

MAKERERE



UNIVERSITY

**THE LEARNING EXPERIENCES OF WIDOWHOOD: A CASE STUDY OF NTINDA
CATHOLIC COMMUNITY, KAMPALA, UGANDA**

BY

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DECLARATION

I, Ssendagala George, hereby declare that this research dissertation is my original work and that it has never been submitted to any institution of higher learning for academic purposes.


Signature:  Date December 19, 2025

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APPROVAL

This dissertation has been submitted for examination with our approval as university supervisors.

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DEDICATION

This work is dedicated to my late wife, Barbra Atwine, whose love, support, and unwavering belief in me inspired my pursuit of this course. You stood by me and cared deeply for our children. I have never ceased to pray for your soul. May you rest in eternal peace.

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Table of Contents

DECLARATION.....	i
APPROVAL.....	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
Table of Contents	v
LIST OF ACRONYMS.....	viii
LIST OF TABLES	ix
ABSTRACT.....	x
CHAPTER ONE: INTRODUCTION.....	1
1.1 Introduction.....	1
1.1.1 Historical Perspective	2
1.1.2 Theoretical Perspective.....	2
1.1.3 Conceptual Perspective.....	3
1.1.4 Contextual Perspective.....	5
1.2 Problem Statement.....	6
1.3 General Objective	7
1.4 Specific Objectives	7
1.6 Significance of the Study	8
1.7 Scope of the Study	9
1.8 Chapter Summary	11
CHAPTER TWO: LITERATURE REVIEW	12
2.1 Introduction.....	12
2.2 Challenges and Shocks Experienced in Widowhood.....	12
2.3 Learning to Cope with Widowhood.....	14
2.4 Role of Community and Church Support in Widowhood.....	17
2.4 Summary and Research Gap.....	21
CHAPTER THREE: METHODOLOGY	22
3.0 Introduction.....	22
3.1 Positionality Statement	22
3.2 Study Design.....	22
3.3 Study Area.....	23
3.4 Study Population.....	24

3.5 Inclusion and Exclusion Criteria.....	24
3.6 Sampling Technique.....	25
3.7 Sample Size.....	27
3.7 Data Collection methods.....	28
3.8 Data Collection Tools.....	29
3.8 Quality Control and Trustworthiness	29
3.9 Data Analysis	32
3.10 Ethical Considerations	32
3.11 Limitations of the Study.....	36
CHAPTER FOUR: PRESENTATION OF FINDINGS.....	40
4.0 Introduction.....	40
4.1 Demographic Characteristics of Respondents	40
4.2 Objective 1 Findings: Challenges and Shocks Experienced in Widowhood	41
4.2.1 Emotional Pain, Grief, and Psychological Disorientation	41
4.2.2 Social Isolation and Changes in Relationships	43
4.2.3 Cultural Expectations and Family Pressures.....	46
4.2.4 Economic Hardship and Role Strain.....	48
4.3 Objective 2 Findings: Coping Mechanisms and Learning Processes	52
4.3.1 Faith and Spiritual Coping	52
4.3.2 Peer Support and Sharing (Learning from Others).....	54
4.3.3 New Roles, Skills, and Personal Growth.....	57
4.3.4 Finding Purpose and Helping Others.....	60
4.4 Objective 3 Findings: Community and Church Support Mechanisms	63
4.4.1 Spiritual and Pastoral Care.....	63
4.4.2 Material and Practical Assistance	65
4.4.3 Advocacy and Education.....	68
CHAPTER FIVE: DISCUSSION OF FINDINGS	72
5.0 Introduction.....	72
5.1 Challenges and Shocks Experienced in Widowhood: Interpreting the Findings.....	72
5.2 Informal Learning and Coping Processes in Widowhood	74
5.3 Role of Community and Church Support in Facilitating Learning and Adaptation	75
5.4 Implications for Adult and Community Education.....	77
5.5 Chapter Summary	78

CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	79
6.0 Introduction.....	79
6.1 Summary of the Study	79
6.2 Conclusions.....	80
6.3 Recommendations.....	81
6.3.1 Recommendations for Faith-Based Communities (Ntinda Catholic Community and Similar Parishes).....	81
6.3.2 Recommendations for Adult and Community Education Practitioners and Institutions.....	82
6.3.3 Recommendations for Policymakers and Development Actors.....	82
6.4 Suggestions for Further Research	83
6.5 Overall Conclusion	83
REFERENCES	84
APPENDICES	89

LIST OF ACRONYMS

HIV – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

FGD – Focus group discussion.

HIV – Human immunodeficiency virus.

KI – Key informant.

NGO – Non-governmental organization.

RQ – Research Question

SAGE – Social Assistance Grants for Empowerment.

St. – Saint.

LIST OF TABLES

Table 4.1: Profile of Widowed Participants (N = 8)	53
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ABSTRACT

Widowhood entails profound emotional, social, and economic disruptions that compel individuals to navigate unfamiliar roles and identities. In Uganda, these challenges are often intensified by cultural expectations, social stigma, and limited institutional support, particularly for women. This qualitative case study examines how widowed adults in the Ntinda Catholic Community in Kampala learn to cope with and adapt to the realities of widowhood. The study was guided by three objectives: to identify the primary challenges and shocks experienced during widowhood; to examine how widows and widowers navigate these challenges; and to investigate the role of the church community in supporting their adaptation. Data were collected through in-depth interviews with widows, widowers, and key informants, as well as a focus group discussion. Purposive sampling was used, and the data were analyzed thematically. The study is grounded in Transformative Learning Theory and Social Learning Theory, highlighting how widowhood serves as a catalyst for reflection, skill acquisition, and personal growth. The findings show that while participants face emotional grief, financial strain, social isolation, and cultural pressures, they also engage in informal learning through faith practices, peer support, and church activities. The 2024 Uganda census reports a national population of 45.9 million (51% female, 49% male), but disaggregated data on widowhood are unavailable. In the absence of formal government-run widowhood support centers, faith-based organizations and community groups serve as critical learning environments that foster resilience and empowerment. The study concludes that widowhood is not solely a period of loss but a dynamic process of adult learning and transformation. It underscores the need to integrate psychosocial support, peer learning, and economic empowerment into community-based interventions. The findings have important implications for Adult and Community Education, particularly in designing responsive educational strategies for marginalized and bereaved populations.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Widowhood is a profound life transition that often intersects with gender norms, cultural practices, and socioeconomic inequalities. In Uganda, the death of a spouse frequently triggers a sequence of disruptions: loss of property, displacement, and stigmatization, particularly for women. Globally and regionally, widowhood is increasingly recognized not only as a personal tragedy but also as a disorienting life event with deep psychological and social implications. From the lens of adult education, widowhood represents a moment of forced adaptation and learning, where individuals must negotiate new identities, responsibilities, and support systems. Uganda's 2024 census records a population of 45.9 million, with women comprising 51% (UBOS, 2024). While updated widowhood statistics remain pending, the 2014 census reported that 5.9% of adults were widowed (UBOS, 2014). More recent survey data reveal a stark gender gap: approximately 38% of Ugandan women, but only 2% of men, report being widowed (UNHS, 2019/20). This gendered dimension shapes both the experience and learning pathways of widowhood.

With formal widowhood support centers lacking, many bereaved individuals turn to faith-based communities and NGOs for psychosocial and material support. Organizations such as the Compassion Connectors and churches across Uganda play a significant role in filling this institutional gap, often guided by spiritual imperatives such as James 1:27. This study focuses on the Ntinda Catholic Community (St. Charles Lwanga Parish), an urban faith-based group with a structured support network for widows and widowers. Using a qualitative case study approach, the research examines how members of this community learn to cope with loss and reconstruct their lives.

1.1.1 Historical Perspective

Widowhood has long been shaped by socio-cultural structures and power dynamics. Historically, widows, especially in Africa and Asia, were subject to restrictive customs, including mourning seclusion, widow inheritance, and ritual cleansing. Though framed as social protection, these practices often curtailed autonomy and reinforced gender hierarchies (Real Muloodi News, 2021; UN Women, 2018). By contrast, widowers generally faced fewer social constraints and were more likely to remarry, underscoring gender disparities in experiences after spousal loss (Soroptimist International, 2024).

Globally, advocacy groups and legal reforms have begun shifting perceptions of widowhood from invisibility to rights-based recognition. Uganda's 2021 Succession Amendment Act, for example, increased a widow's legal share of inheritance and clarified spousal definitions (Republic of Uganda, 2021). Despite these reforms, customary law and patriarchal attitudes continue to undermine widows' rights. Reports document cases of property grabbing and social exclusion, especially in rural areas (Redeem International, 2025).

Modern responses now blend legal empowerment with grassroots initiatives. NGOs provide microfinance, skills training, and legal aid to widows, while faith-based organizations lead psychosocial support and community engagement efforts. In Uganda, these interventions remain crucial because formal, state-run widow support centers are largely absent.

1.1.2 Theoretical Perspective

This study is grounded in two complementary adult learning theories: Transformative Learning Theory and Social Learning Theory.

Transformative Learning Theory, developed by Jack Mezirow, conceptualizes adult learning as a response to disorienting dilemmas, life events that disrupt established frames of reference. Widowhood, a crisis of identity and livelihood, prompts deep reflection, role shifts, and a redefinition of purpose. Transformative learning involves cognitive, emotional, and behavioral changes, supported by dialogue, reflection, and meaning-making (Mezirow, 2018).

Social Learning Theory, advanced by Albert Bandura, emphasizes learning through observation, modeling, and reinforcement within a social context. In faith communities like Ntinda, widowed individuals learn coping strategies by interacting with peers, observing role models, and receiving communal support. Testimonies, group discussions, and shared rituals facilitate behavioral adaptation and emotional resilience (Sutton, 2021).

Together, these frameworks illuminate how widowhood becomes a site of both personal transformation and community-mediated learning.

1.1.3 Conceptual Perspective

This study is grounded in several key concepts that frame how widowhood is understood as a context for adult learning. For clarity and analytical depth, each term is first presented with its conventional academic definition and then with its specific conceptualization within this study:

Widowhood: Conventionally, widowhood is defined as the state of having lost one's spouse to death, marking a change in marital status. It often triggers profound emotional grief and socioeconomic disruption (Van den Hoonaard, 2010; Soroptimist International, 2024). In this study, widowhood is conceptualized not merely as a legal or social label, but as a complex, transitional phase involving psychological adjustment, identity reformation, and adult learning. It

applies to both widows and widowers and emphasizes how individuals learn to navigate new roles and meanings in the absence of a spouse.

Informal Adult Learning: Informal adult learning is unstructured, experiential learning that occurs outside institutional settings, often driven by necessity, lived experience, and social interaction (Livingstone, 2021). In this study, informal adult learning refers to how widowed individuals acquire coping strategies, practical skills (e.g., managing finances), and emotional insights (e.g., building resilience) through everyday experiences and community engagement, particularly within the church setting. No formal curriculum guides this process; it emerges organically from life demands.

Coping Mechanisms Academically, coping mechanisms are psychological and behavioral strategies used to manage stress and emotional hardship (Bailey, 2025). These include both problem-focused and emotion-focused responses. In this research, coping mechanisms are explored as adaptive or maladaptive strategies adopted by widows and widowers in the Ntinda Catholic Community to survive and adjust after spousal loss. These include prayer, support groups, livelihood activities, and social withdrawal (in some cases), each reflecting learning-in-action.

Grief Adaptation: Traditionally, grief adaptation refers to the process through which individuals come to terms with loss and regain functional well-being (Guldin & Leget, 2024). Here, grief adaptation is conceptualized as a dynamic, evolving process that encompasses emotional healing, role renegotiation, and social reintegration. It marks the endpoint of successful coping and learning, at which widowed individuals begin to reconstruct meaning and reclaim agency.

Faith-Based Community Support: This concept is often defined as care provided by religious institutions, encompassing emotional, spiritual, and practical assistance, and guided by shared belief systems and rituals (Tarpeh & Hustedde, 2020). In this study, faith-based community support refers specifically to the structures and relationships within the Ntinda Catholic Community, such as prayer meetings, counseling sessions, and group interactions, that foster an informal learning environment for widowed individuals. It serves as both a support mechanism and a catalyst for personal growth.

These five concepts form the analytical foundation for examining widowhood as a lived experience of adult learning, mediated by faith, community, and social interaction.

1.1.4 Contextual Perspective

The study was conducted within the Ntinda Catholic Community in Kampala. Serving over 3,000 parishioners, the parish includes a structured widows and widowers fellowship under its Family Life Ministry. The group holds monthly in-person meetings, maintains a daily WhatsApp network for mutual encouragement, and organizes spiritual and material support such as counseling and home visits. Led by widowed parishioners and supported by the clergy, the group blends traditional communal care with digital and programmatic innovations.

This setting exemplifies how faith-based communities function as informal learning environments. Widowed individuals share coping strategies, exchange testimonies, and build collective resilience. However, gaps remain in understanding the underlying learning processes: how widows and widowers acquire new roles, negotiate identity shifts, and develop agency within

such spaces. By focusing on this community, the study seeks to fill that gap and offer insights into the learning dimensions of widowhood.

In sum, widowhood in Uganda encapsulates both suffering and adaptation. Grounded in adult learning theory and set within a faith-based context, this study investigates how widowed individuals in Ntinda navigate their loss through learning. It contributes to the fields of Adult and Community Education by foregrounding widowhood as a site of experiential learning, identity reconstruction, and communal support.

1.2 Problem Statement

Widowhood is a profoundly disruptive life event that affects emotional well-being, social identity, and economic stability. In Uganda's urban faith communities, such as the Ntinda Catholic Community, widows and widowers often receive spiritual consolation but lack structured support to help them navigate life after spousal loss. Many face challenges like single parenting, managing households, financial burdens, and unresolved grief, yet there are no targeted adult learning or psychosocial programs to guide their adjustment. Despite the widespread nature of widowhood and its psychosocial effects, little empirical research in Uganda explores how widowed adults informally learn to cope and rebuild their lives, especially within faith-based communities. Existing interventions often ignore local sociocultural realities, and traditional mourning practices can even hinder adaptation (Somhlaba & Wait, 2009). Most studies emphasize psychological coping or generic social support, with limited attention to the learning and resilience processes that help widowed individuals "bounce back" (Bennett, 2010; Moore & Stratton, 2003; Doka & Davidson, 2014). No known research has examined how faith-based community support and informal learning foster resilience and life reconstruction among widows and widowers in

Uganda, particularly in the Ntinda Catholic Community. Addressing this gap is essential to understanding how bereaved individuals can adapt, heal, and regain agency in their social and economic lives.

1.3 General Objective

The main goal of the study was to explore how widowed individuals (widows and widowers) experience and adjust to widowhood within the Ntinda Catholic Community.

1.4 Specific Objectives

The study sought to:

1. Examine the challenges and unexpected shocks people experience in widowhood.
2. Examine how widows and widowers informally learn to cope with challenges associated with widowhood.
3. Identify the strategies the Ntinda Catholic Community implements to support widows and widowers in adapting to their new roles.

1.5 Research Questions

1. What challenges and unexpected shocks do widows and widowers experience in the early stages of widowhood?
2. How do widows and widowers informally learn to cope with challenges associated with widowhood?
3. In what ways does the Ntinda Catholic Community support widows and widowers in adapting to their new life circumstances?

1.6 Significance of the Study

This study is significant for several reasons. First, it addresses a crucial knowledge gap by investigating how widows and widowers learn to handle the emotional, social, and practical challenges that follow the loss of a spouse. Widowhood often results in intense grief, loss of identity, and emotional suffering. By examining the coping strategies and informal learning methods employed by members of the Ntinda Catholic Community, the study provides valuable insights into how bereaved individuals navigate this major life transition.

Second, the study emphasizes the importance of faith-based community support in helping widowed individuals rebuild their lives. The findings can guide religious and community groups to develop structured yet compassionate support programs, fostering emotional healing, resilience, and social reintegration. Specifically, this research can assist the Ntinda Catholic Community and similar church groups in evaluating and strengthening their ministries for widows and widowers, ensuring they address not only spiritual needs but also the emotional and educational needs of those who are grieving.

Third, the study emphasizes the economic and legal vulnerabilities faced by many widows, especially women who may lack access to property, stable income, or social protection. By documenting the lived experiences of widows and widowers, the research informs and encourages actions by government agencies, NGOs, and adult educators to promote economic empowerment, legal awareness, and social justice for this often-marginalized group. For example, insights on property grabbing and financial struggles can be used to support legal aid services or economic empowerment programs for widows.

Fourth, the study helps shape policies and programs that see widowhood as a special social category needing focused support. This includes suggesting mental health services, social protection systems, enforcement of inheritance laws, and community-based programs that help widows and widowers improve their emotional, economic, and social well-being. Policymakers and organizations can use these findings to create more effective support systems that consider the learning and adaptation needs of widowed individuals.

Finally, the study contributes to the broader knowledge in Adult and Community Education by viewing widowhood as a setting for informal adult learning. It enhances scholarly understanding of how transformative learning, community engagement, and cultural practices work together to influence the coping skills and resilience of those who are bereaved. The results establish a foundation for future academic research and cross-cultural studies on widowhood, learning, and social support, thereby advancing both theoretical and practical discussions in adult education and community development fields.

1.7 Scope of the Study

Geographical Scope: This study focuses on widows and widowers in the Ntinda Catholic Community (St. Charles Lwanga Parish) in Kampala, Uganda. Findings are specific to this parish community and are not intended to be generalized to all urban or rural communities in Uganda. Ntinda Parish was selected as a case study to provide in-depth insights into widowhood experiences within a supportive faith-based urban community context.

Participant Scope: The research focuses on registered members of the widows and widowers support group within Ntinda parish. It examines their experiences, coping strategies, and informal

learning processes. The study excludes widowed individuals outside this church group. Key informants, such as the parish priest and the widows/widowers group coordinator, were also included to provide insights on community support mechanisms. The focus is on adult widows and widowers; children or other relatives of the widowed are beyond the scope.

Time Scope: The study considers participants' experiences from the time of their spouse's death up to the present (at the time of data collection in 2025). It focuses on recent coping and learning experiences rather than a longitudinal tracking over decades. Participants reflected on how they have adapted in the months and years following bereavement, but the study did not specifically compare different time periods of widowhood (e.g. immediate versus long-term widowhood).

Content Scope: Substantively, the study investigates the emotional, social, spiritual, and practical challenges of widowhood (Objective 1), the coping mechanisms and informal learning processes widows and widowers employ to deal with these challenges (Objective 2), and the role of community support, especially church-based strategies, in facilitating adaptation (Objective 3). The research does not quantitatively measure the impact of widowhood on health or economic status, nor does it evaluate specific intervention programs. Instead, it provides qualitative insights into learning and coping processes in widowhood. The study is limited to the context of a church community; it does not examine governmental or purely secular support mechanisms in depth, except as discussed by participants in relation to their experiences.

Delimitations: The choice of a single parish community as the case study was a deliberate delimitation to allow an in-depth exploration. The study does not attempt to generalize to all widows in Uganda or to compare different communities. Its aim is to generate rich, contextual

findings that can inform theory and practice, with the understanding that broader applicability would need further research in other settings.

Limitations: (Detailed in Chapter 3 Section 3.11) The study's qualitative case study design and small sample size mean the findings are not statistically generalizable. Additionally, participants' willingness to share personal experiences may have introduced some response bias, and the study relied on self-reported data which could not be independently verified. These limitations are acknowledged while interpreting the results.

1.8 Chapter Summary

Chapter 1 introduced the setting and rationale. It stressed that widowhood, while painful, can also become a context for adult learning and resilience. Churches often create learning networks through prayer groups, counseling, and peer mentoring where widowed persons' exchange knowledge about coping with loss. By capturing widows' and widowers' voices, this study aims to inform Adult and Community Education (ACE) practice: specifically, how adult learning processes unfold during widowhood and how communities can support this learning. The significance for ACE is explicit: *widowhood highlights gaps in adult learning support and offers a model for how experiential learning and community education can empower marginalized adults.* This contribution is discussed further in Chapter 5.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a critical review of the literature relevant to widowhood, coping mechanisms, informal learning, and the role of faith-based community support. It aims to situate the study within existing academic discourse, identify key theoretical and empirical contributions, and highlight gaps that justify the current research. The review is structured around major themes aligned with the study objectives, including the psychosocial impact of widowhood, informal learning processes among widowed individuals, and community-based support interventions. By synthesizing both global and local perspectives, this chapter establishes the foundation for understanding the experiences of widows and widowers in Uganda, particularly within the Ntinda Catholic Community. It concludes by identifying key theoretical linkages that inform the study's methodology and analytical lens.

2.2 Challenges and Shocks Experienced in Widowhood

Widowhood is widely recognized as one of the most stressful life events an individual can experience. The death of a spouse precipitates profound emotional distress, often accompanied by grief, depression, and elevated stress levels. Emotional challenges are frequently noted: Shear (2015) describes complicated grief as a syndrome in which acute grief remains intense and debilitating over a prolonged period. Many widows report persistent loneliness and identity loss, having to redefine themselves outside the married role (Soulsby & Bennett, 2015). Research also indicates that widowhood can adversely affect physical health and even mortality. The term “widowhood effect” in gerontology refers to the increased risk of mortality among the bereaved

spouse, partly due to stress and loss of social support (Holmes, 2021). For example, studies have found higher incidence of certain health issues (like stroke) following spousal loss. In one study in Sweden, marital dissolution (including widowhood) was followed by an increased incidence of stroke, highlighting how stress may somatically manifest.

Beyond emotional distress, widows and widowers often face social challenges. The loss of a spouse can lead to social isolation as social networks change. Married friends may drift away, and cultural stigma can contribute to isolation. In some cultures, widows are stigmatized or even blamed for their spouse's death (Somhlaba & Wait, 2009), leading to marginalization. Cultural shocks are also documented: in certain societies, widows must undergo rites (e.g. forced widow inheritance or cleansing rituals) that can be traumatic (Kathanya, 2022). These practices can conflict with personal coping, causing additional stress. Economic and legal challenges are pervasive, particularly for widows in low- and middle-income countries. Lloyd-Sherlock et al. (2015) note that widowhood in such contexts is often accompanied by a loss of income and assets, making widows vulnerable to poverty. Property disputes and "property grabbing" by in-laws are widely reported in sub-Saharan Africa (Dube, 2016; Human Rights Watch, 2017). For instance, a Ugandan study found nearly one-third of widows had experienced property grabbing attempts (International Justice Mission, 2018), illustrating the prevalence of this issue. These economic shocks compound the emotional toll, as widows may struggle to support themselves and their children.

In Uganda, widows in traditional settings have faced family and cultural expectations that add to their burden. They may be expected not to remarry (to respect the late husband's memory), or conversely pressured to marry a brother-in-law to keep wealth in the family (a practice now less

common but still noted). Such conflicting expectations can create psychological stress and impede personal agency. In some communities, widows are expected to dress or behave in certain subdued ways for extended mourning periods, limiting their social activities and opportunities to move forward (Beatrice, 2022). Widowers, on the other hand, often face fewer restrictive expectations but may confront emotional norms that discourage them from openly grieving (Streeter, 2020). This can lead to internalized stress for men.

Another challenge is the immediate shock and disorientation following the spouse's death. The sudden change in life circumstances can leave individuals feeling confused and overwhelmed. They may experience anxiety about the future, concern over parenting alone, or fear of loneliness. This stage can involve what Mezirow (2018) would term a "disorienting dilemma" – a crisis that upends one's worldview and assumptions. Widowhood certainly qualifies as such, often triggering a reassessment of one's life and beliefs.

In summary, existing literature highlights that widowhood commonly entails: intense emotional pain, social isolation, financial hardship, and cultural pressures. These multifaceted challenges set the stage for the adaptive and learning processes that widows and widowers must undergo, which are explored in subsequent sections.

2.3 Learning to Cope with Widowhood

While widowhood brings hardship, it also prompts significant learning and adaptation in the lives of those affected. Adults often learn new skills and perspectives as they adjust to life without their spouse. Jack Mezirow's Transformative Learning Theory provides a lens for understanding how widows/widowers may undergo personal transformation through this experience. According to

Mezirow, a disorienting dilemma (like bereavement) can lead to critical reflection, dialogue, and eventually a change in one's frames of reference. For widows and widowers, this may involve developing a new self-concept (from being part of a married couple to being single), finding new meaning or spiritual understanding of their loss, and acquiring practical competencies they previously lacked. Studies of widows in Zimbabwe (Dube, 2022) and Kenya (Kathanya, 2022) indicate that many eventually experience a form of personal growth, becoming more autonomous, resilient, and resourceful, which aligns with transformative learning outcomes.

Informal learning processes are central in this context. Unlike formal education or structured training, much of the learning in widowhood is experiential and social. Albert Bandura's Social Learning Theory (also called social cognitive theory) is relevant here. People often learn behaviors and coping strategies by observing and interacting with others. In many communities, new widows learn from more experienced widows. For example, a widow may observe how another widow manages finances or raises children alone, and then emulate those strategies. Bandura (1977) emphasizes that individuals "learn from one another via observation, imitation, and modeling". Within a church support group, widowed individuals have opportunities to witness how peers navigate grief, which can inspire them to adopt similar approaches (e.g. seeing someone find comfort in prayer might encourage another to deepen their faith practices).

Peer support groups and storytelling are documented as powerful informal learning avenues. A study by Van de Walle (2017) in a poor country context found that widows who participated in community groups had better long-term welfare outcomes than those who coped in isolation. Through sharing personal stories, widows not only receive emotional support but also exchange practical knowledge, such as how to handle legal paperwork, how to generate income, or how to

deal with in-laws. This peer learning fosters a sense of solidarity and collective problem-solving, which is a form of community-based learning.

Religious faith and spirituality often become key coping and learning mechanisms for widows and widowers in faith communities. Tarpeh and Hustedde (2020) note that faith-based organisations perceive their role as not just providing material aid but also imparting values and hope that help individuals cope. For many widowed individuals, engaging in prayer, reading scripture, or seeking meaning through religious teachings is a way to cognitively process their loss (Neimeyer, 2001) and find a new sense of purpose. This can be seen as meaning-oriented learning, where one's perspective on life, death, and self is reshaped through spiritual reflection. Participating in church activities (choirs, fellowship meetings, service projects) also enables widows/widowers to learn new skills and rebuild social identity – for instance, learning leadership skills by organizing a memorial service, or developing empathy and counseling skills by mentoring newer widows. Such involvement can transform a widow's passive suffering into active coping, consistent with transformative learning outcomes.

It is also important to acknowledge differences in how men and women learn to cope. Widowers, facing expectations to be “strong” and often lacking the same level of social support as widows, may adopt different strategies. Some literature (Streeter, 2020) suggests men might engage more in distraction or work-focused coping rather than expressive sharing. However, when provided with supportive environments, widowers too can learn to articulate their emotions and seek help. The inclusion of widowers in support groups is therefore a learning process for them – learning that seeking support is acceptable.

Psychosocial interventions like counseling or grief education sessions can facilitate learning coping skills. While relatively few formal programs exist in many Ugandan communities, where they do (e.g. NGO workshops on grief management), widows report benefits like improved knowledge of stress management and rights (Beatrice, 2022). In Ntinda's case, much of the support is informal, but the presence of a priest or counselor at meetings effectively serves as an educational resource – teaching coping through advice, Bible teachings, or referrals.

In summary, coping with widowhood involves a combination of experiential learning (learning by doing, e.g., figuring out how to manage a household alone), observational learning (learning by seeing how others cope), and meaning-making (learning by reflecting and finding new perspectives). This study's theoretical framework (Chapter 1.2) draws on transformative and social learning theories to analyze such processes. The literature supports that widows and widowers are not just passive victims of circumstances but active learners who acquire resilience, skills, and new identities through the journey of widowhood. The next section looks specifically at community and church support as contexts that shape these learning experiences.

2.4 Role of Community and Church Support in Widowhood

Faith communities often implement various strategies to support widows and widowers, which can be seen as informal educational and empowerment interventions. In the Ntinda Catholic Community and similar church settings, these strategies range from spiritual support to material assistance. A review of community support mechanisms shows two broad forms: informal support networks (family, friends, neighbors, peer widows) and formalized programs (church ministries, NGO projects).

In Uganda, the role of the church is especially prominent. Churches use biblical teachings as a motivating factor for the congregation to care for widows and widowers. For instance, James 1:27 is frequently cited: “Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress...”. Such teachings influence the entire church community to support widowed members with compassion and solidarity. Pastoral care is a primary strategy: priests and lay leaders conduct home visits, offer counseling, and organize prayers for the bereaved (Tarpeh & Hustedde, 2020). These actions provide not only comfort but also model positive coping behaviors, showing widows/widowers that they are not alone and that seeking help is acceptable.

The Family Life Ministry of St. Charles Lwanga Parish (Ntinda) specifically includes a widows and widowers fellowship, which is a structured support group. As noted in the background, this group meets regularly and has leadership roles for widowed individuals themselves. This participatory approach empowers widows/widowers to be both beneficiaries and providers of support. Such groups often practice rotating savings schemes or collective problem-solving, which serve as informal adult learning forums, members learn financial skills or caregiving tips from each other during meetings (Livingstone, 2021).

Based on the literature, community education workshops can be part of support strategies. Although they are not very common at the parish level, collaborations with NGOs or diocesan programs sometimes offer workshops on legal rights, health, or livelihood skills for widows. For example, Redeem International (an NGO in Uganda) has provided legal literacy sessions for widows facing land disputes (Real Muloodi, 2024). In the Ntinda context, while this study did not find evidence of formal workshops, church leaders such as priests and coordinators often

serve as advisors, connecting widows to resources like parish notices about microfinance opportunities or vocational training offered by Catholic charities.

Social support structures such as Small Christian Communities (SCCs) and women's guilds are also instrumental. Small Christian Communities, locally known as "obusoolya" or neighborhood prayer cells, ensure that parishioners in a local area meet weekly to pray and share. Widows in these SCCs benefit from close-knit fellowship; neighbors of the same SCC usually mobilize to help a widow with chores or childcare. The Ntinda women's guild includes widows and fosters a sense of purpose as widows engage in church service projects, thereby learning by doing; for instance, learning organizational skills by arranging church events. Mentoring is another subtle strategy: experienced widows, who have navigated widowhood for years sometimes mentor newer widows, offering guidance and a listening ear. This one-on-one support, though informal, emerged in other contexts, for example, a study in Kenya found "mentor widows" were key in rural support networks (Kathanya, 2022).

The support for widowers is an area often lacking. Literature suggests that widowers are sometimes overlooked in church support programs which tend to be women-centric (Men are fewer in such groups and may be less likely to join due to social norms). Streeter (2020) and others advocate for inclusive support that addresses men's needs too. In Ntinda, the fellowship is explicitly for both widows and widowers, but in practice the participation of men was smaller. Recognizing this, support strategies are beginning to adjust, for example, creating spaces like a "men's prayer group" where widowers might feel more comfortable sharing. The study's findings will shed light on whether widowers in Ntinda felt included or not.

Emotional and spiritual counseling by the parish priest or trained laity provides an important formal mechanism. Key informants (like the priest) help identify widows who are struggling (sometimes through observation in church or via community members) and then reach out to them. This early intervention can prevent severe isolation or depression. Tarpeh and Hustedde (2020) note that faith leaders often perceive their role as also educating the community to avoid harmful practices and encourage compassion. In Ntinda, sermons or public addresses occasionally include messages about caring for the vulnerable, which educates the congregation and reduces stigma.

Lastly, material support is part of the strategy: The church may organize charity collections to help needy widows with food or school fees. While material aid is not “learning” per se, it eases survival pressures, allowing widows to focus on learning and rebuilding instead of being overwhelmed by basic needs. Some churches start income-generating projects (e.g., craft-making groups or small cooperative businesses) for widows participating in these teaches new skills and offers financial resilience.

In conclusion, the literature and documented practices indicate that support strategies for widows/widowers in communities like Ntinda include a combination of spiritual care, peer group support, mentorship, counseling, and practical assistance. These strategies function as an informal support system that helps widowed individuals learn to cope. However, gaps remain, particularly in fully including widowers and providing structured learning opportunities. The present study’s findings will detail how these strategies manifest in Ntinda and how effective they are perceived to be, setting the stage for the recommendations in Chapter 5.

2.4 Summary and Research Gap

The reviewed literature reveals that while widowhood has been widely studied from psychological and sociological perspectives, there remains a significant gap in understanding how informal learning and faith-based community support contribute to the resilience and recovery of widowed individuals, particularly in Uganda. Theories such as transformative learning and socio-ecological resilience provide useful frameworks to interpret how widowed adults construct meaning, adapt to loss, and engage with supportive networks. However, few studies integrate these perspectives to explore widowed individuals as active learners navigating change within faith-oriented contexts. This gap is especially notable in urban Ugandan settings like the Ntinda Catholic Community, where widowhood intersects with modern pressures and evolving support structures.

In light of these gaps, the present study adopts a qualitative case study design to explore the lived experiences of widows and widowers in this faith-based community. The next chapter outlines the methodology used to investigate how these individuals engage in learning and adaptation processes after spousal loss.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter describes the qualitative methodology used to explore the learning experiences of widows and widowers in the Ntinda Catholic Community. The research follows a case study design to allow in-depth understanding within its real-life context. It describes the research design, study area, population and sampling, data collection methods, quality control measures, data analysis techniques, ethical considerations, and limitations of the study.

3.1 Positionality Statement

As the researcher, I acknowledge that I am a widower, having personally experienced the loss of a spouse. This positionality granted me empathetic insight and rapport with participants, particularly in understanding their emotional and social journeys. However, I remained conscious of the potential for personal bias. To mitigate this, I maintained a reflexive journal throughout the research, distinguishing my experiences from those of the participants. I consistently applied peer debriefing, consulted supervisors for objectivity checks, and prioritized participants' voices over my own interpretations. My goal was to authentically represent their lived experiences while adhering to rigorous academic standards.

3.2 Study Design

The study used a qualitative descriptive case study design (Crowe et al., 2011) to gain an in-depth understanding of the learning experiences related to widowhood in the Ntinda Catholic Community. A case study approach was suitable because the research focused on a specific

community (the “case”), widowed individuals in Ntinda parish, and aimed to examine a complex social phenomenon (coping and learning in widowhood) within its real-life context. Using a case study design allowed for a thorough exploration of the connection between personal experiences and community support structures. The study was descriptive because it sought to vividly describe the phenomena, challenges, coping strategies, support mechanisms, without altering any variables. Data were collected from multiple sources, including widows, widowers, and key informants, enabling triangulation. By concentrating on this single community, I was able to explore context-specific dynamics in depth, capturing details that broader surveys might overlook.

3.3 Study Area

The research was conducted in Ntinda Catholic Community, formally St. Charles Lwanga Parish, located in an urban area of Kampala, Uganda. Ntinda Parish serves approximately 2,500 to 3,500 congregants. Within this parish, a dedicated support group for widows and widowers operates under the Marriage and Family Life Ministry. Members of this group come from various neighborhoods under the parish and meet regularly for mutual support. Focusing on this community provided a relevant setting where both formal (church-led) and informal support mechanisms for widows/widowers exist. The urban parish context is characterized by a mix of traditional values and modern lifestyles, which was important for observing how old and new forms of support intersect. By concentrating on Ntinda, the study was able to observe how a faith-based environment contributes to the learning and coping experiences of widows and widowers. The familiarity and solidarity among group members in Ntinda provided rich insights, but it also means the results are context-bound to this community.

3.4 Study Population

The study population comprised adult widows and widowers who are members of the Ntinda Catholic Community's widows and widowers support group, as well as key informants from the community. Specifically, the population included all widowed individuals (both women and men) participating in the parish support fellowship, and the parish leaders directly involved with them, such as the parish priest and the group coordinator. There were roughly 100+ registered widowed members in the fellowship; of these, a subset was engaged for interviews. The key informants were the Parish Priest and the Widows/Widowers Group Coordinator, who could provide broader perspectives on community support initiatives. By defining the population this way, the study focused on those most knowledgeable about the phenomena of interest.

Among the widowed population in the group, there was diversity in age, gender, and time since bereavement. This diversity was important to capture a range of experiences. The insights of key informants offered a broader understanding of how the community's programs function and the common issues faced by widowed congregants. The study did not include widows/widowers outside the church's support group (e.g., those not engaged with the church) for practical reasons and to maintain a clear boundary for the case study.

(In Chapter 1, a formal statement of the "Scope" already outlined the boundaries of participants and setting.)

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria: The study included individuals who met the following conditions: (a) adults (age 18 and above) who have lost a spouse (widow or widower), (b) members of or regularly

attending the Ntinda Catholic Community's widows and widowers support group, and (c) willing to voluntarily participate and share their experiences. Both women and men were included to ensure gender perspectives. Additionally, to gather informed community perspectives, the parish priest and group coordinator were included as key informants.

Exclusion Criteria: Individuals were excluded if they were widowed but *not* part of the Ntinda parish community (since the study focused on that community specifically), or if they had remarried after widowhood (the focus was on those currently navigating widowhood). However, in practice none of the interviewed widows/widowers had remarried. Also excluded were any widowed individuals below 18 (none were identified, as typically such cases are extremely rare and would likely not be in an adult support group). If any potential participant was unable to communicate effectively due to severe health issues or cognitive impairment, they would have been excluded, but this situation did not arise during recruitment. Furthermore, Widows and widowers who had recently lost their spouses or those who were not at least two years in widowhood were also excluded because they didn't have enough experience to suit the research. The research needed experienced widows and widowers who were able to answer the research questions promptly.

By setting these criteria, the study ensured it engaged the target population most relevant to the research questions, while maintaining the safety and appropriateness of participation.

3.6 Sampling Technique

The study employed purposive sampling to select participants. Purposive sampling is a non-probability sampling technique in which participants are chosen based on their knowledge of the

subject matter and the relevance of their experiences to the research objectives (Palinkas et al., 2015). In this case, I deliberately targeted widows and widowers who were members of the Ntinda community's support group, as they have direct experience with both widowhood and the church's coping support system. Within that group, efforts were made to include participants with different characteristics (gender, age, length of widowhood) to ensure a range of perspectives. The group coordinator helped identify potential participants who met the criteria (Section 3.5) and were active enough to articulate their experiences.

Additionally, snowball sampling was used to a limited extent: after initial interviews, some participants suggested other widows or widowers in the community who could provide insightful stories. For instance, a widow who had become a mentor to others was recommended. This helped reach individuals who might not have been immediately obvious but who had rich experiences. Ultimately, selection remained purposive, with each referred individual evaluated against the inclusion criteria and the need for diverse perspectives.

The key informants (priest and coordinator) were chosen purposively because of their roles. Because only one person holds each role in the parish, they were the only ones available to interview for that perspective.

The rationale for purposive sampling was that the study sought depth and detail from those most immersed in the phenomenon. Random sampling was neither feasible given the small, specialized population nor desirable, as it might include individuals less able or willing to contribute substantial information. By contrast, purposive sampling ensured that each participant had rich experiences with the research topic and could contribute meaningfully to understanding the widowhood coping and learning processes in Ntinda.

3.7 Sample Size

A total of ten participants were interviewed: eight widowed individuals (five women and three men) and two key informants (the parish priest and the widows/widowers group coordinator). This sample size was guided by the qualitative principle of thematic saturation – the point at which no new themes emerge from the data (Braun & Clarke, 2006). After eight interviews with widowed participants, repeated ideas and patterns indicated that the core themes had been adequately explored.

The gender distribution of five widows and three widowers mirrors the actual composition of the Ntinda Catholic Community's widow support group, where female membership significantly exceeds male membership. In many Ugandan faith-based support settings, widowers are less likely to participate actively in such groups or to share emotional experiences publicly. This social dynamic partly explains the smaller number of widowers in the sample. Moreover, purposive selection was used to ensure the inclusion of male perspectives while remaining consistent with community realities.

Participants also varied in age (ranging from mid-40s to late 70s) and in time since bereavement (from about one year to over ten years). This range allowed exploration of both early and long-term widowhood experiences, enriching the thematic depth of the study. The two key informants were not part of the core widowhood sample but helped contextualize and triangulate the perspectives of widowed participants. Although small, the sample size aligns with qualitative case study standards that prioritize depth, meaning, and insight over numerical representation (Creswell & Poth, 2018).

3.7 Data Collection methods

This study employed qualitative data collection methods to enable participants to share their lived experiences in rich detail. The primary techniques included in-depth individual interviews, a focus group discussion (FGD), and informal observation.

In-depth Interviews: Semi-structured interviews were conducted with eight widowed participants and two key informants. These interviews explored participants' personal challenges, coping mechanisms, sources of support, involvement in faith-based activities, and any changes in outlook or behavior over time. Each session lasted 45–60 minutes and was conducted either in participants' homes or in private spaces at the church to ensure confidentiality. Interviews were conducted in English or Luganda, based on participant preference. Luganda responses were translated into English by the bilingual researcher, with support from a colleague to ensure accuracy.

Focus Group Discussion (FGD): A single FGD was held with five members (three widows and two widowers) of the church support group. Conducted after individual interviews, the FGD encouraged group interaction and sharing of collective perspectives. Lasting about 1.5 hours, the discussion mirrored the format of monthly fellowship meetings and provided insight into group dynamics and shared learning.

Informal Observation: Although not a primary method, I participated in selected church-related events, including one widows' fellowship meeting and several home visits. These observations helped contextualize participant narratives and offered additional insight into real-life interactions, support practices, and gendered participation patterns.

3.8 Data Collection Tools

To facilitate systematic data gathering and ensure methodological rigor, the following tools were used:

Interview Guide: Separate semi-structured interview guides were developed for widowed participants and key informants (see Appendices 1 and 2). These guides contained open-ended questions aligned with the study objectives and allowed for flexible yet focused conversations.

Audio Recorder: A digital voice recorder was used (with informed consent) to capture all interviews and the FGD verbatim. This ensured data accuracy and allowed for in-depth transcription and analysis.

Field Notes Journal: During and after each interview or event, I documented non-verbal cues, environmental context, emotional tone, and other observations. These notes were later used during data interpretation to supplement the transcripts.

Observation Log: A journal was maintained to record reflections and informal observations from events such as the widows' fellowship meeting and home visits. These entries helped triangulate data across sources and validate emerging themes.

3.8 Quality Control and Trustworthiness

Ensuring quality and trustworthiness in qualitative research is essential for producing credible and meaningful findings. This study adopted multiple strategies aligned with Lincoln and Guba's (1985) four criteria for trustworthiness: credibility, transferability, dependability, and confirmability.

Pilot Testing of Instruments: Before formal data collection, the interview guide was pilot-tested with one widow and one widower from a neighboring parish not involved in the main study. This pilot assessed the clarity, cultural sensitivity, and relevance of the questions. Feedback led to minor revisions such as simplifying overly broad questions and adjusting phrasing for sensitivity. This also enabled the researcher to refine interview techniques.

Researcher Training and Reflexivity: As the primary data collector, I undertook training in qualitative interviewing techniques and engaged in reflexive practices to mitigate bias. A reflexive journal was maintained throughout the study to track assumptions, emerging interpretations, and positional reflections – critical given my identity as a widower. I consciously bracketed personal experiences during interviews, allowing participants' narratives to guide the process. An interview protocol was used consistently, while still allowing flexibility to follow up on unique responses.

Accurate Recording and Transcription: All interviews and the focus group discussion were audio-recorded with participant consent. Transcriptions were completed verbatim. For Luganda interviews, English translations were verified by a bilingual research assistant, who reviewed selected transcripts for accuracy. Where uncertainty arose, clarifications were sought from participants during follow-up conversations, ensuring fidelity to original meanings.

Member Checking: To enhance credibility, participants received summaries of their interviews and selected key quotes. They were asked whether the summaries accurately captured their perspectives. Most confirmed accuracy. Clarifications, such as specifying references to “family” as “husband’s family”, were integrated into the data. This feedback loop ensured that findings authentically represented participants’ voices.

Triangulation: The study utilized both data source and method triangulation. Data from widows, widowers, and key informants were compared to identify convergences or discrepancies. For instance, both widows and the parish priest noted lower participation of men in support groups. Additionally, thematic consistency was confirmed across interviews, the focus group discussion, and observational notes. When discrepancies emerged, such as a unique theme surfacing only in the FGD, they were critically examined for contextual meaning.

Use of Direct Quotations and Audit Trail: Chapter 4 presents direct quotes from participants to illustrate key themes, grounding interpretations in the data. An audit trail was maintained throughout the study to document decision-making, changes to tools, coding frameworks, and analytic reflections. This enhances transparency and dependability, enabling external reviewers to trace the analytic process.

Intercoder Reliability: To improve dependability, a second qualitative researcher independently coded two transcripts using the established codebook. High agreement was achieved on major codes; discrepancies were discussed and resolved collaboratively. This process refined coding definitions and reduced subjective bias in theme development.

Writing Accuracy and Consistency: Methodological and findings sections were reviewed to ensure tense consistency and clarity in reporting. Past tense was used for completed procedures, while present tense was maintained for general knowledge and theoretical concepts, reflecting academic writing norms.

Through these layered strategies – pilot testing, reflexivity, triangulation, member validation, audit trails, and intercoder reliability – the study upheld rigorous standards of trustworthiness.

These measures affirm that the research process was systematic and that findings are grounded in participants' lived experiences rather than shaped by researcher bias.

3.9 Data Analysis

Thematic analysis was conducted. First, I transcribed all interviews and read transcripts multiple times. Initial codes were developed both deductively (from research questions) and inductively (from the data). A second coder cross-checked some transcripts to enhance reliability. Discrepancies were resolved through discussion. This ensured that coding was not idiosyncratic to me, thereby improving reliability. I iteratively refined the codebook and organized codes into broader themes, keeping track of decision trails. A thematic matrix was used to verify that no single participant unduly influenced a theme.

(The subsequent chapter will present these analyzed findings in detail, supported by direct quotations and integrated discussion.)

3.10 Ethical Considerations

This study was conducted with strict adherence to ethical standards to protect the rights and well-being of the participants. The following ethical considerations were addressed:

Approval and Compliance: Prior to data collection, the research proposal was reviewed and approved by Makerere University's School of Distance and Lifelong Learning's Higher Degrees board and the Directorate of Research and Graduate Training. The study also obtained clearance from the local church authorities (the parish priest and the Kampala Archdiocese office) to engage

with the Ntinda Catholic Community. All procedures complied with the university's guidelines for research involving human subjects.

Informed Consent: Informed consent was obtained from all participants before they took part in interviews or the focus group. The Participants' Consent Form (see Appendix 3) provided participants with information about the study's purpose, what their participation would involve, and any potential risks or benefits. This information was explained verbally as well, in the language participants were most comfortable with (Luganda or English). Participants were informed that their participation was entirely voluntary and that they had the right to decline to answer any question or to withdraw from the study at any time without any consequences. After discussing this information and ensuring it was understood, participants who agreed to proceed signed the consent form (or provided a thumbprint if they were not comfortable signing, in one case of an elderly widow). For the focus group, each member also gave consent, with the added understanding that what is shared in the group should remain confidential among the group.

Privacy and Confidentiality: The study prioritized protecting participants' confidentiality. Identifying information was only gathered when necessary for contact and was kept separate from the data. In transcripts and notes, pseudonyms or codes (like "W 1," "W 3," "M1," "KI") were used to represent widows, widowers, and key informants instead of real names. Any potentially identifying details within their stories - such as very specific personal events or family member names, were either generalized or left out in the thesis to prevent recognition. For example, rather than "I, Mary, joined the guild," the report might say, "one widow joined the women's guild." All electronic data (audio recordings, transcripts) were stored securely in password-protected files accessible only to the researcher. Physical documents (signed consent forms, field notes) were

kept in a locked filing cabinet. After the required retention period, audio recordings will be destroyed to further ensure privacy.

When conducting interviews, care was taken to do so in a private setting where others could not overhear, so participants could speak freely. The focus group, by nature, involved sharing within peers; at the start of the FGD, all participants mutually agreed to respect each other's confidentiality (an expectation was set that what is shared in the room stays in the room). While confidentiality within the group cannot be absolutely guaranteed (since it's between participants), the group members were all part of the support fellowship and accustomed to sensitive discussions, and each agreed to the importance of privacy.

Minimizing Harm: Discussing one's widowhood experiences can be emotional or distressing. The researcher was prepared for this and approached all interviews with empathy and sensitivity. Participants were told beforehand that the topics might touch on painful memories, and that they did not have to discuss anything they were not ready to. During interviews, if a participant became visibly upset (tearful or very quiet), the researcher paused the interview to offer them a moment to compose themselves or asked if they wished to take a break or skip the question. For instance, one participant became tearful when describing her husband's death; I gently paused recording and offered to continue later, but the participant chose to continue after a short break. I had on hand information about counseling resources (through the church or local counselors) in case any participant showed signs of severe distress or asked for professional help. In one case, after the interview, a widower expressed lingering sadness; the researcher encouraged him to speak with the parish counselor (with his permission, a referral was facilitated).

Avoiding Exploitation and Ensuring Benefit: Participants were not given monetary compensation (to avoid undue inducement), but they were reimbursed for any transport costs if they traveled to the interview venue (this was a nominal amount). Additionally, refreshments (tea and snacks) were provided during sessions as a gesture of appreciation and to create a relaxed environment. The potential benefits of participating – like having an opportunity to voice their experiences – were explained. Some participants actually found the interview somewhat therapeutic, as they mentioned that talking about their journey made them feel heard and valued. The researcher was mindful not to give any false expectations about direct benefits; it was clearly stated that while they might find sharing helpful, the primary benefit is contributing to knowledge that could help others in the future or inform community programs.

Anonymity in Reporting: In this final dissertation, no real names or personally identifying details are used. Even the community is referred to in a way that is contextually necessary (Ntinda Catholic Community) because that is key to the study, but individual identities are protected. The dissertation, as it will be submitted to Makerere University, contains the necessary confidentiality safeguards per guidelines.

Permission for Audio Recording: Participants were asked specifically for consent to record audio. All agreed; however, had anyone declined, I was prepared to take detailed written notes instead. The consent form had a checkbox for agreeing to recording.

Ethical Reporting: The study honestly reports its findings without fabrication or misrepresentation. Quotes are presented accurately (with slight editing for clarity only where needed and marked if so). Contributions of participants are acknowledged in terms of shaping the

findings, and the researcher remains transparent about the study's limitations (which includes the ethical limitation that results are context-specific, etc.).

By addressing these ethical aspects diligently – informed consent, confidentiality, minimizing harm, and securing necessary approvals – the study respected the dignity and rights of all participants. The trust built through these ethical practices likely also enhanced the quality of data, as participants felt safe to share openly. All ethical considerations outlined above align with Makerere University's research ethics guidelines and broader principles such as the Belmont Report's tenets of respect for persons, beneficence, and justice.

3.11 Limitations of the Study

While this study provides valuable insights, it is important to acknowledge its limitations, which largely stem from the scope and design choices:

Generalizability: As a qualitative case study focused on one community, the findings are *not* statistically generalizable to all widows and widowers or all communities in Uganda. The experiences documented reflect those in an urban Catholic parish with an existing support group; different settings (rural areas, other religious contexts, or communities without organized support) might yield different challenges and coping mechanisms. Thus, while the themes may resonate with widowhood experiences elsewhere, caution should be taken in extrapolating results beyond similar contexts. The aim was depth over breadth, so this limitation is an inherent trade-off of the chosen approach.

Sample and Participant Bias: The sample size (8 widowed participants and 2 key informants) was small. Although sufficient for qualitative saturation in this context, a small sample means

some experiences or perspectives might not have been captured. For instance, the study included only those widows/widowers active in the support group; those who avoid such groups (perhaps due to stigma or personal preference) were not represented. Their coping strategies or reasons for not engaging in community support might differ. In addition, participants knew each other and I was introduced via the church network – this *may* have influenced how freely they spoke (e.g., possibly understating negative experiences about the church out of politeness or loyalty). However, given the rapport and assurances of confidentiality, most appeared candid, even criticizing aspects of support frankly.

Recall and Response Bias: The study relied on self-reported data, which is subject to recall bias. Some participants, especially those widowed many years ago, may not recall the early stage challenges or learning processes with full accuracy. Memory might gloss over certain details or be colored by subsequent experiences. Response bias is also possible; participants might have emphasized certain positive outcomes (“I became stronger in faith”) due to a desire to present their coping in a good light, or conversely, some might emphasize hardships if they assumed that’s what the researcher was focusing on. I attempted to mitigate bias by asking open-ended questions and cross-checking accounts (for example, if a widow said “everyone abandoned me,” later questions gently explored if literally everyone or it felt that way – often they’d nuance their answer).

Language and Translation: Interviews conducted in Luganda were translated to English. There is a risk of subtle meanings being lost or altered in translation, despite careful procedures. Emotional expressions or culturally specific terms might not have exact English equivalents. My

bilingual skill and cross-check by an assistant aimed to preserve meaning, but no translation is perfect.

Focus Group Dynamics: The focus group, while enriching, also introduced a limitation. In group settings, some participants might hold back on sensitive issues (especially men in presence of women or vice versa). Dominant personalities can also skew the discussion. In our FGD, one of the older widows was quite vocal; it's possible some quieter members didn't voice conflicting opinions. The facilitator managed turn-taking to some extent, but group dynamics inevitably influence what is shared. The FG findings were mainly used to supplement, and individual interview data was given more weight for personal sensitive topics.

My Influence: As with any qualitative research, the researcher is the primary instrument for data collection and analysis. My presence as a younger male (in this case) might have influenced how widows (mostly older females) communicated – perhaps they might not delve into certain gender-sensitive topics with me, or might try to present themselves respectfully in a way they think I expect. I addressed this by building rapport and being non-judgmental. During analysis, while reflexivity was practiced, the possibility remains that my interpretations carry some subjective bias. I tried to counteract this by using participants' own words and involving peer debriefers, but interpretation is never 100% objective.

Scope of Content: The study did not quantitatively measure outcomes like mental health status, economic improvement, etc., focusing instead on perceptions and narratives. This means we cannot say, for example, "X% of widows experienced depression" or "church support reduced loneliness by Y amount" – those kinds of impact assessments are beyond this study's design. The insights are qualitative and exploratory.

Temporal Context: All data was collected at one point in time (cross-sectional design). Widowhood is a process that evolves; a longitudinal approach might reveal how coping and learning change over time. As a snapshot, this study might miss how initial versus later-stage widowhood differ. Participants' accounts of early widowhood are retrospective.

Cultural Specificity: Being set in a Baganda urban community with Catholic ethos means certain findings (like reliance on prayer groups, use of Luganda proverbs in coping, cultural expectations around widow behavior) are culture-specific. Widows in other cultures or denominations might report different practices. This is not so much a flaw as a boundary – the study is culturally embedded by design.

Despite these limitations, the study's rigorous approach and triangulation enhance confidence in the core findings. The limitations mainly suggest areas for caution in interpretation and opportunities for future research (for instance, studying a wider range of communities or employing mixed methods to quantify certain aspects). In the concluding chapter, these limitations will be considered when making recommendations, to ensure proposed interventions are sensitive to the context and acknowledging what the study did not cover.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Introduction

A total of 8 widowed individuals (5 women, 3 men) participated, along with 2 key informants (the parish priest and the support-group coordinator). Table 4.1 (below) summarizes their demographics (gender, age, number of children, years widowed). Participants ranged from their 40s to late 70s. Many faced immediate single-parenting responsibilities and income loss. The group included 3 recently widowed (2–3 years) and 4 long-term widows (5+ years). This mix allowed me to capture both the “early shock” and longer-term adaptation of widowhood.

4.1 Demographic Characteristics of Respondents

Table 4.1

Profile of Widowed Participants (N = 8)

Participant Gender	Age Range	No of Children	Years Widowed
Female	40–50	3	3
Female	50–60	5	8
Female	50–60	4	6
Female	60–70	6	10
Female	70–80	2	15+
Male	40–50	2	2
Male	50–60	4	5
Male	60–70	1	9

As Table 4.1 shows, participants varied in age and years of widowhood. Most had multiple children, highlighting that sudden caregiving responsibilities contributed to their challenges. Older participants (widowed >10 years) often described having more established coping routines and even mentoring newer widows, whereas younger participants (still in active careers) emphasized work and parenting stress. These contextual factors set the stage for the thematic findings below.

4.2 Objective 1 Findings: Challenges and Shocks Experienced in Widowhood

Participants reported multidimensional challenges following spousal loss. The main themes were: (a) *Emotional Pain, Grief and Disorientation*, (b) *Social Isolation and Stigma*, (c) *Cultural and Familial Pressures*, and (d) *Economic Hardship and Role Strain*. These often occurred as sudden “shocks” and then persisted. Each is discussed below with supporting quotations and interpretation.

4.2.1 Emotional Pain, Grief, and Psychological Disorientation

All participants described the immediate aftermath as overwhelming sorrow. They used phrases like “*I felt like my world had ended*” or “*I was in a fog*”. This aligns with literature noting widowhood as a disorienting life crisis (Mezirow, 2018; Shear, 2015). The shock of loss manifested in various emotional responses:

Intense Sadness and Longing: All widows and widowers reported deep sorrow, often accompanied by crying spells, sleeplessness, and loss of appetite in early bereavement. As one widow (W2, 54 years old) expressed, “*Losing my husband broke me completely. I cried day and night, and I couldn’t imagine ever being okay again.*” Another (W5, 78 years) still becomes

tearful recalling it: *“Even now, 15 years later, I sometimes wake up expecting him there. The heart never fully heals.”* This enduring sense of loss echoes the concept of “integrated grief” where the pain softens but never fully disappears.

Confusion and Anxiety: Participants also reported acute confusion and anxiety in early widowhood. Widows with young children worried about the future. *One participant asked, “I was lost and unsure how to continue with daily life,”* said a widower (M3, 47 years) about the days after his wife’s passing. Widows with young children particularly mentioned anxiety about the future: *“I kept asking myself, how will I raise these children alone? I was so frightened,”* shared W1 (45 years, 3 children). This aligns with the literature on bereavement, in which grief may integrate over time but never fully disappears (Somhlaba & Wait (2009

Physical Manifestations of Grief: Emotional distress also translated into physical symptoms, as reported by a few participants. Two widows recalled becoming physically ill – one was hospitalized with severe anemia a couple months after her husband’s death, which she attributes to *“stress and not eating”*. Another said, *“I became weak and often fell ill from the stress”* (W3, 50s). This supports the idea of the widowhood effect on health documented by Holmes (2021) and others.

In describing this acute pain, one widow’s experience stands out. W1 reported that in one instant she went from being a wife to a widow, screaming and feeling completely numb.

“One moment I was a wife, the next I was told I’m a widow. I remember screaming and then everything became numb. For weeks, I felt like I was living someone else’s life –

nothing seemed real. I couldn't sleep because every time I closed my eyes, I was back in that moment of getting the news.” (W1, 3 years widowed)

These accounts underscore that emotional shock was universal and immediate. Learning to manage this emotional pain (through counseling, prayer, or peer support) emerged as a crucial part of adaptation (discussed under Objective 2). For now, it is clear that grief constituted the primary shock of widowhood – an “avalanche of sadness” (as one priest KI noted) that impaired normal functioning.

In sum, emotional distress is a universal and immediate challenge of widowhood. It constitutes the primary shock – an avalanche of grief that can impair functioning. The intensity tends to subside over time, but waves of sadness can recur, especially around anniversaries or family events (as participants noted). Learning to manage this emotional pain is a key part of coping (discussed under Objective 2). For now, recognizing emotional suffering as a core challenge underscores why psychosocial support is indispensable

4.2.2 Social Isolation and Changes in Relationships

A striking finding was that most widows and widowers felt a sense of social abandonment in the period following their spouse's death. Despite being part of a church community, they experienced either actual withdrawal by friends/family or a perceived sense of not belonging among couples. This social isolation often exacerbated the emotional pain.

Five out of eight widowed participants mentioned that certain friends or even relatives distanced themselves after the funeral was over. For example, W3 stated bitterly: *“When my husband was alive, our home was always full of people. After he died, even close friends stopped visiting. I felt*

completely alone.”. Similarly, M2 (53, widower) said, “*Couples we used to socialize with no longer invite me for gatherings; I’m now a spare wheel.*” This reflects common patterns where widowed individuals may be left out of former social circles (Soulsby & Bennett, 2015).

The focus group discussion shed light on why this distancing happens. Some participants felt it was due to awkwardness – married friends not knowing how to interact with them anymore, or perhaps the widowed person’s grief made others uncomfortable. As W4 (62) explained, “*People don’t know what to say to you, so they choose to say nothing at all and stay away.*” There might also be superstitions at play: the coordinator (KI) noted some community members subtly avoid widows because of a belief that “*misfortune might be contagious*” – a harmful cultural trope.

Social isolation manifested in daily life by participants withdrawing as well. Several admitted they themselves avoided community interaction initially. “*I locked myself in for days; I couldn’t face anyone,*” said W2. M3 similarly said he stopped attending social functions because “*seeing couples together hurt too much.*” This self-imposed isolation can feed a vicious cycle – the more they withdraw, the more friends keep distance, and thus the lonelier they become.

A poignant example: W2 described that after the burial, neighbors stopped greeting her and she sat alone in church. She felt that some believed widows would “steal” husbands, and eventually she began staying home on Sundays because she felt others were afraid of her presence.

“After the burial, it was as if a curtain fell. Neighbors who used to greet me grew quiet. At church, I sat alone. I heard whispers – some women think widows will steal their husbands, can you imagine? I ended up staying home most Sundays. I felt like I had a disease that everyone feared to catch.” (W2, 8 years widowed)

This illustrates the harmful stigma that widows can internalize and experience.) It's important to note that a few participants did have supportive family members (e.g., siblings or children) who helped mitigate isolation. Nevertheless, the general sense of social exclusion was a major challenge.

In communal cultures like Uganda's, feeling socially isolated is particularly difficult because communal solidarity is expected in times of loss. The priest (KI) lamented that "*Our society is changing – people are busy; they move on quickly. Widows can be left behind in silence.*" This indicates a possible erosion of traditional extended family care systems, which agrees with literature observations (Dube, 2016) of weakening communal support in modern times.

The consequences of social isolation mentioned by participants included exacerbated depression, lack of information (one widow missed out on a potential financial aid because no one informed her), and practical hardship (e.g. no one to help with heavy chores that the husband used to do, like fixing the roof or digging in the garden).

In summary, social challenges of widowhood in Ntinda include both isolation - being physically and emotionally alone, and altered social identity - feeling out of place in previously familiar social settings. Overcoming this isolation requires proactive efforts either by the widow(er) or by the community, (which will be discussed under coping and support findings). This challenge is clearly connected to our theoretical framework of social learning: without social interaction, widows and widowers miss opportunities to learn from peers or build collective resilience, emphasizing why re-engaging them socially (for example, through church groups) is so crucial.

4.2.3 Cultural Expectations and Family Pressures

Widowhood in this context is not only a personal journey but also heavily influenced by cultural and familial expectations. The study uncovered that widows and widowers often face specific pressures related to mourning customs, remarriage expectations, and inheritance practices, which can themselves be major challenges or stressors.

One common cultural norm is that a widow should remain in a period of mourning and modesty for an extended time. W4 explained: *“In our culture, a widow is expected to wear black and not be seen at festivities for at least a year. If I laughed too loud or tried to dress nicely, people judged me.”* This expectation to embody perpetual sorrow can hinder a widow’s attempt to resume normal life or find moments of joy, thereby prolonging emotional pain.

Conversely, a few widows experienced pressure to remarry quickly – usually from their late husband’s family. W3 shared: *“Only three months after my husband died, his brother suggested I should ‘be inherited’ by a male cousin to stay in the family. I was appalled. When I refused, some in-laws became hostile.”* This is reflective of the (declining but still present) practice of widow inheritance in some African communities, ostensibly to secure her welfare but often conflicting with the widow’s own wishes. W3’s case shows how refusing such an expectation can strain family relations; she later faced property disputes possibly as retaliation (discussed next section).

Widowers, on the other hand, faced a different expectation: many felt subtle or open encouragement to *remarry sooner rather than later*. M2 said, *“After my wife’s passing, my relatives kept hinting I should find a ‘helper’ because ‘a man cannot manage alone’. It was barely a year and they had potential candidates in mind!”* He found this both frustrating and intrusive,

as he was still grieving. It highlights a gender double standard: widowers' grief periods are often less respected (they're pushed to remarry), whereas widows might be discouraged from remarrying (due to either family wanting to keep property or social norms about women not remarrying). This aligns with literature noting widowers are indeed more likely and accepted to remarry than widows.

Inheritance and Property issues emerged as one of the most contentious challenges, especially for female participants. Out of five widows, three encountered serious conflicts over property ownership with their in-laws. W5 (the 78-year-old) described her ordeal: *"Immediately after my husband's burial, his family members took the land title and told me 'according to tradition, the land belongs to us now'. They left me only the small house. I had to seek legal help to claim what was rightfully mine."* Stories like hers reflect the prevalent problem of property grabbing from widows. It is both a legal and cultural challenge – legally, widows have rights (Uganda's Succession Act now gives significant share to widows), but culturally, some relatives still feel entitled to the man's property, viewing the widow as a custodian at best. For W5, fighting this took years and caused emotional distress on top of her grief: *"It was like losing my husband and then losing my home too, all at once,"* she said, capturing the compounded trauma.

Even widows who did not lose property felt the undercurrent of vulnerability – they knew of cases (like W5's) and it added to their anxiety. The church coordinator (KI) tries to educate widows on their legal rights, precisely because many are pressured to surrender land or assets due to ignorance or intimidation.

Other family pressures mentioned included child custody or interference: one younger widow (W1) had her late husband's family insist that the children be sent to live with them, claiming

“they belong to the father’s lineage.” She resisted, not wanting to be separated from her children, leading to conflict. This highlights how patriarchal cultural notions can further unsettle a widow’s life (the fear of losing one’s children in addition to the spouse).

In sum, cultural and family expectations form a significant layer of challenge for widows/widowers in this community. They have to navigate between their own needs and external demands/traditions. These findings underscore the importance of culturally sensitive support – for instance, the need for mediation in inheritance disputes (some participants received such help through church/legal aid), and community education to dispel harmful norms (like stigma or wrongful claims on widows’ property). It also demonstrates that coping for widows/widowers is not just internal but involves negotiating these external pressures, which can be a profound learning process in itself (learning to assert rights, learning to balance respect for culture with personal well-being).

4.2.4 Economic Hardship and Role Strain

The death of a spouse often brought on economic challenges for the widows and widowers in this study, coupled with the strain of suddenly having to manage all household and parenting roles alone. This was particularly acute for participants whose spouse was the primary breadwinner or who contributed significantly to family income.

Four out of the eight widowed participants reported a marked decline in their financial situation post-bereavement. For example, W2 recounted: “*Without my husband’s support, I struggled to pay bills and buy food. He had been the one working while I did home business; my income alone was not enough*”. She ended up pulling her eldest daughter out of a good secondary school

because she could no longer afford the fees, which she described as one of the most painful consequences of her widowhood apart from the emotional loss.

Widowers too felt economic impacts, though among the men in this sample, two were employed and managed to continue earning. However, even for them, there were costs that emerged: hiring help for tasks their wives used to do (childcare, cooking, etc.) or missing workdays due to grief responsibilities. M3 said, *“I had to take leave from work for a month after my wife died; that was a salary cut. Then paying someone to watch the kids after school was a new expense we didn’t have before.”*

For some widows, property grabbing or family interference directly caused economic hardship. As mentioned, W5’s in-laws tried to take over land – such a loss would have robbed her of subsistence farming income. Another widow, W3, shared that her late husband’s bank account was frozen and the husband’s family contested her access to it. This legal tussle left her short on cash for nearly a year until the matter was resolved, during which she relied on church charity for survival. These anecdotes illustrate how cultural/family challenges tie into economic ones.

Another aspect is the role strain – suddenly, the widowed person has to fulfill all roles: provider, caregiver, decision-maker, homemaker, etc. Many participants – especially those with young children – highlighted how overwhelming this was. W1 (with 3 young kids) said:

“I felt like I had to become two people in one. During the day I was out hustling for money, in the evening I was mother and father to the kids. There was no rest. I got burnt out so fast.” (W1, 3 years widowed)

Her statement “mother and father” encapsulates the dual-parenting challenge. She also noted that tasks her husband used to handle – car repairs, dealing with contractors, extended family obligations – all fell on her with no transition or training, which was a steep learning curve.

Widowers similarly mentioned challenges like adjusting to tasks stereotypically done by wives. M2 admitted, *“I didn’t even know how to cook a proper meal when my wife passed. I had to learn fast or else starve or waste money on takeout”* (he chuckled, showing he eventually took it in stride, but it was a real initial stress). Others talked about struggling with nurturing roles: *“My little daughter would cry at night for her mummy; I had to learn to comfort her the way my wife used to,”* said M3, highlighting emotional labor they had to pick up.

It became clear that economic hardship often compounded other challenges. Financial stress can worsen emotional stress. W2 said that her depression was made worse by worrying about rent and food: *“I would wake up with my heart already heavy from grief, and then immediately worry – what will my children eat today? It was a double weight on my shoulders.”* This aligns with the concept that psychosocial and economic support must go hand-in-hand in helping widowed families.

The degree of economic impact did vary: one widow (W4) was an employed teacher and her husband hadn’t been working, so economically she was stable, though she now had to juggle work and home alone. Two participants (W5 and one widower) received some support: W5 eventually got a small survivor’s pension from her late husband’s employer; M2’s grown children started contributing to household expenses once their mother died. Those with such buffers fared somewhat better, reinforcing that financial support networks (be it institutional or familial) can alleviate part of widowed stress.

From a learning perspective, the economic and role challenges forced many participants into learning new skills – how to budget tightly, how to run a business, how to do tasks like agriculture or home maintenance themselves. For instance, W3 learned to ride a motorcycle (boda-boda) because her husband used to do all transportation tasks and she found it cheaper to run errands herself than hire help for every small thing. Similarly, M2 learnt cooking and basic child caregiving which he previously never did. These forced adaptations tie into the next section (coping and learning), but are worth noting here as outcomes of these economic/role challenges.

In summary for Objective 1, widowhood delivered “disorienting dilemmas” across emotions, relationships, culture, and economy. The key insight is that these challenges are interwoven: emotional distress was often amplified by social isolation; economic problems were worsened by lack of familial support, and so on. These findings answer RQ1 by showing that widowhood causes multidimensional personal and social upheaval. Next, we examine how participants coped and learned to navigate these challenges.

Before moving on, Table 4.2 provides a summary of the challenges identified (emotional, social, cultural, economic) and the proportion of participants who experienced each, based on their narratives:

4.3 Objective 2 Findings: Coping Mechanisms and Learning Processes

Despite the shocks above, widows and widowers did not remain passive. All engaged in active coping strategies that involved learning. The main learning-related themes include: (a) *Spiritual and Faith-based Coping*, (b) *Peer Support and Community Learning*, (c) *Skill Acquisition and Empowerment*, and (d) *Cognitive Reframing and New Purpose*. These reflect the processes by which participants informally learned to adapt.

4.3.1 Faith and Spiritual Coping

For the majority of participants, faith in God and involvement in church activities emerged as the cornerstone of their coping process. This is unsurprising given the context (a Catholic community) but the depth of its impact is notable.

Participants described turning to prayer and spiritual practices both for solace and as a way to find meaning in their loss. W4 expressed, *“When the pain was too much to bear, I would kneel and pray, crying to God. Each time I did that, I felt a little lighter, as if I wasn’t carrying it alone.”* Many echoed this sentiment of feeling divine support lifting some burden of grief.

Attending Mass and prayer meetings was also therapeutic: initially, some had withdrawn from church (as noted earlier under isolation), but those who gradually returned found it beneficial. M2 said, *“I forced myself to go back to daily Mass, even when I didn’t feel like talking to anyone. Just sitting in church, I often wept silently, but afterwards I felt peace for a while.”* The environment of worship and routine gave structure to days that otherwise felt empty, participants noted.

Crucially, scripture and religious teachings offered reframing of their situation. Several quoted verses or sermons that resonated: e.g., James 1:27 on caring for widows which made them feel valued by God; Psalm 68:5 calling God “*a father of the fatherless and a defender of widows*”, which W1 said she held onto as a promise that God was with her children even without their earthly father.

The church’s bereavement ministry and counseling (often by priests or nuns) played a direct role. Four widowed participants attended at least one counseling session with the priest or a church-based counselor. W2 shared, “*Father Joseph sat with me many evenings, letting me pour out my anger and questions to God. He reminded me that even Jesus felt forsaken on the cross but that wasn’t the end of the story. That perspective slowly healed me.*” This shows how religious counseling provided a narrative to integrate their suffering (linking it to spiritual narratives of suffering and hope).

Some participants, like W3, experienced what could be considered a transformative spiritual experience: “*One night, in deep grief, I dreamt that my husband was in a bright place telling me he’s okay and I should be strong. I woke up feeling a strange peace. From that day, I made it a point to say the rosary whenever I felt weak, and it gave me strength.*” While a subjective experience, it was pivotal for her coping, essentially renewing her purpose to live for her family.

In terms of learning, reliance on faith taught participants patience, forgiveness (some had to forgive in-laws or others), and trust in something larger than themselves. Many said they learned to “let go and let God,” implying they recognized their limits in controlling everything, which paradoxically empowered them to focus on what they could control (like daily tasks, caring for children) and leave the rest (like existential questions, or resentment) to God.

The church fellowship group specifically for widows/widowers (which all participants were part of) also combined faith and peer support. They would pray together, sing hymns, and study the Bible in relation to their context. Participants cited these gatherings as moments they felt “the burden lifted collectively”. For example, M3 noted, *“When we pray as a group, I feel a strong presence. It assures me that God indeed hears the cries of widows and orphans, as the Bible says.”* This collective faith practice reinforced individual faith coping.

Overall, faith served multiple coping functions: emotional comfort (soothing grief), cognitive reframing (finding meaning), social/moral support (through community of believers), and inspirational motivation (believing life can be good again with God’s help). It aligns with research on the resilience of widows who engage in meaning-making and spiritual activities (Neimeyer, 2001). It also dovetails with Transformative Learning Theory in a spiritual sense – some participants fundamentally changed their perspective on life and death, seeing death as part of a divine plan or believing they will reunite in afterlife, thus reducing despair.

4.3.2 Peer Support and Sharing (Learning from Others)

Another vital coping mechanism was engaging with peers, especially fellow widows and widowers, to share experiences and support each other. This is where social learning was most evident. Through both the formal support group and informal friendships with others who had gone through similar loss, participants “learned the ropes” of widowhood and drew strength.

The Widows and Widowers Fellowship at Ntinda church, which met monthly, was frequently mentioned as a lifeline. W1 recounted her initial meeting: *“I was hesitant to join, but the first time I went, I ended up pouring my heart out. To my surprise, I found women who finished my*

sentences – they knew exactly the anger and pain I was feeling. I realized I am not crazy or alone.” This normalization of her feelings was a significant relief and learning – she learned that what she felt was *normal in grief*.

Within these meetings, they exchanged practical advice: how to deal with in-laws, which local microfinance might give a small loan, how to manage teens’ behavior after loss, etc. W3 learned about her legal property rights from another widow who’d faced a similar battle – *“If she hadn’t shared her story and how she got a lawyer through an NGO, I wouldn’t have known how to fight for my land.”* This is direct peer-to-peer education.

Buddy System: The coordinator KI noted they sometimes pair a newer widow with an older, more adjusted widow as a ‘buddy’. Several participants experienced this. W4 was buddy to W1 – *“I would call her every week, visit her and the kids, and just listen or help where I can. I remember how another widow did that for me, so I passed it on.”* This mentorship not only provides emotional support but also models coping behaviors. W1 said, *“Seeing W4 – she had been widowed 8 years and was standing strong, even laughing – it gave me hope that maybe I too can survive this.”* This observational learning (Bandura’s model) is a powerful reinforcement that adaptation is possible.

Focus group input: In our focus group of 5 widows/widowers, they unanimously agreed that *“talking to someone who truly understands”* was crucial. They described an interesting phenomenon: they sometimes formed an ad-hoc group during church gatherings (like after Sunday mass, all widowed members would greet each other, share quick updates, etc.). M2 jokingly called it the *“widows’ corner”* where they could chat freely without judgement that they’re complaining or repeating themselves. In those dialogues, they exchanged coping hacks –

e.g., one widow told others about how writing in a journal helped her vent when no one's around, and two others adopted that practice.

Learning to Cope by Example: Many participants recounted specific instances where another widow or widower's story taught them something: W2 learned from a peer about how to involve older children in budgeting to reduce financial stress; M3 learned parenting tips (like how to do his daughter's hair or cook certain meals his wife used to make) by asking a fellow widower who had mastered those tasks; W5 (elderly) learned from a younger widow about modern mobile banking so she could receive her pension without middlemen – as she phrased, *“we all have something to teach, regardless of age; I taught them patience, they taught me technology!”*

Emotionally, sharing also dissipated feelings of guilt or inadequacy. W3 was feeling guilty for sometimes feeling relief that her strenuous caregiving duties (her husband had been long ill) were over – she thought that made her a bad person. It was in the group that another person confessed feeling similar relief when their spouse's suffering ended. *“We ended up laughing in relief, because we realized it's a human feeling and doesn't mean we didn't love them,”* W3 said. This peer validation alleviated her guilt significantly, which improved her emotional well-being.

The act of helping others in the group also became part of coping for some. W4 mentioned that by mentoring W1, she found new purpose, which helped her own continued healing. This is something like helper therapy principle – helping someone else can improve one's own mental state. It also transitions to the next coping theme of finding purpose.

In summary, peer support functioned as group therapy, classroom, and support network all in one. Through it, widows and widowers acquired practical knowledge, emotional insight, and a sense

of belonging. This underscores a core idea of adult learning: people learn significantly from each other's experiences (experiential learning and social learning). For these participants, the fellowship of peers was arguably as important as formal counseling, if not more, because it was ongoing and based on mutual exchange.

4.3.3 New Roles, Skills, and Personal Growth

As widows and widowers navigated daily life without their spouses, they inevitably had to learn new skills and adapt to new roles. What initially were sources of challenge (as described in section 4.2.4) became, over time, areas of competence and even pride, contributing significantly to coping by building confidence and self-efficacy.

Many participants recounted at least one skill they had to pick up. Some examples:

Financial and Business Skills: W2 started a small home bakery business after her husband's death. Initially, she knew how to bake as a hobby but had never run a business. She joined a church-sponsored livelihood training (arranged by the support group) where she learned basics of pricing, bookkeeping, and marketing. *"I was an introvert, but I learned to market my cakes at church events,"* she said proudly. Over two years, her baking income helped pay school fees and also gave her a sense of accomplishment. *"It taught me I'm capable. I don't have to beg or despair – I can create something,"* she reflected. This empowerment through skill learning was echoed by others who started tailoring, poultry rearing, or other micro-enterprises often facilitated or advised by group initiatives.

Household and Parenting Skills: Several widowers noted learning domestic tasks. M2's earlier admission to learning cooking evolved; he shared that by a year in, he could prepare his

children's favorite matooke and groundnut sauce almost as well as their mom did. The kids even teased "Daddy's becoming Mama," which he now takes as a compliment. Learning to cook healthily saved him money and improved his children's nutrition after a period of heavy reliance on takeout and instant foods. Also, widowers learned nurturing skills: how to communicate gently with a grieving child, how to manage teenage daughters' needs (some took advice from female relatives or other widows on these issues).

Communication and Self-Advocacy: W3 said she "*found her voice*" after being widowed. She used to be shy and let her husband do all talking in public or with authorities. But facing the property wrangle forced her to speak up to lawyers, to government officers. Over time, she reports feeling much more confident articulating her needs: "*If I could stand up to my in-laws in front of the clan council, what else should I fear? I can speak to anyone now.*" This indicates personal growth in assertiveness, which is a coping mechanism in itself – because she no longer felt powerless or voiceless, reducing stress.

Emotional and Coping Skills: Participants also learned internal "skills" like controlling anger, practicing patience, or reorganizing their routines to manage stress. W1 learned some time management techniques (with mentoring from W4) – she established a consistent after-school routine for her kids, which not only helped them feel stable but also gave her a fixed time each day to rest or pray. She had to learn to discipline herself to follow that schedule, which she'd never done strictly before. She commented that "*George (late husband) was the organized one; I was always spontaneous. But I've become more disciplined, and it has reduced chaos in the home, making life easier.*"

What's evident is that coping was an educational journey. Initially tasks like fixing a light bulb or negotiating a bill felt daunting, but each success (or even attempts) taught them something and built resilience. Many explicitly expressed surprise at their own capabilities: *"I never imagined I could do X, but now I can."* This improved self-esteem was crucial – as it countered the helplessness of early grief with a new self-image of competence.

Personal growth also extended to changes in outlook. Several described themselves as *"stronger"* or *"more compassionate"* now. W5 said, *"Before, I used to judge people quickly. Widowhood humbled me. I learned empathy because so many helped me. Now I help others in ways I never thought I would."* This "generativity" – wanting to give back – is a positive growth sign. It also ties coping to meaning: by using their new skills or wisdom to aid others (like mentoring, volunteering in church charity), they found further meaning and satisfaction, which in turn helped their own healing. For instance, W5 started teaching reading to orphans at the parish school on weekends, which she directly links to the kindness she was shown and her desire to pay it forward – this gave her days' purpose after she overcame her main struggles, reinforcing her sense of being useful and valued.

All these suggest that through coping, widows and widowers underwent a form of transformative learning (Mezirow, 1991) – their frame of reference changed: they saw themselves not just as someone who lost a spouse and is less-than-whole, but as individuals who can learn, adapt, and even excel in new ways. They reframed widowhood from solely a tragedy to a challenge they can overcome and grow from.

Finally, these stories of acquiring new skills demonstrate the importance of support structures (church training, group advice) in facilitating coping – widows who had access to microfinance

training or counseling clearly benefited in skill acquisition, highlighting that empowerment initiatives do translate into better coping outcomes.

4.3.4 Finding Purpose and Helping Others

A recurrent insight was that as widows and widowers progressed in their journey, an important aspect of deeper coping was finding a renewed sense of purpose or meaning in life, which often involved focusing beyond their own sorrow, particularly by helping others or engaging in community service. This aligns with theories of post-traumatic growth where contributing to others can be a growth outcome.

Several participants reached a point where they asked themselves, *“Why am I still here? What should I do with the life I have left?”* Initially, these questions might have been uttered in despair, but later they became a call towards purposeful action.

One clear avenue for purpose was raising children well for those who had kids. Nearly all with children mentioned that the need to be there for their kids kept them going in dark times. But beyond that basic duty, some turned it into a more inspiring mission: M3 said, *“I decided I will honor my wife’s memory by ensuring our daughter achieves her dreams. That is my purpose now.”* He then actively engaged in his daughter’s education like never before – attending school meetings (which he used to skip), helping with homework, planning for her college. This newfound involvement not only benefited the daughter but gave him forward-looking goals that structured his life positively.

For those whose children were grown or who were older (like W5), serving others in the community became purpose. As mentioned, W5 taught orphans to read; she also started a small

informal “widows’ prayer cell” in her neighborhood for widows too old to travel to parish meetings – *“We are 3 grandmas who meet every Wednesday to pray for our families and community. It gives me reason every week to get out of bed and prepare something to share.”* That simple routine and sense of responsibility to the two others is a lifeline for her – *“They need me to lead prayers as I need them to listen,”* she said.

For younger participants, purpose sometimes took shape as advocacy or volunteering. W3, after winning her land case, has become somewhat an advocate – *“Now I accompany new widows in our group to Local Council offices or police if they have issues, to help them speak up. I feel it’s my calling to fight injustice against widows.”* She is basically translating her painful experience into activism, which she finds healing – *“Every time I help a sister reclaim her right, I heal a bit more too,”* she noted, reinforcing the mutually beneficial nature of helping.

Another creative example is W2’s bakery business: beyond income, she turned it into a small community mission – she hires fellow widows part-time when she has large orders, giving them a chance to earn too. She also donates some cakes to church events or orphanages on the death anniversary of her husband, in his memory. *“It’s my way of turning grief into giving,”* she said. This purposeful entrepreneurship made her feel her husband’s legacy continued in positive actions.

From a coping lens, having purpose alleviated the existential vacuum that loss can create. Participants who found these outlets generally reported decreased depressive episodes and increased motivation. For example, M2, who initially was depressed and drinking a lot, later cut down drinking significantly once he started coaching a youth football team (something he did in honor of his sports-loving late wife who used to assist with church youth). *“When I’m out on the*

field with those boys, I forget my sorrow. I feel alive and like I'm doing something meaningful," he said, adding that it gave him a healthier way to spend evenings rather than at the bar.

Helping others also strengthened social ties – often a remedy to the isolation they felt early on. By positioning themselves as contributors (mentors, volunteers, advocates), widows/widowers moved from being passive recipients of pity to active, respected community members. This shift in role – from one-down to one-up or equal – was empowering and improved how others interacted with them as well (reducing stigma, increasing respect). Finally, it's clear that the church environment both inspired and provided avenues for this purposeful engagement – many of these roles (teaching orphans, prayer groups, activism through church channels) were facilitated by church connections.

In conclusion, *finding purpose beyond oneself* emerged as a hallmark of advanced coping in this sample. It often grew out of earlier coping stages (once their own stability was somewhat restored) and propelled them into a phase of thriving rather than just surviving. It also ties back into theory: Frankl's concept of meaning-making in suffering, (Frankl, 2006) or Maslow's higher order needs like self-actualization by helping others (Maslow, 1943), which these widowed individuals started to fulfill.

In summary for Objective 2, coping was a learning process. Participants engaged both individually and collectively to acquire knowledge and skills. The church and community provided educational contexts, both informal (peer discussion) and semi-formal (training workshops), that enabled this learning.

4.4 Objective 3 Findings: Community and Church Support Mechanisms

The Ntinda Catholic Community itself emerged as a vital learning and support environment. Three major support mechanisms were identified: (a) *Spiritual and Pastoral Care*, (b) *Material and Practical Assistance*, and (c) *Advocacy and Training*.

4.4.1 Spiritual and Pastoral Care

As noted, regular church activities functioned as emotional support. The church organized prayer gatherings and bereavement counseling (often with visiting psychologists or trained lay counselors). One key informant explained that after a funeral, the parish priest and fellow congregants routinely visit the bereaved at home. Participants reported that having a priest or counselor check on them was deeply comforting. The church's messaging (sermons and fellowship talks) also framed widowhood in positive terms (e.g. caring for the widow as a Christian duty) which helped some cope psychologically. One participant said, "*the church became my new family; praying with others gave me peace.*" These formal spiritual supports lowered barriers to seeking help.

The church also organizes memorial services or encourages anniversaries to be marked, which participants appreciated as it honors their spouses and brings people together to comfort them each year. W1: "*On the first anniversary of my husband's death, the church choir came to my home and we had prayers. I cried, but I felt a warmth around – that's the church making sure I didn't face that day alone.*" This emotional support on significant days prevented re-traumatization and gave solace.

Pastoral visits in early bereavement were common: priests, nuns, or lay church members visited to pray and console. KI (priest) said they try to visit each bereaved family regularly for at least 40 days after burial (a local Catholic practice). Widows said these visits helped break their isolation – *“Every evening someone from church stopped by, I didn’t have time to sink into dark thoughts,”* noted M3.

Fellowship and belonging: The church maintained open arms – participants never felt shunned at church; if anything, parishioners sometimes “smothered” them with concern (which a couple found a bit pitying but well-intentioned). Still, feeling the church was a place they belonged even as a single person (no one looked askance at them sitting alone in a pew) was comforting. Contrast this to secular social gatherings where they felt out of place among couples, church gatherings seemed more inclusive. As W4 said, *“In God’s house, I didn’t feel like a ‘widow’ label, I was just a person among others worshipping.”* This equality in spiritual setting helped restore self-esteem.

Emotional encouragement from sermons: Clergy sometimes tailored messages that gave hope specifically to those suffering losses, participants observed. For example, in November (Catholic month of remembering the dead), homilies would talk about hope in resurrection, which W5 found consoling regarding her late husband’s state and thus eased her sorrow. Also, Bible study groups where they reflected on stories of widows in Scripture (like the Widow of Zarephath or Naomi in Book of Ruth) taught lessons of resilience and God’s providence that directly spoke to their situation. KI coordinator intentionally chose such themes for group discussion. As W3 humorously said, *“We discovered we widows have many role models in the Bible – and they’re pretty strong women! So we decided we can be too.”* This shows the church’s content (scripture) was leveraged to empower them mentally.

Overall, the church's spiritual infrastructure and community ethic provided a foundation of emotional support that undergirded personal coping. However, these are softer *support* – one might say. Next, we look at tangible help.

4.4.2 Material and Practical Assistance

The Ntinda community mobilized resources immediately after a death. For example, fellow congregants often contributed financially, provided food, and offered labor (such as rebuilding a house or helping with children's schooling). The parish has a Widows & Widowers Support Fellowship – a formal peer group that meets monthly for meals and testimony-sharing, effectively institutionalizing peer learning. Immediately after a death, a typical outpouring included:

Food & Financial Collections: It's customary for neighbors and church members to bring food to the bereaved family in the funeral period. All participants confirmed receiving much food, easing that burden. Also, churches often take up a small collection to help the widow(er). For instance, KI priest noted they usually deliver an envelope from parish funds and donations to the widow(er) after burial for initial expenses. W1 got about 500,000 UGX (Approx. \$135) which helped with bills and school fees that term. This immediate injection prevented acute crises.

Labor Support: Parish youth or neighbors help with chores (digging in field, fetching water, minding children) during mourning and sometimes beyond. M2 recalled how for about a month his wife's friends took turns coming to clean the house and cook on weekends, "so that the kids and I had decent meals and a clean home while I was still dazed."

Child Care Support: A few widows mentioned family or church crèche taking care of young kids to give them rest days. W2: "*The Sisters at church offered to keep my toddler twice a*

week for the first three months. That time allowed me to run errands and even just sleep – absolutely life-saving.” Without that help, she’d have been far more exhausted.

In ongoing terms, education support was significant. Three widows with struggling finances received partial or full sponsorship for at least one child through church connections: W3’s older child was awarded a bursary at the parish school after her husband died (the priest and headteacher facilitated it). W2’s daughter was supported by an international Christian charity linked by the parish to cover her secondary schooling when W2’s bakery income fell short. These interventions prevented family crises, such as children dropping out, thereby reducing widows’ stress.

Another area: *economic empowerment programs*. The church, through its community development arm, apparently offered some skills workshops (like the baking training W2 did, or microfinance saving groups that a couple joined). KI coordinator said they partnered with an NGO last year to run a “Financial Literacy and Income Generation” seminar for widows – and indeed at least two participants attended and benefited (learning budgeting, exploring small business ideas). Such training equips them to be self-reliant – a long-term support approach beyond handouts.

Healthcare: no formal mention of health costs support, but W5 noted the church clinic gave her free medicine for blood pressure which spiked after widowhood, which is a meaningful help on limited pension.

Community (neighbors) support beyond church varied: some had kind neighbors who’d occasionally check in or send food especially early on. But as time passed, neighborly attention

waned (people assume you're okay after some months). That is why institutional support (like church's sustained programs) is key for long-haul.

It's important that participants noted some support was short-lived. E.g., money collection at funeral was one-time; house help rotated for few weeks then everybody returned to normal. W1 said after about 2 months, "I noticed far fewer visitors – life moved on for others while I was still struggling." This is a common pattern – intense support early, tapering later, leaving a void if no systemic support remains.

This highlights a gap: continuous material support for widows in persistent hardship is not strongly structured except through what they can achieve via skills or sporadic charity. Indeed, W1, W2 struggled financially a year later until their own businesses or external scholarships kicked in. There's likely a need to formalize longer support (like a community fund or revolving credit exclusively for widows).

The perception of fairness in support: A couple of widowers felt that community support is more readily given to widows (women) than to men. M3 said, "*People assume a man can manage, so I got less help offers than say a widow would. My sister helped, but otherwise few.*" There may be truth; cultural norms drive more sympathy and communal help toward women with children, whereas widowers might be neglected due to gender stereotypes (as also noted in lit that men less likely join support groups or ask help). This suggests a support gap for widowers – the church tries but maybe men don't step forward to accept help easily, or community forgets they have needs too (perhaps thinking they'll remarry or handle it).

In summary, practical support from the community was a critical cushion especially right after a spouse's death and in cases of acute need. It included material assistance, services, and empowerment opportunities. The church often organized or funneled these resources, though some came from kin and neighbors spontaneously. While extremely helpful, some of this support diminished over time, highlighting the importance of interventions that lead to self-sufficiency (skills, education for kids) so that widows/widowers are not left stranded in the long run.

4.4.3 Advocacy and Education

Church and community leaders actively intervened in systemic issues. Through personal connections, they helped widows navigate legal processes to claim inheritance (though many widows were initially unaware of their rights). Key informants (parish priest and group leader) held informal legal-literacy sessions for widowed members, explaining the 2021 Succession Amendment Act provisions. The coordinator (KI) often attended family meetings or court sessions with widows to advocate on their behalf. These actions indicate how the community taught widows about legal and civic rights. Additionally, in public forums (e.g. village meetings), church leaders speak out against harmful cultural practices, raising awareness and gradually shifting norms. For example:

W5 had the Local Council Chairman in her area accompany her to meet her in-laws and assert that the law entitles her to her late husband's land. She believes his presence and citing of law prevented them from forcefully evicting her until she could get legal papers in order. *"If Mr. Ssekandi (LC) hadn't stood with me, I might have been bulldozed by the clan,"* she said gratefully.

W3's battle went to the traditional clan council. She sought help from the parish priest, who wrote a letter attesting to her good character and urging the clan to be just. She presented that at the clan meeting; while not legally binding, she felt it shamed some relatives into backing off. Also, the priest quietly connected her to a free legal aid NGO (as she recounted). This behind-the-scenes advocacy was pivotal.

In another instance, W1 had trouble with a school that tried to deny her kids continued enrollment due to late fees after her husband died (who used to pay). The church bursar stepped in by negotiating a fee deferment plan and guaranteeing some payment from church scholarship if needed. This mediation kept the kids in school.

Church leaders thus act as intercessors on behalf of widows/widowers, leveraging their authority and networks. The priest KI explicitly said one of his roles is *"to protect the vulnerable in my flock, by speaking where they may not be heard."* He gave an example of confronting a parishioner (an in-law to a widow) in private about returning property he'd taken – reminding him of Christian duty. The in-law returned a cow to the widow. This moral suasion via religious authority sometimes works in a tight-knit community.

Legal awareness: Some support came in form of informational sessions. The widows group once invited a lawyer to talk about wills and property rights (KI said they did this after noticing many issues cropping up). Participants like W5 learned she could apply to be the administrator of her husband's estate legally – she did so and it strengthened her position greatly. That knowledge was a community-driven support measure (since ignorance is often what exploiters bank on).

Counseling family members: The community (church and clan elders) also tried to counsel the extended family of widows to be supportive. W4 said the clan matriarch in her case chastised some relatives for suggesting widow inheritance, telling them “times have changed.” That elder’s stance, influenced perhaps by church teaching on dignity of widows, saved W4 from further harassment. The interplay of cultural and religious leadership coming to a widow’s defense is a powerful support form not typically quantified but clearly present in these narratives.

Supporting widowers: On a different note, one area of “advocacy” needed is encouraging society to help widowers. The priest said he sometimes preaches that men who lose wives need community help just as much, to break the myth they’re always strong. M2 did say after such a sermon, a couple of parish men offered to help him with home repairs. “*It took Father telling them; before that, I guess they assumed I had it together,*” he laughed. So, raising awareness is itself a support action.

Systemic issues: The participants didn’t talk about government or NGOs much (aside from legal aid one); it seems local community and church filled those shoes intimately. However, KI insisted on telling widows about making wills to avoid future disputes for next generation, an example of forward-looking community-driven solution to systemic problem of intestate succession chaos. So, the community is learning to break vicious cycles.

Safety and social justice: There was one mention of a widow being harassed by a neighbor (in a case unrelated to spouse death) and some church youth formed a patrol around her house for a week until matter resolved. That’s community protecting a vulnerable member physically. Rare but telling of solidarity.

In summary, advocacy and mediation support might be less visible than food baskets but is crucial in addressing the deeper challenges widows face. The church and community leaders stepping in as allies gave widows moral and practical backup to claim their rights and find fair resolutions. This fosters not only immediate problem-solving but a sense that the community stands for justice and care of its vulnerable, reinforcing social cohesion and trust.

Summary of Findings: Overall, these findings paint widowhood not as a static state but as a journey of challenge and learning. The church community provided both safety nets and learning environments. Even amid loss, participants engaged in continuous learning—emotional (e.g. learning resilience through faith), cognitive (reframing identity), social (peer learning), and practical (acquiring new skills). The support structures of Ntinda were both the context and facilitators for this learning.

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CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the key findings of the study in relation to the reviewed literature (Chapter Two) and the theoretical framework that guided the study, namely Transformative Learning Theory and Social Learning Theory. Unlike Chapter Four, which presented empirical findings supported by participant quotations, this chapter offers an interpretive and analytical discussion that situates the findings within existing scholarly debates on widowhood, informal learning, and faith-based community support. The discussion is organized according to the study objectives: (1) challenges and shocks experienced in widowhood, (2) informal learning and coping processes among widows and widowers, and (3) the role of community and church support in facilitating adaptation. Through this discussion, widowhood is conceptualized not only as a period of loss but also as a significant site of adult learning and transformation

5.1 Challenges and Shocks Experienced in Widowhood: Interpreting the Findings

The study found that widowhood is experienced as a profound shock marked by emotional distress, social isolation, cultural pressures, and economic hardship. These findings strongly align with existing literature identifying widowhood as one of the most stressful life events an adult can face. Scholars such as Shear (2015) and Soulsby and Bennett (2015) describe widowhood as a disruptive transition that destabilizes emotional well-being, social identity, and daily functioning. The intense grief, confusion, and psychological disorientation reported by participants in Ntinda reflect what Mezirow conceptualizes as a disorienting dilemma, a critical trigger for adult learning and perspective transformation.

The emotional pain described by participants aligns with the concept of complicated, prolonged grief discussed in the bereavement literature. The persistence of grief long after the loss, particularly during anniversaries and family events, supports the view that grief is not a linear process but an ongoing negotiation of meaning. The physical manifestations of grief reported by some participants further reinforce findings from gerontological studies on the “widowhood effect,” which link bereavement to declining physical health and increased vulnerability.

Social isolation emerged as a significant secondary shock after emotional loss. The withdrawal of friends, changes in relationships among couples, and the stigma associated with widowhood align with studies in sub-Saharan Africa documenting social exclusion and marginalization of widows (Somhlaba & Wait, 2009; Dube, 2016). From a social learning perspective, such isolation limits opportunities for observational learning, peer interaction, and shared meaning-making. The findings suggest that when widowed individuals are cut off from social networks, their capacity to learn adaptive coping strategies is significantly constrained.

Cultural expectations and family pressures, particularly around mourning practices, remarriage, and inheritance, further complicated the widowhood experience. These findings echo regional studies highlighting how customary norms often intensify widows’ vulnerability despite progressive legal reforms. Although widowers in this study faced fewer restrictive norms, they encountered emotional silencing due to masculine expectations of strength, which limited their willingness to seek support. These gendered differences affirm the literature that portrays widowhood as a deeply gendered experience, shaping both suffering and coping pathways.

Economic hardship was another critical challenge identified. Loss of household income, role strain, and responsibility overload reflect broader structural vulnerabilities among widowed adults

in low-income contexts. Consistent with Lloyd-Sherlock et al. (2015), the study shows that economic insecurity compounds emotional distress, complicating adaptation. Taken together, these challenges underscore that widowhood is not a single event but a multidimensional crisis that sets the stage for informal learning and adaptation.

5.2 Informal Learning and Coping Processes in Widowhood

A central contribution of this study is demonstrating that widows and widowers engage in significant informal learning while coping with the challenges of widowhood. The findings support Transformative Learning Theory by showing how widowhood serves as a catalyst for critical reflection, identity reconstruction, and behavioral change. Participants described learning to manage emotions, assume new roles, acquire practical skills, and redefine life purpose—processes that align closely with Mezirow’s phases of transformative learning.

Faith-based practices, including prayer, scripture reading, and spiritual reflection, played a crucial role in meaning-making. This supports Neimeyer’s (2001) argument that coping with loss often involves reconstructing meaning rather than merely managing symptoms of grief. Through spiritual reflection, participants reframed widowhood from a purely tragic event into a journey of growth, endurance, and renewed faith. Such reframing reflects a shift in frames of reference, a key indicator of transformative learning.

Social Learning Theory is particularly useful for explaining how widows and widowers learn to cope through interactions with peers. The study found that observational learning, storytelling, and peer mentoring were central mechanisms of adaptation. By observing more experienced widows and widowers, participants learned practical coping strategies, including managing

finances, raising children alone, and handling social stigma. This confirms Bandura's assertion that learning is fundamentally social and occurs through modeling and reinforcement.

The role of peer sharing in the widows' fellowship illustrates informal adult education in action. Learning occurred without a formal curriculum, driven by lived experience and mutual support. These findings align with Livingstone's conceptualization of informal learning as embedded in everyday life and social practice. Importantly, learning extended beyond survival skills; many participants reported personal growth, increased confidence, and a desire to help others, indicating higher-order learning outcomes.

Gender differences in coping strategies also emerged. Widows were more likely to engage in expressive and communal coping, whereas widowers initially relied on work and emotional suppression. However, participation in supportive environments enabled some widowers to learn alternative ways to express grief and seek help. This suggests that inclusive support spaces can disrupt restrictive gender norms and expand learning opportunities.

Overall, the findings challenge deficit-based views of widowhood by highlighting widows and widowers as active learners who build resilience through experience, reflection, and social interaction. Widowhood thus emerges as a powerful context for adult learning, consistent with both transformative and social learning frameworks.

5.3 Role of Community and Church Support in Facilitating Learning and Adaptation

The study shows that the Ntinda Catholic Community plays a pivotal role in shaping widows' and widowers' learning and coping experiences. Church-based support mechanisms functioned as informal learning environments that fostered emotional healing, skill acquisition, and social

reintegration. This finding aligns with literature that positions faith-based organizations as critical actors in psychosocial support, particularly in contexts where formal state support systems are weak or absent (Tarpeh & Hustedde, 2020; Van de Walle, 2017).

Spiritual and emotional support provided through prayer meetings, counseling, and pastoral care reinforced adaptive coping and meaning-making among widowed individuals. These practices modeled positive responses to grief and legitimized emotional expression, which is especially important in cultural contexts where vulnerability is often stigmatized (Neimeyer, 2001; Somhlaba & Wait, 2009). From a social learning perspective, clergy and lay leaders served as influential role models whose guidance shaped attitudes, behaviors, and coping orientations toward widowhood, consistent with Bandura's Social Learning Theory (Bandura, 1977).

Material and practical support, such as food assistance, school fees, and referrals, played an enabling role by reducing immediate survival pressures faced by widows and widowers. Although these forms of assistance are not learning activities in themselves, they created conditions under which learning, reflection, and adaptation could occur. This supports the argument advanced in adult education literature that learning is deeply intertwined with material and social realities rather than occurring in isolation from them (Livingstone, 2021).

Peer-based structures, including the widows and widowers fellowship and Small Christian Communities, proved especially powerful spaces for learning. These groups facilitated peer learning, mentoring, and collective problem-solving through storytelling, shared reflection, and mutual encouragement. Similar findings have been reported in studies from East Africa, where experienced widows often mentor newly bereaved individuals, enabling learning through lived example (Kathanya, 2022). The participatory nature of these groups, in which widowed

individuals also assumed leadership roles, reflects Freirean notions of empowerment through dialogue and praxis, even though Freire was not explicitly adopted as a guiding theoretical framework.

However, the study also identified gaps in community support, particularly the limited inclusion of widowers and the absence of structured learning or economic empowerment programs. These gaps mirror concerns raised in the literature that faith-based support interventions often remain ad hoc and gender-skewed, with men less likely to access emotional or communal support (Streeter, 2020; Dube, 2016). The findings therefore suggest that while church-based support is vital, its impact could be strengthened through more intentional integration of adult education principles, including inclusive programming and livelihood-oriented learning opportunities.

5.4 Implications for Adult and Community Education

The discussion highlights important implications for Adult and Community Education (ACE). First, widowhood should be recognized as a significant context for adult learning, particularly as it represents a major life transition that compels adults to reflect, adapt, and acquire new competencies. This aligns with adult learning scholarship that emphasizes learning as embedded in lived experience and triggered by disorienting life events (Mezirow, 2018; Merriam & Bierema, 2014).

Second, faith-based communities emerge as underutilized yet powerful learning spaces. As shown in this study, churches already provide informal learning environments through peer interaction, counseling, and shared reflection. These spaces could be strengthened through intentional adult education interventions such as basic counseling skills, peer facilitation training, and livelihood-

oriented learning, consistent with literature on informal and community-based adult learning (Livingstone, 2021; Foley, 1999).

Third, the findings suggest that ACE practitioners and policymakers should adopt learning-centered approaches to widowhood support that move beyond short-term charity toward empowerment and transformation. Such approaches resonate with critical adult education perspectives that emphasize dialogue, agency, and capacity-building rather than dependency (Freire, 1970; Brookfield, 2005). Positioning widows and widowers as active learners rather than passive recipients of aid has the potential to enhance resilience, social reintegration, and long-term wellbeing.

5.5 Chapter Summary

This chapter has discussed the study findings in relation to the existing literature and the theoretical framework. It has shown that widowhood entails profound shocks yet also initiates powerful informal learning processes mediated by faith, community, and social interaction. Guided by Transformative Learning Theory and Social Learning Theory, the discussion demonstrates that widows and widowers are active learners who reconstruct meaning, acquire new skills, and develop resilience. The next chapter presents a summary of the study, conclusions, and actionable recommendations derived from these discussions.

CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents a concise summary of the study, draws conclusions grounded in the findings and discussion, and proposes actionable recommendations for key stakeholders. The conclusions and recommendations are directly informed by the discussion in Chapter Five, particularly the interpretation of widowhood as a context for informal adult learning shaped by faith-based community support. The chapter also highlights implications for Adult and Community Education (ACE) practice, policy, and future research.

6.1 Summary of the Study

The purpose of this study was to examine how widows and widowers experience and adapt to widowhood in the Ntinda Catholic Community in Kampala, with specific attention to challenges, informal learning and coping processes, and the role of community and church support. Guided by Transformative Learning Theory and Social Learning Theory, the study used a qualitative case study design. Data were collected through in-depth interviews with widows and widowers, a focus group discussion, and key informant interviews with parish leaders.

The findings revealed that widowhood is experienced as a profound, multidimensional disruption encompassing emotional grief, social isolation, cultural pressures, and economic hardship. However, the study also showed that widows and widowers are not passive victims of loss. Instead, they actively engage in informal learning through reflection, peer interaction, faith practices, and community participation to cope with loss, assume new roles, and reconstruct

meaning in their lives. The Ntinda Catholic Community emerged as a critical support system, serving as an informal learning environment that facilitates emotional healing, social reintegration, and personal growth, albeit with notable gaps in structured learning and gender-inclusive programming.

6.2 Conclusions

Based on the findings and the analytical discussion in Chapter Five, the study draws the following conclusions:

First, widowhood is a major life transition that serves as a powerful context for adult learning. The emotional shock and disorientation experienced by widows and widowers constitute disorienting dilemmas that trigger reflection, adaptation, and perspective transformation. Learning in widowhood is therefore not incidental but central to how individuals cope, rebuild identity, and regain agency.

Second, informal learning processes play a central role in widows' and widowers' adaptation to life after spousal loss. Through experiential learning, peer observation, storytelling, and spiritual reflection, widowed individuals develop practical skills, emotional resilience, and new social identities. These processes align closely with transformative and social learning theories, underscoring that meaningful learning often occurs outside formal educational settings.

Third, faith-based communities, particularly the Ntinda Catholic Community, serve as critical informal learning spaces for widowed adults. Spiritual practices, peer support groups, counseling, and material assistance together create enabling environments for learning and adaptation.

However, the lack of structured adult education interventions limits the full potential of these spaces.

Fourth, the study concludes that community support mechanisms are uneven and gendered. While widows benefit more visibly from church-based support, widowers often remain less engaged because of social norms around masculinity and emotional expression. This exclusion limits men's learning opportunities and underscores the need for more inclusive approaches.

Overall, the study concludes that widowhood should be understood not only as a period of loss and vulnerability but also as a transformative learning journey. Recognizing and strengthening the learning dimensions of widowhood can enhance resilience, empowerment, and long-term well-being among widowed adults.

6.3 Recommendations

Building directly on the conclusions above, the study makes the following recommendations:

6.3.1 Recommendations for Faith-Based Communities (Ntinda Catholic Community and Similar Parishes)

Faith-based communities should intentionally strengthen their widowhood support programs by integrating basic adult education principles. This includes training selected lay leaders and peer mentors in counseling, peer facilitation, and psychosocial support to enhance the quality of learning and healing in support groups.

Parishes should develop inclusive support structures that actively engage widowers, for example through men-focused discussion groups or mixed-gender learning forums that normalize emotional expression and peer learning among men.

Churches should collaborate with NGOs, diocesan programs, and local institutions to offer structured livelihood and legal literacy sessions for widows and widowers, enabling economic empowerment and informed decision-making.

6.3.2 Recommendations for Adult and Community Education Practitioners and Institutions

Adult and Community Education practitioners should recognize widowhood as a legitimate context for adult learning and design responsive community education programs that address grief, role transitions, and livelihood skills.

Training institutions, including departments of Adult and Community Education, should integrate modules on bereavement, psychosocial support, and faith-based learning contexts into ACE curricula to better prepare graduates for community-based practice.

Researchers and practitioners should adopt participatory and dialogical approaches that position widows and widowers as co-learners and peer educators rather than passive recipients of support.

6.3.3 Recommendations for Policymakers and Development Actors

Government ministries and local authorities should recognize widowed adults as a socially vulnerable group that requires targeted psychosocial and educational support, in addition to existing social protection measures.

Policies and programs addressing widowhood should move beyond welfare-oriented assistance to include adult learning, skills development, and community empowerment.

Development partners and NGOs should support faith-based and community organizations through technical capacity-building to deliver structured learning and empowerment programs for widows and widowers.

6.4 Suggestions for Further Research

Future studies could adopt longitudinal designs to examine how learning and coping processes evolve across stages of widowhood. Comparative studies across rural and urban settings, or across religious and cultural contexts, would deepen understanding of how community environments shape learning during widowhood. Mixed-methods research could also quantify the impact of specific community-based learning interventions on widows' and widowers' well-being.

6.5 Overall Conclusion

This study demonstrates that widowhood, while marked by profound loss, is also a critical space for informal adult learning and transformation. Through faith, peer interaction, and community support, widows and widowers in the Ntinda Catholic Community actively learn to cope, adapt, and rebuild their lives. By foregrounding widowhood as a learning process rather than solely a social problem, the study contributes to Adult and Community Education scholarship and practice. Strengthening learning-centered, inclusive, and empowering support systems can significantly enhance the resilience and well-being of widowed adults in Uganda and similar contexts.

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APPENDICES

APPENDIX 1: INTERVIEW GUIDE FOR PARTICIPANTS

Study Title: “The Learning Experiences of Widowhood in Uganda”

Section A: Background Information

1. Can you tell me a bit about yourself (age, number of children, how long you've been a widow/widower)?
2. How long have you been part of the Ntinda Catholic Community?
3. Are you involved in any groups or ministries in the church?

Section B: Problems and Shocks Experienced in Widowhood

4. Can you describe your experience after the death of your spouse?
5. What were the biggest shocks or unexpected challenges you faced?
6. How did these experiences affect you emotionally, socially, spiritually, or financially?
7. Were there any cultural or family expectations placed on you after losing your spouse?

Section C: Coping with Challenges of Widowhood

8. What helped you to begin coping with the loss of your spouse?
9. Did you receive any form of support, emotional, financial, or spiritual from people around you?
10. How did your faith or participation in church activities help you deal with the challenges?
11. Can you describe any important turning point or moment that helped you feel stronger?

Section D: Learning Strategies for Coping

12. What have you learned since becoming a widow/widower?
13. How did you learn these things through church programs, other widows/widowers, personal reflection, or other means?
14. Are there specific practices, teachings, or people in the Ntinda Catholic Community that have helped you learn how to move forward?
15. Do you now help or support other widows/widowers? If yes, how?
16. What advice would you give to someone in your church who has just lost a spouse?
17. Is there anything else you would like to share about your journey or learning experience?

APPENDIX 2: INTERVIEW GUIDE FOR KEY INFORMANTS

Study Title: “The Learning Experiences of Widowhood in Uganda”

Section A: Background Information

1. Name (optional)
2. Role (Priest or Coordinator)
3. Duration of service in the Ntinda Catholic Community

Section B: Problems and Shocks Experienced in Widowhood

4. From your experience in the community, what emotional or psychological challenges do widows and widowers commonly face after the loss of a spouse?
5. What social or cultural expectations impact the way widows/widowers are treated in this community?
6. Are there particular financial or family-related shocks that people experience during widowhood?
7. In your pastoral or coordination work, how are these issues usually brought to your attention?

Section C: Coping with Challenges of Widowhood

8. How have you seen widows or widowers adjusting to life after the loss of a spouse?
9. What role does the church or community play in helping individuals cope with widowhood?
10. Can you describe any informal or formal support systems (e.g., counseling, support groups) that aid in coping?
11. Are there particular examples of people learning to adapt or heal through faith, community engagement, or other means?

Section D: How Ntinda Catholic Community support widows and widowers in adapting to their new life circumstances?

12. What kind of knowledge or skills do widows and widowers seek out during their adjustment process?
13. Are there structured learning activities (e.g., seminars, workshops, Bible study groups) that target widows/widowers?
14. In what ways do peer interactions contribute to learning and coping among widowed individuals?
15. From your perspective, what strategies have proven most effective in helping widows and widowers rebuild their lives?
16. In your opinion, what more can be done by the Church or community to support widows and widowers in their learning and healing journey?

APPENDIX 3: PARTICIPANTS' CONSENT FORM

Study Title: “The Learning Experiences of Widowhood in Uganda”.

Introduction:

I am **SSENDAGALA GEORGE** a Master of Adult and Community Education Student at Makerere University inviting you to participate in a research study about the learning experiences of people who have gone through widowhood. Before you decide to take part, please read the following information carefully.

Purpose of the Study

The purpose of this study is to:

1. Examine the problems and shocks people experience in widowhood.
2. Explore how widows and widowers learn to cope with the challenges associated with widowhood.
3. In what ways does the Ntinda Catholic Community support widows and widowers in adapting to their new life circumstances?

What Participation Involves

If you agree to participate, you will be asked to take part in a one-on-one interview. The interview will last about 30–60 minutes and will be audio-recorded with your permission.

Voluntary Participation

Your participation is entirely voluntary. You may choose not to answer any question or stop the interview at any time without any consequences.

Confidentiality

All the information you provide will be kept private and confidential. Your name or identity will not be used in any report or publication from this study. Data will be stored securely and used for academic purposes only.

Risks and Benefits

There are no major risks expected from participating, though some questions may bring up emotional memories. Support will be offered if needed. There may be no direct benefits to you, but your participation will help us understand and support widowed people better in the community.

Contact Information

If you have questions about the study, you may contact the researcher at: Ssendagala George – Tel: 0705832383 / Email: bliz.africa@yahoo.com

Consent Statement

I have read and understood the information above. I voluntarily agree to participate in this study. I understand that I can withdraw at any time.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

APPENDIX 4: RESEARCH PERMISSION



September 10, 2025

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: MR. SSENDAGALA GEORGE 2023/HDo4/27866U

This is to introduce to you the above-named person, who is our master's student of the School of Distance and Lifelong Learning, College of Education and External Studies, Makerere University.

In partial fulfillment of the requirements for the award of the Master of Adult and Community Education from Makerere University, he is carrying out research titled "*The Learning Experience of Widowhood effect in Uganda*".

The purpose of this letter is therefore to kindly, request you to allow this student to access information/data from your area. The data collected will be used for Academic purposes only.

We shall appreciate any assistance accorded to her during the course of the fieldwork.

Yours sincerely,



Harriet Nabushawo Mutambo, Phd
DEAN

