

Psychological And Social Challenges Affecting The Welfare Of Widows: A Case Study Of Bugeshe Parish,

Nyakayojo Division

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Abstract

The study assessed the influence of psychological on social challenges affecting the welfare of widows. It was guided by the following objectives; the psychological challenges affecting the wellness of widows, the social challenges affecting the wellness of the widows and the interventions that widows adopt to deal with the psychosocial challenges and improve widow wellness. The study used a descriptive survey design. A sample size consisted of 50 respondents where 5 were local leaders, 45 were widows. Purposive sampling and simple random sampling techniques were used to select and obtain the respondents. Data collection methods included questionnaires and interviews. Data were analyzed using both qualitative and quantitative data analysis methods. The study finding showed that the psychological challenges ideas (6%) felt depressed / feeling demoralized, (4%) experienced crying spells, (6%) confusion. The study finding revealed that the social challenges that emerged from the study included the following; (14%) poverty / financial stress, (16%) conflicts / threatened by in-laws / not. The study findings revealed interventions that the widow respondents made use of to improve on their wellness as; (10%) seeking divine intervention, (10%) social support, (10%) keeping busy. It was concluded that the psychological challenges affecting the welfare of widows include; Felt Depressed / feeling demoralized, Experienced crying spells, Hopelessness / lost all / hated myself / saw darkness / suicidal feelings, Felt Shock, denial, confusion, Annoyance, anger, loss of sleep, felt pain, felt sickly / hospitalized, lost appetite, fear of responsibility, felt threatened / fear for life and feelings of regret. It was also concluded that social challenges affecting the welfare of widows include; isolated / isolated by married women / selfpity, discriminated. It was recommended that widows and the church communities should be fully appraised with the plight of widows and the study finding through awareness creation opportunities. The opportunities would sensitize and create awareness on psychosocial challenges that might impact on widow wellness in the event of spousal death.

Key Words: Psychological, Social Challenges, Welfare, and Widows

Introduction

Globally, Human life is precious but the same life is threatened by both natural and unnatural causes, and in particular death. Death is universal and nobody has control over it and it is perceived as the end of life. The death of a spouse disturbs the wellness pattern of the widow and she has to adjust to living alone again. Eboiyehi (2013) noted that the death of a spouse is a traumatic event that results into profound effects on their wellness and provokes important life changes, including the loss of an intimate companion that results into long-term psychosocial consequences.

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In Sub Saharan African, Ajiboye (2016) discussed the world of widowhood in many African cultures that is characterized by dehumanizing cultural and ritual practices passed off as mourning rites. The rituals, that include wife cleansing and inheritance of the widow and all her husband's properties, subject the widows to various psychosocial challenges. According to Oniye (2000) some of the psychosocial challenges a widow faces are related to the income variations, living conditions, perceived health, status and presence of a confidant. Oniye (2000) further noted that the widows feel ignored and suffer within the society; they may lack self-esteem and feel loneliness and may live in state of fear as they lack groups to identify with.

In Uganda, changes in the widow living conditions are worse off emotionally after the observance of the widowhood practices during the mandatory mourning period. Another study done in Kisumu County, (Miruka et al., 2015) revealed that the practice of widow care has not been fully implemented in churches. The statistics for Uganda indicates that there are about 895,000 windows in Uganda. The widows are affiliated and participate in church activities and it is expected that the churches would address the plight of the widows and assist them to adjust and cope with the psychosocial challenges. The synthesis of the literature so far indicates that psychosocial challenges do affect the wellness of the widow, and this requires active participation of the widow to adopt intervention and coping mechanisms that help to restore the wellness of the widow.

However in Bugeshe Parish, Nyakayojo Division. No studies were found to have been carried on the psychosocial challenges widows face within the community. The investigation on the psychosocial challenges the widows face and the understanding of the adjustment mechanisms within the churches in Bugeshe Parish, Nyakayojo Division, is of critical importance. The adjustment strategy is crucial because a widow without proper adjustment or assistance is not only experiencing problems but could be a problem to herself, her family and local community.

The Human Right commission (2010) noted that many of the widows are illiterate and untrained, and as such those who do not abide to the demands of the male relatives on inheritance, cleansing, remarriage, or traditional burial rites, are often violently evicted from their marital homes. Many widows in Bugeshe Parish, Nyakayojo Division continue to suffer a lot of economic hardships, and particularly if the husband was the sole bread winner. There is scanty literature on the magnitude of the psychosocial challenges facing widows in Bugeshe Parish, Nyakayojo Division, and especially on the adjustment mechanisms that are employed by the churches and society to assist the widows.

The government of Uganda ensured that widows' land rights are guaranteed under the law (Ministry Labour, Gender and Social Development, 2018). Gender equality aims to enhance poverty reduction and ensure sustainable human development a way of solving economic challenges of widows. However, widows in our communities have continued to face challenges. This forced the researcher to carry out a study on challenges faced by widows in Bugeshe Nyakayojo Division.

Problem Statement

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Widowhood poses significant psychological and social challenges that negatively impact the welfare of women in Ugandan society. In Bugeshe Parish, located in Nyakayojo Division of Kasese District in western Uganda, many widows face hardship due to the loss of their husbands and associated cultural and economic constraints. According to the 2014 national census, there were approximately 500 widows living in Bugeshe Parish (Uganda Bureau of Statistics, 2016). Psychologically, widowhood is a traumatic experience that often results in grief, depression, and feelings of loss (Kato, 2015; Olang'o, 2020). Widows in Bugeshe Parish commonly experience loneliness, hopelessness, and lack of self-worth after the death of their spouse (Obare & Odhiambo, 2018). The loss of emotional and financial support from their husbands leaves many widows vulnerable to mental health issues like anxiety and post-traumatic stress disorder (Gelaye et al., 2016). Socially, widows in the region confront stigma, discrimination, and social exclusion (Ochen, 2013). Traditional beliefs associate them with witchcraft and bad luck, resulting in isolation from their communities (Ochieng, 2010). Many widows are accused of killing their husbands through witchcraft and face harassment, verbal, and physical abuse (Nyambedha et al., 2003). Property grabbing by in-laws is common, depriving widows of land, livestock, and livelihood assets left by their deceased husbands (Ahene, 2018). Cultural practices like widow cleansing rituals subject widows to inhumane treatment and health risks like HIV infection (Uchendu et al., 2019). Economically, widows in Bugeshe Parish struggle due to loss of financial support. As women, they had limited access to and control over productive resources like land during their marriage (Tibyangye et al., 2020). Upon widowhood, most are chased off their marital land by in-laws. Consequently, many widows and their children live in extreme poverty without proper housing, food, healthcare, or education (Ministry of Gender, Labor and Social Development, 2015). Limited livelihood opportunities force some to engage in transactional sex for survival (Ntozi et al., 2018).

Purpose of the Study

The purpose of the study was to assess challenges faced by widows in Bugeshe Nyakayojo Division.

Objectives of the Study

1. To identify the psychological challenges affecting the wellness of widows in Bugeshe Nyakayojo Division.
2. To determine the social challenges affecting the wellness of the widows in Bugeshe Nyakayojo Division.
3. To establish the interventions that widows adopt to deal with the psychosocial challenges and improve widow wellness in Bugeshe Nyakayojo Division.

Literature Review

The psychosocial challenges that affect widows after spousal death result into negative experiences that affect both the psychological and social wellbeing of the widows. The loss results into changes that affect the woman's living arrangements, affects the financial situation and results into poor health and low living standards. The psychosocial challenges can also influence and hamper the widows' adjustment to wellness. Dickens (2011) noted that the psychosocial challenges affect both the mental health and morale and these could last for several years and the effects

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of living alone result into social challenges of isolation and disconnectedness. He further postulated that when widows live alone, they could suffer depression, anxiety, low self-esteem and self-worth and are hunted by a constant thought of suicide.

Research conducted by Lopata (2017) on the problems associated with widows indicated that the immediate family were more concerned with how the property of the late husband will be shared among them without due consideration for the welfare of both the widow and her children. The psychosocial challenges affect the widow both psychologically and socially in relation to the widow wellness. The loss of a spouse was described by Bennett, Hughes and Smith (2005) as one of the most negative life events. The loss presents itself with many varied economic, social and psychological problems and more so when the husband was the principal breadwinner. They further noted that many widows live by themselves, and as such they suffer the fear of being alone and loss of self-esteem, in addition to the many practical problems related to living alone. They also experience the loss of personal contact and human association; therefore, they tend to be withdrawn.

The study by Forbat & Anderson (2019) noted that the loss of a spouse affects almost every aspect and domain of life, and as a consequence has a significant impact on wellness of the widow in the areas of psychological, social and physically; as well as the practical and economic spheres. Jeffreys (2011) indicated that there are a myriad of challenges associated with the loss of spouse and that the widows are confronted with cutting across cultural practices, isolation, and poor access to basic healthcare, constant illness, poverty, psychosocial trauma, poor nutrition, and abandonment to loneliness. Gabrielsson and Ramasar (2013) noted that many widows in Kenya suffer a lot of economic hardships, after the death of the husband, especially when he was the sole bread winner. This results in a situation where the grieving partner begins to live a lonely life in an unfamiliar and solitary state of widowhood. The loss of a husband causes unimaginable suffering and in some cases, the trauma is worsened by the members of the widows' immediate family who are only interested in the deceased's assets.

In Zimbabwe, studies by Dube (2017) found that widows suffered social exclusion and marginalization upon the death of their partners. Peterman (2012) noted that the widows are perceived to face discrimination in asset inheritance, leading to poverty for themselves and their children. Muthangya (2019) noted that loneliness, engaging into risky behaviors, and reduced life expectancy; are some of the social challenges resulting from spousal bereavement. He further noted that in addition to psychological impacts such as depression, grief can have physical consequences such as sleeplessness and loss of appetite. Another problem associated with widowhood is loneliness that results into many widows living by themselves. The widows do suffer from the fear of being alone and the loss of self-esteem, in addition to the many practical problems related to living alone. Busari & Folaranmi (2014) noted that such widows feel the loss of personal contact and human association and they tend to withdraw and become unresponsive.

Studies by McNutt & Yakushko (2013) suggested that for the widow to overcome grief and loneliness, the bereaved will need to get their own support, social support, professional counseling, and especially the use of cognitive behavior

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therapy to counter negative thinking. The practice of widow care has not been fully implemented in the churches. Mgboo & Mini (2014) studying the role of the Anglican church on widowhood practice in Ezeagu, Nigeria, found that the Anglican Church was active in addressing harmful and dehumanizing widowhood practices as well as charting a path to assist widows in ordering their personal worlds through pastoral and caring activities.

The loss of a husband affects all dimensions of the widow's life such as physical, psychological, spiritual and social. The impact of the challenges experienced in all these aspects of a widow livelihood, it is critical to put in place coping and intervention mechanisms in order to maintain a sense of normality and avoid depression like symptoms. Studies by Nirmal Kumar (2016) on the psycho-social adjustments faced by young widows indicated that there were significant difference in the way widow cope and who are actively engaged in some occupation and those living with children had significant association with psycho-social problems.

Methodology

Research Design

The study used a descriptive survey design, according to Rangarjan (2013), descriptive survey design is a study designed to show the participants in an accurate way. This study was based on primary and some secondary (literature reviews) sources. The two major variables involved in this study were reviewed "psychosocial challenges affecting the wellness of widows: a case study of Bugeshe Parish, Nyakayojo Division" The data was be collected using both qualitative and quantitative methods.

Target Population

The study population comprised of widows and local leaders. Widows participated in the study because the study is about their psychosocial challenges affecting their wellness. Local leaders participated in the study because they are immediate counsellor of widows. This selection enabled the researcher to obtain reliable and valid information.

Sample Size

The sample size is a sub set of study population; a sample size consisted of 50 respondents where 5 were local leaders, 45 were widows.

Sampling Techniques

Purposive sampling and simple random sampling techniques were used to select and obtain the respondents. Local leaders were purposively selected because of their position. Widows were selected using simple random sampling, this method avoided bias in the study selection.

Data collection tools

Questionnaires

A semi-structured questionnaire was administered to widows. It included open and closed ended questions for people to fill and express their views and opinions. Questionnaires were preferred because they were time saving as one

spends little time in moving from one respondent to another during data collection. The questionnaire was self-administered.

Interview guide

An interview guide with open ended questions were used by the researcher to collect information from local leaders. Any numerical data given was also recorded. This was used to ensure accurate information and allowed deeper investigation into the study problem. It was advantageous in that it helped the researcher to get first hand data since the respondents were answering for themselves compared to the questionnaire method.

Data Analysis

Qualitative data from interviews were analyzed by content after transcribing and developing themes. The respondents' views were quoted precisely to give their actual feeling about the issues that were raised. Qualitative method was used in the research because it helped the researcher to determine whether predictive generalization of the theory holds the truth. The above methods of data analysis ensured proper and efficient computation of data collected and produced standard work.

Data from questionnaires were analyzed using quantitative method. These included: - editing, coding, and arrangement of data by use of Microsoft excel with variable frequencies and percentages were drawn to ensure clear and easy presentation of research findings. On each questionnaire, editing was done to ensure that the information given in the pre-coded questions is completed and correctly filled in. In the case of open-ended questions, all responses to questions were noted and arranged into meaningful trends. All questionnaires were numbered to make coding easier.

Results

Table 1: Age of respondents

Age in years	Frequency	Percentage
60-70 years	30	60
50-59 years	13	26
40-49 years	4	8
30-39 years	2	4
20-29 years	1	2
Below 20 years	-	-
Total	50	100

The age distribution indicated that out, 30 (60%) of the widow respondents were aged between 60-70 years, 13 (26%) 50-59 years, 4 (8%) 40-49 years, 2 (4%) 30-39 years and 1 (2%) 20-29 years. The bigger proportion of elderly widows increased the probability of the study giving authentic psychological and social challenges.

Table 2: Number of children

Number of children	Frequency	Percentage
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1 child	4	16
2 children	9	18
3 children	30	60
4 children	5	10
5 children	2	4
Total	50	100

The study indicated that the majority of the respondents had 3 children. The assumption was that the more the children, the higher the burden of taking care of them and the more the psychosocial challenges experienced. As one of the widows who was left with 3 children, said that *“I experienced some financial challenges and stress. I developed hatred and was depressed. I imagined life alone and how to manage. I resigned to myself, prayed to God to overcome”*.

Table 3: Duration of widowhood

Duration of widowhood	Frequency	Percentage
0-5 years	10	20
6-10 years	21	42
11-15 years	16	32
16-20 years	2	4
Above 30 years	1	2
Total	50	100

The study established that the duration of widowhood varied among the widow respondents, with the majority having 6-10 years in widowhood. However, a few of the respondents had been widowed for longer periods, ranging between 16 years to over 30 years. The assumption was that those with many years of widowhood had the experience to overcome the psychosocial challenges, however, the study findings did not support this assertion and indicated that all the widow participants experienced similar psychosocial challenges irrespective of the duration in widowhood. This is illustrated by the verbatim quotations from some widow respondents: One of the respondent who had been a widow for 2 years said; *“I did not believe that he had died, I cried a lot, was pained, shocked and confused. I was emotionally affected as my mind was blocked, and I had sleepless nights”*.

Table 4: Relationship with the late spouse

Relationship with late spouse	Frequency	Percentage
Very good	23	46
Good	21	42

Poor	3	6
Fair	2	4
Very poor	1	2
Total	50	100

The study sought to find out the type of lived relationship experiences for each respondent with the late spouse. The study indicated that 23 (46%) of the respondents had experienced very good relationships with their late spouses and 21 (42%) also had good relationships. The data indicated that only 6 (12%) of the respondent experience poor relationships. The findings indicated that the respondents with great relationships had developed great bonds and any disengagement; especially through untimely death was very painful. One of the respondent said that *“our relationship with my spouse was very good and we loved each other. However, after his death, I was pained and life has not been the same again”*.

Table 5: Relationship with the relatives

Relationship with the relatives	Frequency	Percentage
Very good	2	4
good	28	56
Poor	6	12
Fair	10	20
Very poor	4	8
Total	50	100

The study indicated that 28 (56%) of the respondents had experienced good relationships with their in-laws, 2 (4%) very good, and only 20 (40%) had relationships that ranged between poor to very poor. The widow respondents that experienced the poor to very poor relationships tended to experience much more of the psychosocial challenges. One of the respondent said that *the relation with my in-laws was very poor and they chased me away*. Another said that *“I had poor relations with my in-laws; they took me to court over a conflict over the ownership of a piece of land my husband had bought”*.

Table 6: Causes of spousal death

Cases	Frequency	Percentage
Beaten by mob	1	2
Shot dead	2	4
Drug related	8	16
Road traffic accident	12	24
Sickness	27	54

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Total	50	100
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The causes of spouse death were indicated as 27 (54%) mentioned sickness, 12 (24%) mentioned road traffic accident, 8 (16%) drug related, 2 (4%) shot dead and 1 (2%) beaten by mob. This was supported by one of the respondents who said that *“spouse died through a road accident said; when I received a phone call that my husband had been knocked down by a vehicle and died, I was shocked, confused, devastated and broke down. I felt pain, saddened and cried. I had financial stress and I had to adjust the family budget.*

Another respondent whose husband died from a long term sickness, a combination of Arthritis and Diabetes complications said; *we were in and out of hospital many times, but this time I took him to hospital and he didn't make it, I was at his bedside as he rested. I had gotten used and I expected him to leave us at any time. But when I noticed he was gone, I felt frustrated, saddened and felt bitter and confused. I had financial challenges as the medical bill was huge. I had to get used to making decisions and taking up all the family responsibilities alone.*

Table 7: How the news of spousal death was conveyed

Responses	Frequency	Percentage
I was with him	25	50
Informed by people	18	36
Telephoned	7	14
Total	50	100

The study sought to establish how the respondents received the news of the death of the spouse. The data indicated that 25 (50%) of the respondents were with their spouses at the time they passed on, 18 (36%) of the respondent received the news through information by other people, 7 (14%) received the news on the passing on of their spouses through phone calls.

Table 8: The psychological challenges affecting the wellness of widows in Bugeshe Nyakayojo Division.

Responses	Frequency	Percentage
Felt Depressed / feeling demoralized	3	6
Experienced crying spells	2	4
Hopelessness / lost all / hated myself / saw darkness / suicidal feelings	4	8
Felt Shock	3	6
Denial	2	4
Confusion	3	6
Annoyance	3	6
Anger	3	6

Loss of sleep	2	4
Felt pain	4	8
Felt sickly / Hospitalized	5	10
Lost appetite	5	10
Fear of responsibility	5	10
Felt threatened / fear for life	3	6
Feelings of regret	3	6
Total	50	100

The psychological challenges identified by the study included those with symptoms associated with depression; 3 (6%) felt depressed / feeling demoralized, 2 (4%) experienced crying spells, 4 (8%) hopelessness / lost all / hated myself / saw darkness / suicidal feelings, 3 (6%) felt shock, 2 (4%) denial, 3 (6%) confusion, 3 (6%) annoyance, 3 (6%) anger, 3 (6%) loss of sleep, 4 (8%) felt pain, 5 (10%) felt sickly / hospitalized, 5 (10%) lost appetite, 5 (10%) fear of responsibility, 3 (6%) felt threatened / fear for life and 3 (6%) feelings of regret.

These were supported by responses from some of the respondents, that is;

One of the respondent said that; *“I was accused of killing my husband and was disappointed, felt bad, annoyed, and angry, confused, hated myself and wanted to die”* Another respondent *“on hearing the news of her spouses’ death, said that; I was very saddened, felt pained, annoyed, angry, sobbed and cried”* another one *“I cried, had sleepless nights, had panic attacks, felt ill and was taken to hospital. I felt frustrated regretted for the first time why I got married”* Another respondent mentioned that *“I was not familiar with my late husband’s business and was very scared to take it up and getting accustomed to the new responsibilities”*.

Table 9: The social challenges affecting the wellness of the widows

Responses	Frequency	Percentage
Poverty / Financial stress	7	14
Conflicts / threatened by in-laws / Not	8	16
Accepted / property taken away / Intrusion by relatives / hated by family / unwanted / false accusations / sent away by family / lack of support	5	10
Rejection / neglected / deserted / lost friends /	5	10
Isolated / isolated by married women / self-pity	5	10
Ashamed / mocked / Not respected /	6	12
Discriminated	6	12
Loneliness	4	8

Empty house / House too big	4	8
Total	50	100

Source Field Data, 2022

The social challenges that emerged from the study included the following; 7 (14%) poverty / financial stress, 8 (16%) conflicts / threatened by in-laws / not, 5 (10%) accepted / property taken away / intrusion by relatives / hated by family / unwanted / false accusations / sent away by family / lack of support, 5 (10%) rejection / neglected / deserted / lost friends, 5 (10%) isolated / isolated by married women / self-pity, 6 (12%) ashamed / mocked / not respected, 6 (12%) discriminated, 4 (8%) loneliness and 4 (8%) empty house / house too big.

These were supported by responses from respondents; as one of the respondent said that *“I had so many struggles financially and my children dropped out of school and I became poor.”*

Another respondent indicated that *“I had financial stress, the in-laws took me to court, and at the same time I was retrenched and lost my job”*.

Another one noted that *“I did assume new responsibilities of managing the family affairs and I did not have any resources and I experienced financial constraints and frustrations”*.

Another respondent said that *“I was financially stressed as I had spent a lot of our resources and savings on his hospital bills and medication”*

Another respondent mentioned that *“I had many conflicts with his parents on inheritance of my late husband’s property”*

Another respondent mentioned that *“I was so scared of going home only to find a house without my husband, and starting to adjust to a new life style and taking over responsibility of myself and the whole family”*

Table 10: The interventions that widows adopt to deal with the psychosocial challenges and improve widow wellness

Responses	Frequency	Percentage
Seeking Divine intervention	5	10
Social support	5	10
Keeping Busy	5	10
Accepting the death of the spouse	5	10
Problem Avoidance	4	8
Embracing change	4	8
Intervention mechanisms and widow wellness	4	8
Awareness creation	5	10
Social support groups	5	10

Personal support	4	8
Professional counseling	4	8
Total	50	100

The study established and documented various interventions that the widow respondents made use of to improve on their wellness. These included; 5 (10%) seeking divine intervention, 5 (10%) social support, 5 (10%) keeping busy, 5 (10%) accepting the death of the spouse, 4 (8%) problem avoidance, 4 (8%) embracing change, 4 (8%) intervention mechanisms and widow wellness, 5 (10%) awareness creation, 5 (10%) social support groups, 4 (8%) personal support, 4 (8%) professional counseling.

One of the respondents said that *“I had to seek God through prayers and by attending fellowships and other church activities”* Another one indicated that *“I started praying, going to church, and joined the church cell group in my estate”* Another one said that *“I accepted the truth, prayed to God to sustain me and continued working hard in the business”* Another one said that *“I learnt to trust in the Lord and through praying and going to church fellowships and I knew that even if I am alone life must continue”*. Another one said that *“I go to the church for networking with other widows and participation in the church activities”*

Another one said that *“I find networking with other widows useful. I have learnt that we were many of us. We meet as widows once every month for table banking and to encourage and support each other as we share life experiences.”* Another one said that; *“I noted I had frequent visits from the church widow groups who supported me morally and financially.”* Another one said that; *“I got spiritual support from the church. The family and friends stood with me and would provide us with resources and food”*

Discussion of findings

The psychological challenges affecting the wellness of widows in Bugeshe Nyakayojo Division

The study finding showed that the psychological challenges ideas; (6%) felt depressed / feeling demoralized, (4%) experienced crying spells, (8%) hopelessness / lost all / hated myself / saw darkness / suicidal feelings, 3 (6%) felt shock, 2 (4%) denial, (6%) confusion, (6%) annoyance, (6%) anger, (6%) loss of sleep, (8%) felt pain, (10%) felt sickly / hospitalized, (10%) lost appetite, (10%) fear of responsibility, (6%) felt threatened / fear for life and (6%) feelings of regret. These findings are in agreement with Dickens (2011) who noted that the psychosocial challenges that affect widows after spousal death result into negative experiences that affect both the psychological and social wellbeing of the widows. The loss results into changes that affect the woman's living arrangements, affects the financial situation and results into poor health and low living standards. The psychosocial challenges can also influence and hamper the widows' adjustment to wellness. The findings also agrees Lopata (2017) that problems associated with widows indicated that the immediate family were more concerned with how the property of the late husband will be shared among them without due consideration for the welfare of both the widow and her children. The psychosocial challenges affect the widow both psychologically and socially in relation to the widow wellness. The loss presents

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itself with many varied economic, social and psychological problems and more so when the husband was the principal breadwinner.

The study finding revealed that the social challenges that emerged from the study included the following; (14%) poverty / financial stress, (16%) conflicts / threatened by in-laws / not, (10%) accepted / property taken away / intrusion by relatives / hated by family / unwanted / false accusations / sent away by family / lack of support, (10%) rejection / neglected / deserted / lost friends, (10%) isolated / isolated by married women / self-pity, (12%) ashamed / mocked / not respected, (12%) discriminated, (8%) loneliness and (8%) empty house / house too big. The above study findings are in line with Forbat & Anderson (2019) who noted that the loss of a spouse affects almost every aspect and domain of life, and as a consequence has a significant impact on wellness of the widow in the areas of psychological, social and physically; as well as the practical and economic spheres.

The study findings revealed interventions that the widow respondents made use of to improve on their wellness. As (10%) seeking divine intervention, (10%) social support, (10%) keeping busy, (10%) accepting the death of the spouse, (8%) problem avoidance, (8%) embracing change, (8%) intervention mechanisms and widow wellness, (10%) awareness creation, (10%) social support groups, (8%) personal support, (8%) professional counseling. These findings are in line with McNutt & Yakushko (2013) suggested that for the widow to overcome grief and loneliness, the bereaved will need to get their own support, social support, professional counseling, and especially the use of cognitive behavior therapy to counter negative thinking. The practice of widow care has not been fully implemented in the churches.

Conclusions

It was concluded that the psychological challenges affecting the welfare of widows include; Felt Depressed / feeling demoralized, Experienced crying spells, Hopelessness / lost all / hated myself / saw darkness / suicidal feelings, Felt Shock, denial, confusion, Annoyance, anger, loss of sleep, felt pain, felt sickly / hospitalized, lost appetite, fear of responsibility, felt threatened / fear for life and feelings of regret.

It was also concluded that social challenges affecting the welfare of widows include; Poverty / Financial stress, conflicts / threatened by in-laws / not, accepted / property taken away / intrusion by relatives / hated by family / unwanted / false accusations / sent away by family / lack of support, rejection / neglected / deserted / lost friends, isolated / isolated by married women / selfpity, ashamed / mocked / not respected, discriminated, loneliness and empty house / house too big.

It was further concluded that widows seek divine intervention, there is social support, keeping themselves busy, (accepting the death of the spouse, problem avoidance, embracing change, intervention mechanisms and widow wellness, awareness creation, social support groups, personal support and professional counseling.

Recommendations

Widows and the church communities should be fully appraised with the plight of widows and the study finding through awareness creation opportunities. The opportunities would sensitize and create awareness on psychosocial challenges that might impact on widow wellness in the event of spousal death.

Widows should be involved in cohesive widow groups that could be the focus to attract the churches and other organizations that offer support to the widows to improve their wellness. These widow groups would be the ideal target for any form of assistance whether from the churches, the county governments, and the national government or even from development partners.

Through the groups, the widows should be trained by government bodies on how to reorganize their lifestyles and improve on their wellness through keeping engaged with such activities that bring the widows together more often. The activities might involve round table discussions on widow issues and women rights, on the need for keeping memory diaries, and on the need for undertake regular physical exercises.

The churches should organize a pastoral ministry of widowhood that would assist the widows in accessing services and resources, such as pastoral care and counseling and form the basis for the churches and all the believers to become more involved in the ministry of widowhood and play a vital role in supporting widows through awareness creation and availing other support systems to improve upon their wellness.

The service providers, including the governments and non-governmental organizations need to be involved in widow support through initial widow registration and identification, civic education, advocacy and by enacting laws and policies that would assist the widows to access the necessary support services and resources.

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