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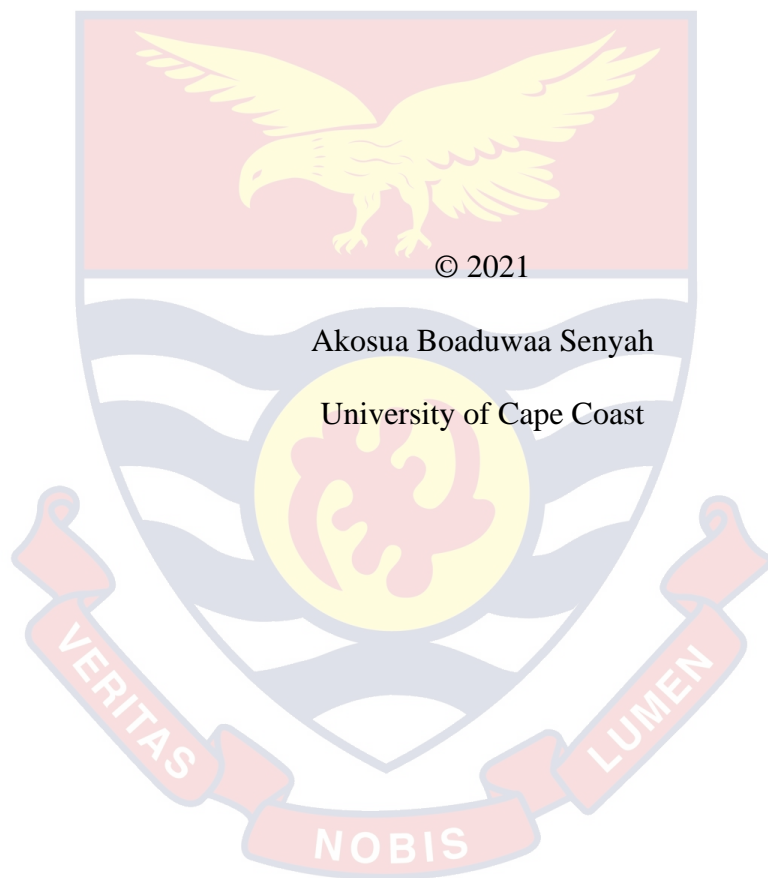
QUALITY OF LIFE, PSYCHOLOGICAL DISTRESS AND ADJUSTMENT

STRATEGIES AMONG YOUNG WIDOWS IN KUMASI SUB-
METROPOLITAN DISTRICT COUNCILS: IMPLICATIONS FOR
COUNSELLING



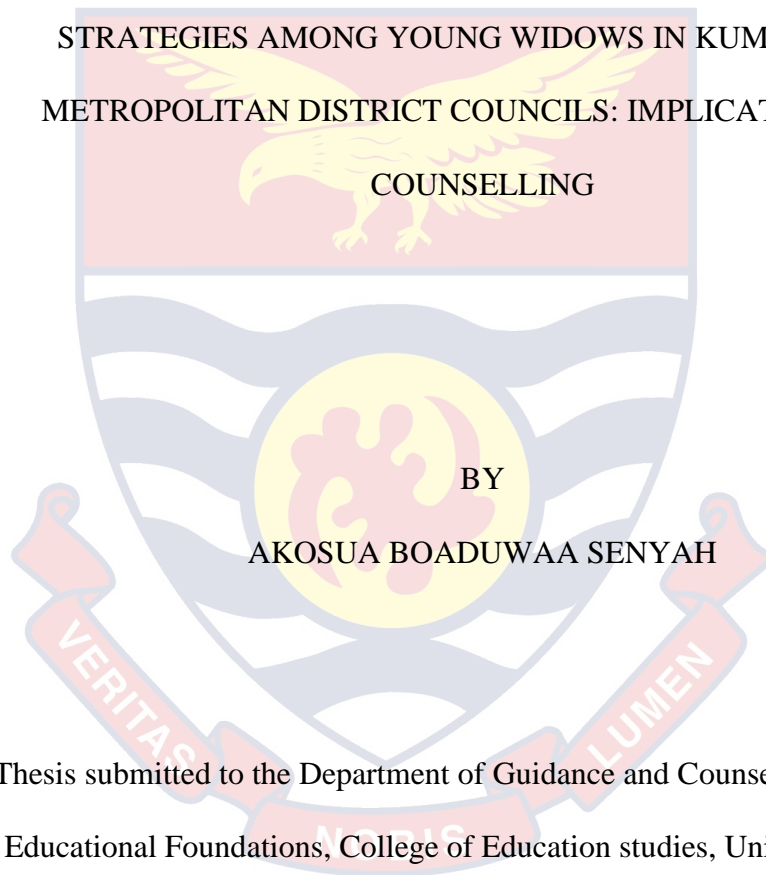
AKOSUA BOADUWAA SENYAH

2021



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COUNSELLING



BY

AKOSUA BOADUWAA SENYAH

Thesis submitted to the Department of Guidance and Counselling, faculty of
Educational Foundations, College of Education studies, University of cape
Coast in partial fulfillment of the requirements for award of Master of
Philosophy in guidance and Counselling

JUNE 2021

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature Date

Name:

Supervisor's Declaration

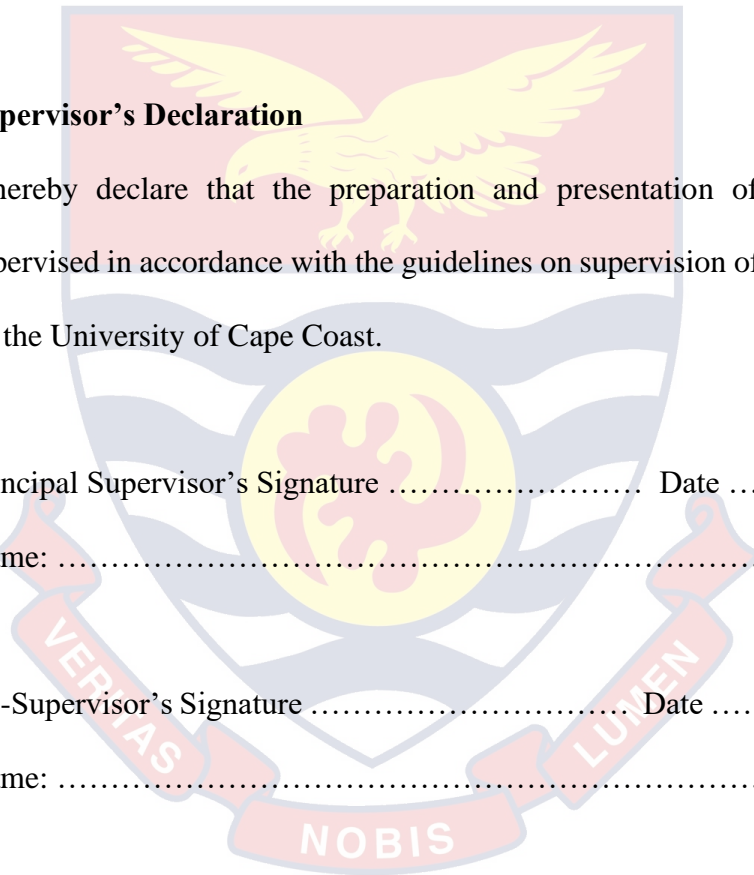
I hereby declare that the preparation and presentation of the thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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Co-Supervisor's Signature Date

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ABSTRACT

In Ghana, it appears that most widows are in distress and thus seem to have low quality of life. This triggered this research that assessed the quality of life of young widows, their psychological distress and the various adjustment strategies they use for coping with when their husbands die. The study was nested in the mixed research design where quantitative and qualitative data were collected at the same time and analyzed in complementary manner. A sample of 150 young widows were selected through the use of convenience sampling. The quantitative data were analysed using inferential statistics (independent samples t-test, ANOVA and Andy Hayes' Process for moderation) and descriptive statistics (means, standard deviations, frequencies, and percentages). To supplement the study results, the qualitative data were analysed to validate the quantitative data. From the study, it was found that anxiety/depression, self-care, usual activities, pain/discomfort and mobility affected the quality of life (QoL) of young widows. The factors also pose a challenge on psychological, social and economic lives of the young widows. However, families, friends and religious bodies served as a source of support to them. Most of the young widows indicated that changing of negative thoughts, support from friends and family help them to adjust to their situations. Being gainfully employed was found to influence and determine quality of life of the widows. Quality of life was found to be better for those who had been in widowhood longer. Age moderated the quality of life (QoL) of widows. Recommendations offered include support from the government and other stakeholders within the Kumasi Sub-Metropolitan District Councils in the areas of psychological, social and economic support to mitigate their challenges.

KEY WORDS

Quality of life, Psychological distress, Adjustment Strategies, Counselling,

Years in widowhood, Age, Kumasi Sub-Metropolitan Councils



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DEDICATION

To my beloved kids, Osei Tutu Darko-Bonsu and Nana Akua Abuaa Bonsu



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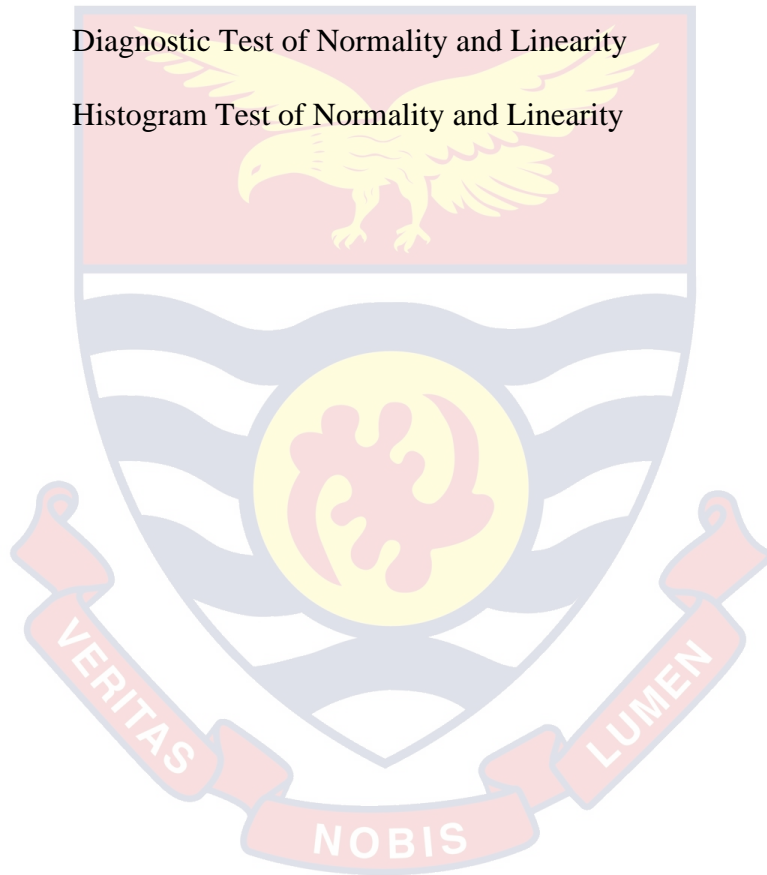


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CHAPTER ONE

INTRODUCTION

Background to the Study

Ghana and Africa as a whole have one ceremony or the other that is performed to mark significant stages of humankind's life. These ceremonies include but not limited to birth, marriage and death. Anthropologists refer to these ceremonies and rituals as Rites of Passage. Rite of Passage can be classified under three main headings: firstly, transition rite or adoption which includes pregnancy, childbirth and betrothal; secondly, incorporation rite which includes marriage and naming ceremonies and thirdly, separation rite which deals with funeral ceremonies. The progression from one stage to another is marked by individual acts which are manifested in different ceremonies. The ceremonies that are performed may differ in rhythm, form, scope, denouement, depending on the gender, community ethnic group, and location. Marriage is one such example of the ceremonies which is performed. Marriage is the means of forming a family unit. Its purpose is to unite a man and a woman and to bestow upon them the status of husband and wife, with the entire rights and obligations attendant upon that status (Kuenyehia, 1998).

Marriage, especially in Africa, offers quality of life mostly for the female spouse, as it is traditionally expected of the male spouse to provide for the necessities of life for the entirety of the family. This includes the provision of medical care to the extent that it could be one of the grounds for divorce by a wife.

According to Gunga (2002), death is a rite of passage which is greeted with various rituals and ceremonies. Death is usually marked by elaborate funerals to pay last respect to the dead. Mostly, the unexpected death of a partner according to Gunga (2002), elicits sympathy for the surviving spouse. In his view, some women in Africa are blamed for their husband's deaths, kicked out of the family homes or forced to undergo horrifying widowhood rituals. For women, the death of a husband is a period of gloom and doom due to the somewhat erroneous default position that the widow 'has a hand' in the husband's death. Widowhood represents not simply the death of a husband, but also results in a radical change in woman's social status and lifestyle.

The death of a spouse is a traumatic event that challenges the psychological, social, emotional and spiritual understanding of life and sets up the beginning of widowhood status, resulting into bereavement and grieving. The loss of a spouse is one of the most negative life events and causes much stress to the widow. Widowhood is the status of an individual who was legitimately married to someone who subsequently died. Widowhood is ascribed to a woman who survives her husband and has not remarried (Oniye, 2007, Dodo, 2010).

When a man dies, the surviving wife is left in altered life circumstances unprepared and abandoned to brood over her husband's death (Nwadinobi, 2001). Unfortunately, the death of her husband would automatically, expose the widow to lots of difficulties which include, financial, social, physical, sexual, emotional and societal (Oniye, 2000); an indication that a vacuum has been created, which by implication, needs to be filled by well-defined support systems.

The impact of widowhood is multifaceted; it does not only affect the widow, but her family and to a large extent the society. It is capable of causing socio-economic dislocations that could impact negatively on the well-being of the family. According to Saba (1997), widowhood could result in the decline of family income and lead to lower self-esteem, insecurity and feelings of inadequacy among the children. It could also result to social stigma, chaste system, austerity and assertive life pattern; making already poor women poorer (Chen, 2000). The number of women becoming widows has been increasing on daily basis through various causes; such as accidents and various illnesses. As a result of such deaths, the women face challenges within the society and these affect them psychologically, socio-economically and spiritually (Miruka, Mojola, Nathan & Onginjo, 2015).

African widows, irrespective of ethnic groups, are among the most vulnerable and destitute women in the region, according to the United Nations (UN) Division for the Advancement of Women (2000). Their review indicates further that the low status, poverty and violence experienced by the widows stem from various aspects, including discrimination in inheritance custom, the patriarchal nature of society, and the domination of oppressive traditional practices and customary codes, which take precedence over constitutional guarantees of equality, modern laws and international women's human rights standards. Almost worldwide, widows comprise a significant proportion of all women, ranging from 7% to 16% of all adult women (UN Division for the Advancement of Women, 2000).

Available literature indicates that in Africa where the female spouse tends to wholly and exclusively depend on the husband, the widow begins to

find life unbearable. Since married females mostly lose their husbands in their old age, the younger widows are potentially unprepared to take up responsibilities such as paying wards' school fees and providing for daily necessities of life (Uche, 2015). Victor (2003) asserts that younger widows, that is those in their early years, tend to suffer more both materially and financially as compared to older widows. Widows in some cases, due to some socio-cultural practices, are ejected from the husband's house, deprived of the available assets, thereby worsening their standard of living (Uche, 2015).

Due to poor socio-economic status, widows are unable to provide the material needs of the surviving family. Also, the health needs, as well as the educational needs of the family are poorly catered for or considered. The situation is mostly worse particularly where the widow is very young with little or no education, as many of them are pushed into early marriage in order to lighten the socio-economic burden of their families (Okoye, 1995). Angsotinge (2002) espoused that the culture of widowhood has been in existence from time immemorial and transmitted from generation to generation. He also states that widowhood is a disaster that happens to a married person as a result of the timely or untimely death of the spouse, the husband or the wife, making one a widow or a widower.

In most cultures across the world particularly in sub-Saharan Africa, women are compelled to go through a series of rituals after the death of their spouses. According to Angsotinge (2002), widowhood rites are practised by almost all groups in Nigeria, particularly among the Yoruba, Igbo and Hausas. He further asserts that in the southwestern part of Nigeria, the agony of a widow starts immediately after the death of her husband is pronounced. Consequently,

upon the announcement, the in-laws demand from the widow a list of the man's property and the bank accounts, after which she is subjected to a series of rites and ritual practices to mourn the death of her husband. Okoye (2012) also states that a widow is made to feel miserable, wretched and guilty over her loss. She is perceived and treated as a plague to be avoided so as not to contaminate other women.

Kuenyehia (1998) observes that widowhood rites in Ghana involved seclusion, wearing of prescribed dress codes, walking barefooted, fasting for some weeks, symbolic gestures directed at the corpse such as being required to hold the ankle of the dead husband or sleeping in the same room where the corpse is laid. In some cases, widows may be required to shave their hair and endure the application of pepper to their eyes. They may be stripped naked and carried through the town to a river to be cleansed, they may not be allowed to sleep on a bed until after the fortieth day after the death of the husband. Kuenyehia, therefore, stated that the practices are discriminatory against women since widowers are hardly ever required to perform such rituals upon the death of their wives. In his report, he concluded that the severity of such rites and the harmful effects on women have led to the introduction of a provision in the Criminal Law of Ghana which makes it an offence for any person to compel a bereaved spouse to undergo any custom or practice which is cruel in nature (Section 2(a) of PNDC Law 90). Angsotinge (2002) in his study of widowhood rites among the Dagaaba in Northern part of Ghana directed his attention to the rituals such as the rite of separation, purification, test of fidelity, smearing of ashes or clay, wearing of rope (gana), shaving, going around the bier three times, sleeping outside for three days and not receiving food or drink from

people but through the mediation of the ground as well as the rationale for the practices.

Similarly, Atinga (2006) in his study of the death and funeral rites of the Frafra (referring to Grune, Talensi, Bosi and Nabdam) focused on the ritual re-enactment of their belief system, the meticulous nature of Frafra funerals and the way they handle the dead to portray their belief about the dead vis-à-vis their relationship with the living. Cited in his study is the elaborate widowhood ceremonies for both the widow and the widower as if it is closely linked to the funeral performance of a deceased spouse. These findings are generalised for tribes that have some commonalities as well as differences; hence it was silent about what is different for the Talensi as all are. Tei-Ahontu (2009) in his study of widowhood rite amongst the Ga people in Ghana, sought to find out the reasons that underlie the practices, why widowhood rites persist in Ghana and in the event a man loses his wife, how the rites are carried and if there are any discrepancies to that of the woman among the Ga. He also elaborated on the effects and human rights dimensions of the widowhood rites among the Ga.

Nabila (2009) on the origin and reasons for widowhood rites among the Mamprusi elaborated on some of the difficulties and violations widows go through. The rites include test of fidelity to her late husband, shaving off her hair, being stripped and bath naked during the funeral, compelled to marry one of her late husband's siblings or face various reprisals such as being disowned by her family, denied certain communal rights or even lose her children to her husband's family. Akurugu (2012) discusses the knowledge of people on the aspects of widowhood rites that violate women, variation in widowhood rites

by gender as well as the contribution of national and international institutions to promote the rights of widows.

Unlike Tei-Ahontu (2009) and Angsotinge (2002), the focus of Akurugu (2012) goes beyond the reasons and ceremonies to include human rights dimensions, the contribution of national and international institutions in the promotion of the rights of women. Harmful widowhood rites affect the physical, psychological, health and the general well-being of widows. Harmful widowhood rites, therefore, constitute a human rights violation. Any practice that might be harmful or injurious to the physical and mental wellbeing of a person is an affront to the fundamental human rights of that person, and also, a violation of the fundamental human rights and freedoms contained in the 1992 Constitution of Ghana.

The abuses that come with these practices could be more severe than physical assaults which perhaps attract public sympathy. In some settlements worldwide, including Ghana, widows may be forced to marry their late husband's brothers or enter into a polygamous marriage and may often be subjected to sexual abuse by male members of their late husband's family (Oduro, 2007). Oduro (2007) further observed that the worrisome aspect of this phenomenon is that there seems to be no sign of its stoppage because advocates and government agencies can hardly come to terms with traditions.

According to Fields and Casper (2001), spousal death is ranked as among the most stressful life events that humans experience and yet, it is a common occurrence in the lives of midlife and older women. When compared with men, women are more likely to be negatively impacted financially following widowhood (Korb, 2010; Lee, Willetts, & Seccombe, 1998). Such a

situation may have an effect on their future romantic relationship opportunities and decisions (Stewart, Manning, & Smock, 2003; Sweeney, 1997). Furthermore, their ‘marketability’ may be less fortunate especially if children are involved.

When compared with their still married counterparts, widows reported experiencing greater social challenges including those with children (Seltzer & Friedman, 2014; Sutor, Gilligan, Johnson, & Pillemer, 2014), as well as with close family and friends who expected more rapid “recovery” from grief over time (DiGiulio, 1992). Research on the affective wellbeing of bereaved individuals when compared to their non-bereaved counterparts has resulted in descriptions of increased instances of intense longing and loneliness (Lund & Caserta, 2002; Stroebe & Stroebe, 1987; Stroebe, Stroebe, Abakoumkin, & Schut, 1996), greater psychological distress and mental health concerns (Carr et al., 2014; Hahn et al., 2014; O’Connor & Arizmendi, 2014).

Although the psychosocial correlates of widowhood have been studied, less research has prospectively surveyed the effect of this life transition on mental health, and even fewer studies have focused on physical health, health behaviour, and health outcomes. The importance of social support and special attachments for mental and physical health has been well described (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Conceptually, some mechanisms have been used to illuminate how widowhood might lead to deficiencies in mental health, physical health, and health behaviours. Umberson (1992) hypothesised that the death of a spouse might lead to the loss of a person who assists in monitoring and supporting attempts to change one’s health behaviours.

Critical life events such as widowhood are also connected with a disturbance in one's normal routine (including participation in health behaviours) and an increase in stress. A recent meta-analysis established that total life events, as well as the death of significant others, were linked to higher levels of depressive symptoms in older adults (Kraaij, Arensman, & Spinhoven, 2002). Depression, in turn, has been shown to interfere with health behaviours and compliance with medical treatment (DiMatteo, Lepper, & Croghan, 2000).

Specifically related to widowhood, Chen-Hayes, Chen and Athar (1999) found that widows experiencing traumatic grief following the death of a spouse were at subsequent increased risk for physical health problems such as cancer or a heart attack. Sevak, Weir and Wills (2005) indicated that younger widows are more prone to grief due to economic hardship and daily challenges of single parenthood; they are financially ill-prepared and are often concerned about what to do with the rest of their lives. Young widows worry more about making important decisions and economic survival while older ones focus more on handling different daily chores. Generally, older widows do better than younger ones, perhaps, because, the death of a partner is more expected for older women (Van Den Brink et al., 2004).

The aforementioned circumstances coupled with other emotional factors lead young widows to a state of psychological distress (Bowlby, 1982). The feeling of such a painful early loss of a loved one may degenerate into intense grief, depression, anxiety and restlessness on the part of the young widow (Ball, 2001). In such stressful situations, there is a tendency for young widows to derive emotional support from relatives and other societal affiliations (Glick, Weiss & Parker, 2005). These symptoms may be tied in with somatic symptoms

(e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures (Kleinman, 1991). Additional criteria have been used in the definition of psychological distress but these criteria do not make consensus.

In particular, proponents of the stress-distress model posit that the defining features of psychological distress are the exposure to a stressful event that threatens the physical or mental health, the inability to cope effectively with this stressor and the emotional turmoil that results from this ineffective coping (Horwitz, 2007; Ridner 2004). The scientific literature shows that the expression “psychological distress” is often applied to the undifferentiated combinations of symptoms ranging from depression and general anxiety symptoms to personality traits, functional disabilities and behavioural problems. So how do widows adjust to their new stressful life? What strategies do they deploy to overcome their particular state of being?

Akinlabi (2013) indicated a striking difference in the adjustment strategies of young and old widows in South West Nigeria. According to her, old widows have developed much capacity better than young widows, although both of them undergo some period of tension and trauma. Adjustment strategies that Akinlabi (2013) found in her studies included adaptive mechanisms, attack mechanisms, avoidance mechanisms, behavioural mechanisms, cognitive mechanisms, conversion mechanisms, defence mechanisms, self-harm mechanisms, crying, displacement and dissociation. Iruloh and Elsie (2017) have distinguished between two streams of adjustment strategies: problem-focused strategies and emotion-focused strategies.

While the problem-focused strategies are adopted depending on the magnitude of the problem arising from tensions and stress that accompany

spousal bereavement; the emotion-focused strategies are borne out of the length of the marital union before bereavement in that the marriage might have lasted longer than ten years with the availability of children. They cited problem-solving strategy, social support strategy, cognitive restructuring strategy, express emotion, wishful thinking, and self-criticism, among the eight adjustment strategies that have been studied.

Research has shown that marriage is said to be synonymous with quality of life for especially young female spouses with poor socio-economic status and they tend to lose such quality of life following loss of spouse. It must also be noted that quality of life depends not only on the person's age and state of health, but also on the person's emotional, cognitive, as well as social functioning (Arnold as cited in Brown et al., 2004). The findings of the research, which involved the entire population of Norway, demonstrated that the older part of the population highlighted the assessment of physical condition; women evaluated quality of life worse than men did; family status had the greatest impact on the emotional area of life, whereas education affected all areas related to quality of life (Kazlauskaitė & Rėklaitienė, 2005).

Statement of the Problem

Studies in Africa including Ghana (Akinlabi, 2013; Elsie, 2017; Field & Casper, 2001; Nabila, 2009; Oduro, 2007; Sevak, Weir & Wills, 2005) have shown that widows, especially young women, tend to live stressful lives in the wake of spousal bereavement. Available literature indicates that widows encounter myriads of economic, social and psychological problems, particularly in the first year or so after the death of the spouse. The major problem 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 (Fasoranti & Aruna, 2007). The widows subsequently lose the perceived quality of life enjoyed during the marriage which include companionship, sexual satisfaction and economic support. In the wake of spousal bereavement, they are compelled to take up roles which are traditionally masculine and completely new to them (Uche, 2015).

The widows are financially, physically and emotionally or mentally unprepared for such roles and become obsessed with how they may cope subsequently with the daily challenges of single parenthood (Sevak, Weir & Willis, 2005). Worst of all, they are made to undertake some series of rituals which are dehumanising and life-threatening (Oloko, 1997). As a result, young widows have to undergo various forms of emotional and psychological distress that make them grieve relentlessly, feel restless, anxious and eventually depressed (Ball, 2001). Amoran and Lawoyin (2005) concluded that a higher rate of mental illness exists among the widows than their married counterparts. A study conducted by Chen, Bierhals, Pigerson and Masure (1999) concluded that widows had higher mean levels of traumatic grief, depressive and anxiety symptoms. According to Oniye (2000), the death of a husband would automatically, expose the widow to lots of difficulties which include, financial, social, physical, sexual, emotional and societal. This is an indication that a vacuum has been created, which by implication, needs to be filled by well-defined support and adjustment strategies.

Research has shown that being human, young widows tend to devise various strategies to adjust to such uncomfortable circumstances by seeking solace from either family associations or societal affiliations such as Widows

and Orphan Movement and Widows Association. Researchers have studied such phenomenon among young women widows in Ghana. Recently, it has been observed that this phenomenon of young women's widowhood has been on the rise, especially in the Ashanti Region of Ghana according to the 2010 Housing and Population census data. However, among young widows in Ashanti Region, specifically widows in Kumasi Sub-Metropolitan District Councils, the quality of life, the nature of their psychological distress and the types of adjustment strategies they adopt have not been specifically investigated. It is against this background that this study seeks to fill the gaps in the literature regarding the quality of life, psychological distress and adjustment strategies among young widows in Ghana.

Purpose of the Study

The primary purpose of this study was to assess the quality of life that young widows experience, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they go through when their husbands die.

Specifically, the study sought to:

1. Ascertain the factors that affect the quality of life among young widows in Kumasi Sub-Metropolitan District Councils.
2. Identify the psychological distresses, social and economic problems young widows in Kumasi Sub-Metropolitan District Councils undergo after spousal bereavement.
3. Identify adjustment strategies that young widows in Kumasi Sub-Metropolitan Councils adopt in order to cope with their distress.

4. Determine the support that is available to young widows in Kumasi Sub-Metropolitan Councils.

Research Questions

The study was guided by the following questions:

1. How satisfied were the young women with their marriage before the they become widows?
2. What are the major psychological distresses that affect young widows in Kumasi Sub-Metropolitan District Councils?
3. What are the adjustment strategies young widows in Kumasi Sub-Metropolitan District Councils adopt to overcome their psychological distresses?
4. What forms of support are available to young widows in Kumasi Sub-Metropolitan District Councils?

Research Hypotheses

The following hypotheses would guide the conduct of the study:

1. **H₀₁:** There is no statistically significant difference in the quality of life among young widows with respect to employment status
H_{A1}: There is a statistically significant difference in the quality of life among young widows with respect to employment status.
2. **H₀₂:** There is no statistically significant difference in the Quality of Life among young widows with regard to the number of years (duration) of widowhood.
H_{A2}: There is a statistically significant difference in the Quality of Life among young widows with regard to the number of years (duration) of widowhood.

3. **H₀₃**: Age does not moderate adjustment level among young widows and their quality of life.

H_{A3}: Age moderates the adjustment level among young widows and their quality of life.

Significance of the Study

The findings of this study will provide evidence of the state of widowhood among young women to inform government policy for implementation. The findings will reveal significant factors that influence adjustment to psychological distress among young widows in Ghana. This will direct the focus of Governmental, non-Governmental Organizations (NGOs) and other Civil Society Organisations efforts towards vulnerable groups in society. The outcomes of the study will also add to the pool of resources in order to aid the counselling of young women who may be experiencing spousal bereavement.

The outcome of the study would enable young widows to appropriately adjust to life, identify and access the available support systems for their use. The study would equip counsellors with the requisite skills to help young widows adjust to life after the death of their spouse. Furthermore, the findings from the study will add to the existing limited literature on the stressful conditions young widows endure after losing their spouse and will also serve as reference material for future researchers who may wish to pursue future studies in this subject matter.

Delimitations

Geographically, the study was limited to only young widows from Kumasi Sub-Metropolitan District Councils. The widows from Kumasi Sub-

Metropolitan District Councils were chosen based on the fact that, it appears that psychological distress and the types of adjustment strategies young widows in Kumasi Sub-Metropolitan District Councils adopt have not been fully explored and this has really created empirical gap. In terms of the content, the study focused on assessing the quality of life that young widows experience, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they go through when their husbands die.

Limitations

The study was very sensitive, it is possible that respondents might have withheld vital information from the study. Others also might have faked responses which might have been permitted and made easy as a result of the questionnaire, a self-report measure, which was used in the data collection. Another area of limitation is the fact that not all the participants were literate and therefore could not respond to the questionnaire on their own without interpretation. However, measures were put in place to reduce the effect of these limitations on the validity and reliability of the study. The purpose of the study was explained to the participants and were encouraged to participate in the study. They were to voluntarily participate and were at liberty to withdraw their participation where they felt uncomfortable to continue.

Definition of Terms

The following terms have been operationally defined for the purpose of the study:

Widow: A widow is a woman who has lost her husband

Young Widow: A young widow is a woman between the ages of 24-45 years who was customarily or legally married but has lost her spouse.

Widowhood rites: widowhood rites are cultural rituals that any surviving spouse undergoes to honour a dead spouse.

Quality of life: Quality of life is defined as an individual's satisfaction with his or her life dimensions compared with his or her ideal life based on the individual's value system and on the culture.

Psychological Distress: Psychological distress is a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g. restlessness; feeling tense)

Adjustment Strategies: These are ways and means of coping when people are under extreme stress or find life not worth living for.

Organisation of the Study

This study is organised into five chapters. Chapter one deals with the introduction looking at the general background of the subject area. It also deals with the statement of the problem, purpose of the study, Research questions and hypotheses as well as significance of the study, delimitations and limitations of the study are covered in this chapter.

Chapter Two concerns itself with the conceptual framework, theoretical as well as empirical reviews. Chapter three deals with the methodology looking at the research design, population, sampling and sampling procedure, the research instruments and their reliability, data collection procedure and analyses of data. In chapter Four, I look at the results and discussions of the data in relation to the literature review. The final chapter, chapter five, summarises the results and draws conclusions as well as make recommendations for future research.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews essential or relevant literature pertaining to the topic. It concerns itself with theoretical reviews and conceptual review and framework underpinning the study as well as empirical studies in the area.

Theoretical Review

Given the multiplicity and complexity of transitions that young widows have to endure, this research reviews the following theories:

1. The dual process theory,
2. theories of psychological distress,
3. Theories of adjustment and
4. Quality of life model.

The Dual Process Model of Coping

Widowhood and the associated grief can impact and be impacted by coping processes, personally held identity, roles, and relationships of the individual as well as the depth and breadth of their grief. The primary objective of this study is to assess the quality of life young widows' experience, the psychological distress they undergo and the various adjustment strategies they use. A myriad of past grief-based research and theory has focused on the expectation that individuals will “work” their way through grief in an attempt to return to what was previously held as normal (Walter, 2002).

However, more recent theorising on mechanisms for coping with grief has emphasised a Dual Process Model (DPM) of coping that oscillates back-and-forth along a continuum between two complimentary coping orientations: Loss-Oriented (LO) coping, which is a process of attending to the more commonly early, yet recurring cares of bereavement or grief work associated directly with the loss itself, and Restoration-Oriented (RO) coping, which incorporates attending to the challenges associated with the new changes, unfamiliar roles, and evolving identity (Stroebe & Schut, 2010). Whereas grief is the multifactorial reaction to loss, Loss-Oriented coping is the psychosocial and behavioural process of dealing with the stressors associated with the loss of a spouse, and Restoration-Oriented coping is the process of coping with the stressors associated with having (needing, wanting) to change because of that loss.

Beyond coping, the psychological and social resources of the individual are also very important to the progression of grief and bereavement. Erikson (1963) captured the process of lifespan development associated with these resources in a theory of stages, which he referred to as crises. Individual development proceeds as biological development and social interactions produce opportunities for balance amidst competing psychosocial crises. Because young widows may be compelled to cope and adapt to the new roles, responsibilities, relationships, and social crises that occur with or impact off-time conjugal bereavement, the current study is framed by Erikson's (1963) psychosocial theory.

Losing a spouse is considered a consummately difficult life event (Hardy, Concato & Gill, 2004). Experiencing that loss at an early period in the

relationship (Elder, Johnson, & Crosnoe, 2003) may add to the complexity of grieving and the coping process (Pearlin, 2010). Researchers have suggested a normative process and timetable whereby bereaved individuals return to pre-loss levels of wellbeing, usually by the second anniversary of death of spouse (Sasson & Umberson, 2014). These processes include coping methods and mechanisms such as working through the pain of loss, while interspersing distractions from that discomfort in what Stroebe and Schut (1999) described as experiencing grief in doses.

Working through grief or “grief work” has long been held as an important aspect of the mourning process (Walter, 2002). However, based on the limitations found in past theoretical adaptive coping strategies, Stroebe and Schut (1999) theorised that coping with grief occurs in dual processes. Both processes are present in varying degrees in most widows’ coping (Caserta & Lund, 2007; Stroebe, Folkman, Hansson, & Schut, 2006). Accordingly, Stroebe and Schut (1999) proposed a process of coping that “oscillates” between both Loss-Oriented (LO) and Restoration-Oriented (RO) coping. LO coping is described as coping or “grief work” that is directly concerned with the loss, the intrusion of grief, relinquishing or continuing broken bonds, and even the occasional denial of the process of moving forward. RO coping is adapted to and making needed changes, distracting and avoiding grief, trying new activities, roles (identities), responsibilities, and relationships following loss. The continuing alternation between these orientations has been found to be integral to healthy mourning, especially in the first year of grief (Stroebe & Schut, 2010). Through a normative course of grief, this DPM process characterised by commonly higher levels of LO coping early on is theorised to

become increasingly more RO thereafter.

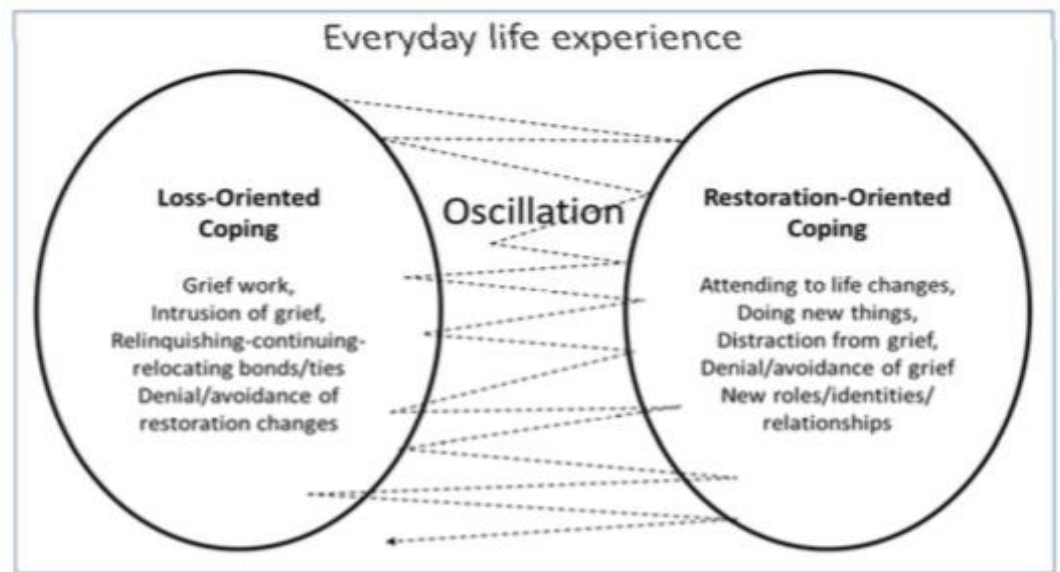


Figure 1-The Dual Process Model of Coping with bereavement: Adopted from Stroebe and Schut (1999).

Though both LO and RO coping orientations represent potential sources of stress and anxiety (Stroebe & Schut, 2001; Utz, Lund, Caserta, & deVries, 2011), this dynamic process of coping may help explain the length and depth of widowed grief. For example, although early grief and mourning is commonly punctuated with loneliness, crying, and even stress and depression (Boelen & Prigerson, 2007; Worden, 2009), many widows will find temporary respite from their pain by embracing distractions from the past and directing their concerns to the future (Stroebe & Stroebe, 1991; Utz, Lund, Caserta, & deVries, 2011).

Folkman (2009) indicated that if bereaved persons are able to create and embrace “new” goals and proceed in novel directions (transition to more RO coping), they are more apt to adjust in a more positive manner. Tedeschi and Calhoun (2004) described this positive development amidst grief as posttraumatic growth. However, certain personal characteristics and contexts

surrounding the loss or the bereaved person may unsettle a more normative system of coping. Part of this disruption for young widows may stem from the non-normative nature, timing, or sequencing of events that increase stress on their roles and identities as they cope (Bennett, Gibbons, & Mackenzie-Smith, 2010; Pearlin, 2010).

Researchers have studied the effects of those who have focused coping more specifically on the stressors of grief work or moving forward, however the DPM suggests that most widows “oscillate” between both coping strategies (Stroebe & Schut, 1999), or as others have considered it, both coping and not coping (Moore, 2014). For instance, Bennet, Hughes and Smith (2005) found that older widows and widowers who continued to talk about their deceased spouses chose healthier coping processes going forward than those who did not. So, it is expedient to study how young widows cope and adjust to life after the loss of their partners.

Based on these dynamics, Caserta and Lund (2007) developed an assessment measuring the impact of both coping orientations in daily widowed life. Similar to what was found in subsequent research using the DPM (Bennett et. al., 2010; Utz et. al., 2011), this measure has generally indicated that widows more focused on RO coping were more involved with mastery of new tasks, decision making, personal care, managing depression, and taking on new roles than those with a more LO coping. Caserta and Lund (2007) found that when absent complicated or pathological grief, older widows transitioned to a more RO approach by around 12-15 months’ after the loss.

Theories of Psychological Distress (Aaron Beck, 1967; Albert Ellis, 1962).

Cognitive therapy rejects the views of the two major therapeutic schools: psychoanalysis, which posits the unconscious as the source of emotional disturbance; behaviour therapy, which regards only overt behaviour as significant. Cognitivists are of the view that people react to events in terms of the meanings that they give to the events. As such widows react differently to loss of spouse from widowers. These personal interpretations of an event lead to various emotional responses to the same situation by different people or by one person at different times. Ellis (1962) is of the view that human beings are uniquely rational, as well as irrational. When they are thinking and behaving rationally, they are effective, happy and competent.

Emotional or psychological disturbance, neurotic behaviour is as a result of irrational and illogical thinking. Thought and emotion are not separate of different functions. Emotion accompanies thinking and thinking is, in effect, usually biased, prejudiced, highly personalised and irrational. According to Beck (1967), our distorted perceptions of events and distress can lead to a negative evaluation of ourselves and hence negative emotions and behaviours. Usually such negative evaluations have their foundation in our early life experiences. Beck (1967) asserts that there are three main dysfunctional belief themes (or 'schemas') that dominate depressed people's thinking: I am inadequate, I am a failure, and the future is hopeless. Together, these three themes are described as the Negative Cognitive Triad. These are negative self-evaluations.

When these beliefs are present in someone's cognition, depression is very likely to occur and available literature indicate that young widows get

depressed after the loss of their husbands. Beck (1967) believes that by gradually and sensitively guiding an individual to rethink about their negative self-evaluations they can come to a better understanding of their distress.

The Rational Emotive Behavior Therapy (REBT) was founded by Albert Ellis in 1955. REBT, as discussed by Turner (2016), focuses on uncovering irrational beliefs which may lead to unhealthy negative emotions and replacing them with more productive rational alternatives. Dryden (2005) described REBT as a short-term form of psychotherapy that helps the bereaved to identify self-defeating thoughts and feelings, challenge the rationality of those feelings, and replace them with healthier, more productive beliefs.

He further postulated that REBT focuses mostly on the present time to help and understand how unhealthy thoughts and beliefs create emotional distress which, in turn, leads to unhealthy actions and behaviours that interfere with the current life goals. The negative thoughts and actions can be changed and replaced with more positive and productive behaviour, allowing the widow to develop more successful personal and professional relationships. Ellis (1962), believes that our irrational thoughts are a matter of choice so we can be confronted to give the evidence at the back of those irrational choices. He believes we can change our perceptual field by thinking rationally to overcome our negative emotions and behaviours.

The study will attempt to relate this theory to the data generated during the interviews in an attempt to explain the interventions that can be used to help the widow deal with their challenges.

Theories of Adjustment

Death and Adjustment Hypotheses (DAH) is about death and dying that focuses on death anxiety and adjustment to death. It was presented by Mohammad Samir Hossain as an answer to the overwhelming anxiety and grief about death. In an attempt to find the resolution to death anxiety, predominantly the existential one, DAH postulates two key themes. Its first part postulates that death should not be considered the end of existence and the second part emphasises that the belief in immortal pattern of human existence can only be adopted in a morally rich life with the attitude towards morality and materialism balanced mutually. Factors behind the DAH are described in *European Psychiatry*, Volume 26, Supplement 1, Page 1727 in the following manner: Viewed from a naturalistic and scientific perspective, death appears to represent the permanent cessation of human existence, contributing to the widespread experience of death anxiety. The present argument attempts to deconstruct this argument on epistemological grounds by analyzing 1) the prevailing universal concept of death in naturalistic discourse, 2) the issue of our adjustment to this presumed reality, and 3) the relationship between existence and death in the context of their social evolution. Integrating this conceptual analysis with empirical observations, the paper then explores the contrasting postulate, namely that death may not be the end of our existence, and the moral implications of this alternative assumption. This position, termed the "death adjustment hypotheses," would seem to offer an alternative grounding for theory and research in Thanatology."

However, it should also be mentioned that adjustment is dependent on the type of personality. Certain types of personality characteristics are known

to cope better in the face of life crisis. Also, different types of coping strategies have been identified (Lazarus & Folkman, 1984). They group the strategies under two types: Problem-focused and emotion-focused approaches. Irulo and Elsie (2018) go further to state different types of adjustment strategies which include: controlling adrenaline arousal, self-talk, attention diversion strategy, insensitivity technique, relaxation, transcendental meditation, biofeedback, positive thinking, crying technique, faith strategy and many others. Stroebe and Stroebe (2007) include the age of the widow, her religious inclination, socio-economic status, number of siblings and social support.

Quality of Life Models

At the theoretical level, there are different perspectives to quality of life. The following are some of the perspectives:

1. Level of Living Approach (Swedish welfare state research in the 1960s): focus was on control over resources such as money, property, knowledge, mental and physical energy, social relations and security. It placed emphasis on objective resources. Mainly descriptive and not evaluative indicators.
2. Capability Approach: refers to a person's capability to achieve valuable functioning (Sen, 1993). It involves the freedom to choose among different functioning such as good health, and self-respect. However, it is difficult to evaluate since it changes over time as a consequence of cultural, economic, sociological and technological changes, secondly it does not talk about attitudinal, emotional and integrative aspect of the whole being (Lane, 1996).

3. Quality of Life and Persons Approach (Lane, 1996): This perspective looks at the relationship between objective and subjective conditions. Subjective because no one knows or understands you apart from you. What is satisfying for someone may not be satisfying for you. People evaluate their well-being on the basis of affect and cognitions.
4. Integrative Approach: emphasises holistic approach to life (Ventegodt, Merrick & Anderson, 2003). The theory involves well-being, life satisfaction, happiness, meaning in life, biological balance, realising life potential, fulfillments and objective factors.

The World Health Organisation (WHO) has an approach that is integrative but also looks at culture and people's relationship with their spirituality/religious and personal beliefs. The WHO defined quality of life as: An individual's perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept, affected in a complex way by the person's physical health, psychological state, and level of independence, social relationships, and their relationship to salient features of their environment (WHOQOL Group, 1995). Later they added spirituality, religiousness and personal beliefs to the five domains. They are:

Physical Health - energy and fatigue, pain and discomfort, sleep and rest.

Psychological - bodily image and appearance, negative and positive feelings, learning, memory, concentration and self-esteem.

Social and Relationship - personal relationships, social support and sexual activity.

Environment - financial resources, freedom, physical safety and security, health and social care, transport and leisure activities.

Spirituality, Religiousness and Personal Beliefs.

In this study, the approach by the WHO is adopted as it acknowledges the importance of culture and one's relationship with spirituality/religiousness and personal beliefs.

Conceptual Review

In the conceptual review, the following concepts are considered:

1. Widowhood.
2. Psychological distress in respect of anxiety and depression.
3. Subjective and objective concepts of Quality of life including Ghanaian concept of quality of life.

Concept of Widowhood

Caldwell and Caldwell (1987) defined marriage as the transfer of a woman's reproductive rights from her father to a husband. Since a man acquires reproductive rights at marriage, he typically makes all fertility decisions (Tertilt, 2005). He further stated that men prefer to marry women who are significantly younger, because this will make them more subservient. The purpose of marriage in sub-Saharan Africa is reproduction. According to Mendesde, Leon, Kasl and Jacobs (1994), widowhood is a state resulting from the loss of a spouse. Widowhood comes with rituals. Although it is prescribed for both widows and widowers, the latter go through less stringent rituals as compared with the widow (Dolphyne, 2009). Due to the inhumane practices some widows are subjected to during the widowhood rites, their grief and anxiety increases.

Widows are essentially women with/without children who lose their husbands as a result of death. In a similar vein, widowhood refers to the loss of a husband, companion, breadwinner and supporter. For most widows, the death of the husband is not only a time for emotional grief, but also a time that severe torture and humiliation would be meted out to them by their in-laws. It is a time for scores to be settled with the deceased's extended family. Under normal circumstances, a widow is to be pitied, and helped out of the psychological valley into which the unexpected has plunged her, but unfortunately, this is never the case. In most African societies, she is stigmatised as the killer of her husband, oppressed, suppressed, afflicted, neglected, accused, insulted and consequently made to succumb to widowhood rites on account of customs and traditions. Usually, the widow's ordeal begins the very moment her husband/spouse breathes his last as revealed by Dei (1995); the sympathy for her ends on the spur of the moment. Promises and assurances are made at the graveside. But as soon as the earth swallows the dead, the widow becomes a victim of neglect, accusation, and bizarre cultural practices. In most cases, the in-laws use the mourning period as an avenue to give vent to their anger and ensure that the widow's solitary and introverted life is made more miserable. They strip her virtually of her self-esteem and all the properties she had acquired with her spouse.

Consequently, the death of a husband dramatically alters a woman's status and leaves her at the mercy of her husband's relations who are customarily empowered to make decisions concerning her and the properties left behind by the deceased not being concerned about her welfare and that of her children, if any. As observed in *Women's Rights Wake Up Call Assessment*

Report (2001), the plight of widows is made worse by various widowhood rites though not uniform in all societies, but existing in one form or another almost everywhere. While it is more entrenched in the rural areas, the practice affects many urban women in African societies especially as it is common with those who die in the cities but are to be buried in rural areas (“hometown burial”).

“As the prime suspect of her husband’s death, the widow is usually compelled to go through an ordeal to prove her innocence. In some cases, she is made to drink the water used to wash the corpse” (Kantiyok, 2000). Akumadu (1998) asserts that: “To express their grief, widows are sometimes required to sleep on the floor, abstain from taking baths, shave their hair, and wear dirty rags as clothes for as long as mourning lasts”. In a similar vein, “She is made to cook with broken pots and eat with unwashed hands”.

Nna and Nyeke (2007) note that: Widows all over the world face varying degrees of difficulties and untold hardships as such they have different adjustment strategies to spousal loss. Even though they tend to suffer in silence in most cases, the problems range from obnoxious legislation, which subsumes women under male dominance of cultural practices such as widowhood practices and disinheritance which exacerbate the poverty and social disempowerment of women. These practices which stem from societal traditions and family perception are no doubt harmful to the health of the widow in question besides being extraordinarily harsh. Moreover, most of these rituals erode the dignity of the widows and also traumatise them.

Widowhood, though an inevitable status, has impact on the lives of people when it occurs. The death of a spouse can be one of the most stressful role transition which results in profound change in the status, stability and

security of the woman. The death of a spouse results in a problem of re-adjustment. Most times, the widow suffers from insecurity and wants especially with regard to the maintenance of the house and children. In the past, this role was a joint responsibility of the couple. The psychological impact on the surviving spouse who is deprived of the companionship of the dead may be the same all over the world, but the treatment meted out to widows are diverse among cultures.

Lasebikan (2001) captures the situation of widowhood in her statement: “what the Igbo widow experiences during widowhood is better imagined than experienced”. This suggest that if you have not been through it, it is difficult to know how it feels. Widowhood practices still exist in their bizarre forms in some parts of the world including some communities in Nigeria (HDI, 2005). This is premised on the fact that widowhood practices that invade the privacy of widows and violate their fundamental human rights are glaringly enforced. Literature shows that in many parts of Nigeria, widows are often debarred from enjoying any inheritance rights in property owned by their husbands. Thus, for example, a widow can lose her home and the land she has worked for subsistence as well as her household possessions (Oyekanmi, 2007). Harmful widowhood practices such as confinement indoors for several days and months no doubt result in the denial of freedom for the bereaved women just as their businesses and careers are stalled and sometimes lost due to long mourning periods. These rites vary from one socio-cultural group to another. The above assertion no doubt, paints a gloomy picture of widowhood in the Nigerian context. Ironically, other women in the community especially relations of the deceased husband are those who execute and enforce harmful cultural practices.

Among the Igbo of Eastern Nigeria, these women are called the *Umuada sisters*’ which implies sisters in the family. This is the danger of the process of socialization or enculturation that is a by-product of gender relations. Such experiences again show that certain aspects of the culture inhibit development.

According to United Nations Development Programme (UNDP) Report (2004), “development that is not engendered is endangered”. United Nations International Children Emergency Fund (UNICEF) (2002) defines patriarchy as the male domination of ownership and control at all levels of society, which maintains and operates the system of gender discrimination. In most patriarchal societies, the roles of men and women are not only treated differently, but are often given unequal weights and value. The age long restrictions placed on women’s life choices and opportunities hinder not only their growth but the development of nations (Aina, 2007).

African society is characterised by unstable traditional and cultural practices as a consequence of external influences and variables. Certain customary practices have survived this transition. Agunwa (1999) asserts that current widowhood practices are among the practices, which did not undergo transition. They go through harsh and difficult challenges of bereavement, for example, they have to demonstrate phases of yearning, searching, and disorganization and of re-organization (Woof & Carter 1994). Akujobi (2006) is of the view that survival is not easy for many widows who experience life as a continuous struggle to make ends meet, support their children, uphold religion/tradition, and avoid illness and death. There is no real support mechanism in place to ease their burden.

According to Sampson and Laub (1993), there is an emotional and psychological nurturing of children that rests with the widow who has to guide her children through the unnatural experience of single parenthood, as children are unable to form the necessary parental attachments and the consequences of the diminishing opportunity for adequate parental attachments where both parents are neither alive nor living together results in a lack of discipline and children end up being delinquents. The experience of an absent parent is enormous. It may cause children to struggle with their identities. This often results in children committing crime, as a compensatory means of obtaining desires and needs, which are not provided by the family (Jones, 2000).

Jennings (1988) opines that grieving is about separation and accepting the finality of death. A widow is always occupied with the vision of the images of her deceased husband as they are grieving. Their reaction to grief is intensified when they are reminded of the deceased and have to demonstrate a sense of loss that meets the standards of religious and cultural practices. When the widow reacts to the loss with an initial sense of well-being within a set timeframe, which is unspecified and shows a positive personality change, she is met with hostility or irritability. In some cases, she is even suspected of causing the death of her spouse. To this end, she may be asked to drink the unhygienic water used to wash the corpse of her husband to demonstrate that she is innocent. She may also be asked to perform a cleansing ritual by bathing naked before the body is laid in state. There is also the possibility of having sexual intercourse with a relative to prevent the departed spirit of her husband from coming back to seek sexual union with her (Kunhiyop, 2008).

A widow who is married into a family upon the death of her husband is regarded as a visitor or an outsider because she is not a biological member of the family she is married into. At her husband's funeral, she might be relegated to be a mere spectator. She could also be forced to immediately return all her husband's property and personal belongings. In some extreme cases, even the house will be taken and she will be driven away (Kunhiyop, 2008). "The cause of this is a cultural setting that invariably promotes alienation, male domination, and female subordination" (Ahonsi, 2000). It relates to certain towns in Ezeagu where it was observed that some of the customs and tradition relegate women to the background and clearly deprive them of their rights and privileges. For example, whether or not a widow remarries is a question to be decided by her in-laws. This will affect her sociological and economic situation as well as that of the children. The decision as to whom she marries must carry benefits for the original in-laws and extended families. If she refuses, she will have no right to her in-laws (Aswald, 1987).

Other researchers have attempted to outline the stages of mourning during bereavement more systematically and coherently. Kavanaugh (1974) also suggests that there are seven states involved in the grieving process: shock, disorganisation, violent emotion, guilt, loss, loneliness, relief, and re-establishment.

Jacques Derrida (1998) argues that the basis of all friendship is mourning. The fundamental law of friendship and intimacy is that one must die before the other – that there is no friendship without this inevitability. Consequently, marriage is a temporal institution - it ends at the death of one of the spouses, and this is a certainty that must be endured. Death serves as the true

expression of love, because it acts as an intensifier and ennobler of love lost (Gordon-Smith, 2008), and hence when a loved one no longer lives, love becomes heightened, idealized, and preserved in memory. This preservation should, ideally, be reflected in a continual preparation for the possibility of a partner's death.

However, what does preparation for the inevitability of a friend's departure consist of? This is not a piece of advice to husbands and wives to seek for standby spouses! Probably, it is the impact on us of the feelings we have about death, and our beliefs about the perceived situation of the deceased, that affect our coping mechanisms. To what extent and for how long can one value the perceived personhood of a deceased individual? My life must continue even after the death of my spouse, and it is my responsibility to shape it if I view myself as a separate entity from the deceased.

According to Sossou (2002), hardly seen as fully natural, and just as in West Africa, when the death is of a young person, 'all restraints are thrown overboard and explanation sought in witchcraft, juju or bad medicine.' Widowhood as a bereavement is a natural occurrence associated with grief. In many societies, widowhood is a process characterized by rituals, forced remarriages, harassment, rejection, loneliness, poverty, loss of status, fear of the future and depression (Ntozi, 1997). The degree of expression of the negativities depends on the communities' culture, religion and economic systems: widowhood practices are closely tied to cultural and traditional beliefs about death, ghosts, inheritance, feminine roles, family structure and family relationships.

The overpowering belief in the ability of the ghost of a dead person to come back to dispute and haunt all kinds of things and relatives has reinforced and perpetuated the age-old practices of widowhood in Africa. The belief that death brings corruption and the dead still have contact with the living, especially their closest partners in life, is one of the reasons used for subjecting widows to inhuman and humiliating customary practices. The satisfactory completion of these ceremonies, rituals and practices is therefore believed to help restore the balance and security, which the death had sought to overthrow.

The people, due to superstitious beliefs, rationalize these practices with the argument that they perform important functions, such as giving the widows protection from their powerful deceased husbands (Sossou, 2002). Death is very hard on anybody. However, the disorganization and the subsequent traumatic situation of the widows in Ezeagu seem to be more severe on women than on men. The impact of death on a widow runs deep socially, psychologically and economically. Agunwa (1999) states that tradition and some cultural practices prescribe harsh injunctions for widows, who are at times denied the basic essentials of life.

Suleiman (2010) conducted a study on the problems and adjustment needs of literate widows in Kwara state, Nigeria. Generally, it was discovered in the study that widows in Kwara state have an acute problem and adjustment needs. The main findings of the study showed that psychological problems are the most serious or most universal problem confronting widows. It involved feeling of sadness on remembrance of their later husbands, followed by financial problems, social and the health problems. Suleiman also indicated in

his finding that widows need adjustment in all area of their lives that is in the area of social, health, financial and psychological issues.

Oniye (2001) researched the adjustment strategies of Nigerian widows to widowhood stress and issues for rehabilitation counselling. The research investigated the adjustment strategies of Nigerian widows as they strive to overcome the stress inherent in the society's widowhood practice. The traditional socialisation which emphasises dependence and passivity hinder women's attempts to adjust to widowhood and create a new life for themselves.

A study conducted by the (British Journal of Education Vol.6, January 2018-Published by European Centre for Research Training and Development UK) had its main focus of the study as adjustment strategies often employed by Nigerian widows towards widowhood stress. It was discovered that Nigerian widows differ significantly in their stress level and adjustment strategies on the bases of selected personality variables. The study recommended among other things that relatives, society, government and counsellor should mount intervention strategies like the abolition of harmful widowhood practices, legislation against oppressive mourning and widowhood rites and the establishment of a National Commission for widow's affair. It was also recommended in the paper that rehabilitation counselling should be provided by counsellors. This should include re-orienting the widows' cognition about their state of being and its attendant stress. The rehabilitation counselling advocated should focus on restoring total personality well-being of the widows and maximisation of their potentials for optimal integration into the larger society. Consequently, it can be observed from the studies presented earlier that none of them presented concentrated mainly on the adjustment strategies of widows.

Accordingly, it is against this background that the researcher deemed it fit to embark on this scholarly venture with the main thrust of identifying the quality of life, psychological stress and adjustment strategies among widows in Kumasi Sub-Metropolitan District Council. The conceptual framework is illustrated as shown in figure 2.

Conceptual Framework

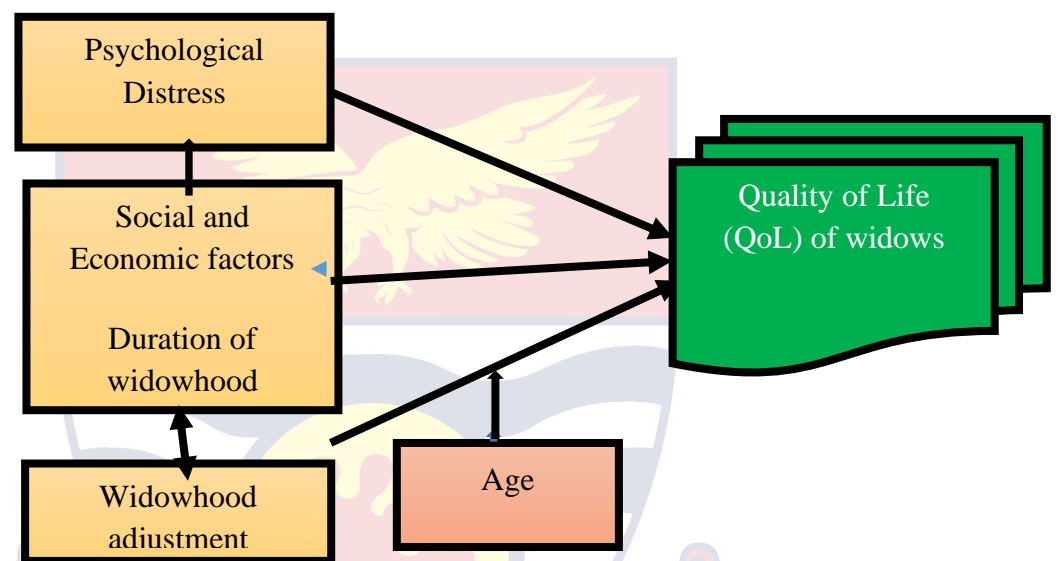


Figure 2-Relationship between psychological distress, widowhood adjustment, duration of widowhood and quality of life.

Source: Researcher's own construct, 2018

There are certain variables that can affect quality of life. In this study, the researcher conceptualises that psychological distress, duration of widowhood as well as widowhood adjustment are the variables that can independently affect quality of life. But there is a relationship between duration of widowhood and widowhood adjustment both of which have an effect on psychological distress. However, the widowhood adjustment and quality of life can be moderated by age.

Empirical Review

Psychological Distress and Widowhood

Widowhood is believed to be the most stressful life event (Holmes & Rahe, 1967) yet only 15-30% of widows appear to experience clinically significant levels of depression a year after the death of the spouse (Stroebe, Stroebe, & Hanson, 1993; Zisook & Schucter, 1991). Sanders (1993) reported that compared to older widows, young widows exhibit greater psychological effects. The explanation given for such effects among the young widows is that spousal deaths are usually unexpected at a young age (Murrell, Himmelfarb, & Phifer, 1998).

In a Swedish study looking at the effects of long-term and recent spousal bereavement among twins from 1984-1993, they found that the bereaved twin experienced significantly more depressive symptoms, more loneliness, and less life satisfaction than the married co-twin (Liechtenstein, Gatz, Pedersen, Berg, & McClearn, 1996). Although the age range of the study was from 26-87, the average age after the study was about 58.6 years. This makes the study a bit problematic as they were not necessarily comparing young to old. A recent meta-analysis established that total life events, as well as death of significant other, were linked to higher levels of depressive symptoms in older adults (Kraaij, Arensman, & Spinhoven, 2002).

Quality of Life

Quality of life is a complex issue that involves one's physical health, psychological status, economic status, social relations, level of dependence, and environmental factors. It is both subjective and objective from the point of view of the individual. Quality of life may also be described differently by other

cultures and their spiritual/religious beliefs and practices. In the Ghanaian society, as an example, different words may be used to describe quality of life. What is perceived to be quality of life in a particular society or community may not apply to all communities in Ghana. Researchers have found through controlled experiments (Aron, Norman, Aron, McKenna & Heyman, 2000) that participation in novel and exciting activities together can lead to greater satisfaction in couples' relationships. The research suggests that trying new, jointly chosen recreational activities together can help sustain and increase romance in marriage. Other research suggests that it is important that couples participate together in recreational activities that both enjoy. In one study by Crawford, Houts, Huston and George (2002) they reported that the more time couples spent together in activities that only the husband liked, the less happy they became. Similarly, the more time husbands spent in recreational activities without their wives, the less happy their marriages became. This suggests that companionship is about developing similar interests together in order to enhance the quality of the marriage. Couple's sexual health is very important as it may predict the quality of their relationship. A study conducted in Pakistan suggested that one of the factors that predicts marital satisfaction is sex (Ayub, 2012).

According to Bulanda and Brown (2007), marital quality is an essential variant of family life that shapes people's health and wellbeing. Greater marital quality is associated with less depression, better self-rated health, less physical illness and other positive health outcomes (Azimifar, 2017). Given the importance of marital quality, there is also literature that explores its determinants, including differences in the experience of marital quality by

ethnicity and gender. Bradbury, Fincham and Beach (2000), posited that the underlying research on marital quality is the challenge of describing inaccurate architecture what amounts to the marital quality of life. There appears to be no single and most suitable barometer to measure marital quality used across all studies (Bradbury, Fincham, & Beach, 2000).

Widowhood and Adjustment

Bala (2015) investigated the plight and adjustment strategies of widows in Danko Wasagu local government area of Kebbi state. The target population for the study was widows in four selected areas of Danko Wasagu local government area of Kebbi State (that is, Ribah, Danko, Yar'ali and Rambo). Purposive sampling technique was employed for selecting a sample of 500 respondents. The research instrument used was tagged "Problems and Adjustment Needs of Widows Questionnaire (PANWQ)". It was developed by the researcher to collect relevant information from the respondents. Data collected were analyzed using frequencies and percentages. The main findings of the study showed that psychological problems were the most serious for widows in Danko Wasagu local government area of Kebbi state. The results showed that economic problems and social problems have an effect on the adjustment strategies of widows. Based on the findings, it was recommended that widows should be provided with work opportunities to help them establish small enterprises and train them to manage these projects. It was also suggested that higher education should be obtained by widows through counseling services and lastly counselors should try to counsel married men to write their wills and make their wives and children as their next of kin in order to avoid these problems that were found to be faced by widows.

Uche (2015) sought to determine the extent of adjustment among widows in Bayelsa State. The ex-post facto design was used and a sample size of 200 was derived through probability sampling technique. Two hypotheses were formulated and data collected using questionnaire were analysed using Independent t-test. Results revealed that widowhood adjustment significantly differed on the bases of Spirituality and Age. It was concluded that adjustment tend to be easier for widows of higher spiritual level and those who are older. It was recommended for counsellors to be aware of the spiritual and other issues in their widow clients' lives and assist them to capitalize on these areas of strengths.

Mathias, Jacob and Shivakumara (2014) investigated the psycho-social adjustments faced by young widows. Descriptive survey design with 100 widows was selected from Mangalore district through purposive sampling. A 3-point scale to assess the Psycho-social adjustments was developed with 35 items. The tool was given to seven experts for content validation. Reliability of the tool was established by using Cronbach Alpha ($r = 0.75$). The tool was translated into Kannada. Furthermore, the collected data were analyzed by using descriptive and inferential statistics. The findings showed that 69% of the young widows have average adjustment and 31% have poor adjustments. Occupation and living with children had significant association with psycho-social problems among young widows. In conclusion, it was recommended that assessing the psycho-social problems among young widows will help to develop strategic welfare schemes to young widows.

Akinlabi (2013) examined the differences that existed between young and old widows and their amenability to coping mechanism and resources. The

researcher made use of descriptive research design of the survey type. All the widows in South West Nigeria were surveyed. A self-designed instrument titled ‘Young and Old Vulnerable Widows Questionnaire’ (YO VWQ) was administered on randomly selected widows. A sample of one hundred young and old widows was randomly selected using multistage sampling technique involving stratified and purposive sampling techniques. The instruments’ validity was ensured facially, content-wise and construct-wise by submitting it to relevant experts. A reliability co-efficient of 0.78 was obtained from Pearson Product Moment Correlation Analysis using test-retest reliability method. Copies of the instrument were personally administered by the researcher and trained research assistants in the various locations of the respondents. The data generated were analysed using appropriate descriptive and inferential statistics. The analysis of the data revealed that respondents (old and young) did not differ in their coping strategies and mechanisms. Based on the findings, it was suggested that curriculum planners should incorporate into the national curriculum areas to be taught to students that will change orientation and reduce agonies of mourning widows. Also, the culture of Will writing should be incorporated to couple’s life to alleviate the agonies of widows.

In the same year, Akinlabi (2013) investigated the influence of length of marriage on grief experience of widows in Yoruba land, Nigeria. The study adopted descriptive research design of the survey type. A self-designed instrument titled ‘Widowhood Experience Questionnaire (WEQ) was used for gathering data from the widows. One thousand, five hundred and sixteen (1,516) respondents were chosen using multistage sampling technique. The validity of the instrument was done by experts in Guidance and Counselling, Test and

Measurement and Human Kinetics. The test retest reliability of the instrument yielded 0.78 reliability coefficient using Pearson Product Moment Correlation Analysis and found significance at 0.05 levels. The data generated from the responses was analysed using frequency counts percentages and t-test. The result showed that respondents (old and young widows) do not differ in their experience of grief. Based on the findings, it was recommended that caregivers, teachers and counsellors should be equipped with the tools of handling widows in Yoruba land. The religious leaders should preach and discourage areas of Yoruba culture that elongate grief experience. The area of the culture that promotes tenacity of grief should be discouraged.

Amaru (2012), conducted a research on counseling needs of widows in Rivers State and looked at the implication for counseling. The sample size used in the study was 2000 widows from Rivers state. The study showed that when a woman loses her husband, the relatives of the husband deny her the inheritance she should have gotten from the late husband. She is accused of having a hand in the death of her husband and made to pass through agonizing rituals to prove her innocence. In such situations, widows tend to suffer a lot of the loss of a partner, and this has socio-economic and health implications for the widows. They are at tremendous risk of physical and several abuses. It was shown that widows in Rivers State are undergoing storms of economic deprivations or distress, dehumanizing psychological and mental torture. Counseling needs of the widows in Rivers state is characterized by all forms of physical, economical, psychological and emotional counseling activities to help the widows to understand their new situation and consequently make adjustment.

Psychosocial Development in Young Widowhood

Because the widowed identity may be treated as temporary and changing, the processes of reconstruction, coping oscillation, and (or) adaptation are psychosocially dynamic. Therefore, one notion developmentally central to a woman's adaptation to widowhood is balance. Erikson's (1963) seminal work on psychosocial development "epigenesis" has provided a foundation for explaining several variations in the theory and process of psychosocial development. He proposed a theory of lifespan development that encompasses the interplay among the myriad bio-psychosocial-spiritual influences on the ego identity of the individual.

His theory delineates eight different yet interconnected stages he described as psychosocial crises (Erikson, 1963). Each of these crises covers a period of psychological and social development in which the individual strives for balance amidst maturation, experiences, and social interactions. These individual and social crises are interrelated and coalesce around the central crisis of ego-identity development, or as Erikson (1968) described it, a "sense of knowing where one is going."

According to Erikson (1963), everyone progresses through these stages in an invariant sequence, and for an individual to successfully negotiate later life crises, earlier stages must be successfully balanced. In other words, the degree to which individuals achieve balance in earlier stages affects the processes that occur in later stages or crises. Consequently, disruption in later stages can upset balance that was established in earlier as well as future development. The eight stages described by Erikson (1963) are outlined in Table 1.

Table 1- Erik Erikson's stages of Psychosocial Development

Age	Crisis	Outcomes
Infancy (0-1 year)	Basic Trust vs. Mistrust	Infants develop a sense of trust through reliable caregiver affection and care provision. An imbalance will lead to greater future mistrust.
Early Childhood (1-3 years)	Autonomy vs. Shame and Doubt.	Children develop personal control over physical skills (walking and toileting). Balance leads to feelings of independence, failure results in feelings of shame and doubt.
Play age (3-6 years)	Initiative vs. Guilt	Children explore and begin to assert control and power over their surroundings. Balance in this stage leads to a sense of purpose, however, perceived disapproval results in increased guilt.
School age (6-12 years)	Industry vs. Inferiority	Older children cope with the social demands and work of school. Balance leads to competence, while let down results in overwhelming feelings of inferiority.
Adolescence (12-19 years)	Ego identity vs. Role Confusion	All individuals need to develop a sense of individuality. Balance leads to "feeling at home" with one's self, while failure leads to a diffuse self-awareness and not knowing where one is going.
Early Adulthood (20-25 years)	Intimacy vs. Isolation	Young adults form intimate friendships and loving relationships with others. Balance leads to committed relationships, while failure results in loneliness and isolation.
Adulthood (26-64 years)	Generativity vs. Stagnation	Adults foster a need to generate or nurture their legacy, often by having children or creating a positive change that benefits others. Balance leads to feelings of creativity and usefulness, while failure results in non-productivity or stagnation
Old age (65-death)	Ego Integrity vs. Despair	Late in the lifecycle, individuals need to "look back" on life and feel a sense of fulfilment. Balance at this stage leads to feelings of satisfaction, while failure can result in greater regret, bitterness, and despair.

Source: Adopted from Erikson's Psychosocial Stages of Development (1963)

Psychosocial development as a process, ensues by way of the confluences of mind, body, and social interactions (Erikson & Erikson, 1998). The overarching strength of each crisis is reflected in the ability to risk the central psychosocial balance from the preceding stage in focusing on the crisis of the next (Erikson, 1963). Development of one's identity begins in youth and persists throughout adulthood (Erikson, 1963; Marcia, 1994). Indeed, Kilpatrick (1975) posited that identity maintenance occurs in a continuity of significant others, a continuity with one's past self, and a continuity with one's anticipated future self.

This maintenance or "balance" of identity could be extended to include what Stroebe and Schut (1999) described as a balance of loss-oriented (past-focused grief work) and restoration-oriented (assumption of new roles and responsibilities) coping in the conjugally bereaved. Ostensibly, the off-time loss of a spouse threatens all three of these areas of the "self." The individual cultivates an ego sense that represents an interconnection of context, relationships, experience, and self-esteem. Erikson (1959) posited that early to middle-aged adults endeavour to balance the formation of intimate relationships with a sense of isolation.

Balanced intimacy stems from solidarity between two unique forms of individuality, the melding of personal styles within the common environment of the couple (Erikson & Erikson, 1998). This union can reference both sexual commitment as well as close or intimate friendship (Erikson, 1963). Widows' psychosocial balance between intimacy and isolation is theoretically at the heart of psychosocial development following the loss of a spouse (Thomas, DiGiulio & Sheehan, 2015). Because there is no direct link in the literature between

normative and young widowed Eriksonian intimacy development, a strong approximation was found when accounting Psychosocial development as a process, ensues by way of the confluences of mind, body, and social interactions (Erikson & Erikson, 1998).

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According to Erikson (1968), in its highest and progressively developmental sense, the strength of an intimate communion between two healthy ego-identities gives outlet to successful creativity, productivity, and procreativity. In other words, as a result of fostering and nurturing ego-identities in successful intimate relations, normatively, individuals seek opportunities to be generative (concern beyond the self to care for future generations, creating a legacy) or stagnate in their development. In sum, well-balanced individuals align with compatible romantic partners or close associates, and from that stability pursue parenthood, suitable careers, and (or) ideologies from which and around which their actions will adapt to impact others including future generations (Erikson, 1968; Erikson & Erikson, 1998). This developmental equilibrium ensues for individuals who effectively navigate their psychosocial crises in balance amidst a variety of life crises.

For young widows, untimely death complicates the present due to the loss of the future (Ossefort, 2011). The psychosocial implications of young widowhood commonly include moving from a familiar home and neighbourhood, changes in labour force participation, and managing

relationships with others, including potentially pursuing further romantic relations (Wu & Schimmele, 2013). These processes of re-balance are subject to perturbation and disruption. Stressful transitions within the expectable order of life events may precipitate developmental disruptions (Pearlin, 2010).

More specifically, abrupt alterations in the balance of an individual's roles and identity, such as those that occur in young widowhood (Saunders, 2014) can disrupt the balance of the other lifespan crises. For example, the balance of industry vs. inferiority or intimacy vs. isolation can be unsettling (e.g., loss-oriented coping) and those challenges can in turn disrupt the individual's other relationships (restoration-oriented coping Erikson, 1963).

When a spouse dies, the grief process and subsequent transitions not only impact widows' psychosocial development, but that of her close family and friends. Widows may find themselves sustaining long held roles (e.g., mother) while juggling attempts at transitioning into new roles (single, again) including those once carried out by their deceased partners (Carr, 2003; Carr et al., 2000). The individual who once considered herself a partner may now find social interaction challenging as she and others cope with her new found status and identity (Saunders, 2014). Past relationship quality and strength of intimate relationships may balance and stabilize affective wellbeing in widowhood (Carr et al., 2000; Erikson, 1963). Current intimate and empathic interactions and friendships can bolster the psychosocial wellbeing of those not currently engaged in romantic couple hood.

Additionally, the stability of the past romantic partner, or the combination of the painful loss with current empathic confidants may supersede interest or desire to pursue future coupling. Or, entering into new intimate

relationships may demand establishing new considerations in earlier psychosocial stages such as those of initiative, trust, and autonomy. Changes in labour force participation may exact a rebalancing of initiative and industry, and the widow may go back to school. Those who acted as caregiver for ailing spouses may seek novel ways in which to be generative, focusing wholly on children, work, or other creative outlets. And, some widows may deal with all three stages in a variety of psychosocial considerations (love, work, and ideology).

Women in early-to middle-adulthood are more likely than their male counterparts to be developing their identities, intimacy, and generative processes in love, work, and ideology within relational contexts. In a study of widows at all ages and stages post loss, Thomas, DiGiulio and Sheehan (2015) found that widowhood did not necessarily result in a disruption of identity development for all widows. Gilligan (2001) found that more so than men, women's identities revolved around social interconnection and were defined in a context of relationship and judged by a standard of responsibility and care.

Past and present romantic pursuits, as well as close friendships and empathic interconnections can further confound the processes of adaptation to widowhood. Lowenthal and Haven (2012) found that current intimate relationships, such as those found in close friends or confidants can act as a buffer against the trauma of widowhood. Further, researchers studying intimacy and grief have found that widows and widowers who reflected upon their past marriage in a poor light were more likely to rate their levels of anxiety, depression, and measures of grief higher (Parkes, 2013). Though intimacy balance was not assessed specifically using measures of confidants or past

marital quality, the assets of current empathic relations and past romantic involvement are intricately linked to subsequent psychosocial development in all three adulthood stages.

Based on Erikson's stages of early-to middle-adulthood, a potentially vast amount of adjustment may take place for the widow to become psychosocially balanced in her new environment. Women's sense of self will adjust with how she balances her identity vs. role confusion as a widow. Widows' balance between intimacy and isolation will be considerably altered as one reflects on the qualities of "we," as she returns to "I," as well as how she is received by her current social network. And, the adjustments in productivity (employment), creativity, and generativity will need to be balanced with stagnation in concert with the other adjustments. These psychosocial challenges in the lives of young widows fluctuate, or oscillate (Stroebe & Schut, 1999) as widows "look back" and consider the future in the presence of the grief, duress, and adjustments they experience. However, these struggles do not progress in the same way, and do not impact all bereaved individuals in the same manner or process.

Factors Influencing Widowhood Practices

Research abound on the practice of widowhood. Ogundipe (2009) and Olaniyi (2010) provide overwhelming evidences on widowhood practices and the violence perpetuated against widows from relatives and family members. According to Olaniyi (2010) during the practice of widowhood rites, widows are kept in dark rooms for days and are sometimes deprived of access to food, they are forced to weep daily, sleeping on mats or old banana leaves, eating from broken pots, forced to drink the water used in bathing their husbands'

corpse, they are compelled to mourn the husband with black clothes and also expected to allow the (Umuada) married daughter of the community to shave the hair on their head and pubis with razor blades, to prove their innocence in relation to their husband's death. There are notable factors influencing the unhealthy widowhood practices in many parts of African societies and for that matter Ghanaian societies. The notable factors include illiteracy, poverty, male-dominance influence, and poor socio-economic status of women.

Poverty

Poverty is the inability to live a decent life with respect to food, shelter, health care, and other social amenities. This is seen in the attitudes of most in-laws and villagers as they cling on to customs and traditions in the handling of the deceased husband's possessions. The poor relations always feel that the death of their rich relative is a golden opportunity for them in elevating themselves from abject poverty. This is seen in the show of affluence demonstrated during the burial ceremonies by some families. Some wicked relations usually force the widow and her children into emptying their deceased father's bank account, all in the pretence that the most befitting burial must be accorded their late brother.

They see this as an avenue to lavish the late brother's money and to ensure that the widow does not remove any property from the dead man's house. It is therefore not surprising that the widow loses all her deceased husband's property to the male successor within the late husband's family. Poverty is also seen as the root cause of the insistence on lavish cooking and drinking as part of widowhood rites in most places. The poor and the hungry relations see this as a golden opportunity to feed themselves at the expense of the widow.

Attesting to this, Okoye (2012) confirms that the daughters of lineage with the belief of taking care of the widow within that period, brings their babies and hidden spoons in their handbags to feed as parasites on the widow within that period. These acts have pauperized widows and add to the suffering of the immediate family.

Male-Dominance Influence

Male-Dominance influence is yet another factor influencing widowhood practices in some African societies. Maleness is usually associated with superiority, an attribute that men ascribe to themselves as divine right and as a fact of natural selection (Okoye, 2012). Right from the time of creation, when the first human, Adam was created, and Eve was created as a companion for him out of his ribs, women have been treated as inferior sex. They regarded and treated women as second class citizens, for instance, in the religious circle, the men hold firmly to the biblical details of the story of creation that woman was taken from the side of the man; therefore, the man stands out to be the real creature (Ahonsi, 2010).

The man also determines the woman's personal physical, psychological and even emotional needs. The bible recorded that "a woman desired shall be to her husband, and he shall rule over her" Gen. 3:16b. Therefore, the man is given ample opportunities to acquire leadership qualities while the traditional role ascribed to women was to be the housewives and general helpers to their husbands. Moreover, in a male-dominated world, marriage is the only measure of attainment for women, this explains why a woman worships her husband and calls him "my lord, and the husband is deified". The divinity ascribed to the husband by culture influences the performance of rites and rituals such as

impurity, defilement, cleansing and purification as well as period of seclusion when the man dies (Okoye, 2012).

The male-dominance influences greatly the practices of widowhood. This is seen in the way widowers remarried shortly after the death of their wives, while the widows mourn for months. Also, the act of bride price payment by men has made them regard women as commodities to be exchanged with money or material things. As the man paid the bride price, he owns the woman in totality and she must under strict cultural demand mourn with all her heart and body (Okoye, 2012).

Illiteracy

Illiteracy status of majority of widows is also a significant factor responsible for the unhealthy widowhood practices in some African communities. In the time past, formal education for girls has been secondary to that of the boys. Women have been considered intellectually inferior to men. This is seen in the belief then that it is unwise to invest in the education of the female child because “the natural place of a woman is in the kitchen” (Okoye, 2012). This severe but general discrimination and neglect of the female child’s education hinders their progress and exposes them to all forms of abuses and unhealthy cultural practices like the strict observance of widowhood rites. This has affected and still affecting women till date.

Illiteracy status of women has really contributed to the plight of widows. The illiterate widows are particularly disadvantaged as illiteracy has rendered them socially and economically vulnerable. Olumukoro (2011) confirms that women’s illiteracy position perpetuates poor health, inadequate diet, early entering into motherhood, frequent pregnancies and continued cycle of poverty.

Okonkwo (2004) further pointed out that illiteracy of widows in Africa has put them at disadvantaged position. According to him, it is illiteracy that would make a widow to be stripped naked and forced to lie with her husband's corpse in a final embrace as a mark of severing all sexual relationship with the dead man and with the belief that this love-making between the widow and her dead husband will soothe the spirit of the dead man.

Studies have also shown that widowhood rites and practices, meted to widows who are educated and have a means of livelihood are not the same as those who are less educated and are not economically empowered. The educated widows are economically empowered and are able to fight for their rights because of their financial capability (Emewu, 2003). Babalola (2013) also pointed out that women who are in the best position to withstand the pressure to comply with widowhood rites are usually those who are educated and enlightened enough to challenge those trying to impose rites on them or wealthy enough to provide sums of money in lieu of compliance. In the same vein, Adeyemo (2014) reveals that the issue of staying in-doors for a long period for mourning rites is more pronounced among illiterate widows than the educated ones. While the illiterate widows are compelled to stay indoors for as long as it is required by the family of the deceased, the educated and working class widows will have to resume work latest three to four weeks after the incident. Evidence in this regard shows that widows who are educated and gainfully employed have sufficient resources to shield and secure themselves from any inhuman and degrading widowhood practices.

Poor Socio-Economic Status of Widows and Women

Another notable influencing factor responsible for the harmful widowhood practice, in some African communities is poor socio-economic status of widows and women generally. From all indications, widowhood remains an important risk for transition into poverty. For instance, the imposition of restrictive and extensive mourning rites, such as seclusion, dress code or feasting are all having great implications on the socio-economic status of widows. Also, the traditional barriers to access of land, capital, credit, employment, housing, and other means of livelihood also reduced the ability of widows to become economically secured. In a related manner, Ogundipe (2009) and Olaniyi (2010) observe that during the mourning period a widow cannot engage in any economic venture nor do any personal work to earn an income.

Added to this is the outing ceremony in which a widow is expected to make an elaborate party for the outing where she will have to spend all she had left, in shouldering the responsibilities. The economic effect of widowhood as raised by Ogundipe (2009) indicates that a widow automatically suffers the loss of marital expectations and security especially with respect to maintaining and raising the children, which would have been the joint responsibility of the couple. This is concomitant with the inability to pay children's school fees; provide adequate food; secure good accommodation; meet children's needs and maintain household. The reason for this, according to Anyanwu (2005), was that most women depend more on their husband's earnings and so the death of the spouse marks the beginning of a terrible crisis for such women. With these, widows and their children have continued to suffer.

Psychological Challenges Widows Encounter

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 (Fasoranti & Aruma, 2007) and more so when the husband was the principal breadwinner. 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 feel the loss of personal contact and human association; therefore, they tend to be withdrawn (Fasoranti & Aruma, 2007). Vitelli (2015) stated that spousal bereavement could result in life stresses that often leave people vulnerable to other problems, including depression, chronic stress, anxiety and reduced life expectancy. Stress and coping theorists (Stroebe & Schut, 1999) maintain that major life changes, like the death of a loved one, become distressing if a person appraises the event as taxing or exceeding his or her resources.

Morgan (2013) hypothesized that a person's appraisal, or subjective assessment of what has been lost, influences his or her emotional reaction to the stressor and the coping strategies employed. According to Parkes and Weiss (2001), grief will encompass the emotions, thoughts, and behaviours that are experienced in reaction to the death of a loved one. The analysis of bereavement studies reveals three outcome patterns that include elevated depression, cognitive disorganization, and health problems (Murphy, 2013). Common symptoms of normal grief include anxiety, hopelessness, loss of purpose for living, slower thinking, and indecision (Stroebe & Stroebe, 1999). Negative effects such as sadness and depression are frequently experienced at the time of

a loved one's death (Stroebe & Stroebe, 1999). Owen (2011) and Uzo (2006) concur, in that, the loss of a spouse due to AIDS is considered as one of life's most stressful experiences and a moment of sadness due to the loss of love, care, company and livelihood.

Social Challenges the Widows Encounter

The loss of a spouse affects almost every domain of life, and as a consequence has a significant impact on wellbeing: psychological, social, physical, practical, and economic (Bennett, 2012). With all of these aspects of a widow affected, maintaining a sense of normality is important to help avoid depression-like symptoms. Eboiyehi and Akinyeni (2016) indicated that there are myriads of challenges associated with loss of spouse that 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.

According to Human Right Watch (2010), 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. Mbabazi (2016) noted that the loss of a husband causes unimaginable suffering and in some cases, the trauma is worsened by vultures disguised as family members only interested in the deceased's assets. In Zimbabwe, Dube (2017) found that widows suffer social exclusion and marginalization upon the death of their partners. Vitelli (2015) noted that loneliness, engaging in risky behaviours, and reduced life expectancy; are some of the social challenges resulting from spousal bereavement. He also noted that

in addition to psychological impacts such as depression, grief can have physical consequences such as sleeplessness and loss of appetite.

A study done by Ogwen (2010) in Kibera slums in Nairobi County 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 and this in turn influenced the way each or all coped with their widowhood status. Ogwen (2010) indicated that 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. Neimeyer (2000) who studied grief and loss extensively, stated that off time deaths disrupt the expected course of life and brings stresses not normally associated with the stage of life these women are in.

Therefore, widowhood at a younger-than-expected age is unanticipated and unprepared for individually as well as socially. Neimeyer (2000) concluded that young widowhood due to premature spousal loss may precipitate a challenging and perhaps prolonged process of grief, mourning, adjustment, and adaptation for the survivor.

Adjustment to Widowhood Stress

Widows are bound to experience various dimensions of stress, which invariably constitute stress level in their lives. For example, lack of necessary emotional support and financial assistance at an age when their earning power is gradually on the decline is a source of stress for widows, thus Abdulsalam (2005) exclaimed, 'how do widows cope with life in a society which is

ordinarily cruel to the “weaker sex”? Oniye (2008) viewed stress as the state of being, manifested by an individual (especially widows), as a result of perceived inability to cope with demands of living or other life situations following the death of a spouse.

According to Freeman (2005), a widow with too much or too little responsibilities could become stressed, especially if the new situation looks tasking or challenging to her or appear to be beyond her resource out rightly.

Thus, widowhood stress in the light of this research can be described as life situations, events and demands that appear threatening and beyond the innate resources of a widow (a woman whose husband had died and she has not remarried) be it intellectual, emotional and socio-economic resources. Stress as it relates to widowhood is believed to be caused by a number of factors such as the uniqueness of the husband-wife relationship, culture aggravated stigma that the widow is instrumental to the death of her husband, in-law’s negative actions and inactions, care for the children if any and the host of others.

But, some widows as observed by the researcher can cope with widowhood stress while some others are challenged. This clearly raises the question of the adjustment strategies adopted by widows to cope with widowhood stress. The development of useful adjustment strategies has been found to be dependent on certain factors like the age of the widow or length of marriage, her religious background or inclination, ethnic group, social-economic status and level of educational attainment among others. Adjustment strategies have been described as an individual’s coping strategies, behaviours, which are consciously used by an individual (e.g. widow) to handle or control the effects of anticipated or experienced stressful situations.

Adjustment or coping strategies for the management of any kind of stress are quite replete in literature. Some of the strategies include: controlling adrenalin arousal, self-talk, attention diversion strategy, insensitivity technique, relaxation, transcendental meditation, biofeedback, stress diary, sleeping technique, laughing technique, crying technique, gentle behaviour technique, positive thinking, problem solving strategy, confrontive coping strategy, social support strategy, assertive strategy, prevention strategy, calmness, body exercise, cognitive restructuring strategy, express emotion, wishful thinking, self-criticism, social withdrawal strategy, problem avoidance strategy, faith strategy, group discussion technique, seeking counsellor's help and the host of others. (Iruloh and Elsie, 2017).

Lazarus and Folkman (1984) had earlier stressed that people attend to or cope with their stress in two different dimensions namely; problem focused coping and emotion focused coping. According to Lazarus and Folkman (1984) the problem focused coping is the strategy that is directed towards solving the problem that cause stress while, the emotion focused coping is the strategy that attends to the feelings or emotions of stress rather than the source (stressor) itself. Research findings have shown that a number of factors combines in one way or the other to influence the use and benefit derivable from various adjustment strategies. These factors include income, attitude towards present living situation, perceived health status and presence of a confidant (Tate, 2001). In the views of Stroebe and Stroebe (2007), factors likely to influence a widow's adjustment to bereavement stress include age of the widow, her religious inclination and socio-economic status, number of siblings and support from children and their families.

The Way Forward for Widows and the Generality of Women

Available literature indicates that, the way forward for widows and the generality of women, education, vocational skills acquisition and enlightening programmes have been seen as antidotes to help widows resist those who may want to subject them to traumatizing widowhood rites. Education has been identified as a coping strategy for widows during the process of grief. Education depicts individual widow's involvement in formal training for the purpose of acquiring basic knowledge, skills and expertise necessary for living a meaningful and impactful life. For widows to be free from all forms of abuses, Government, Non-Governmental Organization (NGOs) and religious body have some roles to play.

They should invest more on the education of the girl-child. The government in particular has re-affirmed that the girl-child is educated at an early stage of life so as to become empowered, enlightened and be able to fight for themselves, if eventually they found themselves in such a state. Moreover, the illiterate communities should as a matter of fact be educated, particularly, on the way of handling the issue of widowhood. The government, through its agencies, legal practitioners, religious leaders as well as all stakeholders should educate the illiterate communities that are still hiding under traditional practices to inflict hardship on women through unhealthy widowhood practices to desist from the practice.

In addition to these, widows need to be economically empowered for them to be free from inhuman rites and practices. This can be achieved through vocational skill acquisitions to expose them to all necessary economic opportunities as well as supportive services that can liberate them from

unemployment, economic depression and poverty. Vocational skill is a highly useful system because its occupational content offers the trainees the opportunity to acquire skills, attitudes, interests, and the knowledge which they need to perform technologically and economically the job that is beneficial not only to them but to their society. Vocational skill makes it possible for widows and women generally to become employers of labour instead of an applicant or a job seeker and such widows automatically become empowered economically.

On the importance of vocational skills, Chijoke (2001) and Akpama and Arikpo, (2003), asserted that the products of vocational skills are well equipped to be job creators, self-reliant and employable. Also Palma (2005), opined that skill training is an important link to increase in productivity, quality, diversity and occupational safety, as well as improvement in health and increasing income. Widows need vocational skills to liberate them from unemployment, economic dependency and poverty. Vocational skill has, therefore, been promoted as an antidote to poverty among widows. For widows and women to be fully liberated, awareness programmes should be given to them to sensitize them to some facts, particularly on what widowhood entails. Therefore, it is a challenge to the society, i.e., the government, parents, women leaders, religious and opinion leader to sensitize widows and the generality of women about the negative impacts of widowhood.

Years in Widowhood and Quality of Life

With respect to years in widowhood, widows who have stayed in widowhood for longer period are likely to have higher quality of life than older people (Barutcu, & Mert, 2013). In addition, Bisschop, Kriegsman, Beekman and Deeg (2014) found that widows who have stayed in widowhood for long

are likely to have better quality of life than those who have spent less years. In examining years in widowhood differences, Chandra, Ravi and Subbakrishna (2015), disclosed in their study that experienced widows had better quality of life than less experienced ones. However, on some aspect (religion and personal beliefs) quality of life among women were better than men, as the study suggests. Another study by Hvidtjørn, Hjelmberg, Skytthe, Christensen and Hvidt (2013), confirmed in their research work that older widows quality of life was better than that of young widows.

This chapter discussed related research and theories regarding quality of life that young widows experience, the psychological distress they undergo and various adjustment strategies they use to cope with the grief they go through when their husbands die. The theoretical review was deduced from the Dual Process Model of Coping. This theory oscillates back and forth along a continuum between two complimentary coping orientations: Loss-Oriented (LO) coping, which is a process of attending to the more commonly early, yet recurring cares of bereavement or grief work associated directly with the loss itself and Restoration-Oriented (RO) coping, which incorporates attending to the challenges associated with the new changes, unfamiliar roles and evolving identity (Stroebe & Schut, 2010). Also, Death and Adjustment Hypothesis is a theory which talks about death and dying that focuses on death anxiety and adjustment to death was also looked at. Quality of Life Model was also discussed as well as Cognitive Theory. The Conceptual framework was deduced by the researcher. Studies that have been conducted by other researchers on widows and their various adjustment practices was also reviewed.

The chapter further discussed the concept widowhood, psychological distress in widowhood, widowhood and adjustment, psychosocial development in young widows, factors influencing widowhood practices, psychological challenges widows encounter, social challenges widows encounter, adjustment to widowhood stress and the way forward for widows and generality of women.



CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter examines the methodology used to carry out the research. The chapter concerns itself with the research design, population, sample and sampling procedure, data collection instruments, validity and reliability of the instruments, data collection procedures, and data analysis.

Research Design

Burns and Grove (2003) define a research design as a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings. Polit, Hungler and Beck (2001) define a research design as the researcher's overall plan for answering the research question or testing the research hypothesis. A descriptive survey design was used to conduct the study. Aggarwal (2008) asserts that descriptive research is devoted to the gathering of information about prevailing conditions or situations for the purpose of description and interpretation. The researcher collected information on young widows pertaining to their quality of life, psychological distress and devise adjustment strategies for these young widows in Kumasi Sub-Metropolitan.

The study was not simply amassing and tabulating facts but included proper analyses, interpretation, comparisons, identification of trends and relationships. The information collected was subjected to proper analysis and interpretation to understand the phenomenon under study. Thus, the descriptive

survey enabled the researcher to explain in-depth the relationship between the independent variables (psychological distress, duration of widowhood and adjustment strategies) and the dependent variable (quality of life) among young widows in Kumasi Sub Metro.

The researcher adopted both quantitative and qualitative research methods to carry out the study. Quantitative research focusses on numbers and anything that is measurable in a systematic way of investigation of phenomena and their relationships. It is used to answer questions on relationships within measurable variables with an intention to explain, predict and control a phenomenon (Leedy, 2014). The objective of the quantitative design is to develop and employ models based on mathematical approach, hypotheses and theories pertaining to the nature of a phenomenon.

The quantitative method allowed the researcher to use a pre-constructed standardised instrument into which the participants' varying perspectives and experiences were expected to fit. The stated hypotheses were tested to either accept or otherwise based on the results of analysis of the data. The study aimed to establish whether or not the predictive generalisations of theory in this case, quality of life, psychological distress and adjustment strategies among young widows in Kumasi Sub-Metropolitan District Councils are true. The Quantitative design allowed the researcher to obtain a broad and generalisable set of findings and present them succinctly and parsimoniously.

The researcher also used the qualitative research approach, namely phenomenology. Strauss and Corbin (1990), see qualitative research as any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer to research about persons' lives, lived

experiences, behaviours, emotions, and feelings as well as about organisational functioning, social movements and cultural phenomena.

The use of the qualitative research enabled the researcher to produce a detailed description of participants' (young widows) feelings, opinions, and experiences; and interprets the meanings of their actions just as they experienced it. The qualitative research approach enabled the researcher to discover the participants' experience, and to figure out how their respective cultures have shaped their lifestyles. One of the most common qualitative methods which was used in the study was in-depth interviews. This method is predominantly suited for obtaining a specific type of data.

In-depth interviews was used for collecting data on individuals' perspectives, and experiences regarding widowhood rites in Ghana and was also useful in eliciting information on the cultural norms and in generating broad overviews of issues of quality of life, psychological distress and adjustment strategies among the young widows in the study area. This means the design adopted was to offer the best possible platform in evaluating the relationship between how the independent variables discussed deal with quality of life, psychological distress and adjustment strategies among young widows in Kumasi Sub-Metropolitan District Councils. Since these are lived experiences of the widows, the interpretive phenomenological analysis design was used for the qualitative part of the study.

Study Area

The study was conducted in the Ashanti Region specifically, the Kumasi Sub-Metropolitan District Councils. The composition of Kumasi Sub-Metropolitan District Councils include: Nyhiaeso, Bantama, Tafo, Kwadaso,

Suame, Manhyia, Asokwa, Subin and Oforikrom. The Ashanti Region was chosen because, according to the 2010 Population and Housing Census, the total number of widows in the Ashanti Region was one hundred and twenty-eight thousand, six hundred and thirty-three (128,633), (statsghana.gov.gh, 2010). Thus, although at the time of the study there were 16 regions, the Ghana statistical service had data for only 10 regions. During the design of this study, the Ashanti Region was identified as representing the region with the highest prevalence of widows compared to the national average. Participants in the Ashanti region were drawn from urban communities in the Kumasi Sub-Metropolitan District Councils, which were methodically sampled on a frequency proportional to the population size. In all 150 participants were involved in the study.

Population

A population is a group of people in whom the researcher has an interest. Such a group should share a given set of characteristics about which the researcher wishes to draw conclusions (Cardwell, Clark, & Meldrum, 2004). The population comprises all individuals of a particular type or a more restricted part of that group. According to the 2010 Population and Housing Census summary report, there are 823,562 widowed persons in Ghana out of a population of about 24,000,000. Out of that total number of 823562, females totalled 717,696 making a percentage of 86% (statsghana.gov.gh, 2010). These widows find themselves in seventy-five (75) different ethnic groups country wide.

Table 2-The total Number of Widows in Ghana on Regional Basis

Name of Region	Number of Female Widowed Person
Western	52,262
Central	74,731
Greater Accra	95,599
Volta	84,616
Eastern	87,809
Ashanti	128,633
Brong Ahafo	58,681
Northern	55,652
Upper East	52,448
Upper West	27,264

Source: statsghana.gov.gh, 2010.

The total number of widows in the Ashanti Region according to 2010 Housing and Population Census summary report was 128,633. The region has the highest number of widows in the country. The target population for the study was all young widows aged between 24 and 45 in 30 urban communities in Kumasi Sub-Metropolitan District Councils. Elements of the target population is widowed for at least a year to have sufficiently experienced the phenomenon understudied.

Sampling Procedure

The total number of widows in the Ashanti Region, according to the 2010 Housing and Population Census, is 128,633. The researcher used convenience sampling method to select one hundred and fifty (150) young widows for the study so that a detailed information was obtained from the participants and analysed to sufficiently understand the phenomenon. Convenience sampling is a type of nonprobability or non-random sampling technique where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study (Dörnyei, 2007). It is also referred to the researching subjects of the population that are easily accessible to the researcher (Given & Lisa, 2008).

Convenience samples are sometimes regarded as ‘accidental samples’ because elements may be selected in the sample simply as they just happen to be situated, spatially or administratively, near to where the researcher is conducting the data collection. The main objective of convenience sampling is to collect information from participants who are easily accessible to the researcher. The widows in the study have their meetings once every month where they keep attendance of those who attend the meeting. The researcher used the attendance sheet of the widows from their monthly meetings to administer the questionnaire to the young widows until the required number of participants was obtained.

The researcher used the convenience sampling method because the young widows were accessible to the researcher and conveniently available to participate in the study. The simple random sampling technique was used to

sample three (3) young widows out of the sample size for them to be interviewed because it would have been very difficult to interview the total number of participants. The 3 interviewees provided in-depth information that was needed for the conduct of the study. Primary data was collected on demographic variables, quality of life, psychological distress variables and variables on factors influencing adjustment to widowhood.

Data Collection Instruments

The main instruments for collecting data in this study were questionnaire and in-depth interviews. Questionnaires were used because they are the main method of data collection (Sarantakos, 1997). According to Best and Kahn (1993) and Creswell (2018), questionnaire serves as the most appropriate data gathering device in research when properly constructed and administered. The use of the questionnaire enabled the researcher to collect data from a large number of young widows in the study area because according to Leedy and Ormrod (2005), the coverage of questionnaire is wide as the researcher can reach respondents more easily and are unaffected by problems of 'non-contact'.

The popularity of questionnaires is probably based on some advantages among which are its low cost regarding both money and time involved and also, it covers many people and its inflow is quick (Gall et. al., 2007). It is, however, limited to literate populations and does not provide an opportunity to collect additional information (Fraenkel & Wallen, 2000) that is why interview was also used. Therefore, the study used open-ended as well as close-ended questions. This is because with open-ended questions, participants are not likely to forget the answers they have to choose from if they can respond in their own

words, it allowed participants to give indepth information needed for the survey with all the same answers (without reading the question and responses thoroughly).

The participants were able to include more information, such as feelings, attitudes, and their understanding of the subject; it gave participants the opportunity to explain if they do not understand the question or do not have an opinion on an issue. Open-ended questions yielded more candid information and unique insight as respondents found them less threatening than scaled questions. The items in the questionnaire were well phrased to avoid ambiguity and technical jargons.

The questionnaire was categorised into sections. Section A collected data on demographics, Section B was the DASS-21 questionnaire; and Section C was based on Questionnaire for Widows Adjustment Strategies (QWAS). Section D was based on factors that affect quality of life based on the EuroQol (ED-5D).

DEPRESSION ANXIETY STRESS SCALE

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress of persons. The adapted DASS-21 was made of 21 items that sought to measure Depression, Anxiety and Stress of young widows in Kumasi Sub-Metropolitan District Councils. The original instrument is scored on Four Point Likert and the scores were maintained as such. That is, did not apply to at all (NEVER) = 0, applied to me to some degree or some of the time (SOMETIMES) =1, applied to me considerable degree or a good part

of the time was (OFTEN) = 2 and finally applied to be very much or most of the time (ALMOST ALWAYS) = 3.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of widows to discrete diagnostic categories postulated in classificatory systems. The psychological distress was measured using the short version of the Depression, Anxiety and Stress Scale (DASS 21) by Lovibond and Lovibond (1995).

The DASS is a quantitative measure of distress along the 3 axes of depression, anxiety¹ and stress². It is not a categorical measure of clinical diagnoses. Emotional syndromes like depression and anxiety are intrinsically dimensional - they vary along a continuum of severity (independent of the specific diagnosis). Hence the selection of a single cut-off score to represent clinical severity is necessarily arbitrary. A scale such as the DASS can lead to a useful assessment of disturbance, for example individuals who may fall short of a clinical cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms and as being at high risk of further problems.

However, for clinical purposes it can be helpful to have 'labels' to characterise degree of severity relative to the population. Thus, the following cut-off scores have been developed for defining mild/moderate/severe/extremely severe scores for each DASS scale. Note: the severity labels are used

to describe the full range of scores in the population, so ‘mild’ for example means that the person is above the population mean but probably still way below the typical severity of someone seeking help (ie it does not mean a mild level of disorder. The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available in determining appropriate treatment for any individual.

The psychometric property of reliability for the original instrument is .927 and the Cronbach alpha coefficient after the adaption was .862 (see appendix B)

QUESTIONNAIRE FOR WIDOWS ADJUSTMENT STRATEGIES

The second questionnaire, that is, Questionnaire for Widows Adjustment Strategies (QWAS) was a 40-item questionnaire consisting of eight parts on widow’s adjustment strategies for managing stressful situations, events, circumstances, person or objects. Adjustment strategy scale based on Iroluh and Elsie’s (2018) widowhood adjustment scale was adapted to answer research question three. The sub-headings for this particular instrument are: (i) problem solving strategies; (ii) cognitive restructuring strategies; (iii) express emotions strategies; (iv) social support strategies; (v) problem avoidance strategies; (vi) wishful thinking strategies; (vii) self-criticism strategies and (viii) social withdrawal strategies. Each of these parts of the QWAS consists of five items. The instrument was adapted to suit the study where the scale were adjusted to Four-Point Likert scale which was scored from strongly agree to strongly disagree. The reliability coefficient for the original instrument is .917 and the Cronbach alpha coefficient after the adaption was .818.

EUROQOL (EQ-5D-3L)

The EuroQol (EQ-5D-3L) by Brooks and EuroQol Group (1996) was adapted to measure the quality of life of the young widows. The EuroQol (EQ-5D-3L) was introduced in the years 1990. It is one of the widely used instrument for measuring health related quality of life (QoL). The EuroQol (EQ-5D-3L) descriptive system comprises the following five dimensions, each describing a different aspect of health: Mobility, Self-Care, Usual Activities, Pain/Discomfort and Anxiety/ Depression. For the scaling, the maximum score on the EuroQol (EQ-5D-3L) was 5.00 (max. = 5.00) and the minimum score was 1 (min.= 1.00). This implies that mean values must fall within the minimum and the maximum range (1.00-5.00). A mean of 3.0 and above indicated widows' positive perception while a mean of 2.99 and below indicates a negative attitude towards the quality of life (QoL). The reliability coefficient for the original instrument is .967 and the Cronbach alpha coefficient after the adaption was .852.

The qualitative data was collected through the phenomenological research design. Phenomenology is a qualitative research method that is used to describe how human beings experience a certain phenomenon. Phenomenological design allows the researcher to delve into the perceptions, perspectives, understandings, and feelings of those people who have actually experienced or lived the phenomenon or situation of interest. According to Christensen, Johnson and Turner (2010) the primary objective of a phenomenology study is to explicate the meaning, structure, and essence of the lived experiences of a person, or a group of people, around a specific phenomenon. The researcher had one-on-one interview with three (3) young

widows who were randomly sampled from the participants. Creswell (2016) suggests that 3-15 people will be adequate for phenomenological analysis

According to Cohen, Manion and Morrison, (2011), a larger sample is not required in qualitative studies. Even though a sample is not specified by Cohen, Manion and Morrison, they leave that to the decision of researchers. So, in ascertaining the qualitative sample, the researcher decided to sample 3 widows. The rationale was to get enough time for the three respondents to elicit in-depth information regarding the construct.

The interview enabled the researcher probe into some information provided on the questionnaire. The interview provided the interviewer more flexibility and also certain confidential information the interviewer might not have put in writing using the questionnaire (Kumekpor, 2002; Twumasi, 2001). To Kumekpor (2002), an interview affords the interviewer the opportunity to explain the purpose of the investigation and can explain more clearly just what information he/she wants. "If the subject misinterprets the question, the interviewer may follow it up with a clarifying question," Kumekpor (2002 p. 29). The interview guide consisted of items, which were mostly open-ended questions to ensure that participants express themselves to give the researcher detailed information for the study. Again, the interview was preferred because it ensured that each of the participants was basically asked the same questions so as to facilitate the analysis of data obtained.

Validity of the Instruments

The validity of the research instrument refers to the quality of data gathering instruments or procedures which measure what is supposed to measure (Kothari, 2004). The importance of the various kinds of validity

(criterion, content, and construct) and the importance of the validity of the interpretation made about test scores cannot be overlooked in any study. The instrument for data collection was subjected to content analysis. The validity of the questionnaire was obtained by presenting it to three experts in test construction, including principal and co-supervisors because according to Amin (2005) content and construct validity is determined by expert judgment.

This was done by checking the content to ensure that it measured what it was supposed to measure. After this, the deficiencies in the questionnaires were corrected. For validation of the interview session, a tape-recorded interaction was transcribed verbatim. The transcripts were sent to the participants to validate the interview transcripts. This was done in order to ensure that the transcripts truly reflected their views.

Reliability of the Instruments

According to Wisker (2008, p. 22), “a research is considered reliable if another researcher carrying out the same research activities with the same group would be likely to replicate findings-although their findings need not be identical”. However, a pre-test of the instruments was carried out among 30 young widows in Afigya Kwabre District in the Ashanti Region. Reliability of the instruments was established using Cronbach’s alpha coefficient of reliability. Table 3 provides the reliability of the instruments. The pre-test results need to be looked at again.

Table 3-Reliability of the Pre-test results

Sections	Construct	Original reliability	Adapted reliability	No of items	N
B	DASS-21	.929	.862	21	30
C	Questionnaire for Widows Adjustment Strategies (QWAS)	.917	.818	8(40 sub-items)	30
D	EuroQol (ED-5D)	.967	.852	5	30

Source: Field Data (2020)

As depicted in Table 3, Cronbach alpha coefficient values indicate that the instruments were reliable for each of the sections and useful to be administered to the population. According to Fraenkel and Wallen (2000), the reliability coefficient should be at least 0.70 and preferably higher. DASS-21 has an original Cronbach alpha coefficient value of .929, but after the pre-testing, the reliability was found to be .862. In relation to Questionnaire for Widows Adjustment Strategies (QWAS), the original Cronbach alpha coefficient value is .917, however, after the pre-testing, the reliability was found to be .818 and finally on the EuroQol (ED-5D), the original Cronbach alpha coefficient value is .967. However, after the pre-testing, the reliability was found to be .852. Based on the values, the reliability obtained on the variables was justifiable for the study.

Ethical Considerations

Gay, Mills, and Afrasian (2009), pointed out that researchers require the necessary permission from relevant authorities and participants before a study begins. Before the study was conducted, the researcher sought for an

introductory letter from the Head of the Department of Guidance and Counselling, University of Cape Coast. Clearance from the ethical review board at the University of Cape Coast was also sought. To seek the consent of participants, the purpose of the study was explained to participants for them to get clear understanding of the study and also to voluntarily participate. Informed consent was sought from each participant. On confidentiality, participants were informed and assured that the information they provided was solely used for the purpose of the study but not for other purposes. Furthermore, participants were informed that the information given would not be disclosed to third parties. Anonymity of the participants was also ensured since the participants were not to write their names on the questionnaire.

The researcher in this study made sure that participants were not exposed to physical, psychological and emotional harm. Sufficient information was provided to the participants so that they could make informed decisions. Data was not disclosed to any other person without the consent of the participants. The researcher carried out a thorough risk/benefit analysis.

The researcher used coding abstracted data with unique identifiers rather than names and masking features of specific cases, institutions or settings that may make them recognisable even without names. The researcher considered the way the data was protected from unauthorised persons. To appropriately store the qualitative data, passwords were also used to protect the data on soft copies. The transcribed (written manuscripts) data were kept in a locker and stored in my archives.

Data Collection Procedure

An introductory letter was sought from the Department of Guidance and Counselling, University of Cape Coast. Ethical clearance was sought from the Ethical review Board of the University of Cape Coast. The researcher assured participants of their confidentiality before the questionnaire was given out. The researcher together with two research assistants administered the questionnaire to the participants. To ensure smooth collection of the data, the research assistants were given enough training. Three sets of training sections were organised for the research assistants. On the first day, they were briefed on the purpose of the study and the general overview of the research instruments. Adequate time was given to the research assistants to ask questions for any clarity on the study and the purpose of the study thereof.

On the second meeting or training, the research assistants were taken through how to talk to participants, ask questions and motivate the participants in the study. They were also trained on how to probe (for the open ended) when the need be. On the final day, role play was conducted. The research assistants did practice on how to effectively administer the instrument. The research assistants were undergraduate students who were educated enough to partake in the study.

On the field, practical evidence shows that it took 20-30 minutes for the widows to complete the questionnaire. The interviews were conducted by the researcher. An informed consent and participants' leaflet was given to participants which explained the purpose of the study and assured them of confidentiality and anonymity before the start of the administration of the

questionnaire. Approximately one month was scheduled to collect data. Participants were contacted at different time range.

Conducting the Interviews

A face to face interview was conducted by the researcher. Each interview session lasted for 30 to 40 minutes. The face to face interviews were conducted with the widows who created time to physically participate in the personal interviews. All the interviews were conducted at dates and times convenient to the participants. Participants in the face- to- face interviews were given the opportunity to select the location for the interviews. Each interview started by the researcher with an exchange of greetings and a note of thanks for the interviewee's acceptance to participate in the study. After a brief self-introduction, the researcher reviewed the purpose of the research study and how the information is going to be used. Interviewees were assured that their responses would be treated confidentially and would be used only for the purposes the research study.

In the course of the interviews, the researcher listened attentively to the interviewees and probed to clarify information as and when necessary. With the face- to- face interviews, eye contact was maintained with the interviewees and some non- verbal expressions such as nodding and smiling were used to acknowledge responses and to indicate interest as the researcher made notes.

Data Processing and Analysis

The quantitative data entry and analysis was done using the Statistical Package for Service Solution (SPSS) software version 22. The software was used to analyse all the research questions (RQ1 – RQ4) into means and standard deviations. Means provided the summary of the responses from the young

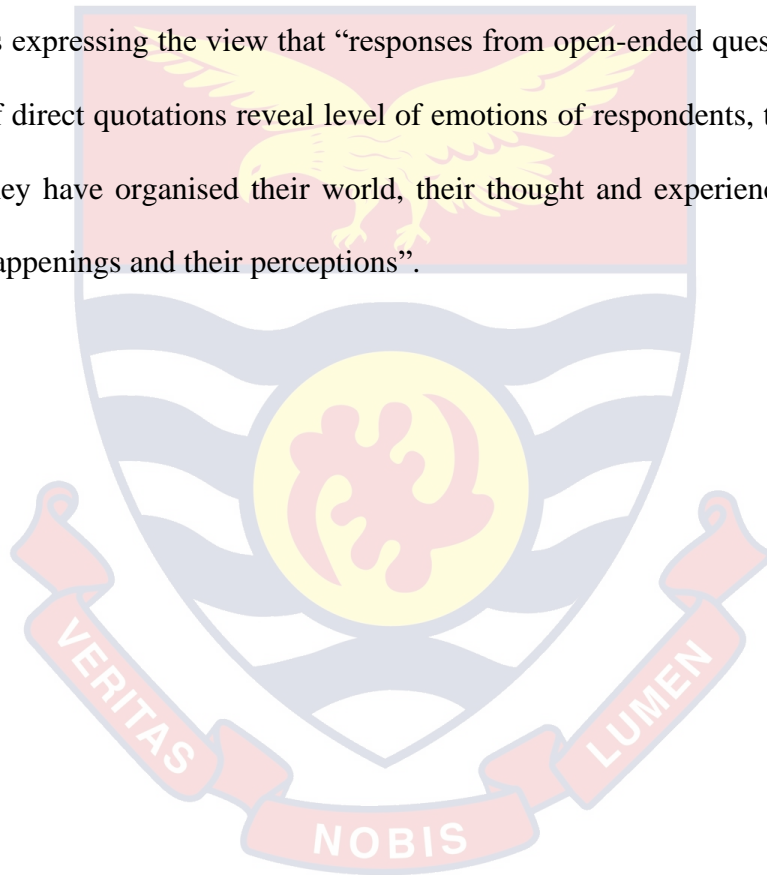
widows and the standard deviation indicated whether the widows' responses were clustered to the mean score or dispersed. Standard deviation ranges from 0 to 1. Where the standard deviation was relatively small, the widows' responses was believed to be homogeneous (similar responses). On the other hand, where the standard deviation was relatively large, the widows' responses was believed to be heterogeneous (dissimilar responses).

The first hypothesis (hypothesis 1) was tested using independent samples t-test. Independent samples t-test determines whether there is statistically significant difference between the means in two unrelated groups. Here, the researcher was interested in determining whether the quality of life will differ among gainfully employed young widows and the unemployed young widows in Kumasi Sub-Metropolitan District Councils at an alpha level of .05 significant. The dependent variables here are quality of life and the independent variable is employment (gainfully employed young widows and the unemployed young widows).

Hypothesis 2 was analysed using one-way analysis of variance (ANOVA). The one-way analysis of variance (ANOVA) is used to determine whether there were any statistically significant differences between the means of three or more independent (unrelated) groups (years in widowhood). ANOVA is used to test general rather than specific differences among means. To achieve this, the data on questionnaire was made up of an independent variable that is the numbers of years being a widow which is measured categorically (nominal) and the dependent variable was QoL which was measured on a continuous scale.

Finally, Hypothesis 3 was analysed using Andy Hayes' Process for moderation. Hayes' (2017) Process for moderation was used to test for moderation effect so the researcher utilised the model to test whether age moderated adjustment level among young widows and their quality of life.

The responses from the interviews was described and explained in the form of phenomenon. Sometimes responses were quoted verbatim to authenticate claims made. Koul (2000) quoted Patton (1982 p. 28) on this issue as expressing the view that "responses from open-ended questions in the form of direct quotations reveal level of emotions of respondents, the way in which they have organised their world, their thought and experiences about certain happenings and their perceptions".



CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

In the previous chapter, the methodology used for the study was presented in line with the study. This chapter presents the results of the analysis of the questionnaire and interview data. The chapter focused on presenting results that reflect the quality of life young widows' experience, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they go through when their husbands die. This implies that all the targeted 150 widows of Kumasi Sub-Metropolitan District Councils were available and responded to the questionnaire.

The quantitative data were analysed using inferential statistics (independent samples t-test, One-way Analysis of Variance- ANOVA and Andy Hayes' Process analysis for moderation) and descriptive statistics (means, standard deviations, frequencies, and percentages). To ascertain the full veracity of the results, the interviews were analysed using phenomenological research to assess the perceptions, perspectives, understandings, and feelings of the young widows. This was to complement the quantitative results. The first part of this chapter describes the demographic characteristics of the respondents (young widows). In the second part, the research findings are presented based on the research questions and hypotheses formulated for the study.

The qualitative data (the interviews) that were gathered from the widows were transcribed and analysed to complement and support the quantitative data

Description of the Participants (Young Widows)

This section on the questionnaire (Biographical) discusses the background information of the participants. These include the participants' age ranges, educational qualification and religious affiliation as shown in Table 4.

Table 4-Demographic Characteristics of the Participants

Variables	Subscale Measured	Freq.(no)	Percent %
Age Ranges			
	24 – 29	19	12.67
	30 – 34	69	46.00
	35 – 40	49	32.66
	41 – 45	13	8.67
Total		150	100.00
Educational Qualification	JSS/JHS	36	24.00
	SSSCE/WASSCE	53	35.30
	Cert A	09	6.00
	Diploma	42	28.00
	Degree	08	5.30
	Post Graduate	01	0.65
	Others	01	0.65
Total		150	100.00
Religious Affiliation	Christian	146	97.30
	Muslim	03	2.00
	Hindu	00	0.00
	Traditional	01	0.70
Total		150	100.0
Number years in widowhood	1-3 years	45	30
	4-6 years	51	34
	7-10 years	32	21.3
	11 +	22	14.7
Total		150	100.0
Employed		42	28
Unemployed		108	72
Total		150	100.0

Source: Field data 2020

The results displayed on table 4 indicate that the majority of the young widows were aged between the ages of 30-34 (78.7%). Concerning the educational qualification, the table shows that over a third of the young widows held SSSCE/WASSCE (n=53, 35.3%). Those with Post Graduate and others were the least (n=01, 0.66%). Finally on the Religious affiliation, most of the young widows were Christians (n=146, 97.3%). The reasons could be that, the sample selected for the study was generally a Christian dominated community and as such the possibility of getting larger sample for the Christian widows was very justifiable.

Research Questions

According to Gujarati (2013), descriptive statistics utilize statistical, numerical and graphical methods to look for patterns in a data set. It usually provides the information in a data set by revealing the average indicators of the variables used in the study and conveniently present that information. This section, therefore, offers some measures of central tendencies and measures of dispersion of the study variables which helps to understand the distribution of the variables in line with Adam (2015), assertion that the central purpose of descriptive statistics is to summarize or reduce data. Thus, descriptive statistics describes what the data shows based on the sample.

The means, medians and standard deviations were the respective measures of central tendency and dispersion that were employed. The minimum and maximum values give a gist of the range of the study variables. Statistically, measures of central tendencies have the same meaning for panel data as with cross-sectional data. The research questions (Q1, Q2, Q3 & Q4) were analysed using descriptive statistics (means, standard deviation, frequencies and

percentages, maximum, minimum and Kurtosis). The mean provides a summary of the responses from widows and the standard deviation indicates whether widows' responses were clustered to the mean score or dispersed.

On the standard deviation, where the standard deviation was relatively small (within 0), the widows' responses were believed to be homogeneous (similar responses). On the other hand, where the standard deviation is relatively large (within 1), the widows' responses were believed to be heterogeneous (dissimilar responses). A mean of 3.0 and above indicates widows' positive perception while a mean of 2.99 and below indicates a negative attitude towards the quality of life (QoL). The mean values of each scale used to answer RQs 1-4.

Research Question One: What factors affect the quality of life (QoL) among young widows in Kumasi Sub-Metropolitan District Councils?

Globally, it is evident that some psychological factors (specifically, Anxiety/Depression, Self-care, Usual Activities, Pain/Discomfort and Mobility) affect the quality of life (QoL) of widows. This proposition is supported by the claims of Ogundipe (2009) and Olaniyi (2010) who provide overwhelming evidence on widowhood practices and psychological factors. This made the researcher gather evidence in Kumasi Sub-Metropolitan District Councils. Table 5 presents results on the descriptive statistics of the study variables (factors affecting the QoL among young widows).

Table 5-Results on the Descriptive Statistics of the Study Variables (factors affecting the Quality of Life among young widows)

Factors	Mean	Std. D	Ranking
Anxiety/Depression	4.65	1.76	1 st
Self-care	4.59	1.80	2 nd
Usual Activities	3.88	1.99	3 rd
Pain/Discomfort	3.67	1.13	4 th
Mobility	3.63	.98	5 th
Observations (Sample)	150	150	

Source: Field data, 2020

From Table 5, the measured variables (factors) were Anxiety/Depression, Self-care, Usual Activities, Pain/Discomfort and Mobility. From the analysis, the maximum score on the questionnaire was 5.00 (max. =5.00) and the minimum score was 1.00 (min. =1.00). This implies that mean values must fall within the minimum and the maximum range (1.00-5.00).

The results in Table 5 give evidence to believe that generally, all the variables (Anxiety/Depression, Self-care, Usual Activities, Pain/Discomfort and Mobility) affect the quality of life (QoL) among young widows in Kumasi Sub-Metropolitan District Councils. However, the mean values for the factors varied in magnitude.

For example, in the current study, anxiety/depression was found to be the highest ranked factor that affects the quality of life among young widows (M=4.65, SD=1.76 n=150). Self-care was found to be the second ranked factor that affect the quality of life among young widows in the Kumasi Sub-Metropolitan District Councils (M=4.59, SD=1.80, n=150).

The third factor was the usual activities. The responses from the young widows in the Kumasi Sub-Metropolitan District Councils gave evidence to settle their usual activities affect their quality of life ($M=3.88$, $SD=1.99$, $n=150$). The fourth factor was pain/discomfort. The young widows in the Kumasi Sub-Metropolitan District Councils expressed that pain/discomfort has a direct effect on their quality of life ($M=3.67$, $SD=1.13$, $n=150$). The last and least affected factor was mobility. The young widows in the Kumasi Sub-Metropolitan District Councils provided ample evidence to believe that their mobility affect their quality of life. By making inference, the results probably suggest that inability of some of the widows to freely move have the tendency to affect their Quality of life ($M=3.63$, $SD=.98$).

The discussion is supported at the tail end of the research question. The discussion comes after the qualitative report

To validate the quantitative results, the selected widows were to share their views on how widowhood affect the quality of life (QoL). They had limited education and therefore their tenses were not grammatically correct. Their responses have been reported as spoken. This result from the interviews were consistent and in line with what was produced in the quantitative analysis. To hide the identity of the participants, they were given codes. W1 represented widow 1, W2 for widow 2 and W3 for widow 3. One of the respondents lamented:

“Hmmmmmmm.....in fact, it is not easy to be a widow at this tender age. Life have been very challenging and hectic since the demise of my late husband. Madam, within the few month of the death, I was not psychologically sound. I easily forget things and experience some headache. The death of

my husband made develop some complications such as heart attack because, there was so many speculations surrounding the death of my husband. People said, I should have advice my husband not to travel. I was really in pains and this has caused me a lot since I use to feel guilty about myself” (W2)

Probing further on how widowhood affect the quality of life one of them said:

“Madam eehhhhhhfinancially, life hasn't been easy. I only leave by God's promise. I believe in the promise that, God's cares for the widows. I wake and do all my work alone and this create a lot of burden. In terms of school fees, I don't get any help from anywhere and I struggle a lot to finance the house and this creates a lot of emotional and psychological trauma. I sometimes take loans from people to support the family. When I think all these, I have interest in marriage. The trauma is very great and I don't think I will enter into any family now” (W2)

In another encounter with one of the young widows, she said:

“HmMMM.....Life started treating me bad after the demise of my beloved husband, it hasn't been easy with me with at allllllllllllllllll..... Life have been very though and difficult and this affected me psychologically, socially and emotionally. Times has been very hard especially on how to take care of my children. Imagine paying Gh¢ 450.00 and Gh¢ 500.00 for one term for school fees how can you survive? In terms depression, I easily get depressed and experience some unusual sickness. For the past 6 years, I have not had any interest for any man” (W1)

The results from the current study share similar evidence with other studies. For example, according to Bulanda and Brown (2007), marital quality and anxiety/depression is an essential variant of family life that shapes people's

health and wellbeing. Bulanda and Brown (2007) asserted that anxiety/depression could predict the quality of life among widows. Higher marital quality is associated with less depression, better self-rated health, less physical illness and other positive health outcomes (Azimifar, 2017). Given the importance of marital quality, there is also literature that explores its determinants, including differences in the experience of marital quality by ethnicity and gender.

In related studies, Vitelli (2015) stated that spousal bereavement could result in life stresses that often leave people vulnerable to other problems, including depression, chronic stress, anxiety and reduced life expectancy. Stress and coping theorists (Stroebe and Schut, 1999) maintain that significant life changes, like the death of a loved one, become distressing if a person appraises the event as taxing or exceeding his or her resources.

Drawing inferences from Parkes and Weiss (2001), it was asserted that grief encompass the emotions, thoughts, and behaviours that are experienced in reaction to the death of a loved one. The analysis of bereavement studies reveals three outcome patterns that include elevated depression, cognitive disorganization, and health problems that could predict the quality of life among widows (Murphy, 2013). Common symptoms of normal grief include anxiety, hopelessness, loss of purpose for living, slower thinking, and indecision could predict the quality of life among widows (Stroebe & Stroebe, 1999).

In another similar study, it was found that adverse effects such as sadness and depression are frequently experienced at the time of a loved one's death (Stroebe & Stroebe 1999). Owen (2011) and Uzo (2006) concur, in that, the loss of a spouse due to AIDS is considered as one of the life's most stressful

experiences and a moment of sadness due to the loss of love, care, company and livelihood.

Making inferences from the work of Freeman (2005), it is asserted that a widow with too much or too little responsibilities could become depressed and stressed, especially if the new situation looks tasking or challenging to her or appear to be beyond her resource out rightly. Freeman (2005) further pointed out that accordingly, widowhood stress in the light of this research can be described as life situations, events and demands that appear threatening and beyond the innate resources of a widow (a woman whose husband had died and she has not remarried) be it intellectual, emotional and socio-economic resources.

From the study, depression and stress as they relate to widowhood are believed to be caused by a number of factors such as the uniqueness of the husband-wife relationship, culture aggravated stigma that the widow is instrumental to the death of her husband, in-law's negative actions and inactions, care for the children if any and the host of others. The appraisal of their situation negatively affects them as explained by cognitive theory.

Research Question Two: What are the major challenges (psychological, social and economic) that affect young widows in Kumasi Sub-Metropolitan District Councils?

Studies suggests that widows go through psychological, social and economic distress. Scanty evidence was recorded in the Kumasi Sub-Metropolitan District Councils. This made the researcher assess the significant psychological distress that affect young widows in Kumasi Sub-Metropolitan District Councils. The results are presented in Table 6.

Table 6-Results on the major challenges (depression, anxiety and stress) that affect young widows in Kumasi Sub-Metropolitan District Councils

Distress factors (Depression, Anxiety and Stress)	Depression	Anxiety	Stress	Remarks
	#1 Scores	#2 Scores	#3 Scores	Or Rating
I found it hard to wind down	18	11	19	Moderate
I was aware of dryness of my mouth	15	13	18	Moderate
I couldn't seem to experience any positive feeling at all	24	17	27	Severe
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	19	16	20	Severe
I found it difficult to work up the initiative to do things	29	23	39	Extremely severe
I tended to over-react to situations	24	16	27	Severe
I experienced fear (modified)	25	18	28	Severe
I felt that I was using a lot of nervous energy	17	13	18	Moderate
I was worried about situations in which I might panic and make a fool of myself	19	14	20	Moderate
I felt that I had nothing to look forward to	26	18	27	Severe
I found myself getting agitated	24	16	28	Severe
I found it difficult to relax	11	8	12	Mild
I felt down-hearted and disturbed (modified)	30	23	38	Extremely severe
I was intolerant of anything that kept me from getting on with what I was doing	25	17	27	Severe
I felt I was close to panic	19	16	20	Severe
I was unable to become enthusiastic about anything	25	18	28	Severe
I felt I wasn't worth much as a person	26	19	31	Severe
I felt that I was rather sensitive (modified)	27	17	26	Severe
I was aware of the action of my heart in the absence of heart rate increase, heart missing a beat (modified)	25	17	27	Severe
I felt scared without any good reason	27	17	28	Severe
I felt that life was meaningless	29	24	39	Extremely severe

Source: Field data, 2020

Table 6 presents results on the major challenges (depression, anxiety and stress) that affect young widows in Kumasi Sub-Metropolitan District Councils. To measure the challenges on the depression, anxiety and stress, the scoring scale in Table 7 from DASS-21 was used.

Table 7- *DASS-21 Scoring Scale*

Remarks	Depression	Anxiety	Stress
Normal	0 – 4	0 – 3	0 – 7
Mild	5 – 6	4 – 5	8 – 9
Moderate	7 – 10	6 – 7	10 – 12
Severe	11 – 13	8 – 9	13 – 16
Extremely Severe	14 +	10 +	17 +

Placing the results in the scoring scale, it was found that most of the young widows in Kumasi Sub-Metropolitan District Councils are challenged with some depression, anxiety and stress factors that affect them. For example, it was found that most of the young widows in Kumasi Sub-Metropolitan District Councils found it hard to wind down and this was moderately rated.

Again, it was found that most of the young widows in Kumasi Sub-Metropolitan District Councils are aware of dryness of their mouth however, it was moderately rated. In another related evidence, it was found that most of them could not seem to experience any positive feeling at all. This was severely rated and appears to pose a challenge on most of the young widows in Kumasi Sub-Metropolitan District Councils.

Furthermore, it was found that most of the widows severely experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion) and this pose a challenge on their depression,

anxiety and stress. Some of the other severer issues were that most of the young widows in Kumasi Sub-Metropolitan District Councils experienced fear, most of the young widows in Kumasi Sub-Metropolitan District Councils severely felt that they had nothing to look forward to, most of the young widows in Kumasi Sub-Metropolitan District Councils severely found themselves getting agitated, most of them severely were intolerant of anything that kept them from getting on with what they were doing, most severely felt they were close to panic, again, most of them were severely were unable to become enthusiastic about anything.

In relation to extremely severe challenges, it was found most extremely felt that life was meaningless, most of them extremely felt that life was meaningless and finally, majority of them extremely found it difficult to work up the initiative to do things.

To gather more evidence to support the claims of the quantitative data, I interacted with some of the young widows on major challenges (psychological, social and economic) that affect young widows in Kumasi Sub-Metropolitan District Councils. Making inductions and inferences, the results indicated that, young widows are faced with psychological, social and economic challenges.

On one on one interaction with one of the young widows, she had this to share.....

For the challenges, madam, there are many, I was not doing any better work before my husband left me. There have not been any financial help from anywhere. My husband had some assets but, it become a family issues so I have not been able to have access to those assets. So... madam, I am indeed suffering a lot since the family members have disown me. It got to a time the family of my death husband wanted

to drive me from the house so you could imagine being in the stressful situation. This situation affected my psychological, social and economic life as life was very challenging (W2)

In another encounter, one of young widows had this to point out...

After the death of my husband, I have indeed encounter several challenges in my life. Madam, after the death of my husband, the family has really put a lot of burden on me. Some of the burdens ranges from psychological, social and economic. Hmmmmm can you imagine that the family had to sell I and my husband's land that worth GH¢60, 000 but trust me, I didn't get any share on that. We were able to build the house up to the lengthen level on one of our land and they went ahead to take it. This crated enmity between me and the family members. Financially, life has been very challenging and difficult since I sometimes finds it difficult to pay my children school fees and take care of their shelter (W3)

The results support the work of Bala (2015) who found that psychological problems were the most serious for widows in Danko Wasagu local government area of Kebbi state. In a similar context, the results of the current study support the study of Morgan (2013) who reported that a person's appraisal, or subjective assessment of what has been lost, influences his or her emotional reaction to the stressor and the coping strategies employed. Similarly, according to Parkes and Weiss (2001), grief will encompass the emotions, thoughts, and behaviours that are experienced in reaction to the death of a loved one. The analysis of bereavement studies reveals three outcome patterns that include elevated depression, cognitive disorganization, and health problems (Murphy, 2013).

In another related evidence, Stroebe and Stroebe (1999) found that common symptoms of normal grief include anxiety, hopelessness, loss of purpose for living, slower thinking, and indecision. Stroebe and Stroebe (1999) further found that negative effects such as sadness and depression are frequently experienced at the time of a loved one's death.

The next challenge was in line with the social issues. The results showed that sometimes, most of the young widows in Kumasi Sub-Metropolitan District Councils face social issues. For example, it was found that most of the young widows in Kumasi Sub-Metropolitan District Councils sometimes do not have friends to talk to and this pose a social challenge ($M=1.34$, $SD=.627$, $K=.984$, $SR=.729$, $n=150$). Most of them expressed not to be interested in any social activities this leads to social challenges.

The results of the present study have a link with that of Eboiyehi and Akinyeni (2016) reported that there are myriads of challenges associated with loss of a spouse that widows are confronted with. This cuts across cultural practices, isolation, and poor access to basic healthcare, constant illness, poverty, psychosocial trauma, poor nutrition, and abandonment to loneliness

Elsewhere in Kenya, Human Right Watch, (2010) found that many widows 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. Mbabazi (2016) noted that the loss of a husband causes unimaginable suffering and in some cases, the trauma is worsened by vultures disguised as family members only interested in the deceased's assets.

The results are again in line with some evidence gathered in Zimbabwe. For example, Dube (2017) found that widows suffer social exclusion and marginalization upon the death of their partners. Vitelli (2015) noted that loneliness, engaging in risky behaviours, and reduced life expectancy are some of the social challenges resulting from spousal bereavement. He also noted that in addition to psychological impacts such as depression, grief can have physical consequences such as sleeplessness and loss of appetite.

Again, the study of Neimeyer (2000) concluded that the young widowhood due to premature spousal loss may precipitate a challenging and perhaps prolonged process of grief, mourning, adjustment, and adaptation for the survivor.

The last category of the challenge was economic issues. It was found that the fear of failure in life as well as lack of financial support were some of the challenges.

The results support the work of Ogundipe (2009) and Olaniyi (2010) who observed that during the mourning period a widow cannot engage in any economic venture nor do any personal work to earn an income. Added to this is the outing ceremony in which a widow is expected to make an elaborate party for the outing where she will have to spend all she had left, in shouldering the responsibilities.

Similarly, the economic effect of widowhood as raised by Ogundipe (2009) indicates that a widow automatically suffers the loss of marital expectations and security especially with respect to maintaining and raising the children, which would have been the joint responsibility of the couple. This is concomitant with the inability to pay children's school fees; provide adequate

food; secure good accommodation; meet children’s needs and maintain household. The reason for this, according to Anyanwu (2005), was that most women depend more on their husband’s earnings and so the death of the spouse marks the beginning of a terrible crisis for such women. With these, widows and their children have continued to suffer. These findings are in line with the quality of life theories and the psychological distress theory.

Research Question Three: What forms of support are available to young widows in Kumasi Sub-Metropolitan District Councils?

To sustain the widows in the Kumasi Sub-Metropolitan District Councils, the researcher was interested in exploring the forms of support that are available to young widows in Kumasi Sub-Metropolitan District Councils. The results are presented in Table 8.

Table 8-Results on the Forms of Support are Available to Young Widows in Kumasi Sub-Metropolitan District Councils

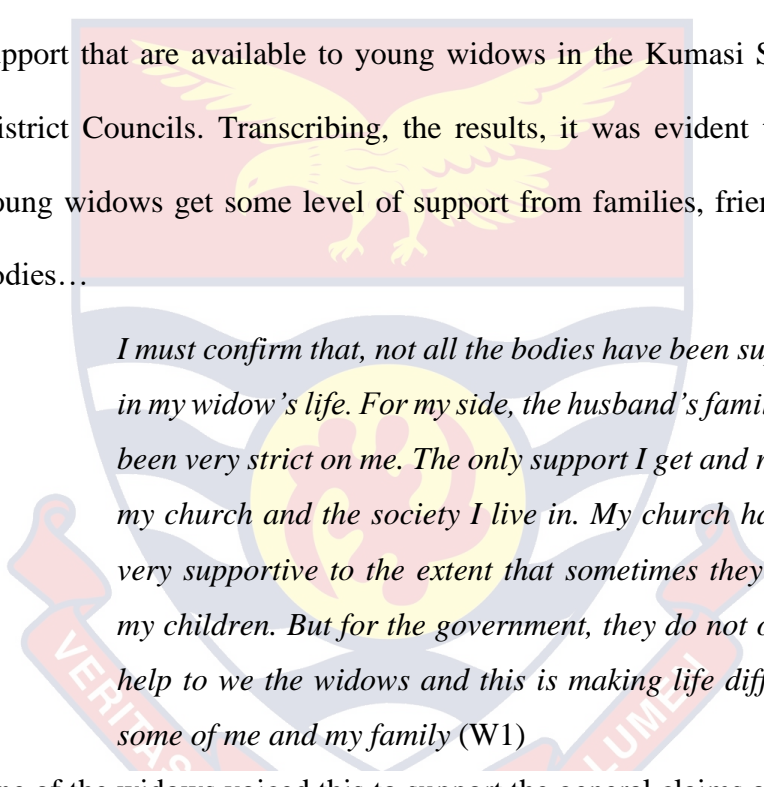
Dimensions of Support	Yes Freq. (%)	No Freq. (%)	Ranking	Remarks
Family Support	134(89.3%>50%)	16(10.7 %< 50%)	1 st	Supportive
Friends’ Support	128(85.3%>50%)	22(63.3% <50%)	2 nd	Supportive
Religious support	125(83.3%>50%)	25(61.3% <50%)	3 rd	Supportive
Stakeholders support	65(43.3% <50%)	85(56.6% >50%)	4 th	Not supportive
Counselling Support	13(8.66% <50%)	137(91.3 %> 50%)	5 th	Not supportive
Government Support	12(8.00% <50%)	136(92.0 %>50%)	6 th	Not supportive
Observations (Sample)	150(100)	150(100)		

Source: Field data, 2020

Supportive when %> 50%. Not supportive when % < 50%

Reading from Table 8, the results show that the young widows in Kumasi Sub-Metropolitan District Council receive some level of support from some agencies and at the same time lacks support from other agencies. They indicated that they receive support from Family, Friends and Religious groups. A little bit of support was received from some stakeholders. There was minimal support from Counselling and Government.

Qualitatively, researcher was again interested in exploring the forms of support that are available to young widows in the Kumasi Sub-Metropolitan District Councils. Transcribing, the results, it was evident that some of the young widows get some level of support from families, friends and religious bodies...



I must confirm that, not all the bodies have been supportive in my widow's life. For my side, the husband's families have been very strict on me. The only support I get and rely on is my church and the society I live in. My church have been very supportive to the extent that sometimes they support my children. But for the government, they do not offer any help to we the widows and this is making life difficult for some of me and my family (W1)

One of the widows voiced this to support the general claims accumulated from the quantitative results...

Mmmmmmmmm...even though, I don't really have problem with my late husband's family members, but on the other side, I have some problems with them. Madam, there was a time, the family members wanted to sack me from the house my husband built but I had to go and beg them and they are agreed. I was using that house to do my sugar business, so I couldn't have continue with my business (W1)

In an another related interview, one of the young widows had this to share with me to support the claims of others:

Hmmmmmm support! madam, in situations like this, when you rely on people, they will disappoint you totally. But my immediate families have been very grateful and helpful to me. I must be frank me myself, the religious have also been very supportive and good to me. There are times when I go to church, people give something. There was a time a church member gave me five hundred cedis (Gh¢500.00) to support my kids. During the funeral of my late husband, most of the church member and friends came in their numbers to support me and I was very happy with that. But in terms of the government support, I think there is nothing better from the government. In Ghana here, the government do not make any provision for us this is making life problematic for some of us (W3)

Research Question Four: What are the Adjustment Strategies Young Widows in Kumasi Sub-Metropolitan District Councils Adopt to Overcome Stressful Conditions?

Widows are bound to experience various dimensions of stress, which invariably constitute stress level in their lives as postulated by Abdulsalam (2005). These assertions from Abdulsalam (2005) made the researcher assess the adjustment strategies young widows in Kumasi Sub-Metropolitan District Councils adopt to overcome stressful conditions.

To gain statistical evidence from the widows, they rated their responses using Strongly Disagree – SD, Disagree – D, Agree – A, Strongly Agree – SA. Using means values, the scales were scored as (Strongly Disagree =1, Disagree =2, Agree = 3, Strongly Agree =4). A criterion value of 2.50 was established for the scale. To obtain the criterion or cutoff value (CV=2.50), the

scores were added together and divided by the number scale ($4+3+ 0+ 2+1= 10/4=2.50$). To interpret and understand the mean scores, items/statements on Adjustment Strategies that scored a mean from **0.00 to 2.49** was regarded as No adjustment strategy (NAS). Those items/statements that scored a mean from **2.50 to 4.00** was regarded as adjustment strategy (AS).

This therefore means that, the maximum score on the questionnaire was 4.00 (max. =4.00) and the minimum score was 1.00 (min. =1.00). This implies that all mean values must fall with the minimum and the maximum range (1.00-4.00). The standard deviation was utilised to indicate how the means score deviated from normality. The results are presented in Table 9.

Table 9-*Results on Adjustment Strategies Young Widows in Kumasi Sub-Metropolitan District Councils Adopt to Overcome Stressful Conditions*

Adjustment Strategies	Mean	SD	Ranking	Remarks
Problem Solving	3.45	.274	1st	AS*
Social Support	3.24	.243	2 nd	AS*
Cognitive restructuring	3.18	.573	3rd	AS*
Wishful Thinking	3.12	.344	4th	AS*
Problem Avoidance	2.94	.392	5th	AS*
Social Withdrawal	2.82	.723	6 th	AS*
Self-criticism	2.73	.823	7 th	AS*
Express Emotion	2.22	.623	8th	NAS
Observations (Sample)	150(100)	150(100)		

Source: Field data, 2020

Key= AS- Adjustment Strategy, NAS= Not Adjustment Strategy

As depicted in Table 9, the results show that most of the Adjustment Strategies are employed by widows to manage their situation. At a glance from the Table, some of the adjustment strategies used were Problem Solving (M=3.45, SD=.274), Social Support (M=3.24, SD=.243), Cognitive restructuring (M=3.18, SD=.573), Wishful thinking (M=3.12, SD=.344), Problem Avoidance (M=2.94, SD=.392), Social Withdrawal (M=2.82, SD=.723), and Self-criticism (M=2.73, SD=.823). Expression emotions (M=2.22, SD=.623) was not found to be significantly used.

The elicited responses from the widows, the views on the support were ascertained from the teachers. The following were gathered from the widows. Crying and self-blaming were negative strategies used to adapt. There were some expectations from governments by the widows. From the views of the widows, it could be inferred that adjustment strategies could also come from the government. One of them had this to point out...

To support we the young widows, I think the government must have a seed money or a policy that will help support the widows. This seed money or the policy must be something that is substantial to start a business. If the money is small which cannot be used for business, it may be misused by the widows. I believe that when this mechanism is put in place, it will help relieve some financial burden and stress that could cause psychological and emotional stress among many widows who are also in this condition (W3)

In a similar encounter one of the young widows had this to share with me....

For me, I think the government and other concerned bodies are not doing their best. I heard that in the foreign lands or countries, the government pays the widows and the children.

In Ghana here, widows are struggling and suffering with financial, emotional and social problems and the government seems not to care. I suggest the government should institute and monitor the policies such as vocational training for widows to help the widows care of themselves in the societies. This is because, sometimes, the families of the husband will maltreat you and you don't have anywhere to go and this can even lead to chronic illness and sometimes lead death (W1)

The results support assertions levelled in literature Akpama and Arikpo, (2003) that for widows to be free from all forms of abuses, Government, Non-Governmental Organization (NGOs) and religious bodies have some roles to play. This means that Government, Non-Governmental Organization (NGOs) should invest more on the education of the girl-child. The government in particular re-affirms the girl-child is educated at an early stage of life so as to become empowered, enlightened and be able to fight for themselves, if eventually they found themselves in such state.

In a similar claim by Akpama and Arikpo (2003), it is postulated that, the illiterate communities should as a matter of fact be educated, particularly, on the way of handling the issue of widowhood. The government, through its agencies, legal practitioners, religious leaders as well as all stakeholders should educate the illiterate communities that are still hiding under traditional practices to inflict hardship on women through unhealthy widowhood practices to desist from the practice.

Further the results from the current study are in isolation but they lend support to other similar studies globally. For example, according to Freeman (2005), a widow with too much or too little responsibilities could become

stressed, especially if the new situation looks tasking or challenging to her or appear to be beyond her resource out rightly.

More importantly, it was stressed that widows need vocational skills to liberate them from unemployment, economic dependency and poverty. Vocational skill has therefore been promoted as an antidote to poverty among widows. For widows and women to be fully liberated, awareness programmes should be given to them to sensitize them to some facts, particularly on what widowhood entails. Therefore, it is a challenge to the society, i.e., the government, parents, women leaders, religious and opinion leader to sensitize widows and the generality of women about the negative impacts of widowhood.

The findings of the current study corroborated views with the study of Freeman (2005). In Freeman's study, it was found that strategies widows can use to cope with their situation include: controlling adrenalin arousal, self-talk, attention diversion strategy, insensitivity technique, relaxation, transcendental meditation, biofeedback, stress diary, sleeping technique, laughing technique, crying technique, gentle behaviour technique, positive thinking, problem solving strategy, confrontive coping strategy, social support strategy, assertive strategy, prevention strategy, calmness, body exercise, cognitive restructuring strategy, express emotion, wishful thinking, self-criticism, social withdrawal strategy, problem avoidance strategy, faith strategy, group discussion technique, seeking counsellor's help and the host of others.

Freeman in his study share similar findings with yours despite cultural differences

Research Hypotheses

Hypothesis One

H₀₁: There is no statistically significant difference in the quality of life among young widows with respect to employment status.

H_{A1}: There is a statistically significant difference in the quality of life among young widows with respect to employment status.

In order to determine the quality of life among gainfully employed young widows and the unemployed young widows in Kumasi Sub-Metropolitan District Councils, a t-test was performed on each of the dimension of the dependent variable (Quality of Life) at an alpha level of .05 significant. Before performing the independent sample t-test, the normality assumption was tested. Figure 1 presents the results of the normality assumption.

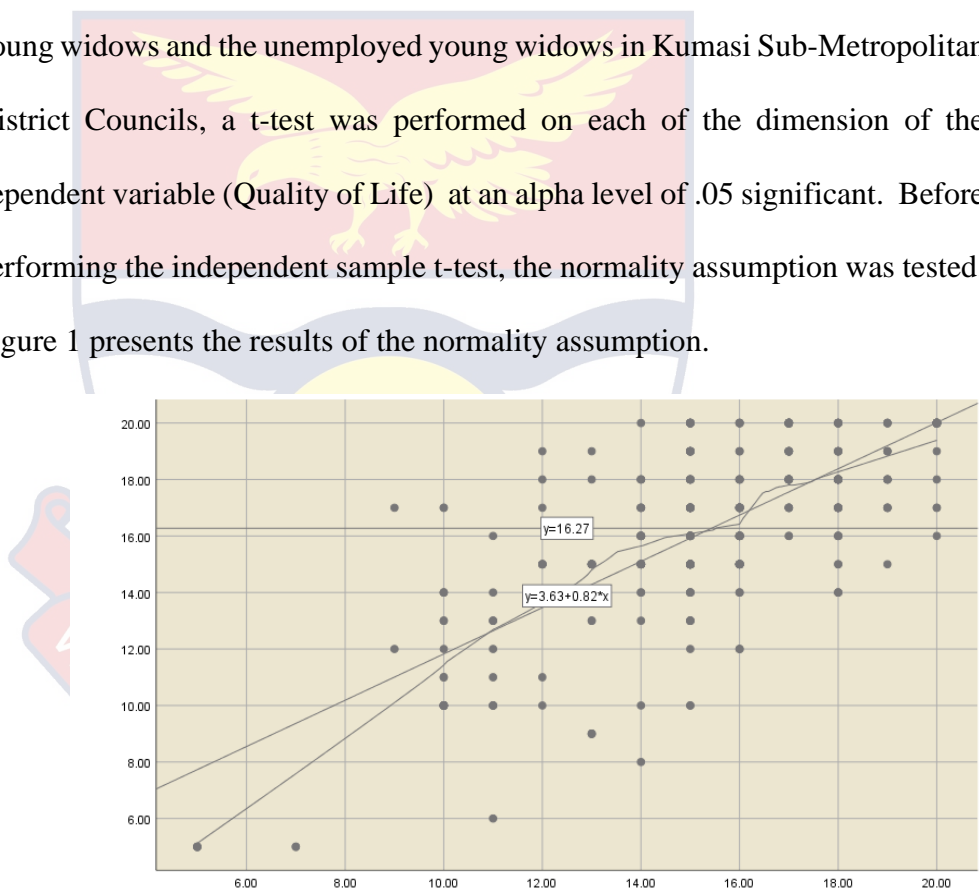


Figure 1-Homoscedasticity Normality Assumption

The figure shows that the movement of the variable along the diagonal line in the figure indicates that the data was assumed normal and as such independent sample t-test could be performed. Table 10 presents the means, standard deviation and the t-test between the variables for hypothesis one.

Table 10-Results of Homogeneity of Variances Test

Levene Statistic	Df	Cal. t-value	Sig.value	Remarks
3.134	148	.679	.513*(ns)	Equal Variances Assumed

Source: Field Data (2020) *Significant, $p \leq 0.05$, $n=150$

From Table 10, the Levene’s test indicated non-significant results of *LS* ($df=148$) = 3.134, *cal. t* = .679, *sig.* = .513, $p > 0.05$, 2-tailed) for the study variables. This means that the variances are assumed equal (homogeneous) and as such Homogeneity of Variances Test has not been violated. Table 10 presents results on independent samples t-test of differences in each dimension of QoL with respect to the employed and unemployed widows.

Table 11-Results of Independent Samples t-test of Differences in Each Dimension of QoL for the Employed and Unemployed Widows

Variables	Status	Mean	SD	Cal. t-value	Df	P-value (sig-value)	Eta ² -value
Mobility	Employed	96.15	10.27	3.029	148	.003	0.23
	Unemployed	24.34	14.90				
Self-Care	Employed	78.93	9.39	3.280	148	.023	0.27
	Unemployed	16.72	12.28				
Usual Activities	Employed	74.74	29.31	4.050	148	.015	0.29
	Unemployed	13.27	09.47				
Pain/Discomfort	Employed	77.79	13.14	2.901	148	.004	0.18
	Unemployed	23.60	15.51				
Anxiety/Depression	Employed	91.46	14.37	3.219	148	.002	0.28
	Unemployed	18.52	15.02				

Source: Field data, 2020.

$p \leq 0.05$

From the analysis, all dimensions showed significant differences with respect to their employment status. These are the energy and social functioning dimensions.

In relation to the mobility dimension, the results show a statistically significant difference in the quality of life with respect to the employment status of the widows. The employed widows recorded a results of $M = 96.15$, $SD = 10.27$ and unemployed as $M = 24.34$, $SD = 14.90$ both with a cal. t -value of t ($df=148$) = 3.029; sig. = 0.003, $p < .05$, 2-tailed). The magnitude of the differences in the means was considerable with an Eta^2 -value of 0.23. This shows that widows with gainful employment have the quality of life in relation to mobility than the unemployed widows.

In relation to the self-care dimension, the results proved a statistically significant difference in the quality of life with respect to the employment status of the widows. The employed widows recorded a results of $M = 78.93$, $SD = 9.39$ and unemployed as $M = 16.72$, $SD = 12.28$ both with a cal. t -value of t ($df=148$) = 3.280; sig. = 0.024, $p < .05$, (2-tailed). The magnitude of the differences in the means was immerse with an Eta^2 -value of 0.27. This shows that the widows with gainful employment have the quality of life in relating to self-care than the unemployed widows.

In connection with usual activities, the results were not different as the results demonstrated a statistically significant difference in the quality of life for employment status of the widows. The employed widows recorded a results of $M = 74.74$; $SD = 29.31$ and unemployed as $M = 13.27$, $SD = 9.47$. The two variables obtained a cal. t -value of t ($df=148$) = 4.050; sig=0.015, $p < .05$, 2-tailed). The magnitude of the differences in the means was very large with an

Eta²-value of 0.27. This demonstrates that the widows with gainful employment have the quality of life in relating to usual activities than the unemployed widows.

The results on the pain/discomfort showed there was a statistically significant difference in the quality of life with respect to the employment status of the widows. The employed widows recorded a results of $M = 77.79$; $SD = 13.14$ and unemployed as $M = 23.60$, $SD = 15.51$. The two variables obtained a cal. t-value of $t(df=148) = 2.901$; $sig=0.004$, $p < .05$, 2-tailed). The magnitude of the differences in the means was very large with an Eta²-value of 0.18. The results show that widows with gainful employment have the quality of life in relating to pain/discomfort than the unemployed widows in the Kumasi Sub-Metropolitan District Councils.

The last dimension was anxiety/depression where the results indicated that there was a statistically significant difference in the quality of life with respect to the employment status of the widows. The employed widows recorded a results of $M = 91.46$; $SD = 14.37$ and unemployed as $M = 18.52$, $SD = 15.02$. The two variables obtained a cal. t-value of $t(df=148) = 2.019$; $sig=0.002$, $p < .05$, 2-tailed). The magnitude of the differences in the means was very large with an Eta²-value of 0.18. The results show that widows with gainful employment have the quality of life in relating to pain/discomfort than the unemployed widows in the Kumasi Sub-Metropolitan District Councils. The alternate hypothesis is therefore accepted.

The results share similar findings with that of Okoye (2012) who explained that poverty or employment could have effect on widows. He further explained that poverty is the inability to live a decent life with respect to food,

shelter, health care, and other social amenities. This is seen in the attitudes of most in-laws and villagers as they cling on to customs and traditions in the handling of the deceased possessions. The poor relations always feel that the death of their rich relative is a golden opportunity for them in elevating themselves from abject poverty. This is seen in the show of affluence demonstrated during the burial ceremonies by some families. Some wicked relations usually force the widow and her children into emptying their deceased father's bank account, all in the pretence that the most befitting burial must be accorded their late brother.

Hypothesis Two

H₀₂: There is no statistically significant difference in the Quality of Life among young widows with regard to the number of years (duration) of widowhood

H_{A2}: There is a statistically significant difference in the Quality of Life among young widows with regard to the number of years (duration) of widowhood

At an alpha level of .05 confidence, hypothesis two was tested to find out whether the difference will exist in the number of years in widowhood and quality of life among young widows. To assess difference in the number of years in widowhood and quality of life among young widows, between-groups one-way analysis of variance (ANOVA) was deemed appropriate for the study. To obtain the scores for the analysis, the responses on the quality of life among young widows were transformed into a single variable using the SPSS Software, V. 25. This was classified as the dependent variable (QoL).

The data on questionnaire was made up of an independent variable that is the ages of the widows which is categorical (nominal) and the dependent variable was QoL which was measured on continuous scale. The between-groups one-way analysis of variance (ANOVA) was conducted to determine whether there are any statistically significant differences among the means of the independent groups (number of years in widowhood) and the QoL of the widows. ANOVA assumptions of normality and homogeneity of variances of the data distribution were checked. Figures 3 and 4 present the Test of Normality and Linearity.

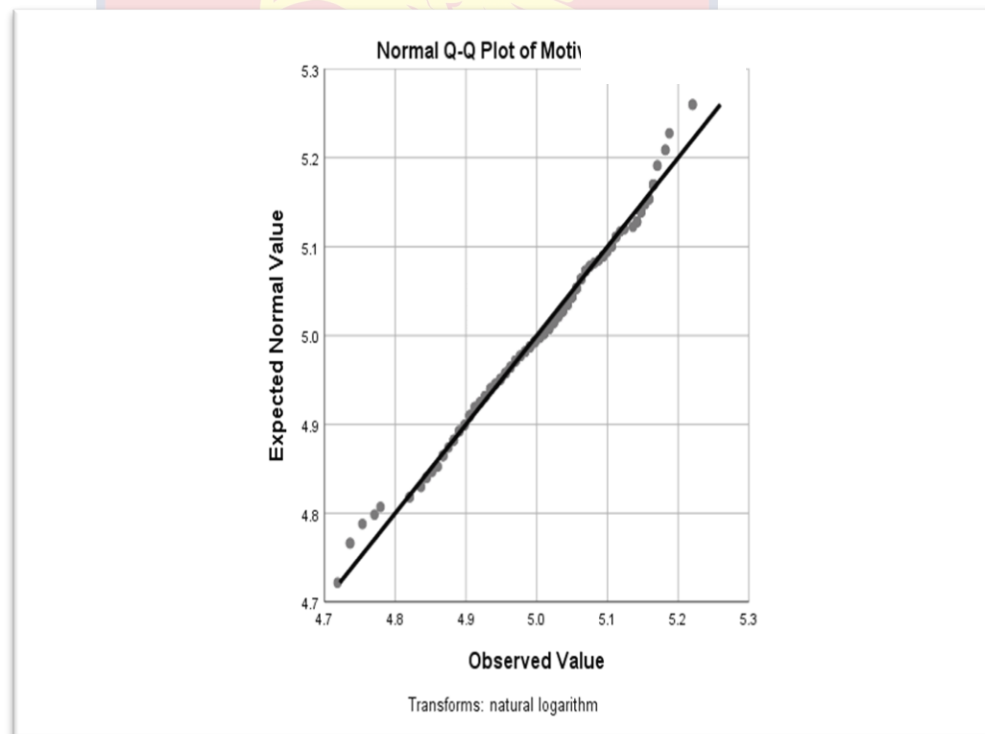


Figure 3- Diagnostic Test of Normality and Linearity

Source: Field Survey (2020)

According to Pallant (2007), a straight normal probability plot is an indication of normality and linearity. Pallant noted that when multiple regression assumptions are met, it produces a reliable result. From Figure 2 a

reasonable straight line could be seen from the plot demonstrating normality and linearity of the data among the two variables (number of years in widowhood and the QoL of the young widows).

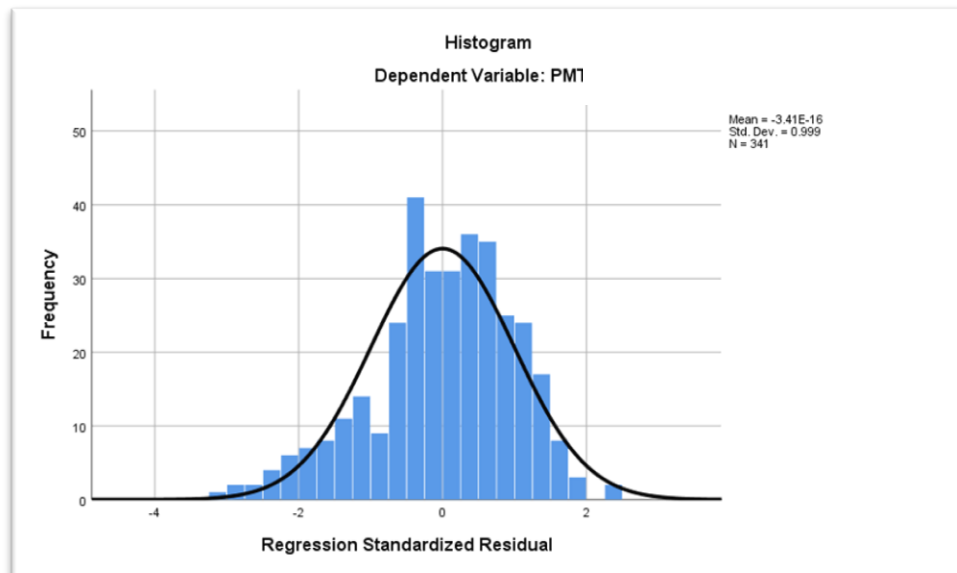


Figure 4- Histogram Test of Normality and Linearity

Source: Field Survey (2020)

The Histogram plot of standardised predicted values versus standardised residuals, showed that the data met the assumptions of normality of variance and linearity and the residuals were approximately normally distributed.

Table 12-Normality Test Results of the Variables (QoL*YiW)

Age Ranges	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig. value	Statistic	Df	Sig. value
1-3 years	.063	45	.206	.865	45	.245
4-6 years	.167	51	.445	.295	51	.353
7-10 years	.051	32	.230	.143	32	.542
11 years and above	.463	22	.270	.191	22	.075
Observations (sample)	150	150	150	150	150	150

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Source: Field Survey (2020) *Significan, $p \leq 0.05$

In Table 12, Shapiro-Wilk test results are reported based on the assumption that it uses a sample size greater than 50 ($n > 50$). Shapiro-Wilk test results are said to be normal if the sig value is greater than 0.05. From the Shapiro-Wilk test results, it is indicated that the dependent variable (QoL) was normally distributed among number of years in widowhood. For example, widows within 0-3 years scored a Shapiro-Wilk indicating that it was normal ($SW = .865, df=45, p=.245, p>0.05, n=150$), widows within 3 - 6yrs also recorded a Shapiro-Wilk results indicating that it was normal ($SW = .295, df=51, p=.353, p>0.05, n=150$).

Also, widows within 8 years and above detailed a Shapiro-Wilk signifying that the data was normal ($SW = .191, df=22, p=.075, p>0.05, n=150$). Upon tested for the normality of the data, the researcher proceeded to check whether the data were homogeneous. This therefore, means that conducting between-groups one-way analysis of variance (ANOVA) test was justified and statistically reasonable. The results are presented in Table 12

Table 13-Results of Homogeneity of Variances Test (QoL*YiW)

Test of Homogeneity of Variances		Levene			
		Statistic	df1	df2	Sig. value
QoL	Based on Mean	.995	4	146	.411
	Based on Median	.930	4	146	.448
	Based on Median and with adjusted df	.930	4	145.521	.448
	Based on trimmed mean	.995	4	146	.411

Source: Field Data (2020) *Significant difference exists at $p \leq 0.05, n=150$

Table 13 represents the test of homogeneity of variances of the study variables (number of years in widowhood and their QoL). From Table 12, using the based on means, the homogeneity of variances test results specified that, assumption of homogeneity had not been violated. [t (df1=4, df2=146) = .995, Sig. value = .411, p<0.05, 2-tailed, n=150)]. Performing of between-groups one-way analysis of variance (ANOVA) test was therefore, statistically justifiable. Table 14 presents results on the descriptive statistics of the test (number of years in widowhood and QoL of the Widows).

Table 14-Descriptive Statistics of the Study Variables (QoL*YiW)

(QoL*YiW)	N	M	Std. D	Std. Error	Ranking
11 years and above	22	158.7	14.190	150.199	1 st
7-10 years	32	127.9	15.712	147.902	2 nd
4-6 years	51	112.7	13.922	152.703	3 rd
1-3 years	45	106.7	16.130	150.722	4 th

Source: Field Data (2020) n=150

The descriptive statistics as in Table 14 demonstrate that, the differences existed in the mean scores of the ages of the number of years in widowhood and QoL of the Widows. For example, widows in their 11 years and above recorded the highest mean (M= 158.7, SD= 14.190, n=22) indicating that descriptively, Widows in their 11 years and above were experiencing the highest QoL. The descriptive statistics further indicated that those in their 7-10 years were followed (M= 127.9, SD= 15.712, n=32). Those in their early years (0-3 years) were found to be experiencing at the least QoL. Nevertheless, the one-way analysis of variance (ANOVA) was conducted to establish more statistical evidence on whether the observed difference was not by chance.

Table 15-Summary of One-way Analysis of Variance (ANOVA) Results

Sources	Sum of Squares	Df	Mean Square (MS)	F-value	Sig.	Rks
Between Groups	1777.073	3	444.268	5.965	.002(s)	Diff. existe
Within Groups	41819.690	147	226.052			d
Total	43596.763	150				

Source: Field Data (2020) *Significant difference exists at $p \leq 0.05$, $n=150$

A one-way Analysis of variance (ANOVA) was conducted to compare mean scores of the study variable (number of years in widowhood and QoL of the Widows). From the between-groups one-way analysis of variance (ANOVA) in Table 15, the results show that there was statistically significant difference in the number of years in widowhood and quality of life among young widows, $F (df1=3, df2=147) = 5.965, p = .002, n=150, 2-tailed$. This gives statistical evidence to the effect that there were significant differences in mean scores of the number of years in widowhood and QoL of the Widows. From the ANOVA results, it is evident that the sig value of 0.002 (2-tailed) did not tell where the differences exist among the years in widows of the widows. Therefore, the Post Hoc test was conducted to find out the statistically significant differences between each pair of the years of the widowhood and their QoL.

Table 16-*Post-Hoc Test among the Years in Widowhood and QoL*

Games-Howell

(I) Years in Widowhood	(J) Years in Widowhood	Mean Difference (I-J)	Std. Error	Sig. value
0-3 years	4-6 years	-8.323*	.133	.000
	7-10 years	-4.859*	.151	.000
	11 years and above	-4.443*	.279	.000
4-6 years	1-3 years	8.323*	.133	.000
	7-10 years	3.464*	.186	.000
	11 years and above	3.880*	.299	.000
7-10 years	1-3 years	4.859*	.151	.000
	4-6 years	-3.464*	.186	.000
	11 years and above	.4157	.308	.003
11 years and above	1-3 years	4.448*	.279	.000
	4-6 years	-3.881*	.299	.000
	7-10 years	-.4157	.308	.003

*. The mean difference is significant at the 0.05 level

Source: Field Data (2020)

Table 16 displays the result of the Post-Hoc test (Games-Howell). The Post-Hoc test shows where the differences among the years in widowhood and QoL. From the Post-Hoc test, there are significant differences between Years in Widowhood and QoL. For example, between 1-3 and 4-6 years, the mean difference and standard error of (MD=-8.323*, SR= .133) with a Sig value of 0.000* (2-tailed) show that there was a difference in 1-3 years and 7-10 years, and the results are statistically significant. Further, between 1-3 and 11

years and above, the results show a significant difference ($p=0.000^{**}$) with mean difference and standard error of ($MD=-4.443$, $SR= .279$).

Based on the significant differences of the results found, the researcher rejects the earlier claim that there is no statistically significant difference in the number of years in widowhood and quality of life among young widows to accept the fact that “there is a statistically significant difference in the number of years in widowhood and quality of life among young widows”

The findings from the current share a direct link to several authors who established similar findings. For example, Barutcu and Mert (2013) found that widows who have stayed in widowhood for longer period are likely to have higher quality of life than those who have spent less years in widowhood. Despite the cultural and time differences, the work of Barutcu and Mert (2013) is still relevant as the current study still shares the idea that widows who have stayed in widowhood for longer period are likely to have enjoyed some level of quality of life than those who have spent less years.

In a similar context, Bisschop, Kriegsman, Beekman and Deeg (2014) found that widows who have remained in widowhood in longer years are likely to have better quality of life than those who have spent fewer years. The commonality of the results give evidence to believe that generally, widows adjust to psychological, social and economic as time in widowhood elapses.

In furtherance to the above, Chandra, Ravi and Subbakrishna (2015) revealed in their study that experienced widows had better quality of life than less experienced ones. This finding has a direct link with my study showing how years in widowhood determined psychological, social and economic life of widows. Another study by Hvidtjørn, Hjelmberg, Skytthe, Christensen and

Hvidt (2013), confirmed in their research work that older widows' quality of life was better than that of women who just entered the widowhood period

Hypothesis Three

H₀₃: Age does not moderate the adjustment levels among young widows and their quality of life.

H_{A3}: Age moderates the level of adjustment among young widows and their quality of life.

This hypothesis sought to examine how age moderate adjustment level among young widows and their quality of life. In achieving this, Andy Hayes' process procedure was employed using bootstrapping approach.

Table 17-Andy Hayes' Moderating Analysis

Model Summary							
	R	R-sq	MSE	F	df1	df2	p
	.0757	.0057	54.5958	.2539	4.000	146.	.004(s)*
Model							
	co-eff	se	t	p	LLCI	ULCI	
Constant	32.2938	.6336	50.9687	.0003	31.0405	33.5471	
Adj	.0144	.1039	.1390	.0000*	-.1911	.2200	
QoL	1.0906	1.2722	.8573	.0133	-1.4259	3.6071	
Int_1	-.0207	.2076	-.0997	.9207	-.4314	.3900	
Product terms key:							
Int_1	:	Adjustment	QoL	x	Age		
Covariance matrix of regression parameter estimates:							
Constant	QoL	Age	Int_1				
Constant	.4015	.0000	.0000	.0007			
Adj	.0000 **	.0108	.0007	-.0012			
QoL	.0000**	.0007	1.6184	.0002			
Int_1	.0007**	-.0012	.0002	.0431			
Test(s) of highest order unconditional interaction(s):							
	R2-chng	F	df1	df2	p-value		
X*W	.0130	1.7972	1.00	132.	.000		

Focal predict:	Adj	(X)					
	QoL	(Y)					
Mod var:	Age	(W)					

The results show that age moderate the effect of level of adjustment with respect to their quality of life. The interaction term of level of change among young widows and their quality of life was added to the regression model which accounted for a significant proportion of the variance, $R^2 = .0057$, $F(df1=1, df2=146) = .2539$, $p = .004$, $b = 0.144$, $t = .1390$). Inferencing from the results, it is palpable to note that age moderate the widowhood adjustment and QoL of the widows.

The results gathered from the study have a direct link with the conceptual framework. From the constructed framework (chapter 2), it was hypothesised that there are certain variables that can affect quality of life. Therefore, prior to the study, I conceptualised that psychological distress, social and economic factors as well as widowhood adjustment could have direct effect on widows' quality of life but there is an effect of psychological distress on widowhood adjustment just as social and economic factors can affect psychological distress. In the quest of generating this, literature gives evidence that widowhood adjustment and quality of life can be moderated by age and was exactly found by my study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents an overview of the study to address the quality of life experienced by young widows, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they experience. Based on the findings, conclusions were drawn and recommendations were provided.

Summary of the Study

Reading the work of Holmes and Rahe (1967), they asserted that widowhood is believed to be the most stressful life event (yet only 15-30% of widows appear to experience clinically significant levels of depression a year after the death of the spouse. Other similar studies have reported that compared to older widows, young widows exhibit more significant psychological effects when they lost their loved ones. Some of these assertions made the researcher examine the quality of life young widows' experience, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they go through when their husbands die in the Kumasi Sub-Metropolitan District Councils.

The study specifically sought to assess factors affecting the quality of life (QoL) among young widows, find out the major challenges (psychological, social and economic) that affect young widows, assess forms of support that are available to young widows, examined the adjustment strategies young widows

adopt to overcome stressful condition, determine the statistically significant difference in the quality of life among gainfully employed young widows and the unemployed young widows, find out whether differences will exist in the number of years in widowhood and quality of life among young widows and examined how age moderate adjustment level among young widows and their quality of life.

To achieve this, the study was rooted in the mixed methods design, quantitative and qualitative data were collected at the same time and analyzed in complementary manner. A total of 150 questionnaire was distributed, retrieved and returned and for analysis. The quantitative data were analysed using inferential statistics (independent sample t-test, ANOVA and Andy Hayes' Process for moderation) and descriptive statistics (means, standard deviations, frequencies, and percentages). The qualitative data were analysed phenomenologically to assess the perceptions, perspectives, understandings, and feelings of those people who have experienced or lived the phenomenon or situation of interest to complement the quantitative data. The research instruments were pre-tested to derive, reliability and validity were ensured. Ethical issues were also considered before the actual data collection.

Key Findings

The following findings emerged from the study:

1. From research question one, it was evident that generally, all the variables (Anxiety/Depression, Self-care, Usual Activities, Pain/Discomfort and Mobility) affect the quality of life (QoL) of young widows in Kumasi Sub-Metropolitan District Councils. This was complemented by the widows' verbal reactions and feelings in their

quest to adjust to anxiety/depression, self-care, usual activities, pain/discomfort and mobility.

2. Inferring from research question two, it was found that depression, anxiety and stress issues pose a problem to young widows in Kumasi Sub-Metropolitan District Councils. These challenges that are severely related to depression, anxiety and stress appear to limit the widows' potentials and eventually affect their quality of life.
3. In research question three, it was found that the young widows in Kumasi Sub-Metropolitan District Councils receive some level of support from some agencies such as families, friends and religious bodies. However, they lack support from stakeholder, counselling and government. These deficiencies in their support pose a great deal in their anxiety/depression, self-care, usual activities, pain/discomfort and mobility as they as the widows find it difficult to meet most of their needs. The rippling effect is that, their quality of life could be distorted.
4. In relation to research question four, it was found that results on the adjustment strategies young widows in Kumasi Sub-Metropolitan District Councils adopt to overcome stressful moment include: Problem Solving, Social Support, Cognitive restructuring, Wishful Thinking, Problem Avoidance, Social Withdrawal and Problem Solving.
5. From hypothesis one, it was found that statistically significant difference exists between gainfully employed young widows and the unemployed young widows in Kumasi Sub-Metropolitan District Councils with respect to their quality of life. That is those employed do

better in adjusting to surrounding anxiety/depression, self-care, usual activities, pain/discomfort and mobility.

6. In hypothesis two, it was evident that there were significant differences in the mean scores of the number of years in widowhood and quality of life of the Widows. Number of years in widowhood accounts for Quality of Life. The results suggested that the number of years in widowhood probably determine how the widows could adjust and manage their quality of life

7. From hypothesis three, it was found that age moderates the effect of level of adjustment concerning their quality of life. The results basically indicated that age of the widows determines and measures one's ability to live a quality life.

Conclusions

Based on the findings of the study, the following conclusions can be tentatively drawn. From wide reading of literature, it appears that quality of life of widows' remains crucial as far as this study is concerned. The findings of the present study shared that common view. This is because, the present study has shown that the quality of life of widows in Kumasi Sub-Metropolitan District Councils is crucial and essential in their quest to adjust to psychological distress they undergo and the various adjustment strategies they employ.

The results from the study further give ample evidence to settle that quality of life of years in widowhood sensitive as far as the widow is concerned. This suggests that the anxiety/depression, self-care, usual activities, pain/discomfort and mobility of many widows could be affected as long as they remain widows. In furtherance to the above, it can be established from the study

that the higher quality of life enjoyed by the widows is clearly a result of support system and adjustment strategies. This means that those who do not employ the support system and adjustment strategies are likely to face more, psychological, social, economic and health challenges which could reduce their quality of life. Finally, the positive moderation by age between adjustment and quality of life implies that as more and more widows go through the widowhood periods, the more likely they are able to adjust to anxiety/depression, self-care, usual activities, pain/discomfort and mobility and eventually improve the quality of life.

Implications for Counselling

Based on the findings obtained and the conclusions reached, the following counselling implications are made:

The young widows reported receiving support from family, friends and their religious groups but not from other agencies. This suggests that other relevant agencies like government, NGOs should become aware of the plight of young widows and to give them the necessary support in either financial, vocational or educational support. This will help alleviate the psychological burden. For example workshops should be organised by churches, religious bodies, Commission of Human Rights and Administrative Justice (CHRAJ) and other related NGOs to widows in the Kumasi Sub-Metropolitan District Councils on how to manage their anxiety/depression, self-care, usual activities, pain/discomfort and mobility) so that it doesn't have negative effects on their quality of life (QoL).

Another area of implication for counselling is the psychological stress that they go through. They were all exhibiting high levels of psychological

distress which needs counselling. Young widows in the Kumasi Sub-Metropolitan District Councils should be exposed to more adjustment strategies such as counselling, self-orientation, capacity building aside the ones that they know to help them overcome stressful moments and to adjust to anxiety/depression, self-care, usual activities, pain/discomfort and mobility. They are not used to counselling and they should be encouraged to go to professional licensed counsellors for counselling. This hopefully will improve their quality of life.

Regarding their coping strategies, they are not able to express their emotions and end up being depressed so they need to be offered counselling either in a group format or individually as the case may be. Government agencies and NGOs with counselling facilities can offer assistance to them.

Recommendations

Government agencies and NGOs should develop policies that will make it possible for young widows to access support for their distresses.

Secondly, the Government agencies and NGOs should engage the services of counsellors to support their endeavours.

Suggestions for Further Research

The study examined the quality of life young widows' experience, the psychological distress they undergo and the various adjustment strategies they use to cope with the grief they go through when their husbands die in the Kumasi Sub-Metropolitan District Councils. Subsequent research efforts should be concentrated on:

1. Determining the influence of other demographic variables such as income and social status among others, on the impact of the quality of life of young widows.
2. A comparative study on the quality of life of young widows and young married women could be very beneficial.
3. Extending the study to other regions in the country to validate the generalizability of the findings could be beneficial.



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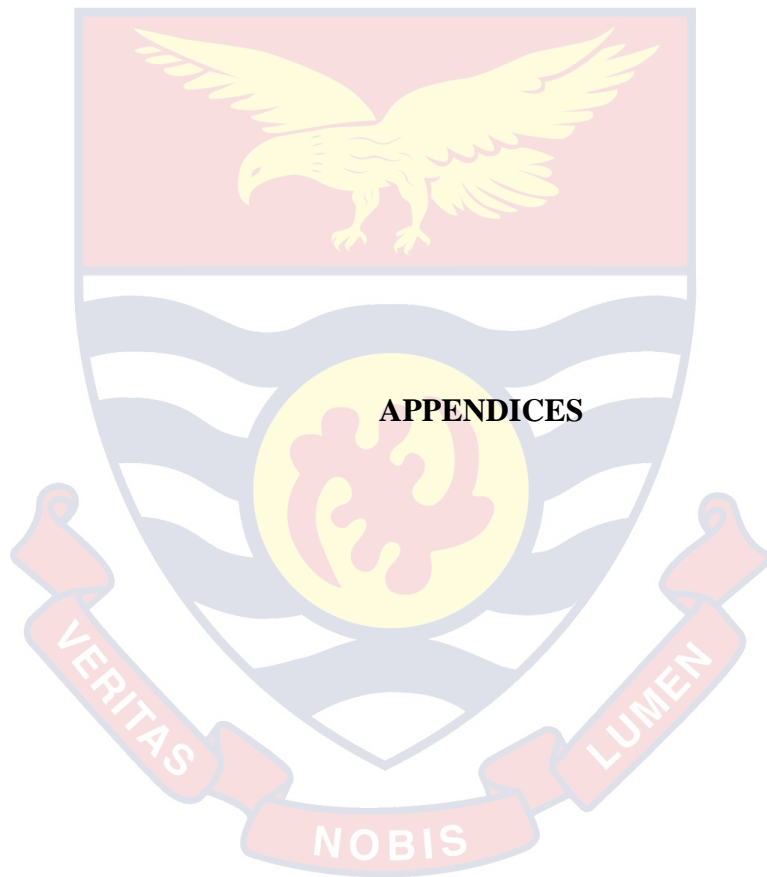
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APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

QUESTIONNAIRE FOR YOUNG WIDOWS

Dear Madam,

The study seeks to examine quality of life, psychological distress and adjustment strategies among young widows in Kumasi Sub Metro and its implications for counselling.

Your full input will help make informed decisions about knowledge and perception on quality of life, psychological distress and adjustment strategies.

It would therefore be appreciated if you could provide responses to **all** items on the questionnaire, and do it **honestly**. You are assured of complete **confidentiality** and **anonymity** of all information provided. **Nothing** will ever be published or reported that will associate your name with your responses to the survey questions. Therefore, you **should not** write your name on any part of the instrument. Your participation in this study is **completely voluntary**. You hereby consent to voluntarily participate in this study by providing responses to items of the various sections of this instrument.

Thank you for accepting.

SECTION A

Demographic Data

Please answer the following questions by either ticking the appropriate answer or providing the answer where needed.

1. Age

24 – 29

30 – 34

35 – 40

41 – 45

2. Educational Qualification

JSS/JHS

SSSCE/WASSCE

Cert A

Diploma

Degree

Post Graduate

Other please specify.....

3. Religious affiliation

Christian

Muslim

Hindu

Traditional

4. Occupation before marriage.....

5. Current employment

6. Number of years you have been a widow.....

1-3years

4-6years

7-10years

11years and above

SECTION B

DASS21

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applies to you over the past weeks. There are no right or wrong answers. Do not spend too much time on any statement. *The rating scale is as follows:*

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

N S O AA

1. I found it hard to wind down	0	1	2	3			
2. I was aware of dryness of my mouth	0	1	2	3			
3. I couldn't seem to experience any positive feeling at all	0	1	2	3			

4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5. I found it difficult to work up the initiative to do things	0	1	2	3			
6. I tended to over-react to situations	0	1	2	3			
7. I experienced trembling (e.g., in the hands)	0	1	2	3			
8. I felt that I was using a lot of nervous energy	0	1	2	3			
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10. I felt that I had nothing to look forward to	0	1	2	3			
11. I found myself getting agitated	0	1	2	3			
12. I found it difficult to relax	0	1	2	3			
13. I felt down-hearted and disturbed (modified)	0	1	2	3			
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			

15. I felt I was close to panic	0	1	2	3			
16. I was unable to become enthusiastic about anything	0	1	2	3			
17. I felt I wasn't worth much as a person	0	1	2	3			
18. I felt that I was rather touchy	0	1	2	3			
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3			
20. I felt scared without any good reason	0	1	2	3			
21. I felt that life was meaningless	0	1	2	3			
TOTAL SCORE							

DASS 21 SCORE

DEPRESSION ANXIETY STRESS
SCORE SCORE SCORE

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	Depression	Anxiety	Stress
Normal	0 – 4	0 - 3	0 - 7
Mild	5 – 6	4 - 5	8 - 9
Moderate	7 – 10	6 - 7	10 - 12
Severe	11 – 13	8 - 9	13 - 16
Extremely Severe	14 +	10 +	17 +

SECTION C
QUESTIONNAIRE FOR WIDOWS ADJUSTMENT STRATEGIES
(QWAS)

Please respond to the following statements on your perception about Adjustment Strategies Young Widows in Kumasi Sub Metro Adopt to Overcome Stressful Conditions. Indicate the extent to which you agree and disagree to the statements below

Directions: Indicate with a tick [] your reaction to Adjustment Strategies.

Please indicate with a tick the Adjustment Strategies you employ to manage your condition . SA = Strongly agree; A = Agree; D = Disagree; SD = Strongly disagree.

Adjustment Strategies	SA	A	D	SD
1. Self-Criticism				
2. Express Emotion				
3. Social Support				
4. Problem Avoidance				
5. Social Withdrawal				
6. Problem Solving				
7. Wishful Thinking				
8. Cognitive Restructuring				

Do you think widowhood rites should be practiced in Ghana? Yes [] NO []

If yes, why?

.....
.....

If no, why?

.....
.....

Do you think relatives, society, religious bodies, NGOs and government should mount intervention strategies to support widows? Yes [] No []

How would you want the stakeholders above to support widows in Ghana?

.....
.....
.....

Have you ever been to a counsellor before? Yes [] No []

Rate your counselling experience

.....
.....
.....

SECTION D
EUROQOL (ED-5D-3L)

Introduction

The EuroQol (EQ-5D-3L) by Brooks and EuroQol Group (1996) was adapted to measure the quality of life of the young widows. The EuroQol (EQ-5D-3L) was introduced in the years 1990. It is one of the widely used instrument for measuring health related quality of life (QoL). The EuroQol (EQ-5D-3L) descriptive system comprises the following five dimensions, each describing a different of health: Mobility, Self-Care, Usual Activities, Pain/Discomfort and Anxiety/ Depression

Under each heading, please tick the one box that best describe your health today

Please read each statement and tick a number 1, 2, 3, 4 and 5 which indicates how much the statement applied to measure the quality of life.

MOBLILITY

1. I have no problem in walking about []
2. I have slight problems in walking about []
3. I have moderate problems in walking about []
4. I have severe problems in walking about []
5. I am unable to walk about []

SELF - CARE

6. I have no problems washing or dressing myself []
7. I have slight problems washing or dressing myself []

- 8. I have moderate problems washing or dressing myself []
- 9. I have severe problems washing or dressing myself []
- 10. I am unable to wash or dress myself []

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- 11. I have no problems doing my usual activities []
- 12. I have slight problems doing my usual activities []
- 13. I have moderate problems doing my usual activities []
- 14. I have severe problems doing my usual activities []
- 15. I am unable to do my usual activities []

PAIN/DISCOMFORT

- 16. I have no pain or discomfort []
- 17. I have slight pain or discomfort []
- 18. I have moderate pain or discomfort []
- 19. I have severe pain or discomfort []
- 20. I am extreme pain or discomfort []

ANXIETY/DEPRESSION

- 21. I am not anxious or depressed []
- 22. I am slightly anxious or depressed []
- 23. I am moderately anxious or depressed []
- 24. I am severely anxious or depressed []
- 25. I am extremely anxious or depressed []

APPENDIX B

RELIABILITY TEST RESULTS OF THE INSTRUMENT

SECTION B

DASS-21

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.862	21

RELIABILITY TEST RESULTS OF THE INSTRUMENT

SECTION C

QUESTIONNAIRE FOR WIDOWS ADJUSTMENT STRATEGIES

(QWAS)

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.818	08

RELIABILITY TEST RESULTS OF THE INSTRUMENT

SECTION D

EuroQol (EQ-5D, 3L)

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.852	05 (40 sub-items)

APPENDIX C

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING

Telephone: 0332091854
Email: dgc@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA



Our Ref: DGC/L.2/VOL.1/99
Your Ref:

November 18, 2019

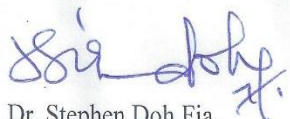
TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Akosua Boaduwa Senyah a student pursuing an M.Phil Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, she is to submit a Thesis on the topic: *“Quality of Life, Psychological Distress and Adjustment Strategies Among Young Widows in Kumasi Sub-metro: Implication for Counselling”*. We are by this letter affirming that the information she will obtain from your Institution will be solely used for academic purposes.

We would be most grateful if you could provide her the necessary assistance.

Thank you.


Dr. Stephen Doh Fia
HEAD OF DEPARTMENT

APPENDIX D

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: CES-ERB/ucc.edu/13/19-70



Date: 27th November, 2019

Your Ref:

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

Chairman, CES-ERB
Prof. J. A. Omotosho
jomotosho@ucc.edu.gh
0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
kedjah@ucc.edu.gh
0244742357

Secretary, CES-ERB
Prof. Linda Dzama Forde
lforde@ucc.edu.gh
0244786680

The bearer, Akosua B. Senyah, Reg. No. EE/GC/18/0007 is an M.Phil. / ~~P.D.~~ student in the Department of Guidance and Counselling in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. ~~He~~ She wishes to undertake a research study on the topic:

Quality of life, psychological distress and adjustment strategies among young widows in Kumasi Sub-Metropolitan District Council: Implications for Counselling.

The Ethical Review Board (ERB) of the College of Education Studies (CES) has assessed ~~his~~ her proposal and confirm that the proposal satisfies the College's ethical requirements for the conduct of the study.

In view of the above, the researcher has been cleared and given approval to commence ~~his~~ her study. The ERB would be grateful if you would give ~~him~~ her the necessary assistance to facilitate the conduct of the said research.

Thank you.
Yours faithfully,

Prof. Linda Dzama Forde
(Secretary, CES-ERB)