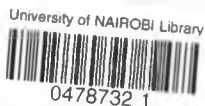


**WIDOWS AND WIDOWERS EXPERIENCES AND THEIR COPING
MECHANISMS IN A DEPRIVED COMMUNITY.
A CASE STUDY OF KIBERA SLUM**

By:

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DECLARATION BY THE CANDIDATE

I, **Catherine A. Ogweno** declare that this research is my original work and it has not been submitted for a degree in this or any other university.

Signed _____



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19th Nov 2010

DECLARATION BY THE SUPERVISOR

This paper has been submitted for examination with my approval as the University Supervisor.

Signed _____



DR. K. KIEMO

Date _____

22/11/2010

DEDICATION

Dedicated to the memory of my husband
STEPHEN OCHIENG ODONGO
(1959 – 2003)

ACKNOWLEDGEMENT

I wish to thank all those who have assisted me in some way or another during this lengthy endeavour.

In particular, I am indebted to Dr. Kiemo for his advice, patience, good humor, generosity and for his significant constructive input in shaping this research.

I am grateful to my father for instilling the importance of education and encouraging me all the way up. My mother for her encouraging words, for baby sitting and continued prayers. For my lovely children Anne, Grace and Edward for their patience, support and sweet smiles everyday. They made and still make my days cheerful and worth looking forward to.

I owe special thanks to Adams Andera and Mrs. C. Otieno for their kindness and support. Without you this research would not come to pass.

Finally am greatly indebted to all the widows and widowers who participated so willingly in the data collection.

Above all to God Almighty for his faithfulness.

Thank you

ABSTRACT

Studies have been carried out in developed countries examining widowhood and its related issues and strategies employed by the widowed persons. My study examines widowed persons experiences and their coping mechanisms in a deprived area. A case study of Kibera Slums.

The study focused on 27 widows and 27 widowers between the ages 19 and above 50 years, from different ethnic and socio-economic backgrounds, with varied education backgrounds who had been widowed from one to over ten years.

Studying the experiences among widowed persons and their coping strategies, two theories have been used to guide the study. The Role Transition and Symbolic Interaction Theories. The study used qualitative method using exploratory approach.

Data was collected using questionnaires, through structured interviews and focus groups. Data analysis was done using tabulator, figures and charts analysis.

The study revealed that experiences among the widowed persons varied depending on the age, length of marriage before spouse died, gender, their economic status and the social support from family and the community this in turn influenced the way each or all coped with their widowhood status.

Both widows and widowers agreed that the financial burden rated highest, followed by psychological and mental effects. The widows also cited low self esteem due to the stigma placed on widowhood. All the respondents agreed that indeed the environment affected their widowhood status.

The recommendations proposed by this study are that there is need to establish community based intervention measures, that the government of the day should put in place structures that would identify widows and lastly civic education on what widowhood is and the challenges and alternative ways of coping with widowhood should be adopted.

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CHAPTER 1

INTRODUCTION

1.1 Background to the Study

A widow is a woman whose spouse has died. A man whose spouse has died is a widower. The state of having lost one's spouse to death is termed widowhood or (occasionally) viduity. Widowhood is caused by death and death on its part is as a result of some factors such as diseases, illnesses, accidents, old age, afflictions or attacks, all of which finally result in death. But the major factor that leads to death among the older people is old age. Age tends to make older people more susceptible to disease and disease tends to make people age faster. The circle is a vicious one. The processes work together and result in the loss of health and finally in death. Autopsies indicate that 26 percent of individuals past the age of eighty five die from 'natural causes' (Kohn, 1985). In these "natural" deaths, degenerative disease is present, but its ravages are not severe enough to have caused death in a stronger, more vital person.

Widowhood has psychological implications on its victims. Widowhood has been called the exemplar of a stressful life event, perhaps requiring more adjustment than any other life transition (Hatch, 2000; Thompson, Breckenridge, Gallagher, & Peterson, 1984). The death of a spouse sets off a series of adjustments in which the surviving spouse must not only cope with the grief and emotional distress caused by the loss of a meaningful relationship but also redefine a social reality that reflects their new status as a widowed person. When men and women initially enter a marital union, they redefine their individual identities and construct a social reality that is shared by both marriage partners

(Berger & Kellner, 1970). When the marital union is broken (due to widowhood, in this case), that shared social reality and individual marriage identity are also shattered. Widowed persons must then reconstruct a new reality as they undertake the social roles associated with widowhood and modify the old ones that were associated with the marriage. Thus, on the death of a spouse, widowed persons undergo a conscious process of adaptation in which they must, among other things, alter the daily tasks and routine responsibilities that were once shared by the couple to reflect the new reality.

The death of a spouse can be a painful and sometimes debilitating experience. However, bereaved individuals differ markedly in how much and how long they grieve (Bonanno & Kaltman, 1999, 2001; Wortman & Silver, 1989, 2001). Comparisons across bereavement studies have revealed three basic patterns of outcome: common or time-limited disruptions in functioning (e.g., elevated depression, cognitive disorganization, health problems) lasting from several months to 1 to 2 years, chronic disruptions in functioning lasting several years or longer, and the relative absence of depression and other disruptions in functioning (for a review, see Bonanno & Kaltman, 2001). These patterns suggest potentially important implications for understanding the experiences of older bereaved adults. However, there remain a number of central but as yet unresolved questions. For example, because older bereaved adults generally experience less intense and less enduring grief symptoms (Lichtenstein, Gatz, Pedersen, Berg, & McClean, 1996; Nolen-Hoeksema & Ahrens, 2002; Sherbourne, Meredith, Rogers, & Ware, 1992; Zisook, Shuchter, Sledge, & Mulvihill, 1993), they may exhibit chronic grief reactions

less often and the absence of grief reactions more often compared with younger bereaved adults.

Widows are not treated kindly in many societies. They are not allowed to remarry but rather required to look after their children until the children are old enough to reciprocate (Agarwala 1963). In India, for instance, this situation forces the widows to heavily depend on their sons and if there are no sons, invite husbands of their daughters to stay with them (Vlassoff 1990). Despite the number of cultural groups and wide variation in cultures across sub-Saharan Africa, the customs relating to Widowhood are largely similar in the region and are unfortunately oppressive to widows (Okeyo and Allen 1994). As part of the funeral rites, widows are required to have sexual intercourse with one of the male in-laws, mostly the brothers or cousins of the husband, as a ritual to get rid of the husband's ghost. This is practised among the Luo of Kenya (Okeyo and Allen 1994), Zambians (Kunda 1995), and Rwandese (Butlerys et al. 1994). Furthermore, widows in several African societies are often considered bad people who have killed their husbands (Women's Union 1990). As a result, many widows are forced to migrate to towns to find alternative means of livelihood and can no longer fit into the village life as in the case of the Zambian widows in Lusaka (Jules-Rosette 1985). It is clear from the above experiences of widows that their situation is not a happy one in many societies all over the world.

However, the stigma attached to contemporary widowhood, and its association with HIV infection, drastically reduces possibilities for remarriage when one is known to be widowed, due to fears of infection. Therefore, such widows have to shift from their initial places of residence where their history was known to new places where they were strangers, in order to obtain an unsuspecting sexual partner or marital spouse. The stigma is so high that even micro-finance lending institutions refuse to lend money on grounds that one was an HIV/AIDS widow and would either spend the money on hospital bills, medication or she would be dying soon and thus fail to repay the loan. As a result of this ignorance and callousness portrayed by society, the widowed are in isolation (Okeyo and Allen 1994). They are not organized into any self-help groups or associations. They lack support networks because of their invisibility which is sustained by the fear of marginalisation. This stretches to widows of war, natural disaster or sudden accident, because they prefer not to be associated with HIV carriers. The stigma is more pronounced in rural than urban areas.

How people deal with widowhood varies, especially by gender. Many men and women attempt to fill the void caused by their spouse's death by seeking out friendships or remarrying. Some people become more involved with their work or their children or grandchildren. Others volunteer for religious and charitable organizations. Still others enter counselling or find comfort within a local support group (Vlassoff 1990). Because they are usually socialized to be emotionally expressive, women may have an easier time dealing with the emotional issues associated with widowhood than men, but they often have a harder time financially. They also have to contend with youth-oriented social stigmas that are tied to widowhood—the myths that widows are used up and old, making

it harder for women to remarry later, if they so choose. Widowers, on the other hand, are more likely to be depressed and attempt suicide than are widows.

It was evident that gender plays a big role in the plight of widowhood. While the widowers were often left with the property of the deceased, widows were variously denied access to land, refused to inherit and often sent off the male spouse's land particularly in cases where a will was missing (Butlerys et al. 1994). While widowers were either left with other wives in the event of a polygamous union, or could remarry, widows were left either in competition with co-wives for property, or found it more difficult to remarry due to the double standards in this male-dominated patriarchal society. Even though a widower was encouraged to remarry as soon as possible, society ostracized a widow if she did the same. While Widowers claim it was not a problem for them to find a willing marital spouse even when they had orphaned children, the widows lament that it is difficult to find willing male partners, when the widow had orphans because of the added financial and social burden of providing for the new wife and her children (Butlerys et al. 1994). In addition, the patrilineal dictates of Kenyan culture, for instance, meant that a widow was disconnected from the wider clan into which she married, when her husband died (Okeyo and Allen 1994). She could even lose ownership of her children because they belong to the patrilineal clan. This while widowers have their clansmen to support them when their partners die, widows lack this traditional support network because the matrilineal ties only participate in the cultural ceremonies and return to their clan of origin. Therefore, the physical loss and resultant loss, solitude and despair during widowhood, though universality of experience is both determined by

culture and gender (Okeyo and Allen 1994). A common reaction to widowhood by the widower is the specific stress syndrome of grief.

For older women, widowhood remains the most common marital transition, and for minority group women, as for those who have never worked themselves, or those whose husbands spent their lives in manual labour with low incomes and episodic work histories, economic insecurity in old age has always been a fact of life and widowhood has meant only further hardship (Holden & Kuo, 1996; Holden & Smeeding, 1990; Holden & Smock, 1991; Jenkins 2003; Wise, 1996; Zick & Smith, 1991). Increasingly, though, marital disruption occurs early in a woman's life, well before a woman faces the elevated risk of widowhood associated with aging, and has important implications for her old age economic security. Given the complexity of contemporary marital histories, an understanding of the economic consequences of widowhood and other marital statuses on women's economic security in later life has important policy implications.

Most bereaved rely on their own personal resources as well as the support of others in their lives for the means to adapt and do not require more formal assistance. For those experiencing greater difficulty, however, interventions like support groups and one-on-one programs can be effective, especially if accessed early in bereavement. While a small proportion of bereaved spouses in general participate in these programs, widowers as a rule are typically less receptive to them and often shy away from helping situations, at least at first. Consistent with their need to appear in control, especially regarding the display of their emotions, most widowers try to make it on their own even when they can benefit from outside help.

This is not to say that all widowers avoid participating in traditional bereavement interventions like self-help groups. Many, however, are not drawn to what they believe to be counselling interventions because they often perceive them as services designed primarily for women. Widowers are typically uncomfortable with environments where the open expression of emotion is encouraged because it is not consistent with their preferred way to grieve. Instead, researchers and practitioners suggest that bereaved men are more suited to active coping mechanisms that may include being engaged in meaningful activities. Programs that primarily feature such activities could have more appeal to widowers. Group walks and outings, for example, can be just as beneficial as traditional support groups because men who participate are able to interact and support one another in these situations and can do so more comfortably. Because the focus is on activity, however, as opposed to support or counselling itself, it is more consistent with many widowers' coping styles and is consequently less threatening. Because widowers use strategies that tend to be more cognitive than emotional in nature, they do well with books and other educational resources that help them help themselves.

Because of the unique problems widowers have assuming new responsibilities, they can benefit from programs that focus on skill-building and self-care education to help them successfully manage those tasks of daily living important to health, functioning, and independence. Issues of greater concern for widowers might include meal planning and preparation, housekeeping, and doing laundry. These programs can focus as well on more general health promotion topics like stress management, health screenings, immunizations, medication management, and physical activity, to name a few, that are

equally relevant to widows and widowers but often go ignored or neglected by them given their new situation. Although most bereavement programs have differential appeal to widowers, the benefits of participating vary from widower to widower. Success rate usually depends on the level of difficulty they are experiencing, what resources they already have in place, their needs, and their own unique situation. Interventions are not a panacea and most eventually cope without them. Although the strategies they choose at times might differ, widowers are as likely as widows to cope and eventually adapt to their new lives.

1.2 Statement of the Problem

Widowhood can be a painful experience particularly for persons who do not have the financial means to make a living out of. In many countries widowhood is a status associated with stigma and shame. Often the vernacular words for 'widow' mean 'sorceress', 'witch' or 'prostitute'. In some cultures widows are seen as an 'evil eye' or 'ill-luck'. Their low status leaves widows vulnerable to violence, including sexual violence, abuse and murder. In 2006 a HELPAGE study in Tanzania found that around 400 older women, mainly widows, were killed as witches. Mourning and burial rites further degrade widows. Among many ethnic groups in Africa and South Asia harmful traditional practices, such as the custom of 'ritual cleansing' through sex, and "widow-inheritance" or "levirate" is practised. Other harmful traditional practices include hair shaving and scarification, as well as prohibitions on dress, diet and social mobility.

This is the common characteristic of widows and widowers who live in slums in Nairobi.

There is a complete lack of sanitation, adequate shelter and proper infrastructure. Most of the inhabitants of these slums earn meagre pay from menial jobs and hawking foodstuff.

In light of this social setting, widows/widowers encounter a variety of challenges and have to adapt themselves to a life without a husband, who, in most cases, was the breadwinner in the house. This study therefore examined the experiences that these widowed persons go through and identified how they cope with the circumstances in which they live.

1.3 Research Questions

This study will seek to answer the following questions:

1. What are the personal and social experiences of widowed men and women in terms of economic production, social relations and recognition i.e. what's their worth, what mental illness and stresses do they undergo?
2. To what extent are these experiences determined by the deprived environment in which these widowed persons live?
3. What are the effects of these experiences on the personal and psychological lives of these widows?
4. To what extent does the slum environment increase the vulnerability of a widow?
5. What are the coping mechanisms employed by widows to deal with the challenges of widowhood?

1.4 Objectives for study:

1. To investigate patterns of widowhood experiences between men and women resulting from their widowed status.
2. Identify the mechanisms adopted by widowed persons to deal with widowhood.

3. Establish the role of a deprived living environment on widowed persons and on their coping strategies.

1.5 Justification of the study

Widowhood is a growing social phenomenon in sub-Saharan Africa, particularly due to the rampant civil wars, natural disasters, and epidemics including HIV/AIDS. The advent of HIV/AIDS has greatly coloured the experience of widowhood with many widows and widowers acquiring social labels as HIV carriers even in cases where their spouse died from unrelated illnesses, sudden deaths, natural causes or accidents. These negative labels lead to discrimination and marginalisation by in-laws, the wider community, the press, health officials, and even some development workers. Unlike widows of the past who were often much older, contemporary widows are much younger. As such, many yearn to remarry so as to fulfil their biological obligations of reproduction, or to get a partner to help them in the upbringing and provision for themselves and their dependants who often include orphans (Okeyo and Allen 1994).

This study is significant in so far it contributes to the understanding of a social class of widowed within a deprived community. Widows/widowers hardly talk about their experiences and the study provides this opportunity to delve into the feelings and experiences of widowhood. Furthermore, records of such experiences are not available. More studies have been carried out at the rural than urban areas because there is more support given to widow/widowers at the rural area than in the urban. The findings of this study, it is hoped, will inform policy makers in matters relating to social services and in legal practice, on the vulnerability of widows. The study will also help identify suitable interventions that can mitigate the circumstances that widowed persons in a deprived environment.

1.6 Scope and Limitations of Study

This study covers the widowed persons in a deprived environment, namely Kibera slums. This study examined the experiences and coping mechanisms employed by widowed persons. The study examined a selected sample that was identified by local leaders. However, this study has significant limitations. The first limitation is in terms of relevance of the findings to other deprived environments. It is possible that the findings of this study may not be relevant to other deprived environments that have different circumstances from those in Kibera.

Since this study endeavours to study human experience, subjectivity may inform a lot of what is observed by the researcher and the conclusions that was drawn there from.

1.7 Definition of Terms

Patterns of Widowhood experiences – description of the experiences and meaning of widowhood for widows and widowers; how personal, cultural, social, and spiritual beliefs and values shaped their experience and interpretation of widowhood and identify patterns of widowhood for this group

Coping Mechanisms – these are behavioural tools which may be used by individuals to offset or overcome adversity, disadvantage, or disability without correcting or eliminating the underlying condition of widowhood.

Deprived living environment – an area inhabited by people but marked by deprivation, especially of economic or social necessities. The area also lacking in advantage, opportunity, or experience such as a slum area.

Widowhood - The condition or period of being a widow

Spouse - A marriage partner; a husband or wife.

Stigma - a distinguishing mark of social disgrace, shame or dishonour resulting from an action or condition of an individual in society

Transition - Passage from one form, state, style, or place to another.

Social Support – it is the physical and emotional comfort given to a widowed person by family, friends, co-workers and others.

Chama- a grouping of like- minded individuals for purposes of self help activities in the community. It is the Kiswahili word for group.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This literature review is designed to examine literature related to the issues under consideration in the study. The review examines literature on widowhood experiences and patterns, coping mechanisms and strategies, and the role of living environments on the status of widowhood.

2.2 Issues in Widow Experiences

Widowhood experiences are generally a trauma but in some African societies, they are considered more as an experience of deprivation, subjugation and humiliation (Limann 2003). Ironically, the disorganization and trauma that follow the death of a spouse seem to be greater on the women than on the men whenever either loses his or her spouse. In the case of the loss of the husband, the wife becomes the primary suspect as the cause of the husband's death and is thus treated accordingly. On the other hand, where a man loses his wife, the man is almost immediately offered a substitution to comfort him and douse the impact of the bereavement.

Although widowhood rituals are intended as ways of showing public respect for the dead and proof of the inconsolable sadness of the widow, they expose the widows to psycho-emotional and physical indignity (Kunda 1995; Butlerys et al. 1994; Luginaah, Elkins, Maticka-Tyndale, Landry & Mathui 2005). The fundamental social change in her

lifestyle is dramatised, emphasising her faithfulness to her husband's memory, and her chastity during the marriage period (Kimani 2004).

The purpose of marriage in sub-Saharan Africa is reproduction, and marriage is defined as the transfer of a woman's reproductive rights from her father to a husband (Caldwell 1976, 361; Caldwell & Caldwell 1987, 420). Since a man acquires reproductive rights at marriage, he typically makes all fertility decisions (Tertilt 2005). Men prefer to marry women who are significantly younger, because this will make them more submissive (Tertilt 2005). Marriage is therefore considered actualized when the woman relocates to a geographical place of residence agreeable to the man.

Men make most decisions, which women are expected to follow, and a man is expected to be the head of the family. Immediately on the death of a spouse, an investigation is launched to check if the two were properly married. Certain duties such as building houses, for instance, must be undertaken by a man, while duties such as cooking for the family ought to be undertaken by a woman. These gendered roles sometimes change in widowhood.

A closer look at widows in Africa paints a very different picture of these women. As male mortality was and remains higher than in many industrialized countries and age differences between spouses was often large, more women are widowed and at younger ages than their Western counterparts. Social institutions arose to deal with this frequent occurrence, including widow inheritance, where a widow is inherited by one of her husband's brothers or other close male relative. Inheritance did not offer the same level of companionship and support as marriage did, however, and widows often took on an

even larger role in their families' welfare (Potash 1986b). Young widows, in particular, remained active productively and reproductively: many took over as household heads raising their children, worked their husbands' land, and continued childbearing. Appreciation for this expanded view of widowhood has been promoted mostly through ethnographic studies of widows in particular contexts. A merger of these local studies of widowhood with large data sets, such as African censuses, could illuminate a more comprehensive picture of the demographic and socioeconomic position of widows. As noted, widows make up a significant demographic category in sub-Saharan Africa, and their numbers are likely to increase greatly as a result of the continuing HIV/AIDS epidemic (Adetunji and Oni 1999).

In many districts of the indigenous African societies, special attention and care are expected to be given to widows. Under normal circumstances, a widow is entitled to either of two types of protection. She can either be remarried to the nearest male relative of her husband, in which case, she enjoys all the protection and care normally enjoyed by his wives. Or if she is not re-married, she can be given collective protection and care by the relatives of her deceased husband. In this case, help of a financial and labour nature is rendered to the widow by the relatives of the deceased husband. Widowers on the other hand do not receive any appreciable care, except that at the early stage following the death of wife, the sympathizers usually render assistance to the widower in respect to the specific duties his wife was fond of performing during her life time. For example, if a man's wife dies leaving young children behind, sympathizing women may assist the widower in taking care of the young children until they are grown up. Women may also

help him by doing farm work, such as weeding and harvesting during the seasons for such which his wife usually performed during her life time.

The reactions and social security given to the widowed in the traditional Chinese family is a bit different. Here, it was found out that even if a woman's husband died when she was very young, the woman's in-laws still retained control over her. The remarriage of widows was frowned upon, and the deceased husband's family could actually block a remarriage of which they did not approve as the norm is that a widow was supposed to remain faithful to her dead husband, his family and ancestors for life but in practice however, the remarriage of widows was not uncommon especially among the poor due to their economic needs. The fact is just that whether or not a widow remarried is a question to be decided by her in-laws, who might keep her to sell her to another man to suit their family needs. If she was remarried, she had no right to take any family property nor does she have claims to her children, who belong exclusively by law and custom to the patrilineal family of their father. The only way a widow could retain a position of honour was to stay as the elder mother in the home of her sons. Widowed men however could remarry without restraint and gentry, men sometimes elevated a concubine to the status of wife on the death of their first wife. (Cheng Lee, 1959).

The most painful void left by the death of a spouse is felt after the funeral of the deceased, when relatives have departed and the bereaved is alone. In many instances the bereaved becomes pre-occupied by memories of the deceased, sometimes even talking to the departed person as though he or she were still alive. The widow or widower is not only

isolating him/her from the living but is making it harder for him/herself to face the reality of the spouse's death. One group of researchers (Clayton et al. 1971) identified the symptoms that characterize the mourning process. In their study of 109 widows during their first month of bereavement, the symptoms most frequently reported by over 80 percent of the respondents include crying, depression, and difficulty in sleeping. Nearly half of those interviewed claimed difficulty in concentration, lack of appetite and reliance on such medication as sleeping pills or tranquillizers. Some investigators have attempted to outline the stages of morning during bereavement. One such researcher was Bowlby (1960), who isolated 5 fairly distinct stages as follows:

- Concentration directed towards the deceased
- Anger or hostility towards the deceased or others
- Appeal to others for support and help
- Despair, withdrawal and general disorganization
- Reorganization and direction of the self toward a new love object.

Another researcher (Kavanaugh, 1974) suggests that there are 7 stages involved in the grieving process: viz: Shock; Disorganization; Violent emotions; Guilt; Loss and Loneliness; Relief and Re-establishment.

2.3 Issues in Widower Experiences

The interaction between widowed men and widowed women presents a different social code for both of them. In the Luo community, for example, widows are subjected to very strenuous widowhood rites however, as Owen's (1994) observes, bereaved Luo men may interact freely in the community and are therefore more likely to remarry out of choice, because their movements are not unduly restricted by widowhood rites. In the few

instances where men are also required to undergo some “cleansing rituals”, the procedures are much simpler than what their female counterparts experience (Limann 2003). Far more restrictions are placed on a widow than a widower (Sossou, 2002).

Although not without its common elements, the process of adaptation to spousal loss can vary from individual to individual. While the most difficult times can be within the first six months to a year, some adapt more quickly whereas a few do not manage well for an extended period of time (Adetunji and Oni 1999). Some characteristics, however, are associated with more successful adaptation. These include positive self-esteem, keeping busy with meaningful activity, having adequate opportunity for support and to share one's feelings, and a sense of being in control and confident in one's ability to cope effectively.

These attributes are largely independent of gender. Lund et al (1993) suggested that widowers adapted emotionally to the loss at similar pace to the widows, although their strategies may have differed (Kunda 1995; Butlerys et al. 1994; Luginaah, Elkins, Maticka-Tyndale, Landry & Mathui 2005). Alternatively, the men tended to move more quickly toward social recovery—that aspect of adaptation that refers to the need to reorganize one's life. This often was driven by the necessity to balance their role in the workplace with those pertaining to managing a household and caring for children. This was a source of strain for some of them that adversely impacted their effectiveness on the job and they felt compelled to find a way to alleviate it.

This need to reorganize sometimes predisposes widowed men to remarry. Many use remarriage as a way to fulfil their need for companionship and to resume an active sex

life. Some, especially those who are younger, also believe remarriage once again provides a partner to help them meet the multiple responsibilities of being a worker, father, and head of household. Whether or not widowers eventually remarry, however, is not necessarily an indicator of how well they coped with the death of their former spouse. It is true that some of those who remarry report lower stress levels and greater life satisfaction, but nearly half of these remarriages dissolve, especially if they occur more quickly after the prior loss (Kunda 1995; Butlerys et al. 1994; Luginaah, Elkins, Maticka-Tyndale, Landry & Mathui 2005). Widowers who do not remarry are equally capable of maintaining meaningful relationships and adapting successfully to their new life.

Like any life transition, becoming a widower is associated with its own set of challenges and tasks that need to be successfully met in order to adapt effectively (Limann 2003). At first, this can be highly disruptive, but as widowers have opportunities to learn the skills to meet these new challenges (whether managing a household, tending to their children's needs, assuming new self-care responsibilities, or becoming more comfortable with how they express their emotions), they develop a greater sense of coping ability and feel more confident to meet future challenges. Many bereaved men over time demonstrate a high degree of resilience and some grow personally from the experience. While most manage to accomplish this on their own, however, others require some assistance along the way.

2.4 Problems Associated with Widowhood

Widowhood presents a myriad of problems such as economic, social and psychological particularly in the first year or so after the death of their spouse. Helena Lopata (1977, 1979) has done extensive research with more than 1000 widows and widowers. A major problem for both sexes is economic hardship. When the husband was the principal

breadwinner, his widow is now deprived of his income and the nucleus of the family is destroyed. The freedom and independence of the nucleus of the family is suddenly lost as a result of the death of the husband. A widowed man on the other hand, now has to buy many of the services his wife had previously provided. Where both had been employed, the loss of one income is often major (Limann 2003).

Grief over the loss of a loved one especially one who had played such a central role in one's life for so many years, may affect the widow's or widower's health making them to have more physical illness and are frequently admitted to hospitals, thus leading to rise in the death rate. Bellin and Hardt studying 1803 people over 65 years of age in New York, found out that the rate of mental disorder was higher among the widowed than among the still married. These higher rates of mental illness were related not only to widowhood but also to advanced age, physical ill- health and other variables. Blackwell (1981) also found that higher rate of mental illness was found among the widowed than their married counterparts.

What does widowhood mean for day-to-day life? Widowhood has led to illness and death of the griever through grief. Men are more likely than women to die from a "broken heart". Widows on the other hand are more apt to suffer from disabling chronic conditions (Verbrugge, 1979). Scientific evidence suggests that dying of grief is indeed possible. Either of the widow or widower is more likely to die than a married person, but the death rate among widowers skyrockets. One study compared the death rate of nearly 4,500 widowers over the age of 54 with the death rates of married men of the same age.

The result showed that the death rates of widowers increased over 40 percent in the first six months of mourning and then declined again to the levels of the married men (Lynch, 1997, Young, Benjamin & Fitzgerald, 2003). Widowers with good health and financial resources generally remarry and leave the pool of widowers dominated by men with poor health and little money.

The new tasks that a widower must assume (cooking and other domestic chores) are more closely related to survival than the tasks assumed by a widow (yard work, home repair). Wives usually maintain a couple's social ties with relatives and friend, while on the other hand the widower often finds himself socially isolated and lonely. In light of the above mentioned, it shows that women who are widowed still live longer after being widowed unlike their male counterparts who not being used to doing some of the duties performed by the females find themselves grieving for too long leading eventually to their death (Limann 2003)..

Another of the problem associated with widowhood is loneliness as most widows nearly eight out of ten live by themselves and so they suffer the fear of being alone and loss of self-esteem as women in addition to the many practical problems related to living alone (Luginaah, Elkins, Maticka-Tyndale, Landry & Mathui 2005). They feel the loss of personal contract and human association therefore they tend to withdraws and become unresponsive. Most are reluctant to move in with their children and only those who are poor and frail live with some relatives, few express any interest in remarrying and so the lack of potential remarriage partners may not distress them. The greatest problem of all

though, is still emotional. Even in a bad marriage, the survivor feels the loss. The role of spouse has been lost, social life has changed from couple-oriented to associations with other single people and the widowed no longer have the day-in, day-out companionship of the other spouse that had become a basic part of their lives.

2.5 Theoretical Framework

Theories that deal with people and their interaction in the society are relevant for the background to this study. However, the theory of Symbolic Interactionism and Role Theory will be adopted for this study.

2.5.1 Symbolic Interactionism

Symbolic interactionism is one of the major theoretical perspectives in sociology. This perspective has its beginning with the German sociologist and economist, Max Weber (1864-1920) and the American philosopher, George H. Mead (1863-1931), both of whom emphasized the subjective meaning of human behaviour, the social process, and pragmatism. Although there are a number of versions of interactionist thought, some deriving from phenomenological writings by philosophers, the following description offers a simplified amalgamation of these ideas, concentrating on points of convergence. Herbert Blumer (1962, P.2), who coined the term symbolic interaction, presents three principles as its foundation. These principles and their implications for present presentation are:

- "Human beings act towards things on the basis of the meaning that things have for them" To convey this, considerable ethnographic detail is usually presented about the range of ways in which people see themselves, others and their situation.

- "The meaning of such things is derived from or arises out of the social interaction one has with one's fellow". The interaction pattern among the participants in the activity in question is presented in such a way that people's activity can be seen to support the way they interpret the situation. The focus here is on those aspects of the interaction that promote stability.

These meanings are handled in, and modified through an interpretative process used by the person in dealing with the things he encounters. The focus here is on activities that foster change in how people see the situation and themselves. The symbolic interactionist's rationale for focusing on concrete activities is the view that a person's behaviour "is not a result of such things as environmental pressure, stimuli, motives, attitudes and ideas but arises instead from how he interprets and handles these things in the action which he is constructing (Blumer, 1969, P. 82). This opinion has direct reference to widows in a deprived setting. Their perceptions of life and adaptation to the status of widowhood are significantly influenced by environmental and social factors that inform their choices in life. Their adoption of coping mechanisms results from their interpretation of the environment surrounding them.

The dramaturgical approach proves this fact further. The focus is on how individuals cope with the 'conditions and constraints' (Goffman, 1972:150) that situations impose.

Situations are seen as limiting the ways in which a person can pursue his ends and thereby producing a set of 'patterned adaptations'. By examining situations from the point of view of the individual, the dramaturgical approach adds another dimension to the symbolic interactionist analysis of how symbolic universes are sustained and changed. A presentation of the ways in which an individual can cope with a situation helps one to understand what the situation means to him and thereby adds another layer of meaning to the symbolic interactionist presentation of the symbolic universe. If the communication between individuals that maintain a symbolic universe is also reciprocal assessment, then our understanding of their interaction is deepened and has a different 'feel'.

The central basic concept of symbolic interaction is interaction, according to several of its proponents (e.g. Brittan, 1973; Glassner, 1980). Glassner points out that "interactions consist of at least the following: events, states, phenomena and processes. None of these can be reduced entirely to analysis of symbols" (1980, p. 16). Interactions occur on a variety of levels and thus require an analysis in terms of both causal and meaningful understanding of actions and beliefs as it holds that the linkages among human activities are both meaningful and causal. Neither causal nor meaningful links are alone sufficient for an understanding of the process whereby activities came to have certain meanings (e.g. a payment being a tip), or people engage in certain actions (e.g. wearing a uniform), or people acquire a particular awareness of self (e.g. as ill), or people come to hold certain views (e.g. that death is appropriate). The linkages that exist in some particular situation must be understood at both levels and an integrated analysis produced. Another way to state the central claim of this paragraph is to say that symbolic interaction rejects

idealist account of human action. It recognises that people's processes of creating definitions of the situation, themselves and others exist in the world and cannot be grouped purely on the level of meaning. Once component of a symbolic interactionist analysis is an analysis of action in terms of meaning- symbolic interaction is concerned with how activities or beliefs are intelligible to or are to be understood by or what meaning they have for some specified group of people. Widowed persons fall within a specific social group and their response to events in life is definitely shaped by the meanings they construe, not just from their status as widows/widowers, but also from the associations they create from peoples comments and actions towards them.

2.5.2 Role theory

Role theory is generally concerned with explaining the relationship between the individual and society. The first significant contributions were published in the 1930s with independent work by the anthropologist Ralph Linton (1893–1953), the psychotherapist Jacob Moreno (1889–1974), and the social philosopher George Herbert Mead (1863–1931). The Role theory has over the years been used in studying the structure of interaction in small groups, the maintenance of gender differences, the development of commitment to deviant behaviour, and the construction of personal identity. Although the development of role theory has occurred primarily within sociology, it originated in several different social science disciplines. Of these three, Mead's contributions have been the most significant as he was an important influence on the emerging new discipline of sociology.

The basic theory emphasizes three points namely: (1) People play many roles, and the role concept offers an especially useful basis of a practical language for psychology. (2) The mind works on two levels: There is the pluralistic dimension; the way the mind may be (in part) understood as an aggregate of a multiplicity of roles (parts, sub-selves, ego states, sub-personalities, complexes, etc.). The other level, the "meta-role," modulates which roles are played when and how--this is the unifying function. (3). A useful approach to education or therapy involves cultivating the skills and identity of the meta-role, and making this role and its function explicitly conscious.

The Meta-Role

People learn to use the meta-role as soon as they learn to pretend, and the earliest hints may be found with the emergence of play, before the infant is a year old. Make-believe is noticeable during the second year of life. This is the awareness that activity can be understood as both real and not-real, two different frames of reference for interpersonal communications. You can see the meta-role operate when kids break out of role and comment on the play: "No, I didn't like that. Let's take it over." "Ouch, you're playing too rough." "Okay, now I want to be the baby and you be the mommy." "Kings X, I have to go to the bathroom." Such expressions illustrate the role to meta-role shift.

In spite of learning this group of skills, the learning is implicit rather than explicit, and it progresses only to a limited degree in most people. The average person manages the role play more like an adolescent in many ways--especially regarding close emotional issues--even if they develop much more sophisticated skills in a few areas of work. The point here is that people can develop their repertoire of inner-management skills far more than

they do. A corollary of this is that much of psychopathology may be viewed as ways people less effectively coordinate that role playing!

Another corollary: Most psychotherapies may be viewed as strengthening some of the various capacities of the self for more consciously and effectively managing that role playing process. Role dynamics aims at increasing the effectiveness of this process by making it more conscious, intentional, and educational.

The key to Role Dynamics involves making the meta-role function explicit, naming it, addressing it, inviting clients or students to identify with this role, and to dis-identify with the various social and character roles that are generally played in life. Then, having identified this role, develop its component skills, which are manifold: observing, mediating, investigating, assessing, interrogating, deciding, balancing, opening to "higher values," leading, etc. You see, it's more than just the relatively passive "observing ego" mentioned in the psychoanalytic literature. The idea is to promote a wide range of mature skills and to continue to refine and expand these over the years. More about the component skills later on

The Roles We Play

A role is something that could be portrayed, played in a dramatic enactment. Anything that could be shown on stage is a role. Some abstractions are not roles in themselves, but must be inferred, like "relationship" or "spiritual." One can play at piety, but whether that's sincere or not cannot easily be determined. The term "role" derives from the "rolled-up" scrolls that were the scripts held by actors in ancient plays. In time, the scripts became the actual parts played. (In the last century, in fact, illustrating language drift, the

term has gone beyond the theatre and now refers to any general function category, such as "the role of hydrogen in the creation of sunlight," "the role of carbon dioxide in global warming," or "the role of the black market in Third World economies." But the term is especially useful as a way of describing people's lives and the relational predicaments they involve.

People play many roles. Most familiar are the social roles such as father, mother, elder; and character roles such as kind hearted, responsible, rebellious and so on. Roles are learned, culturally conditioned, often can be developed, amplified, and released (with more or less difficulty). Many roles involve a number of component roles, and often these in turn involve further sub-components. It is often useful to analyze these roles. People get into trouble from not doing so, but assuming that people are competent (or incompetent) in general regarding a role, while in fact they may be very competent at some role components, fair at others, and incompetent in a few.

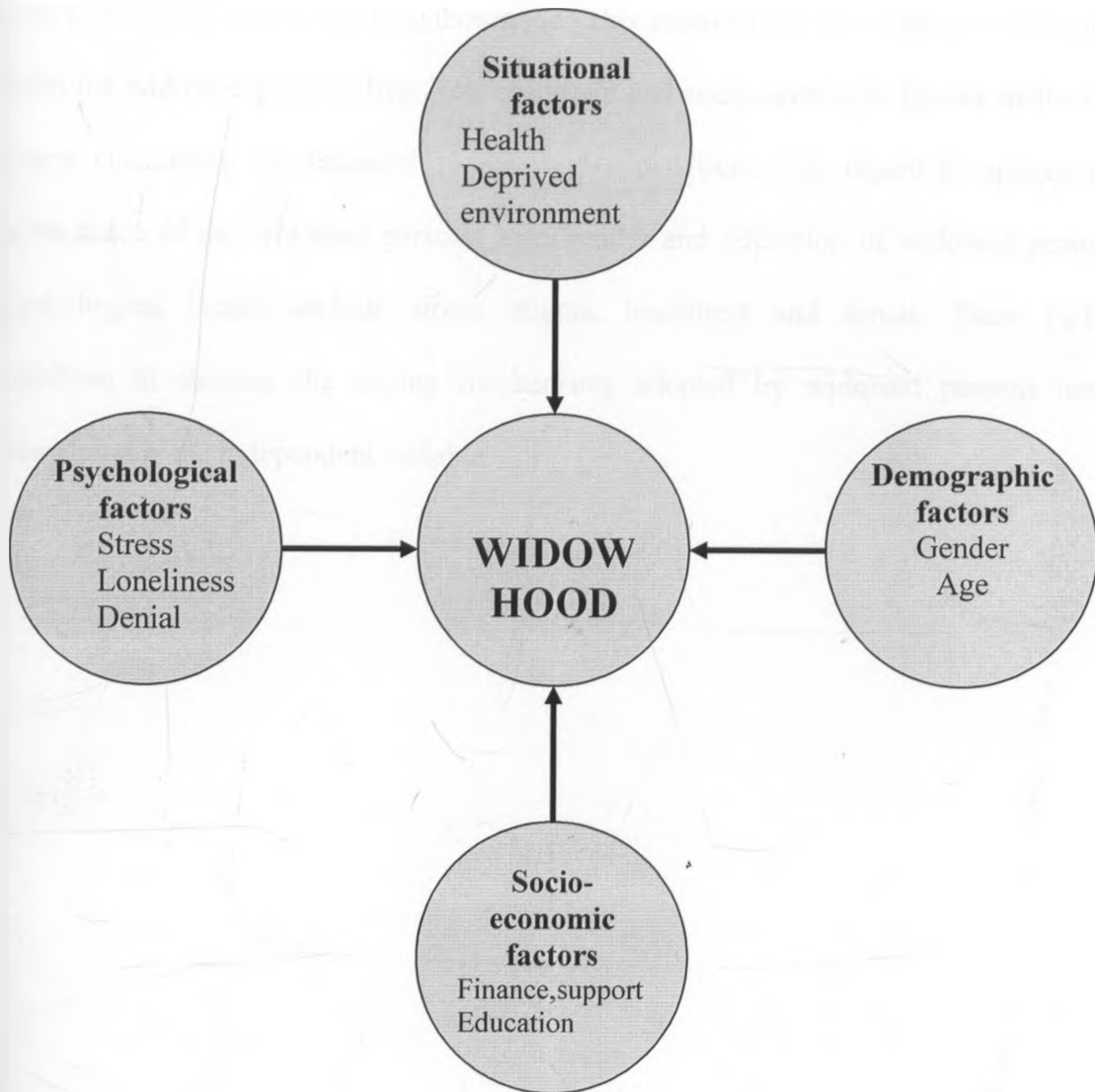
Even though, people's problems might involve an imbalance of roles--over-involvement in some, neglect of others. The neglect can be by the individual or by the person's family when he was growing up. Sometimes people don't even know certain roles exist!

One of the advantages of role theory is that it applies to the different "levels" of social organization and to the interactions between and among those levels. Any pattern that can be taken on culturally, that is learned, that could be re-learned, and these are roles. One can speak of intra-psychic roles, the ways different parts of your mind talk to each other--which is the essence of psychodynamic psychology. Certainly there are family roles,

group roles, as well as general social roles. And these in turn are affected by our culture—the way we perform what we have learned in the widest possible contexts. Even our spiritual life may be largely explored by thinking of the way we think of how God and the Saints and others play their roles.

For example, the classical "defence mechanisms," mentioned by Anna Freud and others can better be understood by imagining someone in role saying certain self-reassuring or self-justifying words, perhaps as an aside. They can be appreciated as ways people try to compartmentalize their experience, or disown it, so that they don't have to deal with it in full consciousness. Widowed people would do this because people tend to avoid that with which they don't know how to cope. Each individual plays many roles internally, in different relationships, and these are in turn embedded in circles of networks of affiliations at the level of family, organizations, and culture.

2.6 Conceptual Framework



Source: Researcher, 2010

The framework presented above indicates the relationships between the dependent variables and the independent variable. The dependent variables include situational factors, including health and neighbourhood. This captures the deprived environment in which the widowed persons live. The economic and socio-economic factors include all aspects concerning the financial sources and expenditure with regard to upkeep and maintenance of the widowed persons, age, gender and education of widowed persons. Psychological factors include stress, stigma, loneliness and denial. These factors contribute in shaping the coping mechanisms adopted by widowed persons hence widowhood is the independent variable.

CHAPTER 3

METHODOLOGY

3.1 Introduction

The purpose of this study was to investigate the coping mechanisms adopted by widowed persons particularly those who live in a deprived environment. In this chapter, the methodology for dealing the study was qualitative. A research methodology is defined as an operational framework within which the facts are placed so that their meaning may be seen more clearly (Leedy, 1989).

3.2 Research Design

Research design may be described as the arrangement of conditions for collections and analysis of data Orodho (2006). The research study used Qualitative Approach. Qualitative approach is a way to gain insights through discovering meanings by improving our comprehension of the whole. Qualitative research explores the richness, depth, and complexity of phenomena. Qualitative research, broadly defined, means "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification" (Strauss & Corbin, 1990). Hence, this study adopted an exploratory research design. The study explores the coping mechanisms that widowed persons employ to deal with their status of widowhood. It describes the structures of experience of widowed persons as they present themselves to "consciousness, without recourse to theory, deduction, or assumptions from other disciplines" (Myers, 2002: 146).

3.3 Site Description

Kibera is located in southwest of Nairobi city centre. It is a slum dwelling that is the second largest in Africa. Kibera is divided into 13 villages including Kianda, Soweto, Gatwekera, Kisumu Ndogo, Lindi, Laini Saba, Siranga/Undugu, Makina Mashimoni and Olympic. The 2009 Kenya Population and Housing Census reported Kibera's population as 170,070. As is characteristic of these slum dwellings, the area lacks physical and social facilities. Most residents live in tin houses or mud shacks with no sanitation or clean water flowing. The residents of this area typically engage themselves in informal business ventures and petty trading and hawking.

3.3.1 Sampling Unit

A sampling unit is that element or set of elements considered for selection in some stage of sampling (Myers, 2002). The sampling in this study was a simple single-stage sample targeting the widows and the widowers in Kibera slums.

3.3.2 Observation Unit

A unit of observation is an element or aggregation of elements from which information is collected (Myers, 2002). The observation unit in this study are the widows and widowers. The study seeks to explore their experiences as widows in a deprived environment. These experiences constitute the units of analysis for this study.

3.3 Study Population

The study population for this study comprised all the widowed persons in the deprived areas of Nairobi. These areas are characteristically the slum dwellings of Kibera in Nairobi.

3.4 Study Sample and Sampling Technique

This study adopted a Systematic sampling procedure in identifying 54 respondents (27 widows and 27 widowers) from 9 villages out of the targeted 13 villages of Kibera Slum. According to Mays and Pope (1995) the purpose of using a systematic sample was to identify specific groups of people who either possess characteristics or live in circumstances relevant to the social phenomenon being studied. Informants identified through a systematic sampling process enabled exploration of particular aspects of behaviour relevant to this study. Kibera is divided into 13 villages including, Soweto, Gatwekera, Kisumu Ndogo, Kianda, Lindi, Laini Saba, Siranga/Undugu, Makina and Mashimoni. This study identified the widowed males and females in these dwellings. The identification of the widowed was done at village level. The researcher used the local administrators to identify widowed persons through local leaders. In each village, the study identified three widowers and three widows.

Table 1: Study Sample

Residence	Widows	Widowers	Total sample
Soweto,	3	3	6
Gatwekera,	3	3	6
Kisumu Ndogo,	3	3	6
Kianda,	3	3	6
Lindi,	3	3	6
Laini Saba,	3	3	6
Siranga/Undugu,	3	3	6
Makina	3	3	6
Mashimoni	3	3	6
Total	27	27	54

Source: (researcher 2010)

3.5 Research Instruments

Data collection requires the engagement of functional and appropriate instruments of data collection. The choice of these instruments must be guided by the research objectives. Data collection instruments include questionnaires, focus groups, interviews, census, observations, internet and review of documents (Chandran, 2004). Since this research fundamentally dealt with behavioural and psychological issues, the questionnaire, structured interview, and focus groups were used to collect data.

3.5.1 Structured Interviews

Jackson (1990) suggests that interviews are an essential tool in following up on areas of curiosity during research. Interviews allow the researcher to access information that may not be given in a questionnaire. Since the interview was a one on one session, the researcher was able to access extra linguistic aspects of the interaction. This study conducted structured interviews with widows and widowers in the sample. The process

involved the researcher asking each respondent the same questions in the same way (Wengraf: 2001). Interviews are flexible, personal and sensitive information can be shared and higher yields of responses are expected.

3.5.3 Focus Group

This study used 2 focus groups comprising 8 widows and 8 widowers to solicit information on their feelings and attitudes regarding widowhood. The researcher used a focus group question schedule to guide the proceedings of the focus groups. Focus groups are basically multiple interviews. Therefore, many of the same guidelines for conducting focus groups are similar to conducting interviews. Focus group is a form of qualitative research in which a group of people is asked about their attitude towards a product, service, concept, advertisement, idea, or packaging. Focus groups are a powerful means to evaluate services or test new ideas. Basically, focus groups are interviews, but of 6-10 people at the same time in the same group. One can get a great deal of information during a focus group session.

3.6 Data Collection Procedures

Primary Data for this study was collected through questionnaires, oral interview, and focus groups. The questionnaire was administered upon all the members of the study sample. The questionnaires were personally served by the researcher to the respondents. The researcher briefed the respondents on the need to answer the questions as honestly as possible. She also assured the respondents of confidentiality of the information they provide on the questionnaire.

Data for the study was also collected through a structured interview. The interview consisted of similar questions asked to all respondents. The study administered the interview to 50% (27) of the sample through a random selection of half of the widows and half of the widowers. These interviews aimed at soliciting information regarding private life details and coping strategies.

This tool was applied to interview 2 focus groups constituting 8 widows and 8 widowers each. The division is essential since each gender has unique experiences, some of which may be too sensitive to highlight before the opposite sex. Each session was guided by a set of focus group questions that elicited the feelings and attitudes of the respondents towards widowhood.

3.7 Data Analysis Procedure

Data analysis involves examining what has been collected and making deductions and inferences (Kombo and Tromp: 2006, Mugenda and Mugenda: 1999). The data for this study was coded and presented in descriptive statistics, which involved the collection, organization and analysis of all data relating to sample under study. Data was presented in tables and charts. These indicated the frequency and the percentage of the aspects identified in the data. The researcher then discussed the findings in view of the objectives.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

The purpose of this study was to investigate the experiences and coping mechanisms adopted by widowed persons particularly those who live in a deprived environment. In this chapter, the data collected during the study was presented and analysed. The presentation of data was done in tabular and graphic presentations. Subsequently, an analysis and discussion of the findings was done immediately after the presentation. Data for the study was collected using three instruments namely questionnaire, focus group, and oral interview. The instruments were administered to a population of 54 respondents drawn from the study area.

4.2 Background Information

4.2.1 Ages of Respondents

This study sought to establish the ages of the respondents as a first step towards identifying their personal background. The findings in this regard are presented in figure 1 below:

Figure 1: Ages of the respondents

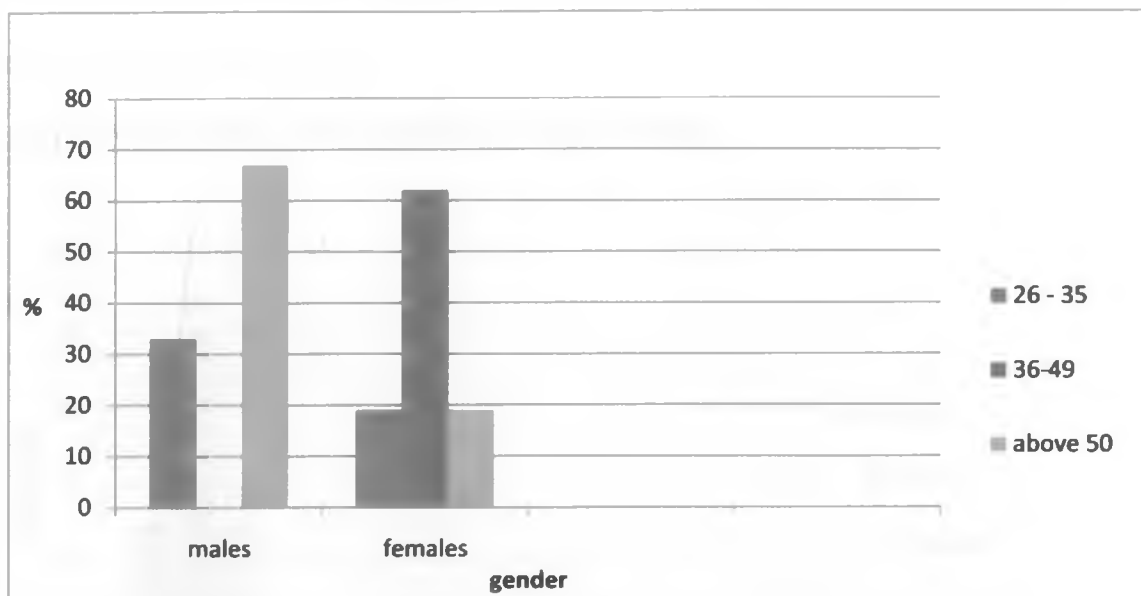


Figure 1 above gives the number males and females in the various age brackets as provided in the questionnaire. The data shows that 33% (12) of the males were in the 26 – 35 age bracket while 19% (9) of the females fell in the same age bracket. Whereas 62 % (15) of the females were in the 36 – 49 age bracket, none of the male respondents fell within this bracket. In the age 50 years and above, 67% (14) of the males were represented while only 19% (4) of the females were in this age category.

Furthermore, the study examined the distribution of the respondents in each of these age categories according to the geographical area that the study identified. The findings are presented in the figure 2 below:

Figure 2: Distribution of Respondents in Age Brackets

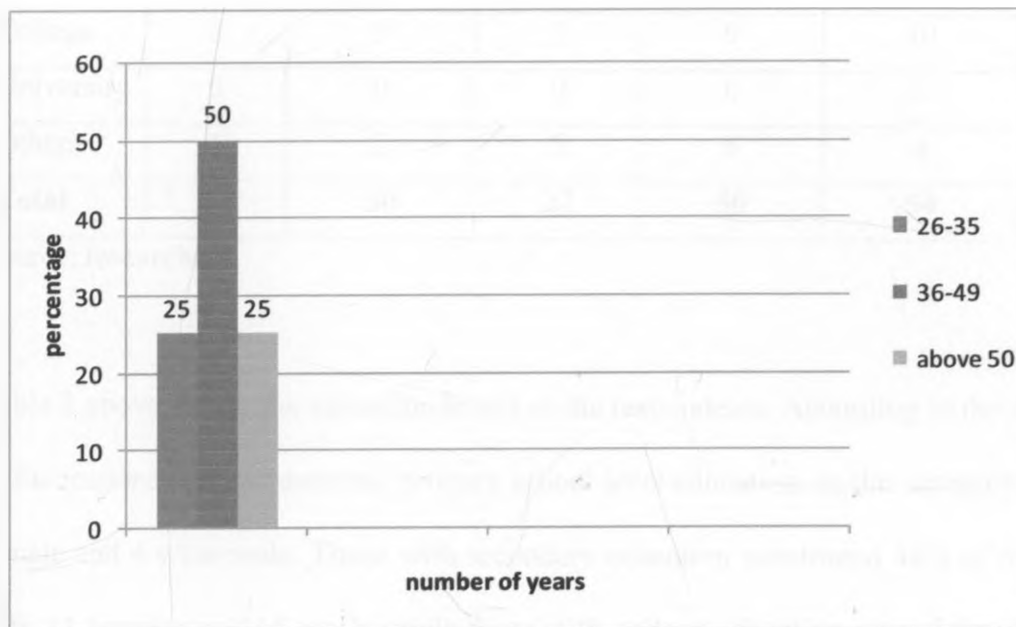


Figure 2 above provides the graphic presentation of the distribution of various age groups of the respondents in the deprived environment, namely, Kibera. The data shows that Kibera has a higher number of females and males in the 36 -49 age group with a total percentage of 50% while those in the age brackets of 26 – 35 and above 50 years constituted 25% of the sample each.

The study then examined the level of education attained by the respondents. These were categorised into primary level, secondary, college, university and others. The findings in this regard are presented in the table below:

Table 2: Education Levels of the Respondents

Academic level	Females Freq	%	Males Freq	%	Total No of respondents
Primary	10	19	4	7	14
Secondary	11	20	15	28	26
College	5	9	5	9	10
University	0	0	0	0	0
Others	1	2	3	6	4
Total	27	50	27	50	54

Source: researcher

Table 2 above shows the education levels of the respondents. According to the data, 26% of the respondents had acquired primary school level education. In this category, 10 were female and 4 were male. Those with secondary education constituted 48% of the sample with 11 females and 15 males while those with college education were 5 females and 5 males constituting 18% of the total sample. None of the respondents had acquired university education. Those who had no education certificate or had acquired skills through apprenticeship were 1 female and 3 males constituting 8% of the total sample.

4.3 Objective 1: To investigate patterns of widowhood experiences between males and females resulting from their widowed status.

This study set out to investigate the experiences that females and males go through as a result of their status of widowhood. In order to achieve this, the study sought to know certain aspects of the respondents' lives that would inform the researcher on their experiences. Firstly, the study sought to establish the employment and income status of these widowed persons.

4.3.1 Employment and Income of Widowed Persons

On significant characteristic of persons living in deprived environments is the employment and income levels of this category of persons. The study was focused on the widowed persons within such deprived communities and sought to establish the employment and income levels of the respondents. The findings in this regard are presented in table 3 and figure 3 and 4 below:

Table 3: Employed widowed persons and their employment

Respondent	Form of employment	Number
Females	Shop keeping	5
	Hawking/merchandising	13
	Formal employment	2
Males	Carpentry	3
	Shop keeping	7
	Hawking/merchandising	10
	Formal employment	7

Figure 3: employment status of females

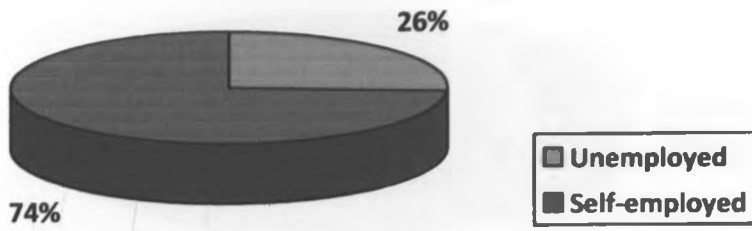
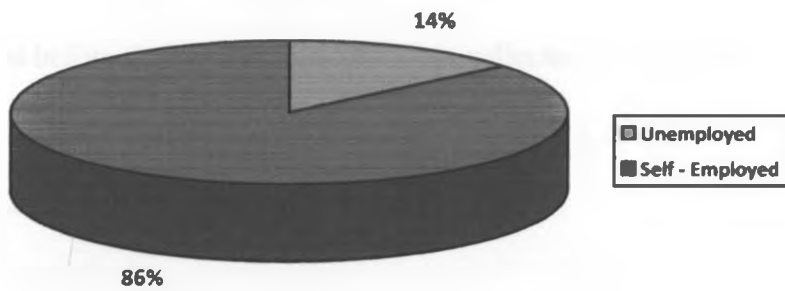


Figure 3 above shows that the majority of the widowed persons are self employed. According to the data, 74% (20) of the female respondents had engaged themselves in a variety of income generating projects including hawking, shop keeping, and merchandising. Only 26% (7) of the female respondents were unemployed. This was generally attributed to lack of affirmative action in the communities from which these women came. The unemployed females were found to characteristically lack any formal education or had only managed primary school level education. However, all the unemployed females the study found, were those who had been cushioned by some social mechanisms such as responsible relatives or church sponsorship.

The findings were not so different for the widowers. The study found that 86% (23) of the male respondents were self employed or had formal employment while 14% (4) of the male respondents were unemployed. The causes of unemployment for the four males varied from retrenchment to lack of jobs because they were engaged in menial contract jobs in construction sites. The figures for this category are presented in figure 3 below:

Figure 4: employment status of widowers



Furthermore, the study sought to establish the amount of income that these self-employed respondents were able to generate on a monthly basis. The findings are presented in table 4 below:

Table 4: Monthly Incomes of Self-Employed Widowed Persons

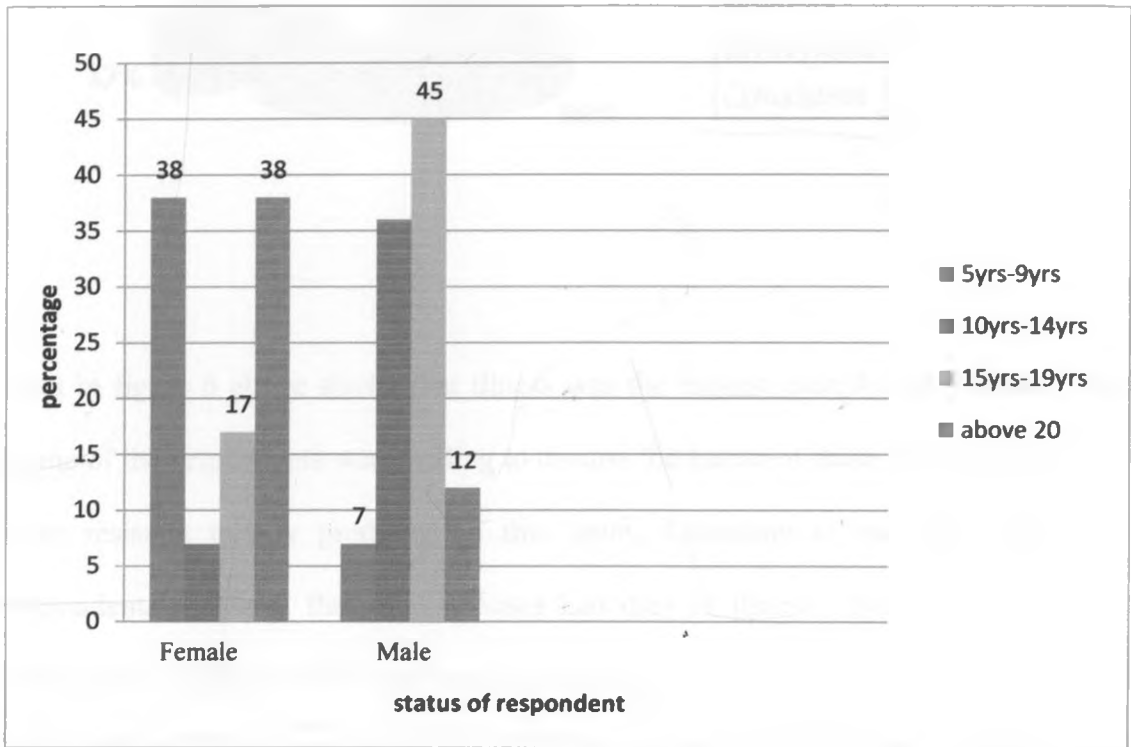
Monthly income	No. of Females	No. of Males
Below Ksh 5,000	23	21
Ksh. 6,000 – 10,000	4	6
Ksh. 11,000 – 19,000	0	0
Ksh. 20,000 – 30,000	0	0
Above Ksh. 30,000	0	0

Table 4 above indicated that the majority of widowed persons earn less than 5,000 shillings per month through self-employment. According to the data, 88% (44) of the respondents earn Ksh.5, 000 and below while 12% (10) earn between Ksh.6, 000 and 10,000 per month in self-employment.

4.3.2 Length of Marriage

Further, this study sought to establish from the respondents the length of time they had been married before their spouse's death. Data collected in this regard is presented in figure 4.3.1 below:

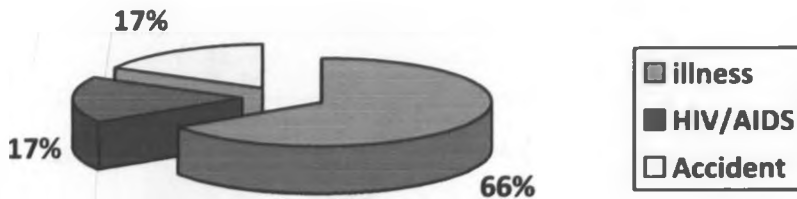
Figure 5: Length of Marriage of Respondents



The data in figure 5 shows that those who were married for 5 – 9 years and those married for over 20 years constituted 38% of the sample each. Those married for 15 – 19 years constituted 7% of the sample while those married for 10 – 14 years before death of spouse were 17% of the sample.

The study then sought to establish the cause of death of the spouses of each of the widowed persons in the sample. This was designed to help the researcher identify some of the problems that may have influenced the current status of some of the widowers. The findings in this regard are presented in figure 6 below:

Figure 6: causes of spouse death



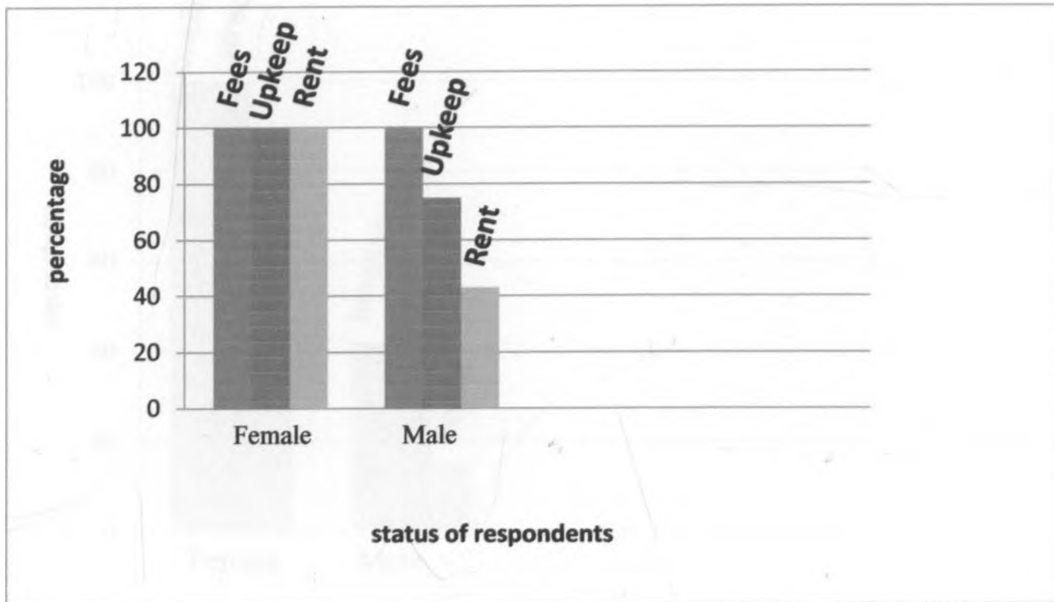
Data in figure 6 above shows that illness was the highest contributor to spouse deaths. Some of the respondents were willing to discuss the nature of these illnesses while others were resistant to any prodding on this issue. According to the chart, 66% of the respondents indicated that their spouses had died of illness. Seven percent of these respondents indicated that their spouses had died of HIV/AIDS related complications, while 17% had their spouses die in road traffic accidents. Significantly, though, only the women admitted to their husbands having died of HIV related illnesses. None of the males disclosed the illness that killed their spouses. They vaguely referred to it as inevitable or normal but were reluctant to get specific.

4.3.3 Problems of Adjustment to Life after Spouse Death

This study was interested in establishing the coping mechanisms employed by widowed persons after the deaths of their spouses. In order to achieve this, the study aimed at

identifying the problems that are faced by widows and widowers. These are presented in terms of financial, psychological and social. The data in this regard is presented below:

Figure 7: Financial Problems of Widowed Persons



Data in figure 7 shows that all the respondents agreed that they had problems with fees, upkeep and rent. Significantly, though, the females felt the weight of the financial problems after their husbands' deaths because in 90% of the cases, the husbands were the bread winners. Conversely, the male felt the financial burden as a result of increased responsibility on their part and the realisation that they had to play dual roles. Most of these males had been engaged in menial jobs and were compelled to cut down on their movements due to the extra load of care. However 25% of the males had remarried and were going on with life as usual.

The study then sought to establish the psychological problems that the widowed persons faced. The findings are presented in figure 8 below:

Figure 8: Psychological Problems of Widowed Persons

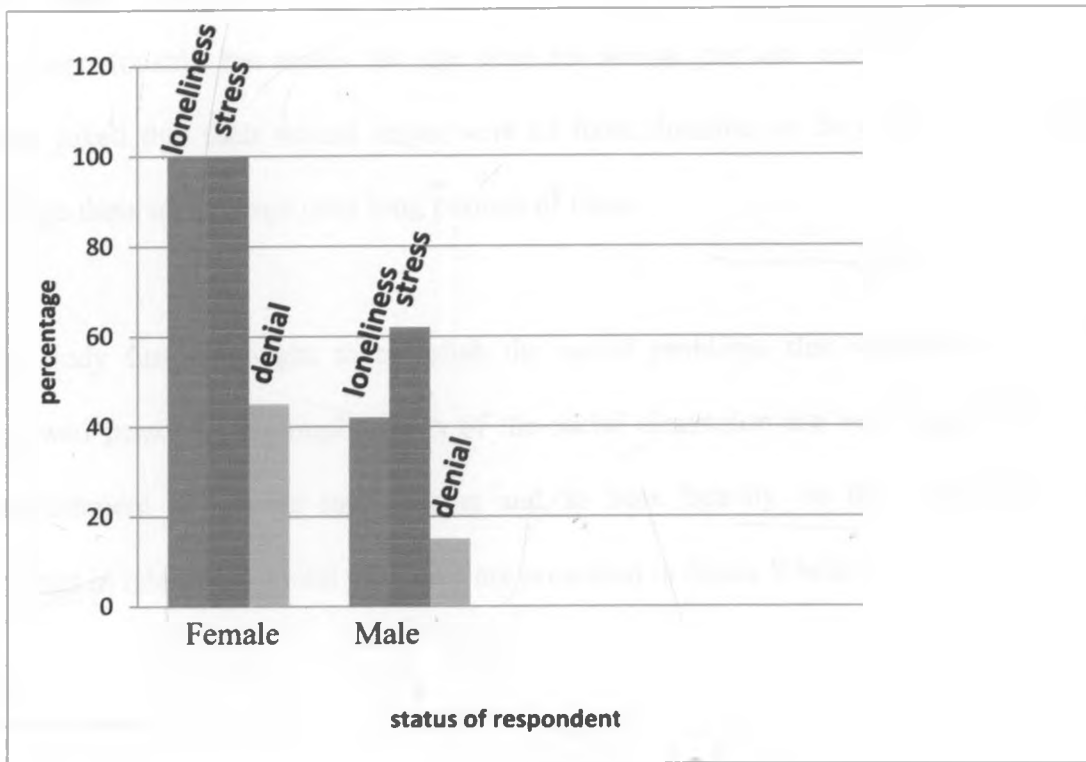


Figure 8 above shows the psychological problems encountered by widowed persons. Loneliness and stress are identified by all the respondents as the most pressing psychological problems encountered by these widowed persons. The loneliness, the study found, was borne from the loss of a loved one; while the stress was borne from both the loneliness and the added responsibility. Findings from the focus group discussions reveal that whereas the men felt the loneliness more in the initial stages because of their nature, women felt the loneliness over extended periods of time. The widowers, used to “going out” to fend for their families, find themselves caged in with the new ‘stay in’ responsibilities. This limits their interaction with their male friends and enhances the

loneliness. This, they allege, is the motivation to finding partners and finally remarrying. The widows, however, experience the financial burden more and this causes most of the stress. The added responsibility is so overwhelming that they feel less loneliness due to over engagement to try and make ends meet. Interestingly, they felt lonely due to the lack of companionship but rarely felt the need for sexual partners until they were settled. Some joked that their sexual urges were of fixed duration so they were more able to manage their sexual urge over long periods of time.

The study further sought to establish the social problems that were faced by these widowed persons. The implications of the social dimension are very significant in the establishment of coping mechanisms and so bore heavily on the respondents. The findings in relation to social problems are presented in figure 9 below:

Figure 9: Social Problems Faced By Widowed Persons

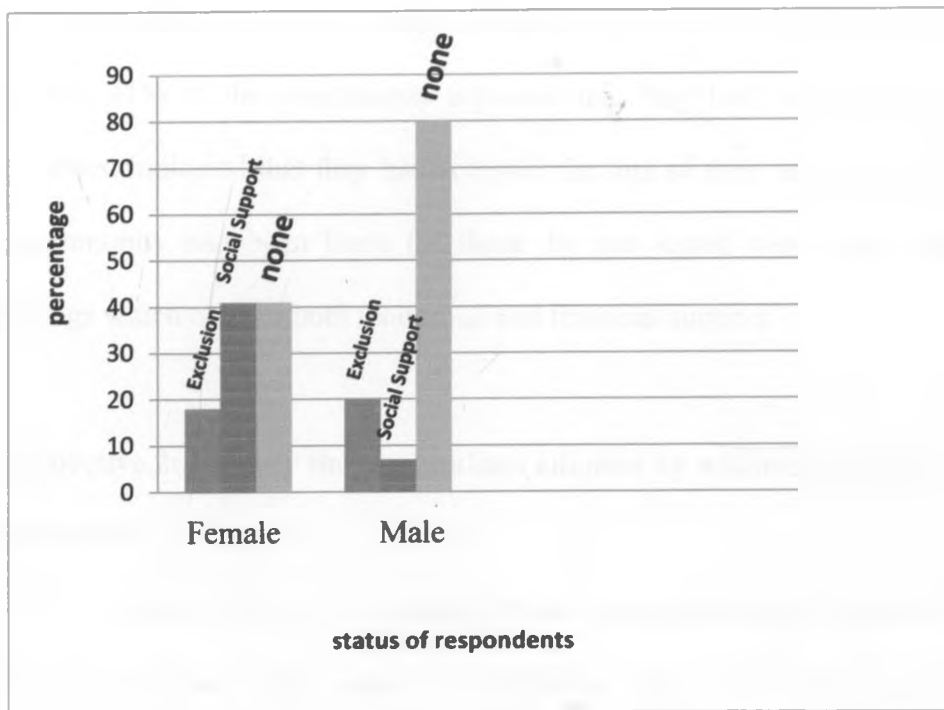


Figure 9 above shows the social problems faced by widowed persons. According to the data, 18% of the respondents indicated that they found exclusion to be a big social problem. Most of the respondents in this category had problems balancing between personal demands and the social needs. They indicated that coping with the increased family tasks denied them an opportunity to socialise as well as they used to. Forty one percent of the respondents indicated that they did not receive social support from both the family and relatives and this posed as a problem. Many of the respondents in the age bracket of 20 – 29 had problems coping with spousal loss and found it difficult to accept this loss. Consequently, this sense of denial affected their social lives as they could not easily integrate. Respondents in older brackets had fewer problems relating to exclusion

and social support and had quickly got over their loss so displayed little or no denial. This may be attributed to the fact that they had grown children who provided support to them. However, 41% of the respondents indicated that they had no social problems. Those interviewed indicated that they had accepted the loss of their husbands or wives and that the community had been there for them. In that regard they had joined community groupings which offered both emotional and financial support.

4.4 Objective 2: Identify the mechanisms adopted by widowed persons to deal with widowhood.

The gist of this study was to identify the coping mechanisms adopted by widowed persons to deal with their status of widowhood. The study found out that widowed persons adopted a variety of coping mechanisms to deal with their widowhood and the challenges it brought to them. The findings in this regard are presented in the chart below:

Figure 10: coping strategies for widowed persons

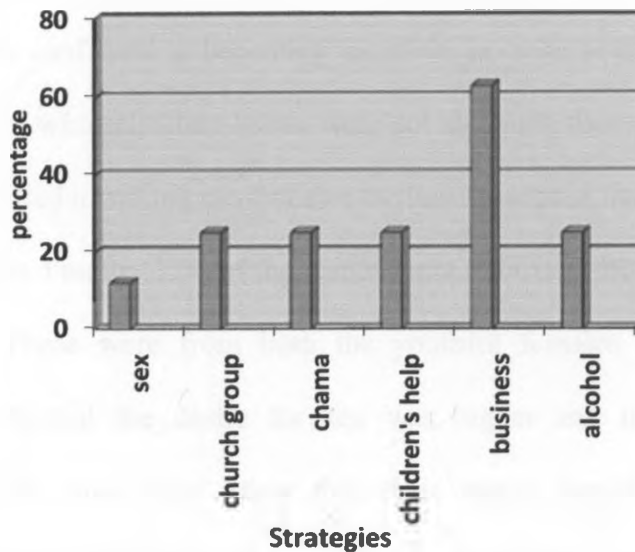


Figure 10 above indicated that business is the most favoured means of coping with widowhood. In this respect, 63% of the respondents indicated that they used business as a means of coping with the burden of widowhood. Given that the respondents reside in a deprived environment, the nature of these businesses is equally of a deprived nature. The study found that, except two of the widowed persons interviewed, all the rest were involved in selling of illicit liquor. The other two had a small retail shop and the other was a carpenter. Joining church groups and the “chama” (small self- help groupings especially for women) was also a common means of coping with widowhood. Evidently, these strategies were only employed by the females. None of the males in the sample was involved in either a church group or a “chama”. According to the data, 25% of the respondents indicated this to be their coping strategy. An equal number of respondents also indicated that they depended on their children as a means of coping. These were

those respondents who had grown children in the home. These children were either self employed or were involved in menial jobs that helped in running the affairs of the house. Twenty five percent of the respondents indicated that they had resorted to alcohol taking as a means of coping with their widowhood. The majority in this category were the men. However, two females confessed to becoming alcoholic in order to cope. It is important to note that the females who sell illicit brews were not alcoholic themselves. None of the respondents who admitted to selling alcohol as a business accepted that they took alcohol as a coping mechanism. Finally, 12% of the respondents indicated that they used sex as a coping mechanism. These were from both the youthful females to the old males. Youthful females indicated the desire for sex was higher and it gave momentary satisfaction particularly since they knew that their status would not assure them remarriage. These same sentiments were echoed by the old males. Asked if they did not fear HIV/AIDS, these females indicate that they had already been visited by death and they ceased to fear. However, they were well aware of the use of condoms if only to take care of their children. One of the respondents indicated that she had three men she was sleeping with and that, as much as she wasn't serious with any, they were helpful in providing financial assistance when necessary.

4.4.1 Views on family and community involvement

The study examined the involvement of various social groups in the lives of the widowed persons. These included the church, neighbours, government, children, parents and in-laws. The study found that all respondents with grown children agreed that the children were of great support in coping with the challenges of widowhood. However, parents and in-laws did not get involved in supporting the widowed persons. 50% of the respondents indicated that neighbours were supportive while another 50% indicated that the church

was helping. None of the respondents felt that the government or its agencies were actively involved in helping them cope with the challenges of widowhood.

This lack of support from immediate and extended family members as well as the lukewarm assistance from community have left the widowed persons with a negative appreciation of themselves. The study found that the widowed persons had had a tough time nurturing themselves as widows or widowers and they have no sense of self-worth. This is because of the stigmatisation the community places on widowed persons. Respondents asserted that it was very hard, especially for the women, to remarry due to the stigma attached to widowhood. Especially now, in this era of HIV/AIDS, people were reluctant to marry widows or widowers due to the uncertainty that surrounds the death of a spouse. Hence, loneliness, a sense of unattractiveness, and a struggle with feelings of inferiority make life unbearable for widowed persons.

4.5 Objective 3: Establish the role of a deprived living environment on widowed persons and on their coping strategies.

This study was carried out in a deprived environment. The nature of this living environment has had some substantial effect on the choices the widowed persons make in their lives. Hence, the researcher sought to examine to what extent the widowed persons have been influenced by living in such deprived conditions. To achieve this, the study sought to find out from the respondents how long they had lived in a slum. The findings are given below:

Table 5: Length of Stay of Widowed Persons in the Deprived Environment

Length of stay	Females		Males	
	Freq	%	Freq	%
1 – 4 years	0	0	0	0
5 – 9 years	5	19	3	11
10 – 14 years	15	55	5	19
15 – 20 yrs	5	19	11	41
Above 20 years	2	7	8	29
Total	27	100	27	100

Source: Researcher

Table 5 above indicates the number of years the respondents have lived in a deprived environment. According to the data, the majority of the females (55%) had lived in the slum for between 10 to 14 years while the majority of males (41%) had lived in these slums for between 15 to 20 years. The evidence of younger females in the sample is shown by the number of females who have lived in the slum for 5 – 9 years. These were 19% compared to their male counterparts who constituted only 11%. In the category of respondents who have lived in the slums for more than 20 years, the males were more with 29% against the females with 7%.

The study then sought to establish the extent to which the deprived environment had affected the lives of the widowed persons. The findings are indicated below:

Table 6: Respondent's opinions on the effects of deprived environment on their widowhood

	Strongly agree	Agree	Disagree	Strongly disagree	Total
Financially	50	4	0	0	54
Socially	10	5	38	1	54
Mentally	54	0	0	0	54
Emotionally	54	0	0	0	54
Children's emotional needs	44	10	0	0	54

The statistics in table 6 above indicate that the widowed persons are strongly affected by the deprived environment in which they live. The majority of respondents agreed that they were financially, mentally and emotionally affected by the deprived environment in which they lived. However, most of the respondents denied they had been socially affected by the environment. Responses from the interviews indicate that the widowed persons did not have their social lives affected as much. Most of them indicated that their social circles had remained intact, particularly the males. The women, too, insisted they had found ways to adapt and it did not quite affect their social lives. However, some cited the lack of family support but hastened to add that they preferred it when they exercised independence.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion of Key Findings

In the previous chapter, the study has presented and analysed the data collected from the respondents. In this chapter, we examine the key findings of the study based on the data that was analysed. This discussion is made on the basis of the objectives of the study.

5.1.1 Objective 1: To investigate patterns of widowhood experiences between men and women resulting from their widowed status.

This study set out to investigate the experiences that widows and widowers go through as a result of their status of widowhood. Firstly, the study established that the majority of the widowed persons are self employed. Respondents engaged themselves in a variety of income generating projects including hawking, shop keeping, and merchandising only 26% of the women respondents were unemployed. This was generally attributed to lack of affirmative action in the communities from which these women came from. The unemployed women were found to characteristically lack any formal education or had only managed primary school level education. However, all the unemployed women, the study found, were those who had been cushioned by some social mechanisms such as responsible relatives or church sponsorship.

On the other hand, the study found that the majority of the male respondents were self employed or had formal employment while only 14% of the male respondents were unemployed. The causes of unemployment varied from retrenchment to lack of jobs because they were engaged in menial contract jobs in construction sites.

Secondly, the study found that the majority of widowed persons earned less than Ksh. 5,000 per month through self-employment. Only 12% earned between Ksh.6, 000 and 10,000 per month in self-employment. This could be associated with their dwelling in a deprived environment which does not provide avenues for income. It is also with regard to this menial income that the widowed persons seem to have persistent financial problems.

Thirdly, the study found that illness was the highest contributor to spouse deaths. Respondents indicated that their spouses had died of illness particularly HIV/AIDs related complications. Significantly, though, only the women admitted to their husbands having died of HIV related illnesses. None of the widowers disclosed the illness that killed their spouses. They vaguely referred to it as inevitable or normal but were reluctant to get specific. This signals a significant difference in approach to issues between the widows and the widowers. The stigmatisation is felt more by the men who live in perpetual denial while the women find it easy to move on. It could further explain why the men quickly marry after the death of their spouses, perhaps to help them cope with this sense of inadequacy and denial.

The study further found that financial problems were the most nagging to widowed persons. These included problems with fees, upkeep and rent. The women felt the weight of the financial problems after their husbands' deaths because in 90% of the cases, the husbands were the bread winners. Conversely, the men felt the financial burden as a result of increased responsibility on their part and the realisation that they had to play

dual roles. Most of these widowers had been engaged in menial jobs and were compelled to cut down on their movements due to the extra load of care. A small percentage of the widowers had remarried and were going on with life as usual.

Moreover, the study found that widowed persons encountered psychological problems. Loneliness and stress were identified as the most pressing psychological problems. The loneliness was borne from the loss of a loved one; while the stress was borne from both the loneliness and the added responsibility. Findings further revealed that whereas the men felt the loneliness more in the initial stages because of their nature, women felt the loneliness over extended periods of time. The widowers, used to “going out” to fend for their families, found themselves caged in with the new ‘stay in’ responsibilities. This limited their interaction with their male friends and enhanced the loneliness. This, they alleged, was the motivation to finding partners and finally remarrying. The widows, however, experienced the financial burden more and this caused most of the stress. The added responsibility was so overwhelming that they felt less lonely due to over engagement to try and make ends meet. Interestingly, they felt lonely due to the lack of companionship but rarely felt the need for sexual partners until they were settled. Some joked that their sexual urges were of fixed duration so they were more able to manage their sexual urge over long periods of time.

The study further established social problems that were faced by these widowed persons. The implications of the social dimension are very significant in the establishment of coping mechanisms and so bore heavily on the respondents. They indicated that they found coping to constitute a big social problem. Most of the respondents in this category

had problems balancing between personal demands and the social needs. They indicated that coping with the increased family tasks denied them an opportunity to socialise as well as they used to. Moreover, they had to deal with denial as a problem. Many of the respondents in the age bracket of 20 – 29 had problems coping with spousal loss and found it difficult to accept this loss. Consequently, this sense of denial affected their social lives as they could not easily integrate. Respondents in older brackets had fewer coping problems and had quickly got over their loss so displayed little or no denial. This may be attributed to the fact that they had grown children who provided support to them.

5.1.2 Objective 2: Identify the mechanisms adopted by widowed persons to deal with widowhood.

The study found out that widowed persons adopted a variety of coping mechanisms to deal with their widowhood and the challenges it brought to them. The findings indicated that business was the most favoured means of coping with widowhood. Given that the respondents reside in a deprived environment, the nature of these businesses was equally of a deprived nature. The study found that, except two of the widowed persons interviewed, all the rest were involved in selling of illicit liquor. The other two had a small retail shop and the other was a carpenter. Joining church groups and the “chama” (small self- help groupings especially for women) was also a common means of coping with widowhood. Evidently, these strategies were only employed by the widows. None of the males in the sample was involved in either a church group or a “chama”. The older widows and widowers depended on their children as a means of coping. These were those respondents who had grown children in the home. These children were either self

employed or were involved in menial jobs that helped in running the affairs of the house. A significant number of the widowed persons had resorted to alcohol taking as a means of coping with their widowhood. The majority in this category were the men. However, two women confessed to becoming alcoholic in order to cope. It is important to note that the women who sell illicit brews were not alcoholic themselves. None of the respondents who admitted to selling alcohol as a business accepted that they took alcohol as a coping mechanism. The study also found that sex was used as a coping mechanism. These were from both the youthful widows to the old widowers. Youthful widows indicated the desire for sex was higher and it gave momentary satisfaction particularly since they knew that their status would not assure them remarriage. These same sentiments were echoed by the old widowers. Asked if they did not fear HIV/AIDS, these widows indicate that they had already been visited by death and they ceased to fear. However, they were well aware of the use of condoms if only to take care of their children. One of the respondents indicated that she had three men she was sleeping with and that, as much as she wasn't serious with any, they were helpful in providing financial assistance when necessary.

The study also found that there was lack of support from immediate and extended family members as well as the luke-warm assistance from community. This has left the widowed persons with a negative appreciation of themselves. Widowed persons had had a tough time nurturing themselves as widows or widowers and they had no sense of self-worth. This is because of the stigmatisation the community places on widowed persons. Women found it hard to remarry due to the stigma attached to widowhood. Especially now, in this era of HIV/AIDS, people were reluctant to marry widows or widowers due to the

uncertainty that surrounds the death of a spouse. Hence, loneliness, a sense of unattractiveness, and a struggle with feelings of inferiority make life unbearable for widowed persons.

5.1.3 Objective 3: Establish the role of a deprived living environment on widowed persons and on their coping strategies.

The study found that the nature of the living environment has had some substantial effect on the choices the widowed persons made in their lives. Findings show that 55% of the widows and 41% of the widowers had lived in the slum for between 10 to 14 years while 41% of the widowers had lived in these slums for between 15 to 20 years. This proved their dependence on the deprived environment for both physical and psychosocial needs.

The study established that the widowed persons are strongly affected by the deprived environment in which they live. The majority of respondents agreed that they were financially, mentally and emotionally affected by the deprived environment in which they lived. However, most of the respondents denied they had been socially affected by the environment. Responses from the interviews indicate that the widowed persons did not have their social lives affected as much. Most of them indicated that their social circles had remained intact, particularly the widowers. The women, too, insisted they had found ways to adapt and it did not quite affect their social lives. However, some cited the lack of family support but hastened to add that they preferred it when they exercised independence.

5.2 Conclusions

This study investigated the coping mechanisms adopted by widowed persons in a deprived environment. Based on the data collected and analysed in chapter four, several conclusions can be made.

Firstly, the study established that widowed persons in deprived environments were faced with financial, psychological and social problems mainly emanating from the status of widowhood but also enhanced by their lives in slums. All the respondents indicated that they faced problems with rent, fees, and upkeep for themselves and their children. For the widows, this problem was heaviest where the dead husband was the breadwinner and hence left the family without one. The women had, therefore to fend for their families. However, the men indicated that they had the problem of double roles that weighed on them most since they had to take care of the small children.

Secondly, widowhood has effects on the mental states of the affected persons. The study identifies mental stress, anxiety and loneliness as psychological effects of widowhood. These are made worse by the poor living conditions of the widowed persons as well as the socio-cultural dynamics in a deprived community. The study reveals that many of these widowed persons have resorted to sexual and alcohol abuse in an effort to stem the devastating effects of these psychological challenges of widowhood. The condition in the slums does not offer much in terms of help, to widowed persons because life is one of survival. Therefore, there is little the community can do to cushion the effects of widowhood on widowers. The increased responsibility for the widowed person acts to increase the sense of frustration and it has dual effect. On one hand, it propels the

affected individuals to become innovative in finding means of survival. The study shows some respondents engaging in businesses to raise money to feed their families. On the other hand, some widowed persons are forced into alcohol and sexual abuse to meet not only their sexual desires, but as an escape route from the frustrations they encounter.

Thirdly, widowhood has made affected persons to adopt coping strategies to mitigate the effects of widowhood. Many have entered into businesses such as hawking, vending and selling illicit brew. Others have joined small self-help groups that provide the much needed social support. The study reveals that the widows have capitalised on these grouping given that there is no social framework to help them cope. Furthermore, it was found that these slums are generally male dominated and the social system does not allow women to compete well with men. Most women are housewives or single mothers. Hence, there is a strong sense of camaraderie between women that has caused the rise of the “chama” as a means of protecting themselves from the devastations of widowhood.

Finally, the study establishes that widowhood causes a sense of low esteem in widowed persons. The loss of a spouse makes the individual to lose their social self as they struggle to meet the challenges of widowhood. This inability to cope with the increased family demands and to have a feeling of an ‘outcast’ weighs heavily on the person of the widow or widower. The study reveals that they develop a low opinion of themselves and find themselves not very attractive to others. Many have ruled out remarrying not because they cannot get spouses, but the tag of ‘widow’ carries with it a burden that many would not like to associate with. This stigmatisation of widowed persons is what makes it difficult for them to cope and appreciate themselves.

5.3 Recommendations

Following the conclusions made above, several recommendations may be made:

1. There is need to establish community based intervention measures to assist widowed persons in deprived environments.
2. The government needs to put in place structures that will help identify widows and to assist them to cope with the strains of fending for and educating their children
3. Civic education will go a long way in helping widowed persons to get knowledge on the alternative ways of coping with the challenges of widowhood. This will assist in discouraging dangerous practices such as sexual and drug abuse among widowed persons.

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Appendix 1
Questionnaire for widowed persons

Section A: personal details

Name of respondent

Area of residence

Village

Mobile contact

Date of interview

1. General respondent information

Age of respondent (tick code) 1 [13 – 19] 2 [20 -25] 3 [26 – 35]
4 [36 – 49] 5 [50 and above]

Level of education(code) 1= Primary 2= secondary 3= college
4= university 5= others (specify)

Gender (tick code) 1 [male] 2 [female]

Employment 1= [employed] 2= [self-employed]
3= [unemployed]

Number of children (tick code) 1= [none] 2= [1-2] 2= [3 -5] 3 = [above 5]

Average monthly income (tick code) 1=[<Ksh.5,000] , 2=[6,000 – 10,000] ,
[11,000 – 19,000] , 3=[20,000- 30,000] , 4=[> 30,000]

2. For how long have you been married?

1-4years	5 – 9years	10 -14 years	15 -19 years	20 and above
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3. For how long have you been a widow/widower?

1-4years	5 – 9years	10 -14 years	15 -19 years	20 and above
----------	------------	--------------	--------------	--------------

4. What was the cause of your spouse's death?

Illness	Natural cause	Accident	Violence	Other (specify)
---------	---------------	----------	----------	-----------------

5. Do you have any children in school? [yes] [no]

6. If yes, state at what level they are in school.

Nursery	Primary	Secondary	College	University
---------	---------	-----------	---------	------------

7. Have you had any problems adjusting to life without your spouse? [yes] [no]

8. What kinds of problems have you faced?

Financial – rent, school fees, upkeep,

Psychological – loneliness, stress,

Social – coping with neighbours and relatives, denial by others

9. How would you rate the following as challenges to you after the death of your spouse? (tick the appropriate column)

	Very challenging	Challenging	Fairly challenging	Not challenging
Financial difficulty: <ul style="list-style-type: none"> • House budget • Planning for the house • Investment plan • Medical care • Basic needs such as food, clothes, rent etc. 				
Social stigma				
Neglect by				

neighbours and extended family				
Psychological problems: <ul style="list-style-type: none"> • Loneliness • Stress • Sexual deprivation • Denial 				
Burden of responsibility <ul style="list-style-type: none"> • Double roles • Meeting childrens attention • Attending to increased functions in schools, church etc. 				

10. What effect has your widowhood had on you

a. Mentally

i. Stress.....

ii. Anxiety.....

iii. Loneliness.....

b. Sexually

i. Relationships (have they been meaningful or are you reckless?).....

ii. Partners.....

c. In social relationships

.....

d. In the neighbourhood

.....

11. For how long have you lived in the slum?

1-4years	5 – 9years	10 -14 years	15 -19 years	20 and above
----------	------------	--------------	--------------	--------------

12. Do you agree that living in the slum affects your life in the following ways?

	Strongly agree	Agree	Disagree	Strongly disagree
Financially				
Socially				
Mentally				
Emotionally				
Children's emotional needs				

13. In what ways have you tried to cope with these challenges? (eg. Joined a group, taken up a new job, engaged in social activity etc.)

.....

.....

14. Do you agree that the following people have helped you cope with the challenges of widowhood?

	Strongly agree	Agree	Disagree	Strongly disagree
Children: attention, food, medicare, homework, fights				
Your parents: attention, care and concern, visits, relief on financial and psychological needs.				
In- laws: attention, care and concern, visits, relief on financial and psychological needs.				
Neighbours : attention, care and concern, visits, relief on financial and psychological needs.				
Church: attention,				

care and concern, visits, relief on financial and psychological needs.				
Government				

15. How do you handle your challenges.....
.....

16. What are your immediate needs now? [in order of priority]
.....
.....
.....
.....

Answer Yes or No to the following questions	Yes	No
Do you have a hard time nurturing yourself as widow or widower?		
Have you ever turned down an invitation to a function because of the way you felt about yourself?		
Do you get your sense of self-worth from the approval of others?		
Are you supportive of others but look down upon yourself?		
do you blame yourself for being a widow/widower?		
Do you react to disappointment by blaming others?		
Do you begin each day with a negative attitude?		
Do you feel undeserving now that you do not have a spouse ?		
Do you ever feel like an impostor and that soon your deficiencies will be exposed?		
Do you believe that being hard on yourself is the best motivation for change?		
Do your good points seem ordinary and your failings all-important?		
Do you feel unattractive without your wife/husband?		
Have you ever felt your accomplishments are due to luck, but your failures due to incompetence or inadequacy.?		
Do you feel lonely?		
Do you struggle with feelings of inferiority after you spouse's death?		
Do other people's opinions count more to you than your own?		
Do you criticize yourself often?		
Do others criticize you often for being a widow/widower?		
Do you hesitate to do things now because of what others might think?		
TOTALS		

- 17. Do you intend to remarry? [yes] [no]
- 18. Does your community encourage remarriage for widowed persons? [yes] [no]
- 19. If yes, have you considered or gotten remarried? [yes] [no]
- 20. If no, how does your ethnic community provide for care of widowed persons?
.....
.....
- 21. If you are a widow, does your community encourage wife inheritance? [yes] [no]
- 22. Do you feel comfortable being inherited? [yes] [no]
- 23. If you have been inherited, has it been fairly easy to deal with the loss of your husband? [yes] [no] (Briefly explain.)
.....
.....
- 24. Do you think inheritance plays a role in your life? Y/N
- 25. Is inheritance meant for reproduction or sexual gratification?
- 26. What do you think about inheritance in this era of HIV?
.....
.....
- 27. Do you know anybody who has been inherited? Y/N
- 28. How do they feel about it?
.....
.....
.....
- 29. What would your advice be to people in your circumstance?
.....
.....
.....
.....

Appendix 2

Interview questions for widowed persons

1. How long have you been widowed
2. Tell me about the period just before your spouse's death?
3. What went on in your mind during the mourning period?
4. How long has it taken you to mourn your spouse?
5. What are your greatest fears and aspirations?
6. Do you think the community is doing enough to offer you support
7. Explain some of the most challenging moments in your widowed life

Appendix 3
Focus group questions for widowed persons

1. Describe your experiences with your spouse.
2. What are some of the emotional difficulties you have encountered in this period of widowhood?
3. How have you gone about it?
4. Have you considered remarrying?
5. What coping strategies have you adopted?
6. In what ways do you think widowed persons should face family challenges?
7. What can the community do to assist you cope with these challenges?