip them of inheritance rights, leaving them vulnerable to severe economic hardships (Birech, 2019). Throughout these struggles, widows must navigate through grief, loneliness, and a shift in social status (Birech, 2019). This issue is exacerbated in urban centers such as Nairobi, where widows lack the support of robust social networks (Mutiso & Mutie, 2018).

Previous research on widowhood in Kasarani Sub-County indicated a significant prevalence of mental health challenges among widows, primarily stemming from feelings of loneliness and financial strain (Birech, 2012). This was occasioned by challenges such as increased economic strain due to reliance on

husbands for financial support, compounded by cultural practices denying inheritance rights, resulting in severe economic vulnerabilities, alongside navigating grief, loneliness, and a shift in social status exacerbated by limited social support networks in urban settings. Additionally, the study highlighted that widows employed various coping strategies, including joining support groups. However, the investigation did not delve into the impact of these coping mechanisms on the mental well-being of widows. Hence, there was a clear necessity for a follow-up study to explore the effect of coping mechanisms on the mental well-being of widows specifically in Kasarani Sub-County, Nairobi, Kenya.

## Purpose of the Study

The purpose of this study was to investigate the relationship between coping mechanisms and mental wellbeing among widows in Kasarani Sub-County of Nairobi, Kenya.

## Research Objectives

1. To establish coping mechanisms among widows in Kasarani Sub-County, Nairobi County, Kenya.
2. To investigate the relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County, Nairobi County, Kenya.
3. To determine the perception of social support among widows in Kasarani Sub-County, Nairobi County, Kenya.

## Research Questions

1. What are the coping mechanisms among widows in Kasarani Sub-County, Nairobi County, Kenya?

2. What is the relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County, Nairobi County, Kenya?
3. What is the perception of social support among widows in Kasarani Sub-County, Nairobi County, Kenya?

## Assumptions of the Study

The following were the assumptions of the study:

1. The study assumed that there is a relationship coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County, Nairobi County, Kenya.
2. The study also assumed that there are different coping mechanisms among widows in Kasarani Sub-County, Nairobi County, Kenya.
3. The study further assumed that widows perceive social support differently in Kasarani Sub-County, Nairobi County, Kenya.
4. The study assumed that the respondents selected would cooperate in giving honest and correct information.

## Rationale of the Study

The challenges associated with widowhood have received limited attention from governmental and non-governmental organizations, as highlighted by Birech (2019) and Mburugu (2020). Notably, widows have often been classified alongside other single women and categorized as single-headed households in Kenyan census reports (Mburugu, 2020). Furthermore, empirical research has consistently demonstrated that men tend to have shorter lifespans than women, underscoring the importance of addressing widowhood as a distinct issue separate from the experiences of other single women (Conti & Younes, 2020; Crimmins et al., 2019; Kuruczova et

al., 2019). The current study contributed to the existing body of knowledge, serving as a valuable resource for stakeholders working to address the unique challenges faced by widows.

## Significance of the Study

The findings of the study could inform the State Department of Social Protection about the specific challenges widows face and their subsequent impact on mental wellbeing. This information can guide the development of targeted interventions and support services tailored to the needs of widows in Kasarani Sub-County and similar communities, ultimately improving their overall wellbeing and social integration.

Counsellors and family therapists working with widows in Kasarani Sub-County can benefit from the study's insights by gaining a deeper understanding of the coping mechanisms that may facilitate or hinder mental wellbeing during the widowhood. Armed with this knowledge, counsellors can provide more effective and culturally sensitive support to widows, offering guidance on adaptive coping strategies and fostering resilience in the face of grief and loss.

Teachers in the community may also benefit from the study's findings, particularly those who interact with widows or their families within educational settings. Understanding the factors influencing the mental wellbeing of widows can help teachers identify and support students who may be experiencing familial challenges or emotional distress due to the loss of a parent or caregiver. Teachers can also play a role in promoting awareness and sensitivity towards widowhood-related issues among students and the broader community.

Future researchers interested in the fields of widowhood, mental health, and coping mechanisms can build upon the findings of this study to further explore related topics or expand the research to different contexts or populations. The study may inspire new research questions or methodologies aimed at deepening our understanding of the complex interplay between widowhood, coping mechanisms, and mental wellbeing, contributing to the advancement of knowledge in these areas.

The study contributes to the academic literature on widowhood, coping mechanisms, and mental wellbeing by providing empirical evidence and insights from a specific geographical context. Academics and scholars can use the study's findings to enrich teaching materials, develop theoretical frameworks, and stimulate discussions within academic circles about the multifaceted challenges faced by widows and the importance of tailored support strategies in promoting their mental health and resilience.

## Scope of the Study

The scope of the study involved examining the relationship between coping mechanisms and mental wellbeing among widows in Kasarani Sub-County of Nairobi. The study focused specifically on widows residing in Kasarani Sub-County, which is a geographical area within Nairobi, Kenya. The study included a sample size of 156 respondents, who are widows from all the five wards in Kasarani Sub-County aged 18 years and above. The wards are: Clay City, Mwiki, Kasarani, Njiru, and Ruai. The first point of contact was widows in St. Claire Catholic Church in Kasarani Sub-County.

The study-targeted widows living within Kasarani Sub-County at the time of the study. Consequently, widows outside this geographical region were not involved

in the study, including those in transit. Widows who worked and did business in Kasarani Sub-County but were not living there were also not included in the study. In addition, the study also excluded widows who remarried. The study variables were limited to widowhood, coping mechanisms, and mental wellbeing.

Limitations and delimitations of the Study

Widowhood is a delicate subject characterized by significant life-altering experiences, including societal stigma, which may make it challenging for widows to confide in the researcher. However, leveraging their training as a therapist, the researcher created a safe space for widows to share their experiences, offering therapeutic intervention when necessary. This free therapy was made available to any respondent who needed it after each interview session. Kasarani Sub-County, being geographically vast and densely populated, presented challenges in locating widows. As a result, respondents were recruited using the snowball sampling method. The study used a phenomenological study approach which is guided by subjective experiences thus limiting the generalizability of the findings.

In terms of delimitations, the study did not include other regions or countries, which may have different social, economic, and cultural contexts. The focus on psychological, mental, and social dimensions of mental wellbeing mean that other possible dimensions of mental wellbeing were not explored. The research was conducted at a time when the country was still recovering from the Covid-19 pandemic, which was an extraordinary circumstance. Therefore, the research findings do not reflect the mental wellbeing status of widows during normal conditions.

## Chapter Summary

This chapter commenced by furnishing background information on widows and the impact it exerts on their mental well-being. Additionally, contextual details pertinent to the study have been provided. The chapter has delved into the research problem and its purpose, elucidating research objectives and questions. Moreover, the rationale behind the study has been expounded upon, alongside an exploration of its significance to diverse stakeholders. Lastly, the chapter has outlined the limitations and delimitations of the study. The subsequent chapter critically examined both theoretical and empirical literature concerning widowhood vis-à-vis mental well-being and its interplay with coping mechanisms.

# Chapter Two: Literature Review

## Introduction

This chapter appraises existing literature on how widows cope with widowhood and its implications for their mental well-being. The chapter is organized according to the respective objectives. Therefore, the first section discusses the relationship between coping mechanisms and the mental well-being of widows. The next section examines the literature relevant to coping approaches employed by widows to manage their mental well-being. The preceding section encompasses literature pertinent to the relationship between coping mechanisms and the impact of widowhood on mental well-being. Lastly, the chapter details the theory underpinning the study, while the final section synthesizes major empirical literature with the aim of identifying gaps in the literature.

## Literature Review

### *Coping mechanisms among Widows*

Carr (2018) conducted a two-stage probability sampling study to explore coping mechanisms employed by older widows when dealing with grief. The study initially sampled 1532 married couples over 65 years of age, English-speaking, and willing to participate in a 2-hour interview from the Detroit Standardized Metropolitan Area (DSMA). The researcher monitored daily obituaries in Detroit's newspapers and compared them with the National Death Index (NDI) to determine the date of death, discovering that 317 individuals lost their spouses during the study period, of which 120 widows and 44 widowers were selected for further study. The data was collected in three phases, six months, 18 months, and 48 months after the death of the spouse.

The study revealed that widows experienced depression and other mental wellbeing issues. It also found that women coped by seeking strength from God and engaging in positive reframing and active distraction, with widows more likely to seek help from clergy and counselors. Additionally, the study discovered that widows were more likely to form new social ties with individuals who had similar experiences. The study thus provided valuable insights into the emotion-focused coping strategies employed by widows following the loss of a spouse. What was not known was whether similar findings can be established among women undergoing widowhood in Kenya. This was a gap in knowledge that necessitated the present study.

Jones et al. (2019) conducted a qualitative study that explored the lived experiences of young widows in the US. The study proposed four stages of grief, including denial, anger, bargaining, and acceptance, and applied a phenomenological approach that allowed respondents to share their experiences. Out of a population of 200 widows, 11 individuals participated in the study. The study identified common themes related to the respondents' relationships prior to their husbands' deaths, coping mechanisms, and concerns arising from their experiences. The findings revealed that widows experienced mental wellbeing issues, social stigma, and unmet expectations. Coping mechanisms included cognitive reasoning, processes such as self-blame, focusing on negative aspects of the marital experience with the deceased spouse, denial of the spouse's death, and bargaining. Some widows found comfort in religion, explaining the loss as the will of God, and deflecting negative emotional energy. The findings suggest that the coping mechanisms in the study are mainly reflective of emotion-focused coping in terms of self-blame, religious coping, and negative reflections. Despite the findings, the study used a phenomenological study approach

which is guided by subjective experiences thus limiting the generalizability of the findings. The present study used correlation research design to provide a more comprehensive quantification of the factors underpinning the mental wellbeing of widows in Kenya.

Standridge et al. (2022) conducted a qualitative study on leisure as a coping mechanism for grieving widows. The study utilized snowball sampling, selecting 13 widows from the southeastern USA who engaged in leisure activities, and data was collected through semi-structured interviews. The study revealed that widowhood often resulted in loneliness, with widows feeling socially separated from friends who were married and settled. In response, they turned to leisure activities as a means of escaping loneliness, with social activities allowing them to acquire new friends who were also experiencing similar circumstances. The study highlighted various coping mechanisms deployed by widows in dealing with their new status, emphasizing the significance of engaging in leisure activities to mitigate loneliness. However, it is important to note that this research was conducted in the USA which is not culturally representative of Kenya's context, which warranted further investigation.

Kenen (2021) investigated how American widows coped with a life of uncertainty after the demise of their husbands. The theory of uncertainty was used to account for the lack of congruence in culture between the community and the widow, the mystery surrounding death and bereavement in most cultures, and the behavioral expectation the society places on widows. This was an ethnographical study and semi-structured interviews, and field observations were used to collect data. The 20 participating widows, 10 from the middle-income bracket and another group from the poor and minority ethnic community, were picked through snowball and convenience

sampling methods. The study used uncertainty and certainty to describe the journey through grief. The uncertain period was characterized by intense grief and the feeling of being alone, while the certainty period was a period of emotional stability. The transition between uncertainty and certainty is a continuum. The study found the demise of the widows' husbands brought overwhelming emotional issues which impacted their mental well-being. Moreover, widows in both income brackets could not cope with the financial gaps brought about by the death of their husbands. In terms of social support, the study found that the immediate family members provided the most needed emotional support. As far as the widowhood was concerned, most widows dealt with their issues by socializing though some felt the social stigma. However, the study focus was based on the American individualistic culture, thus limiting the adoption of the findings in Kenya because the socioeconomic contexts are different since in Kenya is a resource constrained country as compared to America. This introduced a contextual gap that the study sought to fill.

Yu et al. (2020) investigated the moderating effect of coping styles on depression among older Chinese widows. Coping styles were defined as management, reduction, or toleration of the bereavement process. The study was based on two hypotheses: the mediation hypothesis, which suggests that widowhood leads to a series of events that mediate the outcome of bereavement over time, and the moderator hypothesis, which proposes that psychological factors can exacerbate the link between widowhood and mental wellbeing. The study employed a longitudinal design and used data from the Longitudinal Aging Social Survey. The researchers used a stratified and multistage sampling design to select 11,511 respondents aged 60 and above. The study found that widowhood had a direct impact on mental wellbeing, regardless of age or coping

style. However, due to differences in sociocultural and economic factors between China and Kenya, the study's findings may not be generalizable to the Kenyan context, emphasizing the need for a similar study in Kenya for comparative purposes.

Khatib et al. (2022) conducted a comparative study on the coping mechanisms of widows in Jewish and Muslim communities, focusing on resilience, social support, and coherence. The study was carried out in Israel, with 184 widows selected using convenience sampling. The selection criteria included being Jewish, Druze, or Muslim, being aged between 18 to 70 years, and having experienced sudden spousal death at least 10 years prior. The study found that all widows, regardless of religious affiliation, experienced some degree of mental wellbeing issues. However, in terms of social support, Druze widows scored the lowest, while Muslim widows scored higher and Jewish widows scored the highest. The study also revealed that family resilience and family coherence scores were equal across Jewish, Muslim, and Druze widows. Additionally, the study found that Jewish widows tended to be more educated and liberal.

Muhammad and Idowu (2020) conducted a descriptive survey to investigate coping mechanism adopted by widows in the Ilorin metropolis, Nigeria, with the objective of examining the grief reactions of bereaved spouses. The study used purposive sampling to select a sample of 395 widows, and the Grief Reaction of Bereaved Spouses Questionnaire (GRBSQ) was used to collect data. The study found that coping mechanisms adopted by widows varied based on factors such as age at the time of bereavement, cause and nature of death, and the length of time since the loss of a spouse. Older widows experienced more grief and psychological problems due to the strong emotional bond that couples develop over time, the co-dependency that

arises when children leave home, and the limited social connections with siblings. However, the study also found that psychological health problems associated with the widowhood tended to decrease over time, indicating that time since the death of a spouse was a crucial factor in the mental wellbeing equation. However, the study was done in Nigeria thus limiting its generalization to the Kenyan context due to potential country-differences.

Ndisika and Abiola (2022) explored the coping mechanisms employed by widows in Benue City, Nigeria to deal with grief. The study utilized Max Weber's social action theory, which posits that social action is influenced by past, present, and future factors. This qualitative cross-sectional research employed purposive and snowball sampling techniques to select 15 widows who participated in in-depth interviews. The data obtained from the interviews was analyzed using manual content analysis. The study revealed that widows with stable sources of income coped better with widowhood than those without reliable income sources. Despite this, all participating widows experienced emotional and social challenges. They coped with these challenges in various ways, including religion, self-affirmation, avoidance of sexual triggers, and some even pursued new relationships. However, as this was a qualitative study, the findings cannot be generalized to the larger population of widows. Therefore, quantitative research approach may be more comprehensive in estimating effect sizes.

The study conducted by Momanyi et al. (2021) investigated how widows in Kajiado County, Kenya coped with financial and social pressures following the death of their husbands, drawing on Zimmerman's (1995) empowerment theory. The study aimed to examine the relationship between social and economic support (independent

variables) and social and economic stability (dependent variables), with literacy programs as an intervening variable. A convergent method was used to collect both quantitative and qualitative data from a sample of 116 respondents, including widows, social workers, local officials, and religious leaders in Kajiado West Sub-County, Kenya. The study found that widows in that area faced challenges such as being disinherited from their properties, lacking economic power, and experiencing social stigma, which negatively impacted their mental well-being. The study also established widows in Kajiado depended on inheritance from their husbands while others sought financial help from their relatives and in some cases engaged in businesses. To overcome these challenges, the study suggested that widows be equipped with business, tradesman, and farming skills, as well as provided with farm inputs and soft loans to support themselves. However, the study did not explore the relationship between economic coping and mental wellbeing among widows. As such, the present study investigated this relationship in an empirical manner.

Mburugu (2020) conducted a study on how widows coped with emotional distress among the Meru community in Kenya. The study utilized a simple random sampling technique to select 382 respondents from a population of 80,922 in Meru County. The data collection method involved focus group discussions, and the data obtained were analyzed using both descriptive and inferential statistics. The study discovered that widows faced psychological problems that exposed them to emotional burnout. Furthermore, the study found out that widows suffered social stigma, denial, and rejection during property inheritance. Coping mechanisms reported by the respondents included seeking support from close family members, forming new friendships through cooperative societies and church fellowships. Although the

study's findings are relevant to the current research as it was conducted in Kenya, it focused on burnout in widowhood and did not examine coping mechanisms comprehensively. Thus, this present study sought to investigate the various coping mechanisms employed by widows, given the diverse cultural setting of Kasarani, which is in Nairobi County, and more cosmopolitan.

### *Relationship between Coping Mechanisms and Mental Wellbeing among Widows*

Coping mechanisms and emotional wellbeing. Emotional wellbeing, defined as the capacity to experience positive emotions and effectively regulate negative ones (Carr, 2018), plays a pivotal role in maintaining satisfaction with life despite the challenges of widowhood. For widows, emotional well-being is intertwined with a sense of belonging and connection. Engaging in supportive relationships allows widows to experience positive emotions such as joy and contentment, even amid grief (Ghaith et al., 2020). These connections help in regulating negative emotions, providing stability during a turbulent time (Khatib et al., 2021). A strong sense of belonging contributes to clear thinking by alleviating the cognitive burden of loneliness and despair. When widows feel emotionally supported, they are more capable of processing their loss and making decisions about their future. This emotional support fosters a sense of hope and optimism, helping widows envision a future where happiness is still attainable despite their loss (Kung, 2020).

Bennet et al. (2019) conducted a longitudinal study to explore the trajectories of widows in Berlin as they transitioned through different stages of bereavement. The study found that the bereavement process is dynamic and dependent on the personality orientation of the individuals involved. The study involved 228 widows

and 174 widowers who met the criteria of being married for at least 15 years before the demise of their partners and staying in widowhood for at least 5 years. Data was collected in two tranches in 2012 and 2014, respectively, and the instruments used to measure the well-being of the respondents were the same for the two years. The study adopted the ecological model of resilience (Holdings, 1970) as applied to bereavement, which describes resilience as the process of negotiating, managing, and adapting to significant sources of stress or trauma. The study found that the mental well-being of widows depended on their resilience, which was determined by their personality and environment. Furthermore, the study revealed that older women experienced more mental wellbeing problems as they transitioned to widowhood. This suggests that the relationship between widowhood and mental wellbeing of widows is complex and results from a multiplicity of factors. The research was however done in an economically endowed country. Hence, there was need for the present study to explore the nexus between coping mechanisms and mental wellbeing of widows in a low income nation such as Kenya.

Mariaselvam et al. (2021) sought to assess the mental wellbeing and resilience of widows in Kerala, India, using simple random sampling to select 305 widows out of a total population of 479. The study was framed by self-esteem theory which was proposed by Morris Rosenberg (`1965), and resilience was measured using the Connor-Davidson Resilience Scale. The study found that mental wellbeing was lowest for widows above 60 years of age and those with low education levels who lived in nuclear families. The study also established that widows engaged in agricultural labor and those with low income were more stressed than their counterparts engaged in other economic activities or with higher income.

Interestingly, the study also found that illiterate widows and those in the middle age bracket were more resilient. Additionally, middle-aged widows and those who were illiterate were found to have better mental wellbeing. This means that the experience of widowhood in relation to mental wellbeing of widows was context specific, hence necessitating this present study in Kenya.

Kamunyu and Makena (2020) conducted a study in the Gathunguchu sub-location, Kiambu County, Kenya, to examine the impact of psychological and economic changes on the self-esteem of widows. The study used a mixed-method design, collecting qualitative data through oral interviews and focus group discussions, and quantitative data through questionnaires. Self-esteem was the dependent variable, while psychological anxiety and depression, social support, and economic challenges were the independent variables. The study utilized snowball sampling to select 30 widows out of a population of 100. Cognitive theory (Aaron Beck, 1960) served as the study's framework. The results of the study indicated that widows experienced challenges that affected their mental well-being and self-esteem. The study identified three primary categories of challenges: economic challenges, loneliness, and social stigma. The study was thus informative in revealing the factors underneath widowhood that had an impact on the mental wellbeing of widows. However, the study did not account for social support and strategies, which potentially moderate mental wellbeing problems experienced by widows. This presented a conceptual gap that the present study sought to close.

Coping mechanisms and psychological well-being. Psychological wellbeing, which encompasses the absence of mental distress and the ability to function effectively (Bennett et al., 2019), is essential for managing the practical adjustments

necessitated by the loss of a spouse. A strong sense of belonging and connection can significantly mitigate feelings of isolation and depression, common during the grieving process. This integration into a supportive community bolsters mental resilience, which is crucial for maintaining clear thinking and effective problem-solving. Clarity of mind is vital for making practical decisions and adjustments in daily life, such as managing finances and household responsibilities. Psychological well-being also enhances a sense of hope and optimism (Ghasi, 2020). When mental distress is minimized, widows are more likely to maintain a positive outlook on their future, believing in their ability to overcome challenges and find new sources of joy and purpose (Nkyi et al., 2021).

Yu et al. (2021) explored the mental symptoms experienced by elderly women who were undergoing the widowhood in the US. This was a longitudinal study. The study compared the mental states of widowers and widows over 80 years of age, with the primary objective of determining whether the timing and duration of widowhood had an impact on the long-term development of depressive symptoms among respondents. Over a period of 20 years, retired respondents from the West Coast of Florida were interviewed, with 1,000 respondents randomly selected for the initial study and going through 10 waves of data collection. The study then focused on 487 widowed respondents, excluding those who were single or divorced but including those who had remarried. The study found that widowed women experienced psychological challenges, displaying depressive symptoms that highlighted the difficulties associated with the widowhood and the adverse implications for their mental wellbeing. This means that widowhood adversely affected the mental health of widows. However, the study did not fully explore the coping mechanisms employed

by widows, nor did it investigate the coping mechanisms that mitigated against depressive symptoms. The present study thus focused on personal coping mechanisms and support systems at the intersection of this transition, aiming to delineate the coping mechanisms and factors that impact mental wellbeing during the widowhood.

Groh and Saunders (2020) conducted a mixed-methods longitudinal study to examine the transition from caregiver to widowhood for older rural-urban spousal caregivers in America. The study involved 13 urban and 9 rural female spousal caregivers who were interviewed three times a year from August 2017 to December 2018. The study was anchored on transition theory (William Bridges), which described the process triggered by change and occasioned by milestones, turning points, and other changes. Other theories considered in the study included role insufficiency and role supplementation. Respondents were recruited through advertisements in various forums and then interviewed to establish their suitability and to obtain consent. The study found that there were mental wellbeing problems for the widows within three months of the demise of their marital partners, which gradually reduced over the succeeding months. The quick recovery period could be attributed to the long period before the sickly partner died, meaning that the widows gradually accepted the fate of the deceased partner. However, the study focused solely on older female spousal caregivers who had spent a significant amount of time taking care of their sickly husbands who eventually died and the subsequent widowhood. As such, the sample did not include those who experienced the sudden loss of their husbands and the subsequent widowhood.

Gunawardane (2017) explored the situation of widows of soldiers in Sri Lanka. The research was motivated by the plight of young widows who had to deal with

multiple challenges in raising their children after the demise of their husbands. This was a qualitative study done after the Sri Lankan war to establish its implication on the psychological well-being of women who lost their husbands in the battle. Data was collected from the southern part of the country where 16 Divisional Secretariat Divisions (DSD) were located. The study purposefully picked 14 widows from a population of 143 widows. The study was done between June and December 2016. The study revealed how widows felt psychologically tortured and socially stigmatized, especially by married friends. Most of them became single parents at a young age, with no adequate financial resources to support their families. This was explained by the fact that Sri Lankan society is patriarchal, thus leaving little room for young widows to inherit their husbands' properties. Again, most women wholly depended on their husbands for their livelihood, hence getting exposed to serious financial challenges after the demise of their husbands. The study therefore brings out economic dependency as a risk factor at the intersection of widowhood and mental wellbeing of the widows. The present study sought to establish whether similar challenges are experienced by widows in Kenya and how they coped with those experiences in order to stay mentally healthy.

Gyasi and Philips (2020) conducted a study in Ghana to investigate the impact of spousal loss on the mental wellbeing of older women, and whether physical activities, social support, and gender modify this impact. The study employed the stress process model (SPM) which was proposed by Pearlin (1980), which encompasses three key areas: sources of stress, moderating sources, and the manifestation of stress. The dependent variable was psychological distress, while the independent variable was marital status, and the moderating variables included social support, physical support,

and gender. The cross-sectional study was carried out for two years from 2016 to 2017 and used a stratified sampling method to select 1,219 participating adults over the age of 50. The study instrument measured ageing, health, psychological well-being, and health-seeking behavior. Results of the regression analysis showed that spousal loss lead to psychological distress, and the study recommended the need for interventions such as social support, counseling, and material support. Though the findings of the studies were a welcome addition to the body of research, cross-sectional studies cannot measure changes in the variables of interest over time, which may be important for understanding the natural course of a disease or behavior.

Coping mechanisms and social wellbeing. Social well-being, referring to the quality of relationships and social interactions (Ghaith et al., 2020), offers a sense of belonging and community engagement that imbues the widow's life with meaning. High-quality social interactions provide a crucial sense of belonging, helping widows feel they are not alone in their journey. These meaningful connections with family, friends, and community members offer emotional and practical support, enhancing their overall quality of life (Kathomi et al., 2017). This sense of belonging reduces feelings of isolation and loneliness, which can cloud judgment and lead to mental health issues, thereby promoting clear thinking. Additionally, social well-being fosters a sense of hope and optimism (Boaheng & Boahen, (2022). Being part of a supportive community allows widows to see a path forward, filled with opportunities for new relationships and experiences that bring joy and fulfillment (Nkyi et al., 2021).

According to Wehrman's (2019) study, the US government has one of the most active militaries globally, resulting in the loss of 7,000 servicemen, of which approximately 50% were married. This means that 3,500 women were widowed, and

the study highlights the challenges that military widows face in reintegrating into civilian life due to the unique subculture of the military. The study's focus was on the widowhood experienced by military widows, and it utilized the meaning-making concept of sense-making, benefit-finding, and identity-finding to explain the challenges these women face. Snowball sampling method was used to recruit participating military widows through online support groups. The researcher used semi-structured interviews conducted over the phone or video chats to collect information from the selected widows. Thematic analysis was used to analyze the data, and the most consistent theme that emerged was shifting identities. The loss of their husbands resulted in widows losing their future family identities, with those with children becoming single parents. Additionally, widows had to deal with the loss of their military status and transition to civilian life. The study underscored the notion of shifting identities, which is a crucial element of the widowhood and has the potential to affect the mental wellbeing of widows. Although the research was conducted on military widows in the US, the loss of identity is a common feature of widowhood regardless of one's profession. However, contextual differences exist between the experiences of widows in the US military Kenyan widows, such as the lack of a comprehensive plan for managing the lives of widows in Kasarani Sub-County in Kenya. Therefore, the present study was necessary to investigate the experiences of widows in this specific context.

Dube (2022) investigated the impact of isolation on widows. The study was done in low-income communities in Binga district, Zimbabwe. The study zeroed in on the exclusion of widows in low-resource communities in social-economic spheres. The study described low-resourced communities as those that had persistent and recurring

problems which seemed to have no solution. The study used radical feminist (Firestone, 1960-1970) and ecological systems theories (Bronfenbrenner, 1970s) to explain the plight of widows in poor neighborhoods. Radical feminist theory was used in the study as the BaTonga tribe was considered a patriarchal society, where men governed every aspect of economic and social life. The ecological systems theory was used to analyze how people in Binga district extracted value from the opportunities and relationships to benefit themselves. This was a phenomenological qualitative research approach that was used to establish the plight of widows in low-income communities. In terms of data collection, non-probability homogeneous purposive sampling was used to pick 24 widows, 10 of which participated in the first focus group interview with the second group taking a separate focus group meeting. The study established that widows were excluded from critical decision-making, suffered social stigma and were denied economic resources to advance themselves. Consequently, widows suffered psychological problems which negatively impacted their physical health. Though the study has provided useful findings for making sense of the connection between widowhood and mental wellbeing of widows, phenomenological studies are focused on subjective experiences, they may not provide objective measures of the phenomenon under investigation which limits their generalizations. The present study mitigated this gap by using correlational research design.

### *Perception of Social Support among Widows*

Vinayakumar (2019) assessed physical and mental wellbeing issues faced by widows during widowhood. The study was carried out in Thiruvananthapuram District in India, with the aim of evaluating the impact of widowhood on various

factors including social-economic status, health behavior, and social support. The study used a cross-sectional research design and recruited 857 widows through Panchayat, a local government organization responsible for the payment of pensions to retired widows. The results indicated that widowhood had a negative impact on the mental wellbeing of widows, resulting in loneliness, financial stress, and social and psychological stigma. The study also revealed a decline in physical health as widows experienced a loss of appetite and subsequent weight loss. The study also established that mental wellbeing increased when social support was increased. To manage their mental wellbeing, widows were required to take medication and sought support from close family members. This study provides insights into the challenges widows face during the widowhood in Anjuthengu, Thiruvananthapuram District, India and the contribution of social support to their mental wellbeing. However, the present study sought to investigate the widows' perception of social support in the face of these challenges in a more urbanized setting in Kenya.

Chow et al. (2018) conducted a comparative study on two grief intervention models, the Dual-Process Bereavement Group Intervention-Chinese (DPBGI-C) and the Loss-Oriented Group Intervention-Chinese (LOBGI-C), to investigate the coping process with bereavement. Respondents were selected using a single randomized cluster and criteria such as being over 60 years old. Excluded from the study were individuals who had lost a child in less than two years, those who had remarried, those living in long-term care facilities, and those receiving psychiatric treatment before the death of their spouse. A total of 125 adults participated in the study. While both interventions were successful in mitigating mental wellbeing problems among widows, DPBGI-C was found to be superior to LOBGI-C in moderating grief, increasing perception of social support, reducing depression, and reducing anxiety.

Ghaith et al. (2020) studied the perceived social support among widows and the effect it had on bereavement. Respondents numbering 422 were randomly selected from the database of an Islamic Charity Society. The study was anchored on cognitive stress theory. According to social cognitive theory, the death of a spouse leads to a deficit in areas that can be characterized as loss of instrumental, emotional, and social contact support. The study was done in Jordan. The study established that women were expected to have minimum contact with relatives and friends after marriage thus feeling disenfranchised after the death of their husbands. Furthermore, married women were perceived to belong to their husbands' families so, after the death of their husbands, they are left confused since they cannot live independently from their husbands' families. Comparatively, the study ranked the support received from significant others as the highest, followed by support from families and then the support from a friend. However, due to the pressure of life, most of the support groups soon reverted to the routine of life. As would be expected, widows were largely unsatisfied with the level of support they were receiving. The study also confirmed that social support could modify the behavior and attitude of widows when exposed to challenges. The reviewed empirical literature is informative in delineating social support at play in widowhood with mental wellbeing implications. Literature production about widowhood, however, has largely been undertaken in the western world compared to non-western contexts. The study by Ghaith et al. (2020) examined both social support systems at the intersection of widowhood and the mental wellbeing of widows in Kenya, hence presenting a knowledge gap.

Boaheng and Boahen (2022) explored the theological and ethical concerns faced by the African church in supporting widows. The authors argued that African widows were often subjected to harmful practices that resulted in mental wellbeing

issues and highlighted the need for the church to balance theological standards with local cultural values. This qualitative study involved a thorough review of relevant Biblical passages, academic literature, and other resources related to widowhood. The authors noted that African societies tended to view death through a spiritual lens, which resulted in widows facing exclusion, financial hardship, and emotional distress. The study also highlighted the Bible's emphasis on caring for widows and orphans, with passages such as Exodus 22:23-24 and Acts 6:1-7; 9:36 underscoring the importance of supporting those in need. The researchers argued that this care for the vulnerable is a core tenet of the Christian faith and advised the church to provide training opportunities for widows so they can better care for themselves. Overall, the study sheds light on the challenges faced by African widows and the role of the church in providing social support and promoting mental wellbeing in the context of widowhood.

Buthelezi and Ngema (2021) examined how the Church dealt with widowhood during the Covid-19 pandemic in Kwazulu Natal, South Africa. The researchers utilized interpretive phenomenological analysis to investigate the role of biblical teachings in moderating grief among widows. The study identified five stages of grief: denial, anger, bargaining, depression, and acceptance. The study employed qualitative research methods and purposive sampling to select ten Zulu-speaking respondents from African churches. Data was collected through praxis essays and semi-structured interviews. The findings indicated that Covid-19 pandemic exacerbated grief among widows, including social isolation, mental anguish, and financial hardship. The study established that the Church struggled to cope with the demands placed on it due to Covid-19 containment measures imposed by the government. The study reported that some churches devised innovative ways, such as

forming small groups, to help fill the social support gaps that emerged during the pandemic. The study was done at the height of covid-19 pandemic and therefore the actions put in place to deal with social-economic challenge were not long term. This created a contextual gap in that widows' perception of social support after withdrawal of social support systems in the post-Covid-19 period remained unknown.

Amoo et al. (2022) did a descriptive study on the impact of social systems on young widows who were married for not more than five years before the demise of their husbands. This was a phenomenological research design in which the study collected data from respondents who were less than 40 years using in-depth interviews. Data was analyzed using systematic content analysis to arrive at conclusions. The study established widows were not adequately supported by in-laws to settle after the demise of the husbands. The study especially highlighted the difficulty widows went through inheriting their late husbands' properties. Other themes which emerged from the study include gender inequality and childlessness. The use of qualitative methodology to draw conclusions opened a methodological gap in that the results could not be quantified. This created the impetus for the present study utilizing a mix of quantitative and qualitative approaches to data collection and analysis.

The identified gaps in existing literature indicated the necessity for the present study to thoroughly investigate coping mechanisms and its relation to mental wellbeing of widows. Understanding how widows navigate grief, loss, and adaptation to life without their spouse was crucial for developing effective support systems. By addressing these gaps, the study aimed to contribute valuable insights into the complexities of widowhood in an urban setting in Kenya.

## Theoretical Framework

This study was anchored on Coping Circumplex Model. Pearlin and Schooler (1978) described coping as a behaviour displayed by people either consciously or unconsciously to protect themselves from psychological harm. Stanislawski (2019) conceptualizes coping as dynamic changes that a person exhibits when responding to both internal and external stimuli which they judge to be a threat to their wellbeing and which they view as more than they can handle. Reconciling the two ideas, it is obvious that coping is a psychological device individuals employ either consciously or unconsciously to protect themselves from harmful psychological situations. According to Stanislawski (2019), the main principle of the Coping Circumplex Model is that effective stress management involves a balance and flexibility in problem-focused and emotion-focused coping, depending on the context and nature of the stressor.

Stanislawski (2019) proposed a coping circumplex model that combines emotional coping and problem coping. This model posits that individuals who experience psychological stress aim to solve problems while simultaneously regulating their emotions. The coping process involves individuals consciously making decisions to address psychological stress, using available resources, or subconsciously adjusting themselves when they feel they lack the resources to cope with the psychological threat. The model comprises two dimensions: the desire to solve problems and the need to regulate emotions, which are further divided into eight circumplexes, including positive emotional coping, efficiency, problem-solving, preoccupation with the problem, negative emotional coping, helplessness, problem avoidance, and hedonic disengagement (Dehelean et al., 2021). Individuals facing

psychological challenges may display behaviors consistent with their level of control or lack thereof.

The problem-solving dimension involves an individual actively and intentionally using cognitive and behavioral efforts to address a problem (Dunst, 2021). This dimension requires the individual to acknowledge the existence of the problem, investigate its source, and consider various alternatives before selecting and implementing a solution. In contrast, the avoidance dimension entails the individual engaging in alternative activities to avoid confronting and solving the problem. Rather than applying mental effort to solve the problem, the individual engages in substitute activities. Positive emotional coping involves the individual engaging in mental activities that reinforce their ability to solve a particular problem. This dimension includes activities such as self-affirmation, self-humor, positive reinterpretation, and positive reframing. In contrast, negative coping involves the individual engaging in self-defeating activities that undermine their ability to solve a problem. Activities associated with negative emotional coping include self-criticism, rumination, self-blame, venting, and accepting responsibility (Stanislawski, 2019).

The Coping Circumplex Model offers a structured framework for categorizing coping mechanisms based on emotion-focused versus problem-focused dimensions (Cooper & Quick, 2017). Its strengths lie in its comprehensiveness, flexibility, and utility for research purposes (Frydenberg, 2017). However, the model's simplicity may oversimplify the complexity of coping behaviors, limiting its predictive power, and it may not fully account for individual differences or contextual factors (Dewe & Cooper, 2017). Gaps in the model include a lack of consideration for developmental changes in coping, and individual differences in coping styles and preferences (Callaghan & Dollard, 2018).

According to Dust (2022), solution-focused coping fits into the Coping Circumplex Model as a problem-focused strategy. This means that it involves actively engaging with the stressor rather than avoiding it, and emphasizes directly addressing the issue at hand. Individuals using solution-focused coping aim to identify specific solutions to resolve their stressor, focusing on actionable steps such as planning, generating alternative solutions, and taking concrete actions to solve the problem (Stanislawski, 2019). In the Coping Circumplex Model, solution-focused coping falls within the quadrant that combines both approach and problem-focused dimensions, representing a proactive method for managing stress by concentrating efforts on resolving the underlying issue (Frydenberg, 2017).

Despite its shortcomings, the theory was utilized to elucidate the behavior exhibited by widows following the loss of their husbands. The components of this theory were pertinent in clarifying the interplay between coping mechanisms at the crossroads of the widowhood. Specifically, the elements of problem-focused coping and emotion-focused coping served as the foundation for constructing the conceptual framework. Problem-focused coping and emotion-focused coping are two broad categories of coping mechanisms commonly studied in the context of stress and adaptation. Given the specific circumstances of widowhood, where individuals may face both practical challenges and emotional distress, these coping mechanisms were found to be particularly relevant.

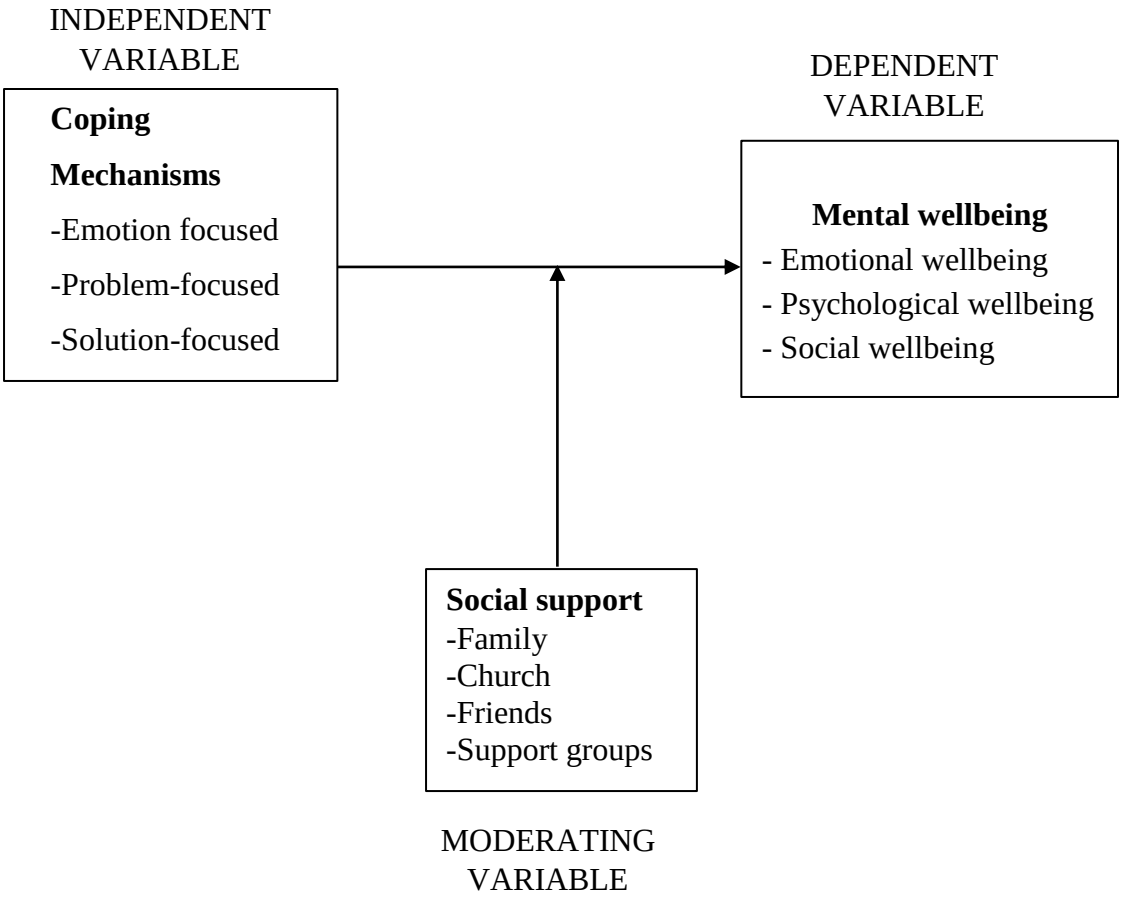
The Coping Circumplex Model explains mental wellbeing as an interplay between different coping strategies that influence emotional, psychological, and social wellbeing. Emotion-focused coping, such as seeking social support and positive reinterpretation, helps manage emotional responses and enhances emotional wellbeing, while avoidance/emotion-focused coping, like denial and distraction, can

provide temporary emotional relief. Problem-focused coping, including planning and problem-solving, directly addresses stressors, fostering control and competence, thus enhancing psychological wellbeing. Social wellbeing benefits from emotion-focused coping through strengthened social bonds and from problem-focused coping via teamwork and cooperation. Effective coping involves balancing these strategies to adapt to various stressors, optimizing overall mental wellbeing by supporting emotional regulation, psychological resilience, and social connectedness.

## Conceptual Framework

The conceptual framework is a graphic representation of how the independent, dependent, and other variables interacted to influence the findings (Asenahabi, 2019). The proposed conceptual framework shows the relationship between coping mechanisms adopted by widows as the independent variable and widowhood as the dependent variable while coping mechanism as the moderating variable. The conceptual framework is as shown in figure 1. The conceptual framework presents coping mechanisms as the independent variable. This comprises three types of coping strategies - emotion-focused, problem-focused, and solution-focused coping. Emotion-focused coping involves managing emotions associated with widowhood, such as seeking emotional support or engaging in activities to distract oneself. Problem-focused coping entails directly addressing the problem or stressor related to widowhood to mitigate its impact, such as problem-solving or seeking information. Solution-focused coping involves seeking positive outcomes or growth opportunities despite the stressors emanating from widowhood (Stanislawski, 2019).

Figure 1: *Conceptual Framework*




Source: Author (2024)

The dependent variable is mental wellbeing. It is a multi-dimensional construct comprising of emotional, psychological and social wellbeing as indicated by life satisfaction, positive affect, level of anxiety or depression. These manifest in several ways including feeling relaxed, feeling loved, having optimism, feeling close to others, and having clear thinking. Feeling relaxed signifies a sense of calmness and freedom from stress, while feeling loved indicates a sense of belonging and connection in relationships. Optimism relates to positive expectations about the

future, while interpersonal closeness reflects the quality of social bonds. Additionally, clear thinking denotes cognitive functioning and mental clarity (Carr, 2018).

Social support from various sources such as family, church, friends, and support groups is depicted as the moderating variable. This means that the extent or perception of social support can influence the relationship between coping mechanisms and mental wellbeing. For example, individuals who perceive higher levels of social support may experience greater benefits from their coping strategies in terms of mental wellbeing compared to those with lower perceived social support (Ghaith et al., 2020).

The arrows represent the direction of the assumed relationship between variables. For instance, when widows effectively regulate their emotions and seek support when needed, they may experience reduced levels of psychological distress, increased resilience, and a greater sense of emotional balance and wellbeing. Similarly, by actively confronting challenges and seeking solutions, individuals may experience a sense of empowerment, increased self-efficacy, and a greater sense of control over their circumstances. These positive outcomes can contribute to enhanced mental wellbeing, as individuals feel more capable of managing stressors and navigating life's challenges. Likewise, by focusing on opportunities for growth and finding constructive ways to move forward, individuals may experience greater psychological resilience, a stronger sense of purpose and meaning in life, and increased overall satisfaction and wellbeing (Kathomi et al., 2017).

Also, when widows perceive that they have access to supportive relationships and resources, they are more likely to experience positive psychological outcomes and greater overall wellbeing. The perception of social support from various sources

serves as a crucial resource that reinforces individuals' coping mechanisms in times of stress and adversity. When the widows perceive that they have supportive relationships and networks to rely on, they are more likely to employ adaptive coping strategies effectively (Khatib et al., 2021).

## Chapter Summary

This chapter presented a critical review of empirical, theoretical and conceptual literature. The review discussed extant knowledge on widowhood and mental wellbeing of widows as well as the various coping mechanisms for mitigating the adverse effect of widowhood on mental wellbeing. In the next chapter, the methodology used were discussed.

# Chapter Three: Research Methodology

## Introduction

This chapter lays a foundation upon which the research was anchored. The chapter begins by giving a detailed discussion of the research design. The chapter then gives a general description of the area in which the data was obtained. This is then followed by a discussion of the target population from which the sample was obtained. The chapter provides a detailed description of how the sample size was calculated and the sampling procedures. Next, the chapter offers a description of the data used in the study and the data collection method. Subsequently, it discusses how the study ensured the instruments used in the study pass master by discussing data validity and reliability. This is then followed by information regarding pilot testing and research procedures, how the data were analyzed, and then a discussion on the anticipated ethical issues. Lastly, the chapter offers a summary of the methodology.

## Research Design

Research design is described as a deliberate research procedure that serves as an intersection between research questions and the execution of the research study (Asenahabi, 2019). It is therefore a fulcrum upon which a particular study is anchored, providing a clear guideline on the action a researcher took to arrive at the desired objective. Akhtar (2016) simply describes research design as a conceptual blueprint from which research is carried out. Akhtar (2016) adds research design includes action plans which constitute an outline of the data collection plan, measurement of the data, and data analysis. Accordingly, the research design is a complete framework upon which a research project is anchored, the glue that holds it

together (Descombe, 2017). Correlational study design was used as the aim of the study was to examine the relationships between the independent variable, coping mechanisms and mental wellbeing as the dependent variable. This design allowed the researcher to explore these relationships without manipulating any variables (Mukherjee, 2017).

## Population

As per Descombe's (2017) definition, the population refers to the complete number of respondents from which a sample was drawn. The research took place in Kasarani Sub-County, which is situated in the northern part of Nairobi, the capital city of Kenya. The Sub-County is sandwiched between Thika superhighway and Kagundo road with Kasarani Mwiki road cutting right at the centre of the Sub-County. The Sub-County is comprised of five wards, namely Mwiki, Ruai, Njiru, Clay-city, and Kasarani. As per the 2019 population census, the population of Kasarani Sub-County was estimated at 780,656, with 399,385 women, representing 51.2 percent of the total population (KNBS, 2020). According to census data by the Kenya National Bureau of Statistics (2020), widows accounted for 16.82 percent of the total adult population, which translates to approximately 11,018 widows in Kasarani Sub-County as distributed in table 2:

Table 1: *Target Population*

| Ward | Population | Percent |
|---|---|---|
| Mwiki | 1,647 | 15% |
| Ruai | 4,079 | 37% |
| Njiru | 2,714 | 25% |
| Clay-City | 1,289 | 12% |
| Kasarani | 1,289 | 12% |
| Total | 11,018 | 100% |

Source: KNBS (2020)

Sample Selected

As recommended by Ismail et al. (2022), the Slovin formula was employed to determine the sample size for this study. The calculation of the sample size for this study was based on Slovin's formula, which is expressed as follows:

$n = N / [1 + N (e)^{2}]$

n = The sample size

N = Total population

e = Error tolerance

Since the study population (N) is 11,018. Error of tolerance was 0.1 which is the maximum tolerance acceptable in statistical theory (Singh & Masuku, 2014).

$n = 11,018/ [1 + 11,018(0.05)^{2}]$

= 112

Therefore, the sample size used was 112 widows. This sample size is supported by Denscombe (2017) who recommended that for small scale social research, a sample size of between 30 and 250 can be used. In Mwiki, 16 widows were selected, representing 15% of the total sample. Ruai had the largest representation with 41 widows, accounting for 37% of the sample. In Njiru, 28 widows were included, which is 25% of the sample. Both Clay-City and Kasarani each had 13 widows, corresponding to 12% of the sample each. This distribution ensures that each ward is proportionally represented.

## Sampling Method

Snowball sampling method was used to recruit respondents for the study. This is where by participants were recruited through referrals from existing participants, resulting in an expanding sample size. It is often used when the target population is hard to reach (Denscombe, 2017). This sampling method was very handy because widows are a hidden a hidden population, thus were less visible.

## Types of Data

The researcher collected primary data which comprised both quantitative and qualitative data. Quantitative data is a type of data that can be measured, counted, or expressed numerically (Diwati, et al., 2021). It is often used to describe a phenomenon through statistical analysis and mathematical models (Sakyi, et al., 2020). Quantitative data is collected through various methods such as surveys, experiments, observations, and statistical analysis of existing data (Cohen et al., 2018). The data collected is typically analyzed using statistical software and numerical methods such as mean, median, and mode, to identify patterns, trends, and relationships between variables (Sakyi et al., 2020). One advantage of quantitative data is that it allows for the precise measurement of variables and can provide a more standardized and generalizable understanding of a phenomenon (Diwati et al., 2021).

Qualitative data is a type of data that is non-numerical and non-statistical in nature (Mezmir, 2020). It is used to describe qualities or characteristics of a phenomenon, rather than measuring or quantifying it. Qualitative data was collected through open-ended sections of the questionnaire (Tiwari, 2022). The data is typically analyzed through coding and categorization, with themes and patterns emerging from the data. Examples of qualitative data could include descriptions of personal

experiences, opinions, beliefs, and attitudes (Mezmir, 2020). Qualitative data is advantageous in that it provides rich and detailed information about a phenomenon, allowing for a more in-depth understanding of the subject (Tiwari, 2022). It is particularly useful for exploring complex phenomena that may not be easily measured or quantified (Asenahabi, 2019).

Data Collection Methods

A structured questionnaire with both closed ended and open-ended questions was used. The first part of the questionnaire included a demographic information. Section B comprised of items adapted from Warwick-Edinburgh Mental Well-being Scale (WEMWBS), a self-report questionnaire designed to measure mental well-being. It was developed collaboratively by the Universities of Warwick and Edinburgh in the United Kingdom as a multidimensional assessment tool (Schueller & Park, 2015). The tool assesses various aspects of mental well-being across several domains such as feeling relaxed, feeling loved, having optimism, feeling close to others, and having clear thinking (Chen & Cooper, 2014). The items in the WEMWBS were adapted for this study because the tool provides a more comprehensive understanding compared to tools that focus solely on symptoms of mental illness (Hammond & Hepburn, 2014).

In section C and D, the researcher adapted Ways of Coping Questionnaire (WCQ) developed by Lazarus and Folkman (1984). The WCQ comprises of items that represent a wide range of coping mechanisms categorized into three main types: (1) problem-focused coping, aimed at directly addressing the source of stress or problem-solving by seeking social support, planning, and taking action to change the stressful situation; (2) emotion-focused coping, aimed at managing emotions and

regulating distress in response to stressors by seeking emotional support, positive reframing, and avoidance/denial, and (3) solution-focused coping, which focuses more on finding positive outcomes and adaptive strategies for managing emotions and rebuilding one's life. Rather than solely addressing the problems themselves, solution-focused coping involves identifying personal strengths, resources, and potential solutions to move forward constructively

The open-ended sections of the questionnaire were used to give respondents the opportunity to express their views in their own words so as to corroborate their answers to the multiple choice questions. Sample questions included: can you describe your experience of transitioning into widowhood? What were the initial thoughts and emotions that you had after your spouse's passing? How did you cope with the loss of your spouse? Were there any specific strategies that helped you through the grieving process? Did you have any support from family or friends during your widowhood? If so, what kind of support and how did they help you cope? Were there any challenges or obstacles that you faced while transitioning to widowhood? Please elaborate?

## Research Procedures

To conduct the research, the researcher first obtained an introduction letter from Pan Africa Christian University and sought ethical clearance from the University's Research Ethics Review Committee (RERC). Subsequently, the university letter was used to apply for a permit from the National Commission for Science and Technology and Innovation (NACOSTI). The researcher then visited the office of the Father-in-Charge of St. Claire Catholic Church in Kasarani Sub-County, seeking permission to access the widows within the parish. An appointment was

scheduled for Wednesday, following the secretary's advice, as the priest typically attends to parishioners on that day. Contact information for the Chairlady (Moderator) of the Catholic Women Association of the church was provided, who agreed to facilitate the researcher's interaction with the widows during their monthly meeting. Subsequently, the researcher attended the monthly meeting, held on Sundays after the second service, around 11 a.m. Following a brief introduction, the widows were given the opportunity to engage with the researcher individually after the conclusion of the meeting. Questionnaires were distributed, although some participants encountered difficulties with completion. Arrangements were made for a follow-up visit the following Sunday to assist with the questionnaire completion. During interactions with the widows, some mentioned the existence of other widows' groups not affiliated with St. Claire Church, such as the Gituamba widows, Bethuel Widows and Orphans in Sunton, Mwiki, and Tumaini Full Gospel Church widows. The researcher endeavored to engage with these additional groups, attending their meetings to facilitate participation. Group discussions were conducted, followed by questionnaire completion, with opportunities for one-on-one sessions provided to those requiring additional dialogue.

## Reliability

According to Sürücü and Maslakçi (2020), reliability is an indicator of the stability of the measured values obtained in repeated instruments when used in a similar circumstance and with the same instrument. In simple terms, it is the ability of an instrument to give similar results when measured and used at different times, and the stability of the findings (Mohajan, 2017). Mohajan (2017) recommends a reliability of 0.7 as sufficient for research work. Reliability analysis was performed

using SPSS 25 and the output shown in table 3 while the item total statistics is provided in Appendix III.

Table 2: *Reliability Statistics*

| Variable | Number of Items | Cronbach's Alpha |
|---|---|---|
| Mental wellbeing | 10 | .938 |
| Coping mechanisms | 10 | .832 |
| Social Support | 10 | .576 |

The results in Table 3 show that Mental wellbeing items (N=10) had a reliability coefficient of 0.938 which shows that the items were highly reliable in measuring the mental wellbeing variable. Similarly, coping mechanisms items (N=10), had a reliability coefficient of 0.832 which suggested that the tool was reliable for measuring the coping mechanisms. However, social support items (N=10) had a reliability coefficient of 0.576 which was an indication that some of the items lowered the reliability of the tool. An examination of item-total statistics table in Appendix III (D) revealed that deleting the item E; "How often did you experience stigma or discrimination from others due to your widowhood?" would improve the reliability of the tool by increasing the reliability coefficient to 0.702. Therefore, the item was deleted from the questionnaire.

Validity

Sürücü and Maslakçi (2020) described validity as the ability of an instrument to bring out the behavior or quality and to what extent the measuring instrument does its work. In this study, validity was ensured through thorough review of the literature (Mohajan, 2017). In addition, probing questions were added to the questionnaire so that they are prompted to elaborate and clarify their responses. Transferability implied

the findings of the study can be applied to other contexts or settings of the population being studied. As far as dependability is concerned, the research process has adequate details to enable another researcher to carry out similar research. In terms of confirmability, the findings of quantitative study and qualitative study should give the same result, through a triangulation process (Noble & Heale, 2019).

## Instrument Pre-testing

Pilot testing involves conducting preliminary research on a small scale to evaluate research instruments, methodologies, and interviews before implementing a full-scale study. According to Frazer et al. (2018), a pilot study can help identify potential issues that could impede progress in a research project. For example, if respondents fail to complete questionnaires, this could signal design flaws in data collection methods, necessitate a review of the data analysis plan, require additional training for research assistants, and prompt researchers to understand the challenges respondents may have faced during the study. Pilot testing also enables researchers to adjust budgets and allocate resources more efficiently to achieve the desired results. To investigate the coping effect on the relationship between the widowhood and the mental wellbeing of widows, a pilot study was conducted among 12 widows residing in the Roysambu Sub-County. The results of the pilot test determined whether the questionnaires meet the reliability and validity criteria. Ambiguous items in the questionnaire were recast for better clarity.

## Data Analysis Plan

This is a detailed plan outlining how the collected data was organized and analyzed (Albers, 2017). The data analysis plan is the most important part of the study, as it enables the researcher to uncover the relationship between the variables

and how the findings relate to the findings of others as cited in the literature review section. Albers (2017) recommends three pertinent questions regarding data analysis including, the questions to ask as one proceeds with the data analysis plan, making meanings of the data, and synthesis of the findings to make conclusions. The process involved data coding in Statistical Package and Social Sciences (SPSS) version 28 and then transforming them into understandable information for consumption. The data was transformed and represented in tables and in figures.

The study utilized various descriptive statistical analysis techniques, including mean, skewness, and standard deviation, to draw conclusions from the data. Additionally, the research employed regression analysis to establish the relationship between several variables. These variables include: (1) widowhood in relation to mental wellbeing of widows, (2) the moderating effect of coping mechanisms on the relationship between widowhood and mental wellbeing of widows, the equation that was used for the regression analysis is as follows:

$$MW = \beta_0 + \beta_1 CM + \beta_3 CM x SP + e;$$

Where;

MW = Mental wellbeing

$\beta_0$ = MH intercept

$\beta_{1\text{-}5}$ = Regression coefficients

CM = Coping mechanisms

SP = Social support perception

The results of the data analysis were presented through charts, graphs, and tables, and scatter graphs for inferential results. This helped to elucidate the patterns

and findings coming out of the study and later draw conclusions (Burdukiewicz & Sawicki, 2015).

Analyzing qualitative data involves a process of interpreting and making sense of non-numerical information (Kiger & Vapio, 2020). The goal is to identify recurring patterns, themes, and relationships within the data that can shed light on the research questions or objectives (Lochmiller, 2021). According to Raskind et al. (2019) qualitative data analysis involve various methods, including content analysis, thematic analysis, grounded theory, and discourse analysis. The specific method used depended on the research aims, the type of data collected, and the theoretical framework guiding the research (Kiger & Vapio, 2020). Generally, the process of analyzing qualitative data involves several steps, such as familiarizing oneself with the data, coding the data to identify key concepts or themes, organizing the data into categories, and interpreting the data to draw conclusions or generate hypotheses (Lochmiller, 2021). Consequently, this process may be iterative, with researchers revisiting earlier stages as they gain a deeper understanding of the data (Raskindet et al., 2019)

The study used thematic analysis method. In thematic analysis, researchers immerse themselves in the data by reading and re-reading it to gain familiarity with its content (Noble & Haela, 2019). According to Raskind et al. (2019), the researcher then systematically code the data, which involves identifying and labeling sections of the text that relate to particular ideas, concepts, or themes. Once the data has been coded, researchers begin to group the codes together to form categories and sub-categories. These categories and sub-categories are then refined and organized into themes that capture the main patterns or trends in the data. Themes are not simply

descriptions of the data, but rather represent interpretations or explanations of the data (Theofanidis & Fountouk, 2018).

## Ethical Considerations

The data collection, collation, and analysis process strictly adhered to the ethical guidelines of the National Commission for Science, Technology, and Innovation (NACOSTI) thus ensuring the study comply with statutory guidelines. To initiate data collection, the researcher obtained an introduction letter from Pan Africa Christian University (RERC), which were used to apply for permission to collect data from NACOSTI. Prior to data collection, the researcher arranged a meeting with pastors and managers of the selected churches and NGOs and deliver a formal request letter. The letters of introduction, consent letters and research instruments had confidentiality clauses. The questionnaire included a statement by the researcher committing to confidentiality and using information given for the purpose of research only. The instrument included the non-disclosure clause and the confidentiality clause.

## Chapter Summary

The chapter has outlined the research design for the study, including a brief description of the data collection area, the rationale for selecting the total population, and the process for selecting the sample size. A detailed preview of the data collection methods was provided, along with a discussion of the measures taken to ensure the validity and reliability of the findings. The chapter also delved into the pilot testing plan and the data collection strategies employed. Additionally, the research procedure and the approach to data collection were discussed, along with a comprehensive overview of how the study safeguarded the integrity of the data and respondents.

# Chapter Four: Results and Discussion

## Introduction

This chapter presents the findings of the analysis conducted on the coping mechanisms and its impact on mental wellbeing. Both quantitative and qualitative data analysis were conducted. Correlation and regression analysis was undertaken on quantitative data while qualitative data was analyzed using thematic techniques. The first section focuses on the descriptive analysis of the demographics, providing an overview of the study respondents. The subsequent sections were organized in line with the research objectives. These were: to investigate the relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County, to identify coping mechanisms among widows in Kasarani Sub-County, and to determine the perception of social support among widows in Kasarani Sub-County.

## Response Rate and Demographic Analysis

This section reports the results and findings with respect to the response rate and provide a descriptive analysis of the demographic profile. Specifically, the chapter explores demographic characteristics such as age group, duration of marriage, whether respondents have children, and the number of children they have. Additionally, the chapter describes the respondents' highest level of education and identify the primary earner prior to the death of the husband. By analyzing these aspects, the aim was to gain a comprehensive understanding of the respondents' demographic background and contextualize their experiences within the study.

### *Response Rate*

The study targeted a snowball sample of 112 widows residing in the Kasarani Sub-county. Table 3 presents the response rate.

Table 3: *The Response Rate*

| Respondent Category | Frequency | Percentage |
|---|---|---|
| Respondents | 111 | 99% |
| Non-Respondents | 1 | 1% |
| Total | 112 | 100.0% |

Table 3 displays the findings regarding the participation rate of the study. Out of the targeted sample of 112 widows, a total of 111 widows responded, translating into 99% response rate. According to Book and Balasubramanian (2021), a response rate exceeding 70% meets the criteria for adequate representation. Therefore, the response rate was considered sufficient for analysis.

*Duration of Marriage before Demise of Spouse*

The study sought to establish the duration of respondent's marriage before the loss of spouse.

Figure 2: *Number of Years Respondent had been married*

Figure 2 depicts the distribution of respondents by number of years they had been married. Figure 2 shows that respondents had been married for an average of 27 years (M=27.65, SD=14.333, N=111). This suggests that most of the respondents had been married for a long time. This long duration potentially suggest that the widows might have experienced a deep bond with their spouses, which can intensify the grieving process after their loss.

*Whether Respondent had Children*

The respondents were asked to indicate whether they had children. Table 4 shows the distribution of respondents by presence of children.

Table 4: *The respondents who have children*

| Response | Frequency | Percentage |
|---|---|---|
| Yes | 108 | 97.3% |
| No | 3 | 2.7% |
| Total | 111 | 100% |

Table 4 reveals that 97.3% of the respondents had children while 2.7% of the respondents had no children. Having children can be a significant source of social support for widows. Adult children may provide emotional comfort, practical assistance, and companionship, which can buffer against feelings of loneliness and isolation following the loss of a spouse. The presence of children in the majority of the respondents suggests that many widows may have access to this form of support, potentially influencing their coping strategies and mental health outcomes. This is in line with Ghaith et al. (2020) who acknowledged the critical role of social support from family members in enhancing mental wellbeing.

*The Number of Children*

In this section, the study aimed to ascertain the number of children the respondents had. Figure 3 presents the distribution of respondents by number of children.

Figure 3: *Distribution of Respondents by Number of Children*

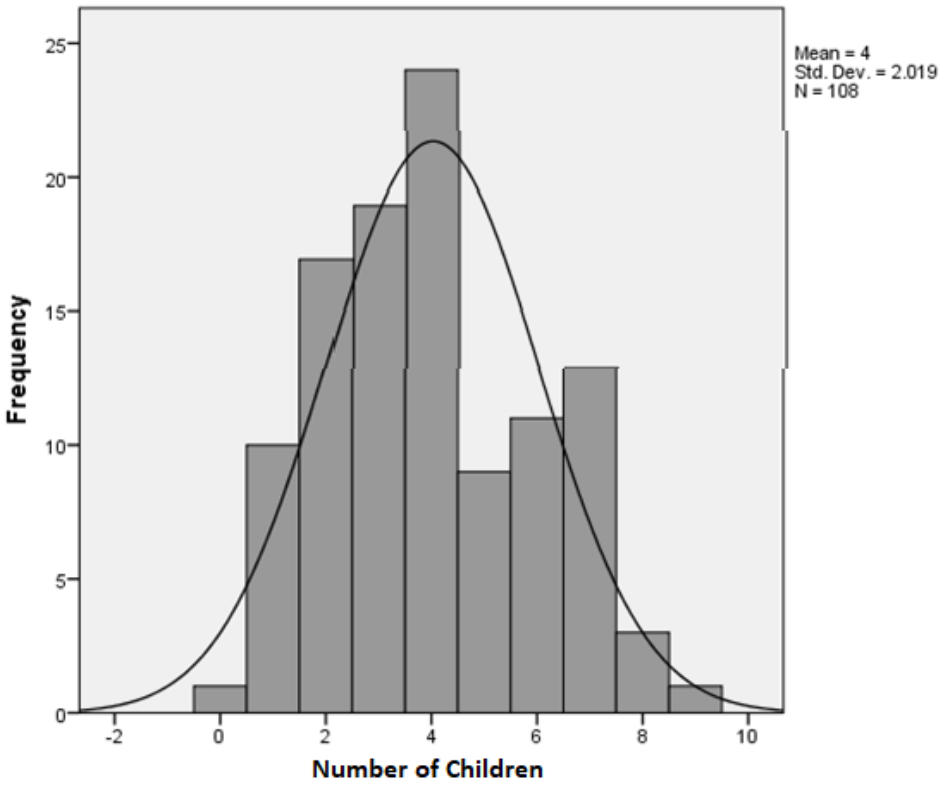



Figure 4 shows that respondents with children had an average of 4 children (M=4, SD=2.019). Managing the needs and activities of multiple children as revealed in this study can be demanding, particularly for widows who may be navigating their grief while also fulfilling caregiving duties. This is consistent with Muderedzi et al.'s (2013) linking of food security, gender roles, and mental wellbeing of widows.

*Level of Education*

The study sought to establish the education level of the study respondents. The findings are as shown in Table 5 below.

Table 5*: Education Level*

| Category | Frequency | Percentages |
|---|---|---|
| College | 16 | 14.4% |
| Primary | 50 | 45.1% |
| Secondary | 34 | 30.6% |
| University | 11 | 9.9% |
| Total | 111 | 100.0% |

In Table 5 shows the education Level. The descriptive data reveals that 14.4% of the respondents possessed a college level of education, while 45.1% had a primary school level of education. Additionally, 30.6% of the respondents had a secondary school level of education, while 9.9% had a university level of education. The results suggest that most of the respondents had a basic level of education. The high proportion of respondents with a primary school level of education (45.1%) suggests that a significant portion of the sample may have limited formal education beyond basic literacy and numeracy skills. Widows with lower levels of education may face additional challenges in navigating the complexities of grief and loss, as well as accessing appropriate support services. This is in line with an empirical study by Bennett (2020) which associated low average level of education to heightened levels of vulnerability in case of the demise of a spouse.

*Breadwinner before Demise of Spouse*

The study sought to determine the primary provider within households prior to the death of a husbands, as reported by widows. The findings are presented in Table 6 below.

Table 6: *Breadwinner before Demise of Spouse*

| Responses | Frequency | Percent |
|---|---|---|
| Both of us | 34 | 30.6% |
| Myself | 44 | 39.6% |
| My spouse | 33 | 29.7% |
| Total | 111 | 100.0% |

Table 6 shows breadwinner before demise of spouse. It is evident that 30.6% of the respondents reported that both spouses were earners, 39.6% of the respondents were the primary income earners prior to their husbands' deaths, and 29.7% of the respondents indicated that their spouse were the sole breadwinners. Therefore, majority (60.3%) of the respondents either depended fully or partially on their spouse. This dependency highlights the significant role that the deceased spouses played as primary breadwinners or contributing earners within their households. For widows who relied heavily on their spouses for financial support, the loss of their partners may have profound implications for their economic security and overall well-being. Dependence on a spouse's income can leave widows vulnerable to financial instability following bereavement. Without the financial support previously provided by their spouses, widows may face challenges in meeting their basic needs, maintaining their standard of living, and planning for the future. This agrees with Kamunyu and Makena (2020) who suggested that economic vulnerability can exacerbate feelings of anxiety, stress, and uncertainty, which can, in turn, impact coping mechanisms and mental health outcomes among widows.

Coping Mechanisms among Widows in Kasarani Sub-County

The first objective of the study was to identify coping mechanisms among widows in Kasarani Sub-County. This section presents descriptive analysis of the findings with respect to the three coping mechanisms. These are: emotion-focused coping, problem-focused coping, and solution-focused coping

*Descriptive Analysis for Emotion-Focused Coping*

Table 7 presents the descriptive statistics for the items used to measure emotion-focused coping of widows in Kasarani Sub-County. This comprises of the mean and standard deviation scores for each item and the aggregate score for emotion-focused coping.

Table 7: *Mean and Standard Deviation Scores for Emotion-Focused Coping Items*

| Items | $\bar{x}$ | $\sigma_x$ |
|---|---|---|
| How often do you find yourself reminiscing or thinking about your husband? | 3.30 | 1.499 |
| How often do you feel anxious or worried about practical or financial challenges? | 3.77 | 1.128 |
| How often do you find yourself avoiding social situations or activities? | 2.95 | 1.224 |
| Emotion-focused coping aggregate score | 3.34 | 1.284 |

Concerning the question "how often did you find yourself reminiscing or thinking about your husband," the descriptive analysis revealed that the average widow engaged in reminiscing and thinking about their husbands to a moderate extent ($\bar{x}$=3.30, σx = 1.499, N=111). This finding suggests that the process of letting go and moving on after the loss of their husbands may have been challenging for most of the widows. It aligns with the findings of Kenen (2021), who examined how American widows coped with the uncertainties of life following the death of their husbands and revealed that the thoughts and memories of their deceased husbands continued to

occupy the minds of the widows, highlighting the enduring impact of loss on their daily lives.

Regarding the widows' feelings of anxiety or worry regarding practical and financial challenges, the study found that a significant proportion of widows recruited from Kasarani Sub-County experienced anxiety or worry about their financial well-being following the death of their husbands ($\bar{x}$=3.77, σx = 1.128, N=111). This finding aligns with the results of Gunawardane's (2017) study conducted in Sri Lanka. Additionally, a similar outcome was observed in a study conducted by Kenen (2021) in the USA, indicating that feelings of financial insecurity were prevalent among widows across different cultures. These findings collectively demonstrate anxiety regarding the common struggle faced by widows in navigating practical and financial challenges after the loss of their husbands.

As pertains the frequency of avoiding social situations or activities, the study found that the mean score on a 5-point scale was moderate ($\bar{x}$=2.95, σx = 1.224, N=111). This finding implies that most of the respondents did not always avoid social situations or activities. This is especially noted in the high acknowledgement of the role of membership of support group based on the results of qualitative analysis. In addition to intentionally joining groups with similar interests, such as church widows' fellowship groups and other relevant social networks, this finding aligns with Standridge et al. (2022) who highlighted that widows may avoid certain groups but actively seek out and engage with relevant groups that align with their objectives for coping and support.

On a 5-point scale, emotion-focused coping aggregate score was moderate ($\bar{x}$=3.34, σx = 1.284, N=111). This finding suggests that, on average, widows in the study tend to engage in negative emotion-focused coping at a moderate level. This aligns with

extant literature which emphasize the prevalence of emotion-focused coping among widows, as they grapple with the emotional challenges and distress associated with loss (Wehrman, 2019; Gunawardane, 2017). The aggregate score demonstrates that emotion-focused coping, such as reminiscing about the deceased spouse or experiencing anxiety about practical challenges, is common among widows and reflects their efforts to manage and navigate the emotional aspects of widowhood.

*Descriptive Analysis for Problem-Focused Coping*

Table 8 displays the descriptive statistics pertaining to the items utilized in assessing problem-focused coping among widows in Kasarani Sub-County. It includes the mean and standard deviation scores for each item, along with the overall aggregate score for problem-focused coping.

Table 8: *Mean and Standard Deviation Scores for Problem-focused Coping*

| Items | $\bar{x}$ | $\sigma_x$ |
|---|---|---|
| How often do you seek support from family or friends? | 2.31 | 1.463 |
| How often do you seek professional support or counseling? | 2.50 | 1.543 |
| Problem-focused coping aggregate score | 2.41 | 1.503 |

Table 8 indicates that the question “How often do you seek support from family or friends?” yielded a low mean score on a 5-point scale ($\bar{x}$=2.31, σx = 1.463, N=111). This indicates that, on average, widows in the study reported seeking support from family or friends infrequently. In addition, in relation to the question "how often did you seek professional support or counselling," the descriptive analysis indicates that a moderately low mean score was computed ($\bar{x}$=2.50, σx = 1.543, N=111). This suggests that most of the respondents did not seek professional counselling. This finding is inconsistent with the findings of Mburugu (2020), who reported a higher

inclination among widows to seek professional counselling services and social support to cope with grief. There may be reasons why this was the case. One possible explanation is that a significant proportion of the widows in this study have lower educational attainment, and hence may not have the exposure or resources to seek therapy. Further, the low levels of seeking support from family or friends may reflect the lack of available support networks or the reluctance of widows to reach out for assistance during their transition to widowhood.

*Descriptive Analysis for Solution-Focused Coping*

Table 9 presents the descriptive statistics regarding the items employed to evaluate solution-focused coping among widows in Kasarani Sub-County. It comprises the mean and standard deviation scores for each item, alongside the overall aggregate score for solution-focused coping.

Table 9: *Mean and Standard Deviation Scores for Solution-focused Coping Items*

| Items | $\bar{x}$ | $\sigma_x$ |
|---|---|---|
| How often do you engage in activities or hobbies that you enjoy? | 3.37 | 1.464 |
| How often do you feel a sense of purpose or meaning in your life after your husband's passing? | 3.81 | 1.468 |
| How often do you feel a sense of peace or acceptance about your husband's passing? | 3.60 | 1.403 |
| How often did you feel prepared for the practical and emotional challenges of widowhood? | 3.63 | 1.721 |
| How often did you feel that you had the resources and support needed to adjust to your new life as a widow? | 2.97 | 1.851 |
| Solution-focused coping aggregate score | 3.48 | 1.581 |

Table 9 indicates that in relation to the question "how often did you engage in activities or hobbies that you enjoy," the descriptive study yielded a moderate mean score on a 5-point scale ($\bar{x}$= 3.37 $\sigma x$ = 1.464, N=111). This implies that a considerable

number of widows in Kasarani Sub-County, Nairobi County, Kenya sometimes participated in hobbies and activities they find enjoyable. This finding is consistent with the research conducted by Jones et al. (2019), which observed that widows do engage in various hobbies as a coping mechanism for dealing with loss.

As pertains to the question "how often did you feel a sense of purpose or meaning in your life after your husband's passing," a moderately high mean score was computed on a 5-point scale, suggesting that most of the respondents experienced a sense of purpose or meaning ($\bar{x}$=3.81, σx = 1.468, N=111). This may be explained by the fact that respondents potentially activated spiritual coping, which could have played a central place in their sense of meaning in their post-bereavement life. This was particularly evident in the qualitative results which showed that respondents' personal coping themes were emotion-focused, with spiritual coping being the most salient, followed by establishing closer bond with children, leveraging available social support system, and seeking professional counselling. Many of the respondents turned to "prayer", "God", got involved in "Church", and coped "spiritually." A number of respondents formed a closer bond with children, found meaning in raising them – for instance remarking that "children are the connecting factors in family," and concentrated on their welfare. This finding concurs with Jones et al. (2019) who observed that some widows find solace in religion, attributing their loss to the will of God and redirecting negative emotional energy.

Regarding the frequency of feeling a sense of peace or acceptance about their husband's passing, the descriptive analysis revealed that the mean score on a 5-point scale was moderately high ($\bar{x}$=3.60, σx = 1.403, N=111). It means that most of the respondents accepted that their spouse had indeed passed on and there was need to make the best of the situation and move on with life. This finding contradicts

Wehrman (2019) who found that widows often struggled to find their place in society after the loss of their husbands, making it difficult for them to feel a sense of peace regarding their spouses' death. In the qualitative analysis, the theme of acceptance was recurrent. For instance, one respondent expressed thus; “Since it is God's will, accepting is the only way to go.” Another respondents reasoned thus; “Death is a must and we must accept.” This acceptance can help individuals adapt to their new reality and start building a life without their spouse. It involves being open to changes, seeking support when needed, and making necessary adjustments to find a sense of balance and purpose. This acknowledgment, although painful, is a necessary step in the grieving process.

Table 9 further shows that concerning the question; "to what extent did you feel prepared for the practical and emotional challenges of widowhood?" a moderately high mean score was computed, indicating that most of the respondents adjusted to their lives as widows to a moderate extent ($\bar{x}$=3.63, $\sigma$ = 1.721, N=111). However, narrations from the respondents indicated that their initial thoughts and emotions at the time of bereavement was characterized by an elevated fear of the unknown. This was expressed in terms such as “I felt scared”, experiences of “fear and nightmares”, expressions of sense of “insecurity”, and feeling “very much worried”. Most of the respondents wondered whether they would make it on their own. Generally, a sense of uncertainty engulfed respondents following the news of their spouses’ death. These results concur from Wehrman's (2019) findings, which indicated that most spouses were ill-prepared for the challenges of widowhood.

Regarding the question "to what extent did you feel that you had the resources and support needed to adjust to your new life as a widow?"; results showed that on average, respondents felt that they had sufficient support and resources to cope with

widowhood to a moderately low extent ($\bar{x}$=2.97, σ = 1.851, N=111). Results from qualitative findings showed that during the period and after transition, majority of the respondents reported experiencing rejection and loneliness. For instance, one respondent lamented: “There is so much loneliness: not so many people want to associate with a widow, they always think that you will ask them for help”. A number of respondents felt isolated and stigmatized. For some, their experience was characterized by “too much isolation, loneliness also, being seen as if no longer helpful in any way to the surrounding neighborhood.” This finding is consistent with the research conducted by Momanyi et al. (2021), who found that widows in Kajiado County experienced changes in terms of social support, making it challenging for them to adapt to their new lives. Additionally, this finding aligns with the findings of Ghaith et al. (2020), who conducted a similar study within the context of a Muslim society.

Solution-focused coping aggregate score was moderately high ($\bar{x}$=3.48, σ = 1.581, N=111). This indicates that, on average, widows in the study tended to engage in solution-focused coping strategies at a moderately high level. This suggests that widows actively seek out strategies to address practical and emotional challenges associated with widowhood.

Relationship between Coping Mechanisms and Mental Wellbeing of Widows

The second research objective was to determine relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County. This section presents a descriptive analysis of mental wellbeing items before conducting inferential analysis of the relationship between coping mechanisms and the mental wellbeing of widows.

*Descriptive Statistics for Mental wellbeing Items*

Table 10 presents the descriptive statistics for the items used to measure the mental wellbeing of widows in Kasarani Sub-county. The table provides findings in terms of on the mean score and standard deviation for each item.

Table 10: *Descriptive Statistics for Mental wellbeing Items*

| Items | $\bar{x}$ | $\sigma_x$ |
|---|---|---|
| How often do you feel overwhelmed or unable to cope with the challenges of widowhood? | 3.52 | .872 |
| How often do you experience feelings of loneliness or social isolation since your spouse passed away? | 3.22 | 1.598 |
| How often do you experience intrusive thoughts or memories related to your spouse's passing? | 3.48 | 1.407 |
| How often do you feel a lack of purpose or meaning in your life since your spouse passed away? | 3.46 | 1.393 |
| How often do you feel anxiety or worry related to financial or practical challenges since your spouse's passing? | 3.66 | 1.385 |
| How often do you experience physical symptoms such as headaches or fatigue as a result of your grief? | 3.28 | 1.356 |
| How often do you feel a sense of anger or bitterness towards your spouse or others because of their passing? | 2.89 | 1.557 |
| How often do you find yourself avoiding social situations or activities that you used to enjoy since your spouse's passing? | 3.16 | 1.480 |
| How often do you feel a sense of hopelessness or despair related to your future since your spouse's passing? | 2.67 | 1.323 |
| How often do you feel a sense of peace or acceptance about your spouse's passing, or a sense of gratitude for the time you had together? | 2.93 | 1.360 |

Table 10 illustrates the results obtained from a 5-point Likert scale regarding the frequency of feeling overwhelmed or unable to cope with the challenges of widowhood. The analysis reveals a moderate score, with a mean ($\bar{x}$) of 3.52 and a

standard deviation (σx) of 0.872, based on a sample size (N) of 111 respondents. The findings indicate that, overall, the study respondents frequently experienced feelings of being overwhelmed or unable to cope with the challenges of widowhood. This aligns with a study conducted by Carr (2018), which similarly concluded that widows often encounter these difficulties and struggle to cope with the demands associated with widowhood.

In relation to the question "how often do you experience feelings of loneliness or social isolation since your spouse passed away," the study yielded a moderately high score ($\bar{x}$=3.22, σx=1.598, N=111) on a 5-point Likert scale. These results indicate that a significant number of widows in the study reported experiencing feelings of loneliness and social isolation following the loss of their spouse. The finding aligns with the research conducted by Standridge et al. (2022), which revealed that widowhood often leads to feelings of loneliness. This sense of loneliness can be attributed to widows feeling socially disconnected from friends and acquaintances who are married and settled in their own lives.

In relation to the question "How often do you experience intrusive thoughts or memories related to your spouse's passing," the study observed moderately high scores ($\bar{x}$=3.48, σx=1.407, N=111) on a 5-point Likert scale. These results indicate that most widows in Kasarani Sub- County, Nairobi, Kenya, reported experiencing intrusive thoughts or memories associated with the passing of their spouse. The study's findings align with the research conducted by Jones et al. (2019), which similarly discovered that widows often face mental wellbeing challenges manifested through intrusive thoughts concerning the loss of their spouse. These intrusive thoughts can be distressing and can significantly impact the psychological well-being of widows.

In relation to the question "How often do you feel a lack of purpose or meaning in your life since your spouse passed away?" the study yielded a moderately high score ($\bar{x}$=3.46, σx=1.393, N=111) on a 5-point Likert scale. These results indicate that a significant number of widows in the study reported experiencing feelings of a lack of purpose or meaning in their lives following the loss of their spouse. The findings align with the research conducted by Kenen (2021), who investigated how American widows coped with the uncertainties of life after the death of their husbands. The study revealed that widows often experienced feelings of hopelessness and a diminished sense of pleasure in life. Notably, the study highlighted those financial issues emerged as a prominent concern for widows across different income brackets, as all widows had to adjust to the status of widowhood.

In relation to the question "How often do you feel anxiety or worry related to financial or practical challenges since your spouse's passing," the study revealed a moderately high score ($\bar{x}$=3.66, σx=1.385, N=111) on a 5-point Likert scale. These results indicate that a significant number of widows expressed concerns and anxiety regarding financial and practical challenges following the loss of their spouse. The findings suggest that financial issues were a major concern for widows in coping with the aftermath of their husbands' demise. This aligns with the research conducted by Momanyi et al. (2022), who investigated the survival strategies of widows in Kajiado County. The study revealed that widows faced numerous challenges related to financial issues. Specifically, it was observed that widows in Kajiado County relied on inherited resources from their husbands, sought financial support from relatives, and sometimes ventured into entrepreneurial activities as strategies to address their financial needs. These findings highlight the resourcefulness and resilience demonstrated by widows in navigating the financial challenges they encounter. By

leveraging inherited resources, seeking assistance from relatives, and engaging in entrepreneurial endeavors, widows strive to secure their financial well-being in the absence of their spouses.

In relation to the question "How often do you experience physical symptoms such as headaches or fatigue as a result of your grief," the study revealed a moderate score ($\bar{x}$=3.28, σx=1.356, N=111) on a 5-point Likert scale. These results indicate that most widows in Kasarani Sub-County reported experiencing physical symptoms such as headaches and fatigue as a result of their grief. The study suggests that, as a collective, widows in Kasarani Sub-County face various physical challenges associated with their grieving process. These challenges can manifest as headaches, fatigue, and potentially other symptoms. The findings is consistent with the research conducted by Ndisika and Abiola (2022), who found that widows often encounter physical difficulties that hinder their engagement in various activities.

In relation to the question "How often do you feel a sense of anger or bitterness towards your spouse or others because of their passing," the descriptive analysis revealed a slightly above-average score on a five-point Likert scale ($\bar{x}$=2.89, σx=1.557, N=111). These results indicate that slightly more than half of the widows from Kasarani Sub-County reported experiencing feelings of anger and bitterness towards their deceased husbands or others. The study findings suggest that a significant number of widows in Kasarani Sub-County grapple with emotions of anger and bitterness in relation to the passing of their spouses. These emotional responses can stem from various factors such as unresolved conflicts, unmet expectations, or the grief process itself. The findings concur with the research conducted by Buthelezi and Ngema (2021), who examined the Church's response to widowhood during the Covid-19 pandemic in Kwazulu Natal, South Africa. Their

study revealed that widows were prone to expressing anger towards their deceased husbands.

In relation to the question of whether widows found themselves avoiding social situations or activities they used to enjoy since their spouse's passing, the study revealed a moderately high score on a five-point Likert scale ($\bar{x}$=3.16, σx=1.48, N=111). These results indicate that most widows reported avoiding social activities they once enjoyed with their spouses. The findings suggest that after experiencing the loss of their husbands, many widows in the study sample found it challenging to engage in social situations or activities that were previously enjoyable to them. This withdrawal from social interactions may be attributed to various factors, including grief, changes in social dynamics, and the absence of their life partner. The results are consistent with the findings of Muhammad and Idowu (2020), who conducted a descriptive survey investigating coping mechanisms adopted by widows in Nigeria and reported limited social connections after the demise of their spouses.

In relation to the question of how often widows felt a sense of hopelessness or despair related to their future since their spouse's passing, the study found that slightly more than half of the widows experienced these feelings ($\bar{x}$=2.67, σx=1.323, N=111). The results indicate that a significant portion of the widows in the study sample reported experiencing a sense of hopelessness and despair regarding their future. The findings align with the study conducted by Mburugu (2020), which investigated how counseling interventions contributed to reducing the stigma associated with widowhood. The research highlighted the psychological challenges faced by widows, including feelings of hopelessness and despair, as they navigate their lives without their life partners.

In relation to the question of how widows from Kasarani Sub-County, Nairobi, Kenya, felt a sense of peace or acceptance about their spouse's passing, the study found that slightly more than half of the widows reported experiencing a sense of acceptance ($\bar{x}$=2.93, σx=1.360, N=111). This indicates that a significant portion of the widows in the study sample have reached a level of acceptance regarding the death of their spouse. The findings of this study align with the research conducted by Groh and Saunders (2020), who investigated the transition from caregiver to widowhood for older rural-urban spousal caregivers in America. Their study also found that a sense of acceptance was prevalent among widows, indicating a gradual adjustment and coming to terms with the loss of their spouse.

*Correlation between Coping Mechanisms and Mental Wellbeing*

Table 11 displays the results of a correlation analysis conducted to investigate the association between different coping mechanisms and mental wellbeing of widows.

Table 11: *Correlation Analysis between Coping Mechanisms and Mental Wellbeing*

| | | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 1. | Mental Health of Widows | Pearson Correlation | 1 | | | |
| | | Sig. (2-tailed) | | | | |
| | | N | 111 | | | |
| 2. | Emotion-focused Coping | Pearson Correlation | -.765** | 1 | | |
| | | Sig. (2-tailed) | .000 | | | |
| | | N | 111 | 111 | | |
| 3. | Problem-focused Coping | Pearson Correlation | -.533* | .334 | 1 | |
| | | Sig. (2-tailed) | .028 | .190 | | |
| | | N | 111 | 111 | 17 | |
| 4. | Solution-focused Coping | Pearson Correlation | .078 | -.115 | .396 | 1 |
| | | Sig. (2-tailed) | .765 | .661 | .116 | |
| | | N | 111 | 111 | 111 | 111 |

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

*. Correlation is significant at the 0.05 level (2-tailed).

Table 11 shows the Correlation Analysis between Coping Mechanisms and Mental Wellbeing. The study indicated that the correlation between mental health of widows and emotion-focused coping was negative and statistically significant (r=-.765, p<.01). This suggests that as widows engage more in negative emotion-focused coping strategies such as reminiscing or thinking about your husband, feeling anxious or worried about practical or financial challenges, and avoiding social situations or activities, their mental health tends to worsen. This aligns with research indicating that dwelling on negative emotions and avoiding social connections can exacerbate distress and hinder adaptation to loss. This aligns with Wehrman's (2019) study on military widows and Dube's (2022) study on widows in low-income communities which indicated that dwelling on negative emotions can exacerbate distress and hinder adaptation to loss.

Similarly, the correlation between mental wellbeing and problem-focused coping was negative and statistically significant (r=-.533, p<.01). This finding suggests that widows' limited engagement in seeking practical solutions or professional support was associated with decreased mental well-being. This finding is consistent with Gunawardane (2017) who underscored the importance of addressing economic challenges and Gyasi and Philips (2020) who emphasized seeking social support for maintaining mental well-being.

However, the correlation between mental wellbeing and solution-focused coping was positive, though statistically insignificant (r=.078, p>.05). The finding suggests that widows utilize solution-focused coping strategies such as engaging in activities or hobbies that they enjoy, having a sense of purpose, feeling a sense of peace and acceptance, feeling prepared for the practical and emotional challenges of widowhood, and feeling adequately resourced to adjust to the new life, their mental

health showed slight improvement. This finding aligns with the findings of Momanyi et al. (2021) who noted that positive coping resources went a long way in helping widows deal with mental wellbeing challenges associated with widowhood. It also resonates with literature by Bennet et al. (2019) which emphasizes the importance of resilience in mitigating the impact of widowhood on mental well-being.

*Regression of Mental wellbeing on Coping Mechanisms*

Regression analysis was performed to examine the impact of coping mechanisms on the mental wellbeing of respondents in widowhood. The goal was to assess the extent to which coping mechanisms explain the variance in mental wellbeing among widows. Table 12 presents the regression output.

Table 12: *Regression of coping mechanism on mental wellbeing*

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .832[a] | .692 | .621 | .58347 |

a. Predictors: (Constant), Solution-focused Coping, Emotion-focused Coping, Problem-focused Coping

ANOVA[a]

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 9.947 | 3 | 3.316 | 9.740 | .001[b] |
| | Residual | 4.426 | 108 | .340 | | |
| | Total | 14.373 | 111 | | | |

a. Dependent Variable: Mental Wellbeing
b. Predictors: (Constant), Solution-focused Coping, Emotion-focused Coping, Problem-focused Coping

Coefficients[a]

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | t | Sig. |
| 1 | (Constant) | 4.700 | .652 | | 7.206 | .000 |
| | Emotion-focused Coping | -.472 | .131 | -.616 | -3.614 | .003 |
| | Problem-focused Coping | -.317 | .149 | -.391 | -2.124 | .053 |
| | Solution-focused Coping | .139 | .150 | .162 | .929 | .370 |

a. Dependent Variable: Mental Health of Widows

The table indicates that coping mechanisms accounted for a significant proportion of the variance in mental wellbeing of widows; $R^2$=.692, $p$<.01, $F$(3) =

9.740. Examination of the regression coefficients indicated that emotion-focused coping had the highest explanatory power on mental wellbeing ($\beta$=-.616, $p$=.003). This finding supports previous research indicating that negative emotion-focused coping strategies can significantly impact mental health outcomes, potentially worsening distress and hindering adaptation to loss (Wehrman, 2019; Dube, 2022). This was followed by problem-focused coping ($\beta$=-.391, $p$=.053). While the significance level is borderline (p=.053), this finding is consistent with existing literature highlighting the importance of seeking practical solutions and professional support in maintaining mental well-being during widowhood (Groh and Saunders, 2020; Gyasi and Philips, 2020). The coping mechanism with the least effect size was solution-focused coping ($\beta$=-.162, $p$=.370). Although not statistically significant (p=.370), this finding still aligns with the literature, suggesting that engagement in activities, finding a sense of purpose, and feeling adequately prepared for challenges may have a positive albeit less prominent impact on mental well-being (Bennet et al., 2019; Kamunyu & Makena, 2020).

Perception of Social Support among Widows in Kasarani Sub-County

The third objective of the study was to determine the perception of social support among widows in Kasarani Sub-County. This section presents a descriptive analysis of social support items. Table 13 provides mean score and standard deviation for each item on a 5-point scale.

Table 13: *Descriptive Statistics for Perception of Social Support Items*

| Items | $\bar{x}$ | $\sigma_x$ |
|---|---|---|

| Items | $\overline{x}$ | $\sigma_x$ |
|---|---|---|
| How often did you feel a sense of belonging or connection to others who had experienced similar losses? | 3.52 | 1.432 |
| To what extent did you feel that your employer or workplace provided support during your grieving process? | 2.66 | 1.766 |
| To what extent did you feel supported by your community after your spouse's passing? | 2.59 | 1.734 |
| How often did you feel that societal attitudes towards widowhood and grief were helpful or unhelpful? | 2.35 | 1.553 |
| To what extent did you feel that the services and resources available to widows were adequate and helpful? | 2.25 | 1.609 |
| How often did you receive help or support from community organizations or support group? | 2.23 | 1.388 |
| How often did you feel that your needs were understood and addressed by social service agencies or other organizations? | 2.04 | 1.446 |
| How often did you receive help or support from family or friends? | 1.95 | 1.268 |
| Perception of social support aggregate score | 2.48 | 1.520 |

The study examined the extent to which widows felt a sense of belonging and connection to others who had experienced similar losses. The results revealed that a moderately high mean score was computed ($\overline{x}$=3.52, σx =1.432, N=111). This finding means that respondents reported somehow felt a sense of belonging and connection with other widows. This finding aligns with the research conducted by Buthelezi and Ngema (2021), which also explored the experiences of widows. The study conducted by Buthelezi and Ngema (2021) took place during the Covid-19 pandemic, a time when many women tragically lost their husbands. In response to this challenging situation, the church organized small groups aimed at providing solace and support specifically for widows. These small groups became invaluable sources of comfort and companionship for widows who were navigating the complexities of grief and loss.

With respect to the question "to what extent did you feel supported by your community after your spouse's passing?" the mean score indicate that the respondents reported occasional feelings of support from their surrounding community ($\bar{x}$=2.59, σx =1.734, N=111). This is in line with the research conducted by Høy and Hall (2020), which suggested that widows in society receive minimal support. The finding implies that the widows felt that the support they received was not adequate in light of the many challenges confronting them.

The study examined the level of support provided by employers or workplaces to widows during the grieving process. The results revealed that the mean score computed on a 5-point scale was moderately low ($\bar{x}$=2.66, σx =1.766, N=111). This finding indicates that most of the respondents felt that their employers rarely recognized and appreciated the changing dynamics within their families after the loss of their husbands. The findings align with the research conducted by Wehrman (2019), which shed light on the specific challenges faced by widows in the workplace following the death of their spouses. The loss of a partner not only brings about emotional turmoil but also necessitates adjustments in various aspects of life, including work-related responsibilities and commitments.

In relation to the question on how often widows felt that societal attitudes towards widowhood and grief were helpful or unhelpful, the study revealed that a significant number of widows from Kasarani Sub-County, Nairobi, did not perceive the society's impact as supportive in dealing with their grief ($\bar{x}$=2.35, σx =1.553, N=111). Mburugu (2020) conducted a study that explored similar themes and arrived at different conclusions. The disparity in findings suggests variations in societal attitudes and responses towards widows and their experience of grief. While Mburugu

(2020) discovered positive support mechanisms within society that aided widows in their grief journey, the current study found a lack of perceived support from the broader societal context.

In relation to the question "to what extent did you feel that the services and resources available to widows were adequate and helpful?" a low mean score was obtained, suggesting that most respondents expressed dissatisfaction with the services and resources provided to them ($\bar{x}$=2.25, σx =1.609, N=111). This finding aligns with the research conducted by Boaheng and Boahen (2022), which highlighted the prevailing stigmatization of widows in African communities. The perception of widows as carriers of curses, particularly when their spouses pass away at a young age, often results in insufficient allocation of resources to support their needs. The study also noted insufficient support exacerbated feelings of isolation, financial instability, and emotional distress, further worsening the already vulnerable position of widows within society.

In relation to the question "how often did you receive help or support from community organizations or support groups?" the mean score computed was low, signifying that most of the widows in Kasarani Sub-County, Nairobi, Kenya, received infrequent assistance or support from such organizations ($\bar{x}$=2.23, σx =1.388, N=111). It is important to note that this finding is contingent upon whether the widows were aware of any community organizations in their locality that could cater to their needs. Furthermore, the finding suggests that widows might have been aware of these organizations, but were unsuccessful in obtaining the support they required.

When considering the extent to which widows felt that their needs were understood and addressed by social service agencies or other organizations, the

findings indicate that most of the respondents felt their needs were not adequately understood and addressed ($\bar{x}$=2.04, σx =1.446, N=111). The lack of understanding and responsiveness results in widows feeling overlooked, isolated, and unsupported, further exacerbating the difficulties they face during the transitional period of widowhood. This finding aligns with the research conducted by Ghaith et al. (2020), who similarly observed the lack of understanding and responsiveness from service agencies and organizations towards the needs of widows.

Regarding the question "how often did you receive help or support from family or friends?" a low mean score was computed on a 5-point scale, implying that most widows felt they barely received sufficient assistance to sustain themselves ($\bar{x}$=1.95, σx =1.268, N=111). This finding aligns with a previous study conducted by Amoo et al. (2022), which also revealed that widows faced challenges in receiving adequate support from their in-laws to establish themselves after the loss of their husbands. Specifically, the study highlighted the difficulties widows encountered in inheriting their late husbands' properties, indicating a lack of support in that aspect.

The composite score for social support perception was low ($\bar{x}$=2.48, σx =1.520), suggesting that most of the respondents did not feel adequately supported. This finding is consistent with the research conducted by Høy and Hall (2020) in the USA, who also found similar patterns of inadequate support for widows. It is noteworthy that in urban areas, people tend to lead busy and fast-paced lives, which can make it challenging for them to dedicate time and attention to providing support to widows. Additionally, urban communities often have a higher degree of anonymity and less tight-knit social networks compared to rural or small-town communities. This can lead to a lack of social cohesion and limited opportunities for widows to receive

support from their neighbours or community members. This finding is in accord with the perspective of Kathomi (2019) who observed that widows in urban societies may face economic pressure and limited support without a stable social structure.

Qualitative results however showed that the theme of social support was recurrent as a coping mechanism. On this respect, the study showed that friends and family were the primary sources of social support. Respondents talked about "support from family," and visiting friends who mourned with them and provided company. For instance, one respondent expressed thus; "Yes, they gave me a shoulder to lean on." Another respondent said friends and family were a source of support: "by listening and keeping me company." Some respondents got practical help from friends who "organised a prayer meeting," or supported by "texting words of comfort, and visiting." Among the respondents were respondents who coped by joining support groups. For instance, one respondents expressed that what enabled her to cope was: "by Talking to friends and joining group that helps widows." Similarly, another "joined community development group," and "NGO groups." One respondent testified thus: "an NGO organization helped a lot."

An explanation for the contrast between quantitative and qualitative results may be that social support was a necessary but insufficient condition for enhanced mental wellbeing of widows in the Sub-County. This was further evidenced in the qualitative findings which revealed that the theme of heavy financial burden was recurrent across majority of the respondents both during the transition period and their new life as a widow. Among them were respondents who were adversely hit financially, especially during burial time. Those whose spouses were the breadwinner were hardest hit. Most of the respondents reported finding themselves in "financial struggles on how to raise the child." For others, the aftermath of death of their spouses

were followed by economic losses associated with stigma. For instance, a respondent narrated: “we had business but the spouse’s family debarred me from access so I decided to look for a job.” Some who had depended on their spouses described the transition as “stressful on finding a job and starting to work.” This finding concurs with the results of a study by Momanyi et al. (2021) which investigated how widows in Kajiado County, Kenya coped with financial and social pressures following the death of their husbands. The study reported that widows in the area faced challenges such as being disinherited from their properties, lacking economic power, and experiencing social stigma, which negatively impacted their mental well-being.

## Chapter Summary

The chapter has presented the findings and discussion of the study. The chapter has analyzed, interpreted and discussed the research results in line with the specific objectives of the study. Appropriate figures and tables have been used to represent the data. The interpretation and discussion comprised of both quantitative analysis and thematic analysis of qualitative data. The chapter has demonstrated that widowhood posed adverse challenges to widows and various coping mechanisms had differential impact on their mental wellbeing. The chapter has however revealed that social support were inadequate. In the next chapter, the key findings of the study are summarized and implications discussed before conclusions are drawn.

# Chapter 5: Summary of Findings, Implications, Conclusions, Recommendations, and Areas for Further Research

## Introduction

The primary aim of this study was to examine how coping mechanisms influence the relationship between the widowhood and the mental wellbeing of widows in Kasarani Sub-County, Nairobi, Kenya. This chapter summarizes the main findings of the study and discusses their implications. By synthesizing the results and discussions, conclusions are drawn, and recommendations for potential enhancements are presented. Lastly, the chapter concludes by suggesting avenues for future research that can expand upon the current study's insights.

## Summary of Findings

The first objective of the study was to identify coping mechanisms among widows in Kasarani Sub-County. Descriptive analysis showed that the aggregate score for solution-focused coping emerged as moderately high ($\bar{x}$=3.48, σ = 1.581, N=111), indicating a considerable tendency among widows to employ strategies such as engaging in activities or hobbies they enjoy, finding a sense of purpose, and feeling adequately prepared for the challenges of widowhood. Following closely, the aggregate score for emotion-focused coping was moderate ($\bar{x}$=3.34, σx = 1.284, N=111), suggesting a significant but slightly lower inclination toward coping strategies involving processing emotions, reminiscing about the deceased spouse, and managing anxiety related to practical challenges. In contrast, the aggregate score for problem-focused coping was notably lower ($\bar{x}$=2.41, σx = 1.503, N=111), indicating a comparatively limited engagement in seeking practical solutions or professional support.

The second research objective was to determine relationship between coping mechanisms and the mental wellbeing among widows in Kasarani Sub-County. Inferential analysis of the correlation between mental health and coping mechanisms among widows revealed significant findings. Negative emotion-focused coping, including behaviors like dwelling on memories, worrying about challenges, and avoiding social interactions, was strongly correlated with worsened mental health ($r=-.765$, $p<.01$), consistent with research indicating that such strategies can intensify distress and impede adaptation to loss. Similarly, limited engagement in problem-focused coping, such as seeking practical solutions or professional support, was associated with decreased mental well-being ($r=-.533$, $p<.01$), echoing previous studies emphasizing the importance of addressing economic and social challenges. However, the correlation between mental well-being and solution-focused coping, encompassing activities that bring enjoyment and a sense of purpose, was positive yet statistically insignificant ($r=.078$, $p>.05$), suggesting a modest improvement in mental health. Regression analysis indicated that coping mechanisms significantly influenced widows' mental well-being ($R2=.692$, $p<.01$), with emotion-focused coping having the highest impact ($\beta=-.616$, $p=.003$), followed by problem-focused coping ($\beta=-.391$, $p=.053$), and solution-focused coping having the least effect size ($\beta=-.162$, $p=.370$).

The third objective was to determine the perception of social support among widows in Kasarani Sub-County. Findings indicated a moderately high mean score for perceived sense of belonging ($\bar{x}=3.52$, $\sigma x =1.432$, $N=111$) and low mean scores for perceived community support ($\bar{x}=2.59$, $\sigma x =1.734$, $N=111$), perceived employer support ($\bar{x}=2.66$, $\sigma x =1.766$, $N=111$) and societal attitudes towards widowhood ($\bar{x}=2.35$, $\sigma x =1.553$, $N=111$). Additionally, respondents expressed dissatisfaction with

available services ($\bar{x}$=2.25, σx =1.609, N=111), infrequent assistance from community organizations ($\bar{x}$=2.23, σx =1.388, N=111), inadequate understanding of their needs by social service agencies ($\bar{x}$=2.04, σx =1.446, N=111), and limited support from family and friends ($\bar{x}$=1.95, σx =1.268, N=111).

## Implications

The study's exploration of coping mechanisms among widows in Kasarani Sub-County offers valuable insights into how widows navigate the complexities of loss and bereavement within a specific cultural context. Through the lens of Lazarus and Folkman's transactional model of stress and coping, the findings illuminate a nuanced landscape of coping strategies, with widows exhibiting varying degrees of engagement in solution-focused, emotion-focused, and problem-focused coping. The prevalence of moderately high scores in solution-focused coping suggests a considerable tendency among widows to seek solace in activities they enjoy, find purpose, and equip themselves to confront the challenges of widowhood. Conversely, the moderate inclination towards emotion-focused coping indicates a significant yet slightly lower engagement in strategies aimed at processing emotions, reminiscing about the deceased spouse, and managing anxiety related to practical challenges. Notably, the comparatively lower scores in problem-focused coping underscore a potential gap in seeking practical solutions or professional support among the widows studied. These findings hold theoretical implications for understanding coping mechanisms within the framework of individual differences, cultural context, and long-term adjustment to widowhood. The observed variation in coping strategies emphasizes the importance of recognizing and respecting individual differences in grief experiences.

The significant correlation between negative emotion-focused coping strategies and worsened mental health aligns with established theories such as Lazarus and Folkman's transactional model of stress and coping. This model posits that maladaptive coping strategies, like rumination and avoidance, can prolong distress and hinder adjustment to loss (Stanislawski, 2019). The results reinforce previous studies emphasizing the detrimental effects of limited engagement in problem-focused coping among widows. This highlights the importance of interventions that address practical challenges and promote access to resources like economic support and social networks. The regression analysis underscores the differential impact of various coping mechanisms on widows' mental well-being. Emotion-focused coping emerges as the most influential factor, indicating the need for interventions that target maladaptive emotional processing and encourage healthier coping strategies. Similarly, while problem-focused coping has a significant impact, its effect size is smaller, suggesting the importance of integrating both emotional and practical support in interventions tailored for widows. Overall, the findings highlight the complexity of coping processes among widows and the multifaceted nature of their impact on mental health outcomes. This complexity underscores the importance of adopting a holistic approach to intervention that considers the interplay between emotional, practical, and solution-focused coping strategies.

The study's findings on the perception of social support among widows in Kasarani Sub-County offer profound theoretical insights into the dynamics of social support frameworks and their interaction with cultural contexts. While the moderately high mean score for perceived sense of belonging aligns with theories emphasizing the protective role of social networks, the low scores for perceived community,

employer, and societal support highlight potential deficiencies in the availability and quality of instrumental and emotional support. The finding corresponds to Coping Circumplex Model's emphasis on the protective role of social support in coping with stressors like bereavement (Stanislawski, 2019). Additionally, the study underscores the influential role of societal attitudes and cultural norms in shaping the support landscape for widows. The low mean score for societal attitudes towards widowhood underscores the significance of broader cultural perceptions, which may contribute to stigma and isolation, hindering widows' access to meaningful support networks. This aspect resonates with Coping Circumplex Model's acknowledgment of the influence of societal context on coping strategies. Negative societal attitudes can hinder support-seeking behaviors and exacerbate feelings of isolation, further complicating the coping process for widows.

Furthermore, the study unveils disparities between perceived and actual support availability, emphasizing the importance of bridging these gaps to better meet the needs of widows. Widows' dissatisfaction with available services, limited assistance from community organizations, and sparse support from family and friends underscore the need for interventions aimed at enhancing the accessibility, quality, and responsiveness of support systems. Addressing these disparities requires a holistic approach that considers the complex interplay between individual, interpersonal, and societal factors. By elucidating these dynamics, the study informs the development of targeted interventions and theoretical frameworks aimed at bolstering social support systems for widows in Kasarani Sub-County and similar cultural contexts, ultimately promoting their well-being and resilience in the face of widowhood.

## Conclusions

The widows in Kasarani Constituency demonstrated a dual approach to coping with their widowhood, showcasing both solution-focused and emotion-focused strategies. They actively engaged in activities that brought them joy and purpose, displaying a proactive stance towards managing their situation. However, alongside these efforts, maladaptive emotion-focused coping strategies were evident, indicating a need for support in addressing underlying emotional distress. Despite facing practical challenges, there was a notable deficit in problem-focused coping, possibly due to limited access to resources or social support. Addressing these gap requires a comprehensive approach that involves providing access to resources, professional support services, and fostering a supportive community environment that validates seeking practical solutions.

The research has highlighted significant relationships between specific coping strategies and mental wellbeing of widows. Negative emotion-focused coping, characterized by dwelling on memories and avoiding social interactions, strongly associates with worsened mental well-being, emphasizing the urgency of addressing maladaptive coping behaviors. Additionally, limited engagement in problem-focused coping, such as seeking practical solutions or professional support, correlates with decreased mental well-being, underlining the importance of addressing economic and social challenges directly. While solution-focused coping shows a positive yet statistically insignificant correlation with mental well-being, its impact appears modest compared to other coping strategies. Overall, the study underscores the critical need for interventions targeting negative emotion-focused and problem-focused coping to enhance the mental well-being of widows in the community, providing valuable insights for tailored support programs.

There were low perceptions of social support, with significant deficiencies evident in various support systems. The study has highlighted a striking lack of perceived support from the community, employers, and societal attitudes towards widowhood. This absence suggests a profound gap in crucial support networks that widows typically rely on for emotional and practical assistance during challenging times. Moreover, the dissatisfaction expressed with available services underscores the disparity between widows' needs and the support provided by existing systems. The widows reported feeling underserved and inadequately supported by the services available to them, pointing to a pressing need for improvement in the quality and accessibility of support services tailored to their specific circumstances. Additionally, the study revealed limited personal support networks for widows, with respondents reporting minimal assistance from family and friends. This finding underscores the strain within widows' personal support systems and emphasizes the importance of strengthening familial and social connections to provide the necessary emotional and practical support that widows require.

## Recommendations

The study makes several recommendations as follows:

i) The study revealed a moderately high inclination towards solution-focused coping activities among widows, including engagement in hobbies, finding a sense of purpose, and feeling adequately prepared for the challenges of widowhood. By participating in enjoyable activities, pursuing meaningful goals, and seeking a sense of fulfillment, widows can cultivate a positive mindset and enhance their overall quality of life despite the challenges they face. Additionally, fostering a sense of preparedness for widowhood

can empower widows to navigate difficulties more effectively and adapt to their new circumstances with greater.

ii) The study highlighted a strong negative correlation between negative emotion-focused coping strategies and worsened mental health among widows, emphasizing the detrimental effects of maladaptive coping mechanisms on emotional well-being. Marriage and family therapists should provide specialized mental health support services to address emotional distress among widows, offering counseling or support groups focused on managing grief, anxiety, and other emotional challenges associated with widowhood. By offering tailored interventions that target maladaptive emotional coping, therapists can help widows develop healthier coping strategies and build emotional resilience in the face of loss.

iii) The study highlighted low mean scores for perceived societal attitudes towards widowhood, indicating existing stigma and inadequate support systems. Additionally, dissatisfaction with available services and limited support from various sources underscored the need for systemic improvements. Policymakers can utilize these findings to advocate for policy changes and institutional reforms aimed at addressing societal attitudes towards widowhood, reducing stigma, and ensuring equitable access to social services, employment opportunities, and legal protections. This may involve drafting and implementing legislation that promotes the rights and well-being of widows, allocating resources for widow-specific support programs, and fostering partnerships with relevant stakeholders to improve service delivery.

iv) Based on the study findings, the significance of social support in the coping process for widows cannot be overemphasized. Practical interventions should be developed to enhance social support networks for widows, such as organizing support groups, facilitating community engagement, and encouraging family and friends to provide emotional and practical assistance. These interventions can help alleviate the feelings of loneliness and isolation commonly experienced by widows.

v) Financial burden and economic losses following spousal death highlights the need for practical support in this domain. Implementing financial assistance programs, providing information about available resources, and offering employment training or job placement services can empower widows to manage their financial responsibilities and improve their economic well-being. Collaboration with relevant agencies, organizations, and NGOs can help widows' access financial support and develop sustainable livelihoods.

Areas of Further Research

The current study has revealed several areas that merit further investigation, suggesting promising directions for future research.

i) This research focused on coping mechanisms that widows in an urban context deploy, thus making a useful knowledge resource for advancing the mental wellbeing of widows. However, the focus on women extends neglect of the boy even in research. Hence, future research should shift attention to the lived experience of widowers and how they cope with such a transition.

ii) While this study focused on the immediate impact of social support and coping mechanisms on the mental wellbeing of widows, there is a need for

research that explores the long-term effects. Investigating how these factors evolve over time and their influence on the well-being of widows in the years following the widowhood would provide a more comprehensive understanding.

iii) This study was conducted in a specific geographical location and cultural context. Future research could explore the cultural variations in the relationship between social support, coping mechanisms, and mental wellbeing outcomes among widows. Comparing different cultural settings would shed light on the influence of cultural factors and enable the development of culturally sensitive support interventions.

iv) While this study identified the significance of social support and coping mechanisms, further research is needed to evaluate the effectiveness of interventions targeting these areas. Investigating the outcomes of specific support programs or therapeutic interventions designed to enhance social support networks and coping skills would provide valuable insights for developing evidence-based practices

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Appendix I: Informed Consent Form

Dear respondent,

I am Salome Kungu, a student at Pan Africa Christian University undertaking a master's degree course in Marriage and Family Therapy. In partial fulfillment of the requirement for the course, I am carrying out an academic research titled *"Effect of Coping Mechanisms on the Relationship between Widowhood and Mental wellbeing of Widows in Kasarani Sub-County of Nairobi, Kenya*."

This is an anonymous study in which strict confidentiality will be maintained throughout. Any identifying information disclosed will be kept private and used only for the purpose of this study and for no other purpose whatsoever. All ethical protocols will be adhered to in order to protect the rights of all respondents to this study.

I therefore seek your informed consent to be part of the study as a respondent by signing the statement of informed consent below.

==========

*Informed Consent Statement:*

I, the undersigned, voluntarily agree to participate in this research as a respondent. By my signature, I certify that I have read and understood the informed consent form and have had a chance to seek further clarifications to my satisfaction. I therefore willingly participate in this study.

_____ _____

Signature of Respondent Date

# Appendix II: Questionnaire

This questionnaire is divided into 5 brief sections that will only take a few minutes to complete. Please tick the correct answer or fill in the blank spaces as accurately and as completely as possible.

SECTION A: DEMOGRAPHIC PROFILE

1. What is your gender?

   Male ❑

   Female ❑

2. What is your age group?

   18 – 25 years ❑

   26 - 35 years ❑

   36 – 45 years ❑

   46 – 55 years ❑

   56 – 65 years ❑

   Over 65 years ❑

3. How long had you been married before the demise of your spouse? _____ years

4. Do you have children?

   Yes ❑

   No ❑

5. How many children do you have? _____

6. What is your highest level of education

   Primary ❑

   Secondary ❑

   College ❑

   University ❑

7. Who was the breadwinner before death of spouse?

   Myself ❑

   My spouse ❑

   Both of us ❑

SECTION C: MENTAL WELLBEING

8. In this section, please rate your opinion on the following statements related to your mental wellbeing on a scale of 1 to 5 where 1=Never and 5=Always by ticking the appropriate box.

   KEY: 1=Never ; 2=Rarely; 3=Sometimes; 4=Often 5=Always.

   f) My physical or emotional health does not interfere with my ability to engage in social activities such as visiting friends or relatives.

| Item | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| a) How often do you feel overwhelmed or unable to cope with the challenges of widowhood? | | | | | |
| b) How often do you experience feelings of loneliness or social isolation since your spouse passed away? | | | | | |
| c) How often do you experience intrusive thoughts or memories related to your spouse's passing? | | | | | |
| d) How often do you feel a lack of purpose or meaning in your life since your spouse passed away? | | | | | |
| e) How often do you feel anxiety or worry related to financial or practical challenges since your spouse's passing? | | | | | |
| f) How often do you experience physical symptoms such as headaches or fatigue as a result of your grief? | | | | | |
| g) How often do you feel a sense of anger or bitterness towards your spouse or others as a result of their passing? | | | | | |
| h) How often do you find yourself avoiding social situations or activities that you used to enjoy since your spouse's passing? | | | | | |
| i) How often do you feel a sense of hopelessness or despair related to your future since your spouse's passing? | | | | | |
| j) How often do you feel a sense of peace or acceptance about your spouse's passing, or a sense of gratitude for the time you had together? | | | | | |

SECTION D: COPING MECHANISMS

9. In this section, please rate your opinion on the following statements related to your mental wellbeing on a scale of 1 to 5 where 1=Never and 5=Always by ticking the appropriate box.

KEY: 1=Never ; 2=Rarely; 3=Sometimes; 4=Often 5=Always.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| *Emotion-focused coping* | | | | | |
| a) How often do you find yourself reminiscing or thinking about your husband? | | | | | |
| b) How often do you feel anxious or worried about practical or financial challenges? | | | | | |
| c) How often do you find yourself avoiding social situations or activities? | | | | | |
| *Problem-focused coping* | | | | | |
| d) How often do you seek support from family or friends? | | | | | |
| e) How often do you seek professional support or counseling? | | | | | |
| *Solution-focused coping* | | | | | |
| f) How often do you engage in activities or hobbies that you enjoy? | | | | | |
| g) How often do you feel a sense of purpose or meaning in your life after your husband's passing? | | | | | |
| h) How often do you feel a sense of peace or acceptance about your husband's passing? | | | | | |
| i) How often did you feel prepared for the practical and emotional challenges of widowhood? | | | | | |
| j) How often did you feel that you had the resources and support needed to adjust to your new life as a widow? | | | | | |

SECTION E: SOCIAL SUPPORT

10. In this section, please rate your opinion on the following statements related to your mental wellbeing on a scale of 1 to 5 where 1=Never and 5=Always by ticking the appropriate box.

KEY: 1=Never; 2=Rarely; 3=Sometimes; 4=Often 5=Always.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| a) To what extent did you feel supported by your community after your spouse's passing? | | | | | |
| b) How often did you receive help or support from family or friends? | | | | | |
| c) How often did you receive help or support from community organizations or support group? | | | | | |
| d) To what extent did you feel that the services and resources available to widows were adequate and helpful? | | | | | |
| e) How often did you feel that your needs were understood and addressed by social service agencies or other organizations? | | | | | |
| f) To what extent did you feel that your faith community or spiritual beliefs helped you cope with your grief? | | | | | |
| g) To what extent did you feel that your employer or workplace provided support during your grieving process? | | | | | |
| h) How often did you feel that societal attitudes towards widowhood and grief were helpful or unhelpful? | | | | | |

SECTION D: OPEN-ENDED QUESTIONS

11. Can you describe your experience of transitioning into widowhood? What were the initial thoughts and emotions that you had after your spouse's passing?

_____

_____

_____

12. How did you cope with the loss of your spouse? Were there any specific strategies that helped you through the grieving process?

_____

_____

_____

13. Did you have any support from family or friends during your widowhood? If so, what kind of support and how did they help you cope?

    _____

    _____

14. Were there any challenges or obstacles that you faced while transitioning to widowhood? Please elaborate?

    _____

    _____

15. Did you find any resources or support groups particularly helpful during your time of mourning? Which resources were this? How were they helpful?

    _____

    _____

16. How did the loss of your spouse affect your daily routine and activities?

    _____

    _____

17. What do you think could be done to support widows during their widowhood and beyond? Please explain?

    _____

    _____

18. How did your social life change after your spouse's passing? Did you experience any isolation or loneliness? Please explain?

    _____

    _____

19. How has your relationship with your spouse's family changed since their passing?

    _____

    _____

20. Do you have any advice for other women who may be going through a similar experience? Please provide as much details as possible.

    _____

    _____

*Thank you for your time and cooperation*

# Appendix III: Item Total Statistics

Appendix III (A) *Item-Total statistics for Widowhood*

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| 1. To what extent did you feel prepared for the practical and emotional challenges of widowhood? | 35.55 | 28.273 | .447 | .661 |
| 2. How often did you feel a sense of shock or disbelief after your spouse's passing? | 34.00 | 32.800 | .421 | .667 |
| 3. How often did you experience intense emotions such as sadness or anger? | 33.82 | 34.564 | .195 | .706 |
| 4. To what extent did you feel that you had the resources and support needed to adjust to your new life as a widow? | 34.45 | 29.673 | .568 | .636 |
| 5. How often did you feel a sense of confusion or uncertainty about your future after your spouse's passing? | 34.09 | 32.491 | .278 | .694 |
| 6. How often did you feel a sense of disconnection or detachment from your old life or routines? | 33.91 | 36.691 | .151 | .705 |
| 7. To what extent did you feel that you had control over your own grieving process and widowhood? | 34.18 | 29.764 | .620 | .629 |
| 8. To what extent did you feel that your social networks or community supported you during your widowhood? | 34.45 | 33.673 | .382 | .674 |
| 9. How often did you feel that you were able to find new sources of meaning or purpose in your life after your spouse's passing? | 34.91 | 36.491 | .136 | .709 |
| 10. How often did you feel that you were able to find new opportunities for growth or personal development as a result of your experiences as a widow? | 34.27 | 33.418 | .445 | .666 |

Appendix III (B) *Item-Total statistics for Mental wellbeing*

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| 1. How often do you feel overwhelmed or unable to cope with the challenges of widowhood? | 30.22 | 97.694 | .800 | .931 |
| 2. How often do you experience feelings of loneliness or social isolation since your spouse passed away? | 29.78 | 98.194 | .772 | .932 |
| 3. How often do you experience intrusive thoughts or memories related to your spouse's passing? | 30.22 | 96.194 | .775 | .931 |
| 4. How often do you feel a lack of purpose or meaning in your life since your spouse passed away? | 31.00 | 84.250 | .939 | .921 |
| 5. How often do you feel anxiety or worry related to financial or practical challenges since your spouse's passing? | 30.33 | 92.000 | .686 | .935 |
| 6. How often do you experience physical symptoms such as headaches or fatigue as a result of your grief? | 31.22 | 85.944 | .833 | .928 |
| 7. How often do you feel a sense of anger or bitterness towards your spouse or others as a result of their passing? | 31.00 | 88.500 | .883 | .924 |
| 8. How often do you find yourself avoiding social situations or activities that you used to enjoy since your spouse's passing? | 30.89 | 85.861 | .905 | .923 |
| 9. How often do you feel a sense of hopelessness or despair related to your future since your spouse's passing? | 31.44 | 91.028 | .833 | .927 |
| 10. How often do you feel a sense of peace or acceptance about your spouse's passing, or a sense of gratitude for the time you had together? | 29.89 | 110.111 | .126 | .955 |

Appendix III (C) *Item-Total Statistics for Coping mechanisms*

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| 1. How often did you feel overwhelmed by your grief? | 32.00 | 46.400 | .771 | .794 |
| 2. How often did you feel lonely or socially isolated? | 31.73 | 49.218 | .733 | .804 |
| 3. How often did you seek support from family or friends? | 32.55 | 45.873 | .834 | .789 |
| 4. How often did you engage in activities or hobbies that you enjoy? | 32.64 | 58.255 | -.063 | .886 |
| 5. How often did you seek professional support or counseling? | 33.09 | 46.091 | .610 | .808 |
| 6. How often did you feel a sense of purpose or meaning in your life after your husband's passing? | 31.73 | 51.218 | .434 | .825 |
| 7. How often did you find yourself reminiscing or thinking about your husband? | 31.64 | 52.455 | .430 | .826 |
| 8. How often did you feel anxious or worried about practical or financial challenges? | 32.00 | 44.600 | .830 | .786 |
| 9. How often did you find yourself avoiding social situations or activities? | 32.45 | 40.473 | .783 | .785 |
| 10. How often did you feel a sense of peace or acceptance about your husband's passing? | 31.73 | 54.018 | .248 | .841 |

Appendix III (D) *Item-Total Statistics for Social Support*

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| 1. To what extent did you feel supported by your community after your spouse's passing? | 28.63 | 30.839 | .069 | .599 |
| 2. How often did you receive help or support from family or friends? | 30.13 | 26.982 | .431 | .506 |
| 3. How often did you receive help or support from community organizations or support group? | 30.25 | 25.929 | .542 | .479 |
| 4. To what extent did you feel that the services and resources available to widows were adequate and helpful? | 29.88 | 30.411 | .144 | .576 |
| 5. How often did you experience stigma or discrimination from others due to your widowhood? | 29.88 | 36.411 | -.272 | .702 |
| 6. How often did you feel that your needs were understood and addressed by social service agencies or other organizations? | 29.63 | 22.554 | .499 | .463 |
| 7. To what extent did you feel that your faith community or spiritual beliefs helped you cope with your grief? | 28.13 | 28.411 | .457 | .515 |
| 8. To what extent did you feel that your employer or workplace provided support during your grieving process? | 28.75 | 30.786 | .122 | .581 |
| 9. How often did you feel a sense of belonging or connection to others who had experienced similar losses? | 28.50 | 27.714 | .363 | .523 |
| 10. How often did you feel that societal attitudes towards widowhood and grief were helpful or unhelpful? | 28.75 | 25.929 | .637 | .466 |

Appendix IV: PAC University Research Authorization

PAN AFRICA CHRISTIAN
PAC UNIVERSITY

P.O. Box 56875 - 00200
Nairobi, Kenya
Lumumba Drive, Roysambu
off Kamiti Rd, off Thika Rd
Tel: 0734 400694/0721 932050
Email: enquiries@pacuniversity.ac.ke
website: www.pacuniversity.ac.ke

**4TH MAY, 2023**

**TO WHOM IT MAY CONCERN**

**Dear Sir/Madam,**

**RE: RESEARCH AUTHORIZATION & ETHICS CLEARANCE LETTER FOR KUNGU SALOME WAMBUI REG. NO: MMFT/16822/0/20**

Greetings! This is an introductory letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing the degree of Master of Arts in Marriage and Family Therapy.

She is at the final stage of the programme and is preparing to collect data to enable her finalise on the Thesis. The Thesis title is ***"Effect of Coping Mechanisms on the Relationship between Transition to Widowhood and Mental Health of Widows in Kasarani Sub-County of Nairobi, Kenya".***

We kindly request that you allow her obtain a research permit so as to proceed and conduct research amongst Widows in Kasarani Sub-County of Nairobi, Kenya.

Warm Regards,

PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR
P.O. Box 56875 - 00200
TEL: 0721 932050 0734 400694
NAIROBI KENYA

Dr. Lilian Vikiru
Registrar Academic Affairs
Pan Africa Christian University
Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd
*Tel:* +254 730-955306/+254734400694
*Email: registrar.aa@pacuniversity.ac.ke*
*Web: www.pacuniversity.ac.ke*

Appendix V: Certificate of Ethical Clearance

# Certificate of Ethical Clearance

Pan Africa Christian University

INSTITUTIONAL SCIENTIFIC ETHICSREVIEW COMMITTEE

(ISERC)

## This Certificate is awarded to

Salome Wambui Kungu

## For the research titled

EFFECT OF COPING MECHANISMS ON THE RELATIONSHIP BETWEEN TRANSITION TO WIDOWHOOD AND MENTAL HEALTH OF WIDOWS IN KASARANI SUB-COUNTY OF NAIROBI, KENYA

Ref/PAC/ISERC/020/4/23

**having complied with PAC University Institutional Scientific Ethics Review Committee's guidelines and Standard Operating Procedures for ethical clearance.**

This Certificate is issued subject to compliance with the following requirements:

i. Before commencing the study, you are required to obtain a Research License from the NationalCommission for Science, Technology and Innovation (NACOSTI) as well as other institutional clearances as and where needed.

ii. Only approved documents including research instruments and informed consent forms will beused.

iii. All changes including amendments and/or deviations are to be submitted for review andclearance by PAC University Institutional Scientific Ethics Review Committee before use.

iv. Any expected or unexpected changes that may increase the risks to study participants or affectthe integrity of the study must be reported in writing to PAC University Institutional Scientific Ethics Review Committee within two days.

v. Any request for renewal or approval must be submitted to PAC University Institutional ScientificEthics Review Committee at least four weeks prior to the expiry of this Certificate and must be accompanied by a comprehensive progress report to support the renewal.

| Date of issue | 28/4/2023 | Expiry date | 28/4/2024 |
|---|---|---|---|

**DR.JANE KINUTHIA**

**Secretary PAC_ISERC**

Appendix VI: NACOSTI Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 228614

Date of Issue: 18/May/2023

RESEARCH LICENSE

This is to Certify that Ms. Salome Wambui Kanga of Pan Africa Christian University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Effect of Coping Mechanisms on the Relationship between Transition to Widowhood and Mental Health in Kasarani Sub - County of Nairobi Kenya for the period ending : 18/May/2024.

License No: NACOSTI/P/23/25932

228614

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions