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Exploring The Resilience Of Widows Who Lost Their Partners To HIV.
A Case Study Of 6 Widows In Suki Neighborhood In Addis Ababa

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This is to certify that the thesis prepared by Theodros Alemayehu, entitled:
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Abstract

This case study attempted to explore the resilience of six widows living in Addis Ababa, Ethiopia. The study mainly focused on exploring the experience and adaptive strength of participants during transition to widowhood and nature of environmental factors that have positive impact to the resilience of the participants of the study. The data was obtained from in-depth interviews with the six widows, who are identified through purposive sampling from an organization named Society for international ministries community support project. The study reveals that individual disposition and external social support play the major role for positive adjustment of widows. The role of family is found to be unhelpful in coping process of the study participants. Apart from the different supports physical presence is found to be supportive for positive adjustment. The study also pointed out social network at list the role of one influential person is marked as major factor for early coping of a widow. Finally, this study forwards implications to social work practice and for further researches.

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Acronyms

ACT	AIDS Care & Treatment Project
AIDS	Acquired Immuno Deficiency Syndrome
GC	Gregorian calendar
GIPA	Greater involvement of People Living with HIV and AIDS
HIV	Human Immunodeficiency Virus
MIPA	Meaningful Involvement of People Living with HIV
PLHIV	People Living with HIV
SIM	Society for International Ministries
UN	United Nation
WHO	World Health Organization

CHAPTER ONE

1 BACKGROUND

Loosing a partner at any age is a painful experience. No matter what the age or gender the person is, death of the partner results in the transition of identity from wife/husband to widow/ widower. Adjustment to the new identity 'widow' by itself requires huge process. Several aspect of widowhood have been specifically identified as stressful including being single again, loss of income and feeling isolated from friends (Lopata, 1973). Widows are painfully absent from the statistics of many developing countries, and the issues of widows are rarely mentioned in the multitude of reports on women's poverty, development, health or human rights published in the last forty years (United Nation Division for advancement of Women, 2000).

Growing evidence of their vulnerability, both to socio-economic and psychological problems, now challenges many conventional views and assumptions about this "invisible" group of women. In many developing countries the exact numbers of widows, their ages and other social and economic aspects of their lives are unknown. Worldwide, widows comprise a significant proportion of all women, ranging from 7 percent to 16 percent of all adult women (UN, 2000). However, in some countries and regions the proportion is far higher. In developed countries, the incidence of widowhood rises sharply with age. The population of widows is as high as 64 percent among women aged 60 and above, and close to 80 percent among aged 70 and above (Redy, 2004).

The incident of widowhood occurs predominantly due to patriarchal practice of men marrying younger women, couples with men's shorter life expectancy on average (Lopata, 1973). While in developing countries it also affects younger women, many of

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who are still rearing children. In some regions, girls become widows before reaching adulthood. The commonest causes are high mortality from disease, accidents and lack of medical care.

In the era of HIV, the situation of widows has grown both in magnitude and deterioration of the treatment of widows. A study conducted by Jacob (2001) showed that AIDS deaths in Sub-Saharan Africa is seem to be male-led in many countries. In the 1980s and 1990s Sub-Saharan Africa countries showed major increases in the percentage of male deaths. For example between 1988 and 1993, in Zimbabwe, the probability of an adult male dying between ages 15 and 60 increased from 18% to 50% whereas, in Zambia, the probability increased from about 40% in 1990/91 to 70% in about 1995/96. He also cited the model that the estimate of the probability to become a widow under various scenarios of HIV infection in Africa. The model suggests that a woman had a 17% risk of becoming a widow by the age of 45 under zero HIV infectivity. This proportion, however, increases by 29% under 1% HIV infectivity scenario (Jacob, 2001, p.260).

Since 61 percent of all adults living with HIV/AIDS are in sub Saharan Africa, this impact includes additional responsibilities of caring for sick family members, loss of property if they become widowed or infected, and violence when their HIV status is discovered (Rodney, Ndjakanj, Ceesay, & Wilson, 2011, p. 69). As the primary caregivers in Africa and other regions, women in general, and widows in particular, have seen their household and community burdens grow as a result of HIV, often compromising their health, ability to generate income, and other indicators of well-being (Rodney, Ndjakani, Ceesay, & Wilson, 2011).

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Besides struggling with medical and economic problems, widowhood is a protracted, for some even a life long, period of stress, loneliness, grief and misunderstanding by old friends. The emotional and social needs of widows differ from those of married women. Most of the issues or discussions of married friends become irrelevant, even become painful. Sex segregated relations are weakened by the lack of communality of life (Lopata 1973). With the transformation to the new identity the roll, relation and emotion as well as internal identity of the widow is also changed.

This study explores the resilience of widows following the loss of their spouse from AIDS in Nifas silk subcity of Addis Ababa. The findings of this research are believed to have important implications for social workers & other practitioners, as it explores the unique strength of these widows. It is also believed that some of the findings of this research will bring some issues of widows to the light, in order to help the prospective researchers in generating research ideas for their further research. Moreover, through examining the situation of widows in light of social work theories, this research will add a dimension to the social work knowledge and intervention.

1.1 Thesis Organization

This Thesis has five main parts. The first part begins with background of the study, which highlights the focus of this research. Afterwards, statement of the problem, research question, objectives and significance of the study is incorporated in the first part. The second part of this thesis comes up with presentation of literature review, theoretical and conceptual framework. The third part presents the methods utilized, in the process of undertaking this research. Following the explanation on the methods of the study, findings of this particular research and the discussion of the results in line with the

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available literature is entertained as the fourth part of this research. Finally, conclusions drawn from this study and implications based on the findings of this study are presented as the final and fifth part of the thesis:-

1.2 Statement Of The Problem

Exploring the challenges and strength of widowhood is a vital component of understanding and assisting widow. Loss of a loved one and subsequent grief has a major impact in every aspect of widow's life. It unsettles the foundation of interpersonally created and maintained self: disrupting relationship systems, affecting regulation, attachment, identity and social roles (Haase 2008). Research on the situation of widows is a recent phenomenon. As Hoonard (2001) has pointed out the first major study on widowhood was published in 1973. Helena Lopata's books *Widowhood in an American city* (1973) and *Women as widows* (1979), until early 2000 GC, it stands as virtually the only books that provide a comprehensive exploration of widowhood (Hoonard, 2001). After the 1980's, there have been many studies focused on smaller aspects of widowhood. The focus areas are limited to: Psychological process of coping, the process of role loss associated to widowhood and the role and nature of social support (Hoonard, 2001).

The following section indicates the different studies by thematic area. A study conducted in Texas on social support focused on the stability and change in the Social support networks of widowers following spousal bereavement. This study revealed that the importance of social support for adaptation in later life is fairly well established. It has been found that the study participants experienced adaptation and compensation using social support in the event of spousal loss (Stelle & Mitsueuchida, 2004).

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Another study, which was made on grief and social support after the death of a spouse, showed that Finnish widows and widowers receive social support most often from their own family and friends. Results suggest that those who had had social support were able to grieve by allowing themselves to disorganize and experience panic behavior (Kaunonen, Tarkka., Paunonen & Laippala, 1999).

Another research, which has been conducted on the long-term social and economic impact of HIV on the spouses of infected individuals in northern Malawi; the finding revealed that the social and economic impact of HIV on the spouses of HIV-infected individuals in rural northern Malawi is substantial (Sian, Crampin, Glynn, Mwenebabu, Mnkondia, & Ngwira , 2008).

AgboL, et al (2013) conducted a study in strengthening the capacity of women living with HIV/AIDS and HIV widows in HIV programming. The result showed that implementation of HIV positive widows focused projects require strategic planning with designed roles. Identifying the GIPA – Greater involvement of People Living with HIV and AIDS/ MIPA – Meaningful Involvement of People Living with HIV. (GIPA/MIPA) Submission has opened a new dimension to curb the spread of HIV/AIDS. Though the challenges are too enormous, it is indicated that successfully reaching HIV positive widows and other positive women in any community with effective and appropriate HIV services is possible.

Another study conducted in psychological thematic area in Netherland has showed whether differential social support cause sex differences in bereavement outcome. The study has found that even though, due to self-selection, the expected sex difference in symptomatology could only be demonstrated for one of the two samples of

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bereaved examined in their study. The result showed that there was no evidence that controlling for social support reduced the sex difference in levels of depressive symptomatology and loneliness that emerged between widows and widowers (Stroebe, Stroebe & Abakoumkin, 1999).

A study conducted in Norway on Systematic review of the emotional state and self-management of widows and they showed that in the first phase of their loss, the widows seemed overwhelmed by the need for courage and strength to overcome an unbearable emotional state. The resilience process was experienced as a struggle, where they required time to increase their wellbeing and self-management. Some widows tried to survive by hiding their suffering and struggling with physical, psychological, and social problems (Holm & Stivenson, 2012).

Turner-Cobb, Felton, Marouf, Koopman, Kim, Israelski, & Spiegel, (2002), conducted a study on coping, social support, and attachment style as psychosocial correlates of adjustment in men and women with HIV/AIDS in Texas. The results indicate that those individuals who are more satisfied with their relationships, securely engaged with others and more directly engaged with their illness are more likely to experience positive adjustment.

Another study was conducted on religiosity influences on bereavement adjustments of older widows in Taiwan. The result showed that they all reported intrapersonal and interpersonal problems. Several major coping strategies arose: 'practicing positive or negative attitudes for adaptation'. The extrinsic religious group had more negative adaptation attitudes, such as withdrawal and low self-esteem and practiced less faith religious activities in worshipping ancestors, experiencing fatalism

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and using divination. They reported more coping problems than the intrinsic religious group (Shaw-Shih, Turale, Shih & Tsai, 2010).

Knowlton, Curry & Wissow, (2009), have conducted a study on relationship factors associated with depressive symptoms among a disadvantaged population with HIV/AIDS. Results suggest prevention interventions ought to target HIV sero-positives and their main supporters and promote communication and conflict resolution skills.

Another study conducted in Ethiopia, Addis Ababa, on challenges and coping strategy of single mothers living with HIV/AIDS in Addis Ababa. Although the study is not specifically on the issues of the widow, it states that the major sources of emotional strains to the women in the study are correlated with their single motherhood as well as the incidence of HIV/AIDS in the family and various social support contributed to sustaining the family (Betetehem Tsedeke, 2009).

So far, plenty of research has been conducted to understand the challenges of vulnerable women and yet, widows have been overlooked in most of the studies. As it is mentioned above, the available studies of widowhood heavily focused on the Psychological process of coping, the process of role loss associated to widowhood and the role and nature of social support. There are hardly any studies that focused on resilience of widows following the death of the spouse from stigmatized illnesses like HIV in general and in Ethiopia in particular. Studies on widowhood heavily focused on the conceptualization of widowhood as an event and subsequent social, economic and new identity related challenges emanated from partners' lose. Most literatures on widowhood (Hoonard, 2001, Lopata, 1973 & Haase, 2008) indicated widowhood

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particularly related to old age and the role of social support in adjusting the widows. And yet internal strength of widows is surprisingly absent from studies.

It is my belief that studies on the resilience of widows should be done in order to have an appropriate understanding on the nature, extent and dimensions of elasticity associated with the widowhood. In doing so, among other things, practitioners working with widows can have a better knowledge about the strength of widows and hence, strengthen the existing intervention that has transforming impact in the life of widows. This research, therefore, fills the existing knowledge gap by exploring resilience of widows. Accordingly, this research is intended to answer the following central question and to address the specified objectives.

1.3 Research Question

The central research question to this study is:

1. How do widows cope /become resilient/ with the loss of their spouses from HIV?
 - 1.1. What are the challenges widows faces as they cope with the loss of their spouses?
 - 1.2. What do widows think would have been helpful for them to have better adjusted?

1.4 Objective Of The Study

The general objective of this study is to explore the resilience of widows after the loss of their spouse from HIV and contribute to the knowledge base of the practitioners in the field.

1.4.1 *The Specific Objectives*

- Looking into the experience and adaptive strength of participants during transition to widowhood.

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- Identifying the coping mechanisms utilized by the participants in handling the crisis.
- Looking into the nature of environmental factors that have positive impact to the resilience of the participants.
- Identifying practical implications for social work interventions.

1.5 Significance Of The Study

This study is expected to contribute to the knowledge base of social workers. Since there has been little research done about the experience of widows particularly in Ethiopia, this study will contribute literature for the upcoming researchers. Moreover, the findings of this study would serve practitioners as a point of reference to improve the existing service so as to enable their client to cope with the crisis with resource available around the client system. In line with this, it also serves as an eye opener for other academicians and practitioners who might be interested to conduct further research on similar areas.

1.6 Delimitation of the study

This study's aim is to explore and understand lived experiences of widows whose partner had died of HIV and its complication. The study does not generate data from family members or women whose widowhood status is changed due to remarriage at the time of interview. Moreover, the study focuses on widows who are living in the Nifassilk sub city, Suki community members only. Finally, the study considers only those widows who have experienced widowhood for at least three and at most five years and whose age ranges from 18 to 45 years old.

1.7 Operational Definition

Widow: refers to those women who lost their spouse from HIV and their age ranges from 18 to 45 years old. They may or may not have a child or children from their deceased husband.

The External Environmental Context: Refers to the social environmental settings of a widow, which has a potential to contribute to the risk or positive adjustment of widow under adversary. The external environmental context includes; family, community, culture, Association (Idir) and other groups.

Person-Environment Interaction: This refers to transactional processes between the widow and her environment either passively or actively attempting to perceive, interpret and surmount threats, challenges or difficult environments to construct more protective environments.

Internal individual Disposition or characteristics: refers to a personality, competence or internal strength or outlook needed to be successful in different developmental tasks, different cultures, and different personal environments. The following are some of the competence needed for positive outcomes in spiritual, cognitive, social/behavioral, physical and emotional/affective competencies.

CHAPTER TWO

2. Literature Review

This section presents core information or most recent views regarding resilience. Recent researches findings as well as books on the resilience are reviewed. The review of literatures is organized in to five main parts. The first part briefly presents the concepts of resilience in relation to general adversity and followed by the second session, risk factors that lead to crisis. The third section presents the protective factors, which are believed to be helpful for positive adaptation. Under protective factors several issues are addressed mainly under three categories (individual factor, family factor & social support). The fourth section of literature review depicts the resilience process. This section focuses on how the intersection of risk and protective factors lead to the outcome. Finally, the theoretical framework of the study is presented.

2.1 Concept Of Resilience

Resilience refers to positive patterns of function during or following exposure to adversity or a good adaptation in a context of risk. Resilience in most research projects is described both in theoretical and empirical terms with an emphasis on research depicting the relationship between resilience, perceived social support and goal strivings (Pierorazio, 2009). According to many developmental psychopathologists, which constitute the major group conducting resilience research: "Resilience in an individual refers to successful/ adaptation despite risk and adversity" (Masten, 1994,p. 3). More specifically, resilience has been broadly defined as a process or outcome of successful adaptation despite challenges or threatening circumstances . . .good outcomes despite high-risk status, sustained competence under threat and recovery from trauma" (Masten,

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Best, & Garmezy, 1990, p. 435).

It is agreed in almost all resilience literature (Pierorazio, 2009, Masten, 1994 & Luthar, 2003) that resilience is not an outcome in itself, rather it is a dynamic developmental process that enables individual or families that faces a particular risk to achieve positive adaptation despite prior or concomitant adversity. Accumulating evidence indicates that particular characteristics rarely serve exclusively risk or protective functions, that individuals who seem resilient on one index often do not seem so on other indices, and that individuals often are not equally resilient across contexts (Antonio and Geraldine, 1998). The identification of individuals who exhibit an ability to transcend exposure to adversity, in turn, raises important issues about the processes that lead to this resilience. Resilience as a positive function and development emerged at the interface of exposure to adversity or risk factors and successful utilization of the existing protective factors (Kumpfer, 1991).

2.2 Risk Factors

Risk, or life adversity, encompasses a range of potential variables that are associated with poor outcomes. According to Masten “adverse factors could potentially include the “high-risk” status of an individual, stressful life circumstances, or traumatic life experiences” (Masten 1994, p. 7-8). It includes both individual and environmental influences. Pierorazio referring to the work of (Garmezy and Masten, 1986) define risk factors as: “Risk factors imply that there are elements operative in persons or environments that result in a heightened probability for the subsequent development of a disease or a disorder” (Pierorazio, 2009, P.19). Resilience researches describe risk factors as events that increase the onset of stress or negative outcome following facing adversity.

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Risk or combination of risks and the need to settle from adversity occurs at any time during a person's life course and affect person's life at various system levels (Roberta, Greene, Nancy & Kropf, 2009).

A list of risk factors has been identified in the resilience researches depends on the nature of the study. This review of environmental risk will not attempt an exhaustive list of the most critical risk since most of existing reviews of risk and protective factors for different adjustment problems exist, as well as important risk and protective factors differ for each field (Kumpfer, 1991). And yet, individual or family do not have (on going) resilience but exhibit resilience in six potentially risky situations:

- Exceptional challenging situation,
- Developmental transitions,
- Individual adversity such as in discrimination,
- Collective adversity as in natural disaster,
- Organizational change,
- Large scale sociopolitical change

Temperament depends on poor response to stressor, also considered a significant risk factor leading to risk processes involving parents, teachers, and peers. Pro social peers often reject youth with difficulty, unpleasant, or aggressive temperaments (Kumpfer, 1991).

Resilience literature has listed some variables of family risks in relation to death of family members. The impact of a death is influenced by a number of variables in the loss situation and the surrounding family processes and social context (Walsh & McGoldrick, 2004). The timing and manner of death pose varied challenges for surviving

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family members. The particular timing of a loss may place a family at higher risk for dysfunction (Walsh, 2006): (1) Untimely loss is hardest to bear and seems unjust, particularly the death of the child which reverses generational expectations or seizes the continuation of the generation in the line of the deceased person (2) The concurrence of a death with other loss, major transition, or stresses produces a pileup of stress and incompatible demands; (3) A history of traumatic loss and complicated mourning intensifies the meaning and response in a recent or threatened death. (Walsh, 2006, p. 184). The stigma surrounding HIV/AIDS has contributed to secrecy, misinformation, and estrangement, impairing family and social support, as well as critical health care (Walsh, 2006, p.201).

2.3 Protective Factors

Diverse resilience traits within individual help to successful adaptation in the presence of negative life circumstances. It has been thought that efforts to describe resilience focused on personal qualities of resilient individuals, such as autonomy and self-esteem (Black & Lobo, 2008). The concept of protective factors was first developed by Rutter (Fergusson & Horwood, 2003, p. 3). He argued that to be meaningful, it is necessary for protective factors to be something more than the converse of risk factors. To address this issue, Rutter proposed a conceptualization of protective factors that implied an interactive relationship between the protective factor (individual predisposition, family support & social support), the risk exposure and the outcome (Fergusson & Horwood, 2003). Studies (Kumpfer, 1991, Black & Lobo, 2008 & Masten 1994) agree that everyone who experiences challenges and adversity in life don't experience adversity end up in crisis, on contrary some individuals show positive

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adjustment and success in their tasks. The dynamic process of resilience is best examined and understood through the framework of a broader interrelational context. The interrelation comprises of person-person or person environment. In the person-environment interactional processes the degree of fit between objective reality and subjective perception affect the resilience process and its outcome. Miss match between objective reality and subjective perception, which occurs in the process interaction lead to negative adaptation to adversity.

An increasing number of protective factors can help to buffer risk mechanisms (Kumpfer, 1991). Protective factors identified as contributor to resilience of a person, which typically fall into one of the three categories. Pierorazio (2009) citing the work of Blum, (1998) and Garmezy, (1988) described the categories of protective resources as individual disposition or characteristics, family factors, and external supports (Pierorazio, 2009). In the following section the three protective factors (1. Individual disposition. 2. Family factors and. 3. External supports factors) will be discussed separately.

2.3.1 Individual Characteristics

Individual characteristics contribute major portion in the resilience process. Some of these individual characteristics are associated to positive adjustment, mostly portrayed in several studies (Black & Lobo, (2008), Kumpfer, (1991) Fergusson & Horwood, (2003) & Walsh, (2006)) are; sociability; intelligence; communication skills; and various personal attributes, such as self-efficacy and talent (Cunningham & Fretwell, 2012, p.637). Similarly, other interactional processes that help a person transform a stressful environment into more protective environment are listed as: 1) selective perception, 2) cognitive reframing, 3) planning and dreaming, 4) identification and attachment with pro-

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social people, 5) active environmental modifications and 6) active coping” (Kumpfer, 1991, p.192). Other studies (Fergusson & Horwood, 2003, Black & Lobo, 2008 & Laser & Nicotera, 2011) pronounced similar inter individual resilience factor. Risk and resiliency researcher has taken important steps in delineating the characteristics that differentiate individuals who achieve positive outcomes in the face of stress from those who meet with more negative outcomes. On the basis of individual characteristics, researchers (Meichenbaum, 2005, Kumpfer, 1991) have increasingly advocated understanding the processes through which such characteristics impact coping efforts. Without undermining the effect of complex person-environment interaction processes Kumpfer, (1991) stated of individual characteristics as inter individual resilience factors (Kumpfer, 1991, p.192). The list of these individual characteristics slightly varies depending on the focus (child, adolescent, family and etc). But cognitive ability, self-esteem/ self-efficacy and temperamental are linked consistently to competence in adversity studies. The following section briefly discuss the three inter individual characteristics, usually considered as competence needed from the person to foster resilience.

2.3.1.1 Cognitive Ability

The Cognitive ability concept associated with resilience conveys more than academic skill or learning process. The decision making skill is particularly crucial for a widow facing a stressful environment. Rational reasoning and good judgment are bases for avoiding risk and dealing with challenges. Cognitive ability includes setting goals, planning, prioritizing and organizing the steps that needs to be taken to achieve the goal, executing the plan, keeping truck of the results, and making modifications as needed

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based on the result (Laser & Nicotera, 2011, P. 56).

2.3.1.2 Self-Esteem And Self-Efficacy

It refers to a belief that a widow is capable of achieving at positive adjustment. It is also referred as dispositional resilience (Rensnick, Roberto, & Gwyther, 2011).

Rensnick, Roberto, & Gwyther, (2011) indicated that dispositional resilience is comprises of three personal characteristics: Control (believing that one has power over outcomes), Commitment refers to maintaining connection with others and Challenge (approaching obstacle and learning from experience). Those high on dispositional resilience were found to perceive the stress of widowhood differently than those who were less resilience (Rensnick, Roberto, & Gwyther, 2011, P, 75).

2.3.1.3 Temperament And Personality

Resilience researchers regardless of their discipline, agree that legitimate and temperamental disposition is a major factor in resilience (Kumpfer, 1991, P, 194). It refers to reciprocity of responses between the person in adversity and his/her social environment and vice versa. Kumpfer indicated that precursors of resilience in children (applicable to adults as well) to be positive temperament traits, such as responsiveness to environmental change, ability to be comforted after stress, and ability to maintain physiological equilibrium, as well as to modify sleep-wakefulness states. Positive temperament plays important protective roles in the presence of stressful circumstances. First, some individuals who have persistently positive temperament and personality develop a characteristic that leads to associate with others who are perceived supportive in their struggle. Second, to certain extent temperament influences the selection as well as

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influences goodness of fit to environment and person to associate with (Laser & Nicotera, 2011). A "difficult" temperament as defined by frequent negative moods and withdrawal. In a longitudinal study that tracked kindergartners until adulthood, children characterized as "easy" children, defined by greater adaptability and happier dispositions were significantly less likely than "difficult" children to become adult regular users of tobacco, alcohol, and marijuana (Kumpfer, 1991, P, 194).

2.3.2 Family Factors

Resilience research began in the early 1970's in the field of child psychology. The concept of resilience with its risk and protective factors were heavily used on emotional and social maladjustment of children and adolescents (Vernon, 2004). The family factor in particular has been used to indicate the effect of parent/s in the process of adaptation/maladaptation. As research was extended to a wide range of aversive condition such as trauma and loss, resilience came to be viewed in terms of an interplay of multiple risk and protective factors process over time, involving individual, family and larger sociocultural influences (Walsh, 2003, P. 2). Research on family characteristics shows that at least one parent or an adequate and stable parental substitute is vital for resiliency of the family members. Family factors that promote resilience often include one's own family and extended family related by blood or marriage (Walsh, 2003). The problem of widow can be better understood in her microsystem. The microsystem where she inhabits provides both the protective and risk factors. Among the external support systems the family microsystem protective factor support individuals greater (Laser & Nicotera, 2011). Turner (2005) described, "Family members often provide significant practical support for newly widowed. Mostly the family members cover the role of the deceased

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person, such as household maintenance and financial management. In examining the important health promoting function, Turner pointed out specifically family as "one crucial form of social support" ...the power and presence of family support network should begin to proceed after one year (Turner, 2005,p.208). Although some widows are living with their children, the children's contribution in the reduction of their mother's loneliness is found to be insignificant. However the interactions with the adult children are less reciprocal (Turner, 2005). Betelehem Tsedeke (2009) found out that children and extended family members/relatives were a resource for single women and widows,to help them to cope with the stretching roles in the household and to obtain a greater flexibility to earn income. Moreover, Betelehem noted single mothers/widows obtained financial assistance from their children, extended family members/ relatives (Betelehem Tsedeke 2009). Lopata's finding indicates that there is a significant difference in adjustment between widows living alone versus those living with families. It is also indicated that higher morale in widows who had access to group participation and confidence (Lopata, 1973).

Resilience studies cited by (Luthar 2003) identified a group of children with a developmental history of support and positive adaptation, social competence, well-regulated emotion and a sense of self-efficacy, each characteristic of children who achieve adaptive developmental outcomes, are predicted by a child's history of consistent, supportive family care. Even child characteristics, such as IQ are related to positive support and may change as family environmental supports improve or decline (Luthar, 2003, P.250). Such parental care molds the child's competence. However, another study indicated that receiving considerable assistance from children could be depressive for the

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widow rather than supportive. Referring to the study of (Johnson & Barer, 1997), Turner (2005) indicated that more widows prefer to be independent from their children (Turner, 2005). Luthar, (2003, p.252) suggested that early positive adaptation is operationalized as (1) secure mother-child attachment in infancy; (2) effective, persistent, and enthusiastic problem solving by the mother and child at 24 and 42 months; and (3) the child's demonstration of self-esteem, flexibility, creativity, frustration tolerance, and positive affect in response to a problem-solving situation at 42 months (Luthar, 2003).

2.3.3 External / Social Supports

The third category of the protective factors that contribute to positive adaptation is external support system. The environmental context within which a person has faced stressful situation operates very influential on risk and resilience processes. Aspects of the family, neighborhood, school, professional support, and general health condition of a person and peer group impact both manifestation and the outcome of resilience. Protective resources in the community are also derived from high quality educational milieus, nurturing and attentive teacher child relationships, safe housing and neighborhoods and available adult models of pro-social involvement (Luthar, 2003, p. 248). When acute or chronic stressors occur, this environmental context can buffer or exacerbate the negative impact on the person (Kumpfer, 1991, P, 189). Among a wide range of environmental resources, a well-developed community infrastructure provides a person facing adversity an opportunity to participate in a structured activity, which has a documented risk reduction effect. Participation in such community structure, in addition to contributing to senses of belongingness and cohesion to wider community, it is documented as a factor that contributes to socially accepted positive adaptation (Goldste,

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& Redding, 2005, P.23-25). With major trauma and loss, it is most important to mobilize kin, social, and community networks for emotional and practical support. Involvement of extended social systems might include friends, neighbors, and health care providers; clergy and congregational support; school teachers and counselors; employers and coworkers; and neighborhood or community organizations (Walsh, 2006 P. 297).

Kin and social networks are vital lifelines in times of trouble, offering practical and psychosocial support. The significance of role models and mentors for hte resilience of the person is well documented. Involvement in community groups and faith congregations also strengthens resilience. Families who are more isolated can be helped to access these potential resources. A decreased in social support following bereavement has been related to decrements in physical health among elderly individual (Pierorazio, 2009). Pierorazio also argue that social support may aid in the recovery of individuals negatively affected by death loss. In his study, Pierorazio found evidence that social support buffers the negative effect of bereavement and the lack of social support can intensify the impact of bereavement on health and slow down the recovery process (Pierorazio, 2009).

However, another study evidenced that perceptions of perceived support may provide a greater indication of adaptation than enacted or embedded support in high-risk samples. An increase in social support was associated with higher levels of competency that declined under conditions of stress (Pierorazio, 2009). Individuals and family member obtain considerable support from their belief system as well. The following section presents the role of the spiritual belief system in fostering resilience.

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2.3.3.1 Spiritual Belief System

Studies (Walsh, 2006, Haight, 2002, Black &Lobo, 2008 & Walsh, 2003) indicated that transcendent belief and practice provide meaning and purpose of immediate troubles. The belief system beyond explaining the purpose of life, it provides frame of reference within which individuals interpret experience and formulate goals and strategies for living within the prevailing situation. For example, spiritual belief helped enslaved African-American find a purpose and meaning as well as develop internal strength, despite extremely difficult lives (Haight, 2002, P 8). Shared beliefs increase options for effective functioning, problem resolution, healing, and growth and hence, fosters resilience. One of the major contributions of the spiritual belief system, other than what has been mentioned earlier as protective factor in the process of positive adjustment is, strong psychological and physiological effects of a positive outlook in coping with stress, recovery from crisis, and overcoming barriers to success (Walsh, 2006). A research finding of (Rew, Wong, and Sternglanz 2004) as reviewed by Black &Lobo, (2008) reported that children, regardless of ethnicity, who frequently prayed experienced higher levels of social connectedness and positive health behaviors than children who did not regularly pray. Spirituality and religious beliefs appear to serve as powerful protectors often embraced by resilient families (Black &Lobo, 2008, P.39).

A study of Shih, Turale, shih & Tsai, (2010) examined the influence of religiosity on post bereavement adjustment indicated the informants with intrinsic religious beliefs reported fewer coping problems by holding positive attitudes and taking multiple actions for adaptation. The intrinsic religious believers get additional sources of emotional support from clergy and other widows in their church. Their support included

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encouragement, caring and company. On the contrary, the extrinsic religious group held less positive, but more negative adaptation attitudes, such as withdrawal and low self-esteem (Shih, Turale, shih & Tsai, 2010).

So far the different stressing factor in the cases of this study lose of a spouse as well as protective resources (the internal and environmental resources) are discussed. In the following section the process of resilience or how these resources help the person in adversity will be presented.

2.3.4 Resiliency Processes

The final process that occurs, and which often leads to a positive outcome associated with resilient is the interaction between protective factor and risk factor. Some resiliency researchers (Rutter, 1987; Werner, 1993) agree that the final stage of resilience research, some times called Stage Three research (in the evolution of resilience research, the primary wave of research focused on identifying the risk factors whereas the second wave devoted on looking for protective factors). Stage Three research, must address those processes that develop resiliency. Strumpfer (2002) proposed that the process of resilience starts when an individual perceives a risk or threat, which acts as a catalyst to set a goal as well as take action. The resilience process as Kumpfer, (1991) stated, includes unique short term or long term resilience or stress/coping processes learned by the individual through gradual exposure to increasing challenges and stressor that help the individual to bounce back with resilient reintegration (Kumpfer, 1991). Resilience outcome is dependent on dynamic interplay of multiple influences inclusive of both individual and environmental factors. Knowing varieties of protective factors does not generate resilience until it is used in those challenging circumstances. Thus, exposure to

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the protective factor has beneficial effects on those exposed to the risk factor but does not benefit those not exposed to the risk factor (Fergusson & Horwood, 2003).

Resilience Process Model as described by Kumpfer, (1991) is that resilience is the capacity to return back to the previous status after facing life-challenging event. Part of the process is modifying the environment to remove stressors and find a better goodness-of-fit.

Stressor that exceeds internal disposition and external environmental resources or protective factors leads to crisis or disturbance (imbalances in homeostasis) (Kumpfer, 1991). It is found that one can adjust reasonably well to one or two risk factors or processes, but beyond two risk factors the damage increases rapidly (Kumpfer, 1991, Center for Parenting and Research, 2007).

Restoration or positive adaption of the individual can be relieved and result in reintegration of homeostasis; if envirosocial supportive processes is coupled with individual protective factors meet the stressing agent. The resilience process model also proposes several different levels of reintegration can occur based on envirosocial reintegrating processes: This includes: 1) Resilient reintegration, or a higher state of resiliency and strength, 2) Homeostatic reintegration or the same state before the stressor, 3) Maladaptive reintegration, or a lower state of reintegration, 4) Dysfunctional reintegration or a major reduction in positive reintegration (Kumpfer, 199, P. 211).

2.4 Theoretical Framework

Theoretical perspectives are ways of viewing reality. They serve as a framework through which observations organized and interpreted. In a research practice, theories lead the researchers to identify aspect of the fact that are of interest to the researcher and

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suggests explanations for why certain patterns or practices are the way they are. There are a number of theories on the field of social science that are still helpful in directing our exploring effort. In all those theories however, different dimensions of facts are considered to be significant, which can serve as a ground to choose among the perspectives. Extending this to my research, I chose to see the struggle and strength of widow from the angle of ecological perspective and Developmental Perspective.

It is because primarily: positive/negative adaptation emerged from a continuous interaction of internal disposition of a person and external environment with adversity, theory like ecological perspective is of great importance to understand the influence of social environment on a person and vice-versa. Secondly, Widowhood is a stage in the family cycle that possesses significant change in the family. Problem emanate from the transition is different depending on the stages of the family. In this regard the family developmental theory is also found to be helpful in identifying the family problem.

2.4.1 The Family Ecological Perspective

The central concept in the family ecological perspective is the idea that every family influences and is influenced by the internal and external environments (Lamanna & Riedmann, 2000). Thus, the theory explores the way families are influenced by their surrounding environment, namely, the natural, physical-biological, social, cultural and human built environment (Lamanna & Riedmann, 2000). According to this theory, human needs and problems are generated by the transactions between people and their environments. Hence, socio cultural environments in the society impacts families both positively and negatively (Lamanna & Riedmann, 2000). Walsh (2006) indicated that resilience of a family and individuals in view of ecological perspective takes into account

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the many spheres of influence in risk and resilience over the life course. The family, peer group, school or work settings, and larger social systems can be seen as nested contexts for social competence. He also emphasizes that to understand and foster resilience and protective mechanisms, we must attend to the interplay between occurrences within families and the political, economic, social, and racial climates in which individuals and their families perish or thrive (Walsh, 2006, P. 13). Hence, based on this theory, the experience of widow is different depending on their context.

In reviewing literatures, it was possible to see that the widows' environment, (both the household and external environment) have a huge potential of determining their resilience experience. The family ecology perspective provides a good ground to understand these aspects, since it asserts that the natural, physical-biological, social, cultural and human built factors can shape people's experience. In addition, using this theory also provide with the opportunity of looking into the differences in the experience of the study population based on the context of their environment.

2.4.2 Developmental Perspective

Carter and McGoldrick (2004) have developed a family life cycle model that delineates predictable stages in family development. Coady&Lehmann, (2008) argued that similar to Erikson's model of individual development, families experience a crisis when they pass from one life cycle stage to another. The central theme of this model is that crisis or risk faced by a family differs depending on the stage of development of the family and individual. Studies (Cohler, 1987; Vaillant, 1995, 2002) indicated that although adaptive functioning in childhood and adolescence serves as a generally good predictor of adult outcomes, the role of early life experience in determining adult capacity

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to overcome adversity may be less important than was previously assumed (Coady&Lehmann, 2008). And hence, there is no one model that helps all families and individuals to cope with the crisis.

A developmental perspective is also essential in understanding resilience. Rather than a set of fixed traits, coping and adaptation involve multiple processes that may vary over time (Walsh, 2006). Most forms of stress are not simply a short-term, single stimulus, but a complex set of changing conditions with a past history and a future course (Rutter, 1987). Given complexity of person and environmental interaction over time, no single approach explains the resilience and experiences of widows most successful. To this end, I chose the family ecology perspective and developmental perspective to inform my research.

2.5 Conceptual Framework

In the face of adversity, not all individuals who experienced difficulty led to maladjusted. Studies Webb, (2003) have shown that only about one-third of any population of at-risk individuals actually experiences a negative outcome, the remainder seem to survive without major disruptions. These "survivors" were referred to as "resilient"(Webb, 2003). Extending this concept to my study, loss of a spouse is a major stressor in the family that disrupts the regular family function leading to disequilibrium in homeostasis.

In this regard the conceptual framework of this study considers different variables to understand the strength of widows. In the presence of this challenge, the widow interacts with external social environment, which comprises of family and other social support. This external environment either promote exacerbation of the risk or protect the risk

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depends on culture, geographic location, and historical period. Thus, this study attempted to explore which factor/s is/are more helpful for widows to promote resilience. Moreover, this conceptual framework anticipated some internal competence (spiritual, cognitive, physical, emotional and social) as a core component in modifying or changing the stressing environment depends on person-environment interaction process. These factors are used to indicate the challenges as well as the strength of widows in rebounding or crisis of the widows (Black & Lobo, (2008) & Webb, (2003)).

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Conceptual Framework

CHAPTER THREE

3. Methods

3.1 Design

This research is exploratory in view of the fact that there are not many studies in Ethiopia focusing on resilience of widow specifically. As stated by Kreuger and Neuman (2006), exploratory research refers to a study on relatively unknown issue or an issue about which researchers had written little. In this research, the main intention is to have in depth understanding on the resilience of widows and the internal as well as environmental factors that contribute for positive adjustment of widows. It is also the intention of the research to understand their experience in their own perspective and to look into their perception about that experience. As stated by Kreuger & Neuman (2006, P. 21), qualitative research design help the researcher to understand people's idea in depth and explain how people attach meanings to events in their own perspective. Besides, qualitative methods are considered to have respect for individual experience, subjectivity and subtlety (Tutty, Rothery & Grinnell, 1996). Thus, utilizing such method allows the research to yield adequate information on the individual experience of the participants based on their own perspective. Accordingly, qualitative research design is believed to be the most appropriate approach to follow for this particular research.

In this research, among the qualitative research designs the case study design is employed. Case study is a strategy of inquiry in which the researcher explores in depth a program, an event, activity, a process, or one or more individuals (Creswell, 2003). According to Yin (2003, p.6-19) the distinctive need for case study arises out of the desire to understand complex social phenomena and it allows researchers to retain

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complete and meaningful characteristics of real life events including individual life cycles. Case study approach also provides researchers with an opportunity of close collaboration with the participant while enabling the participants to tell their stories (Yin, 2003, P.1-2). Consequently, through these stories, the participants are able to describe their views of reality, which enables the researcher to better understand the participants (Baxter & Jack, 2008, P. 545). Thus, in order to take advantage of the aforementioned benefits of case study strategy and to have a holistic and better understanding of the life experience of the research participants, this research is guided by case study design. This research used in-depth interview and observation as a means of extracting qualitative data from the research participants. The detail of data collection technique is indicated on page 41 below.

3.2 Description Of The Study Site And Participants

3.2.1 Study Site

The sources of information for the study or the population from which data is drawn are widows, who are supported by Society for international ministries (SIM) Ethiopia project. These widows live in Nifas Silk Lafto sub city woreda 01 a neighborhood called Suki. The neighborhood is located in south west of Addis Ababa and adjacent to Jemo area. The neighborhood is settled in a mountainous location where more than 85% of the members are considered as informal settler by the woreda administration. The study is conducted in collaboration with Society for International Ministries (SIM) Ethiopia leaders. SIM through its staff's good will created an easy access to the study participants as well as allowed the researcher to use the community centers even during holiday and after working hours. SIM Ethiopia is an international non-profit faith-based

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organization that has been working in varieties of social issues for more than 85 years SIM-Ethiopia (2011). SIM is also working in Lideta and Nifas Silk Lafto sub city of Addis Ababa as a prime partner in the area of Care and Support for PLHIV for the last ten years and develop a strong tie with the community. Moreover, in its intervention areas majority of the “ beneficiaries” are women adversely affected by poverty and its consequence. At a time SIM served about 750 HIV affected families who reside in Lideta sub city and nearly 80% were widows SIM-Ethiopia (2011). Besides such long-standing service of SIM in the area of research topic and easy access of study population, my business association with SIM created conducive situation to chose SIM as an entry point for this study.

Since I have been involved in the Lideta project intervention at different level, a study that involves exploring challenges of beneficiaries could not depict the reality. Therefore, regardless of the conducive situation in Lideta for the sake of trustworthiness of the data I chose Suki neighborhood to minimize biases that arises from researcher and participants of the study power relationship. The Suki neighborhood is a new program for SIM, which is run by a different set of personnel. Hence it is assumed that the data won't be distorted because of relationship factor.

3.2.2 Inclusion Criteria Of Study Participants

The proposed study aims at exploring the resiliency of widows that have undergone through widowhood for significant period (3 to5 years). In the process of selecting the samples, some inclusion criteria are used as a guide and to maintain the homogeneity of the participants to certain extent.

The inclusion criteria utilized for selecting the participants is presented as follows

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- Widows and who have lost their partner from HIV, experiencing widowhood at least for three years and at most five years willing to share their experience with the researcher.
- Who is member of or supported by SIM program with or without dependent family members.
- Whose health condition is stable (conscious to place, person and time) capable & to provide accurate information.
- Widows whose age is between 18 and 45 years old were included in the study.
- List of widow beneficiaries of the project was sorted, which comprises 27 widows in collaboration with the project manager. From the list only ten widows that qualify the above criteria were chosen. The sampling was done with the project manager, who works in direct contact with the beneficiaries of the project.

3.2.3 Selection Of Participant and Sampling Method

Using the above criteria, ten participants are selected and participated in this research. Since the purpose of qualitative case study is not to produce statistical generalization about the issue being studied, large sample is not required; rather it is analytical generalization about the study population. Therefore, the sample size is determined depend on fading the occurrence of new information from the subsequent participant. In case study design, typical criteria regarding sample size is irrelevant and instead of sample logics, researchers should make the decision on number of cases as a reflection of the fact/ case to be studied or would like to have in their study (Yin, 2003). Therefore, sample size in case study is a matter of discretionary, judgmental choice and it depends on the certainty that the researcher would like to

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have about the case results (Yin, 2003). Accordingly a total of ten participants selected. However, as it has been mentioned earlier depend on winding up of new thematic information after the fifth participant I decided to include only the first six of participants in this study.

3.4 Sampling Method

The research deployed purposive sampling as a technique of study. SIM's new project in the neighborhood called Suki is also selected purposively for easy access of study participant without compromising the quality of data as well as jeopardizing the right of the study participant. The study participants were selected using non-probability sampling technique, specifically, purposive sampling. Purposive sampling is a deliberate process of selecting respondents based on their ability to provide the needed information (Padgett, 2008). One of the situations in which purposive sampling is appropriate is when the researcher wants to identify particular types of cases for in-depth investigation or when the purpose is less to generalize to a larger population than it is to gain a deeper understanding of participants (Kreuger & Neuman, 2006). The purpose of my research is not to make generalization about the general population but it is to have a deeper understanding on the experience of the research participants. Therefore purposive sampling was utilized

3.4 Data Collection Procedures

Prior to data collection, initial contact was made with leaders of SIM to late them know the purpose and scope of the study and secure cooperation for easy access of the study participants as well as use of the setting during data collection. As per the

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procedure of the organization, after reviewing the research proposal, I was given permission and cooperation for the intended purpose.

The steps to the data collection are summarized as follows:

SIM staffs facilitate a meeting of all widows in the program in SIM community center located in the neighborhood. 32 widows attended the meeting. The meeting generally took 35 minutes. On the meeting the purpose of the study was explained.

- Ten Participants were identified on the bases of inclusion criteria of the study. Further introduction and explanations on the goal, benefits, their role and risks of the study was given in the group. Participants were encouraged to forward their concern in the group meeting and they were also told to meet me in private, if they had concern before they made decision to be or not to be participant of the study.
- Before the meeting is dismissed those participants who meet the criteria and showed willingness to participate in the study set an appointment that suit both the participant and researcher (me) intention of finishing data collection on time.
- Written consent forms translated into Amharic were signed by each participant
- (See Appendix-C & D)
- Data collection took place according to the set time frame in the community center of SIM where all participant of the study are comfortable.

3.5 Ethical Consideration

All participants sign informed consent forms prior to data collection. On the side of the researcher, issues of confidentiality and anonymity are assured by not using names or other identifiers. In addition, agreement for use of tapes to record data during

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interviews was made prior to setting the data collection time frame. All these ethical issues are made clear in the written consent form prepared for participants.

Efforts made to make participants comfortable during data collection, as they were under stress because they were dealing with bad memories associated with stigmatizing illness and loss. The venue and time for interviews met the interests of the participants. This is to minimize the risk of being emotionally and physically overwhelmed by the issues that may be raised during the interviews. In cases beyond the control of the researcher, the psychologist (a professional expatriate working in SIM) was in place during the interview. However, no difficulty was encountered during the interview. Finally, each participant of the study was paid a total of fifty birr to cover their transport cost as well as to compensate interruption of their business during the interview. The payment was effected immediately after the accomplishment of the interview.

3.6 Data Collection Tools

Both primary and secondary data are used as sources of information for the research. The secondary data were obtained from published and unpublished written materials with relevant information. While gathering the primary information, in-depth interview is used as means of obtaining information. In depth interview is one of the most commonly used data collection tool in qualitative research designs. It is effective method of eliciting information from individuals regarding their personal feelings, opinions and experiences. On top of that it is an appropriate tool for addressing sensitive issues (Mack, Woodson, MacQueen, Guest, & Namey, 2005). For the purpose of hitting such advantages, interview was conducted with the participants of this study.

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In-depth interviews were conducted using semi-structured interview tool. The interview was guided by open-ended questions, which was organized in sequence. The guiding questions for the interview are prepared in line with the research question and the conceptual framework of the research. The interview tool comprises of four major areas. The first part focused on the study participants' background and followed by the second part that focused on the individual competence needed for the fostering resilience. The third and fourth part of the interview guide attempt to inquire information on the role of family and social support.

To assure the data collection tools serve the purpose of the study, five widows ex-beneficiaries of SIM from Lideta community were used to tested the interview guide. As a result of the test some amendments were made on entire parts of the interview guide more on social support portion.

Finally, in doing the interview, I utilized the skill of observation. Observation enables the researchers to have full meaning of interview responses through watching attentively the body language, gestures and facial expression of the respondents (Denzin, 2003). Since the issue under the study was emotionally sensitive, it was especially important to get the full message from the interviews through observing the respondent's facial expression, action and gesture during the discussions. Thus, for the purpose of achieving the above-mentioned advantages, observation was made during interviews and notes from the observation were taken in to diary notes on the spot.

3.7 Trustworthiness Of The Study

To eliminate threats to trustworthiness, in the first place I made sure that all the data gathered are properly documented. Padgett (2008) indicated the three major threats

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to trustworthiness in qualitative studies namely, bias' of both researcher and respondent and reactivity of the respondent. Reactivity refers to the potentially distorting effects of the researcher's presence on the participant's beliefs and behaviors (Padgett, 2008). To minimize the reactivity and respondent bias, good rapport was established before and during the interview and the objective of the research was explained to the participants (in a group and private settings) to increase the likelihood of getting genuine information. Moreover, the participants were informed about the confidentiality of the information they provide and about the significance of their information. On top of that, using probing, paraphrasing and other necessary interviewing skills appropriate to the situation were used in order to maximize the likelihood of getting genuine information. Finally, to minimize the threat of researchers' bias, bracketing is used in order to put away the researchers prior bias from interfering in the research. Bracketing is a mental exercise in which the researcher identifies, then sets aside, taken-for-granted assumptions used in a social science (Kreuger & Neuman, 2006, P. 84). Accordingly, during data collection and subsequent procedures I put a side my assumption that widows are overlooked and unheard in any development endeavor.

3.8 Data Analysis

According to Yin (2003, P. 109), "data analysis refers to the work of examining, categorizing, tabulating and recombining both qualitative and quantitative events to address the initial proposition of the study". Data analysis must contend with the mass of raw data that need to be reduced and transformed through an iterative process of reading, describing and interpreting (Padgett, 2008). Thus, all forms of qualitative data analysis require prior management of raw data to enable the researcher interact with it

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systematically (Padgett, 2008). Before any attempt of data manipulation Yin, (2003) advises to have a general analytic strategy in the first place (Yin 2003, p.111). To this end, in this research, prior selecting technique for analysis case study data, relying on theoretical proposition analytic strategy was selected. According to Yin, (2003) “the first and most preferred strategy is to follow the theoretical propositions that lead the researcher’s case study (Yin 2003, p.111).” Those propositions shape the data collection plan and subsequent analysis. Consequently, this research stated four main propositions as a predicate of the study. 1) Loss of spouse and subsequent challenges make the transition to widowhood difficult. 2) Family support during and after bereavement helps the widow for early coping and adjustment. 3) Social support fosters resilience of widows by complementing their needs. 4) Finally, Internal individual strength plays major role for positive adjustment of widows. Once the data collection was completed in line with those propositions, the raw data and observation note were coded. To this end, in this research, the tape-recorded data was transcribed while the data from observation notes taken were narrated in a clear manner. In this process, maximum effort was employed not to twist the information from its original meaning. In the transcription process, apart from the respondents’ words, pauses, silences, weeping, long breathe and the like were also recorded in order to understand the respondent’s emotion for the specific issue under discussion.

The recorded data was transcribed initially in to Amharic and then translated in to English. The transcription took 125 pages (hand written). After the transcription is completed, before starting the process of coding the transcriptions was thoroughly read for completeness of the information and then follows coding and thematic development

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procedures, which are the most commonly, used analytic procedures in qualitative research (Padgett, 2008). In coding the data, relevant information was bracketed and code labels were assigned. The process of coding was done being cognizant of similar incidents and patterns in the different interviews. Accordingly twenty-five codes were developed from the entire interviews. After the coding process was completed in each transcript, the codes are categorized in to five categories (cognitive ability, internal individual strength, emotional position, transitional challenges and external resources) based on the thematic areas. The categorization was completed by documenting each coded segments of the transcript in a separate file, linking it to its respective code label. After coding and thematic development is completed, data was analyzed using pattern-matching technique in line with earlier set analytical strategy. Yin, (2005) stated, “for case study analysis, one of the most desirable techniques is using pattern-matching logic. Such logic compares an empirically based pattern with predicated ones” (Yin, 2005, p. 116). Since this type of analysis applicable both for single and multiple cases (Yin, 2005, p. 117), this study adopted pattern matching-technique to observe the degree to which the observed pattern matches the predicted one. Hence, find out an answer to the research question.

CHAPTER FOUR

4. Findings

This section has two main sub sections; the first sub section presents the findings of the study and followed by the discussion of the findings. In the findings section, initially presents the background characteristics of study participants. In the remaining sections, the findings of the study are analyzed using pattern-matching analysis technique will be displayed in a systematic way inline with the specific objectives of the study. Finally, discussion of the major findings will be presented.

4.1 Background Characteristics Of Research Participants

Table 1: Age, Family size, Education, Religion and Employment information of the respondents

Informant (with pseudo name)	Age when the spouse died	Current Family Size	Years of Formal Schooling	Religion	Previous role in & out side the family	Current Employment
Participant -1 (Hanna)	32	5	8	Orthodox	Small business & Care for the family	Small business
Participant -2 (Emebet)	18	3	None	Protestant	Small business & Care for the family	Small business
Participant -3 (Worke)	38	2	None	Orthodox	Housewife	Small business
Participant -4 (Abeba)	30	4	9	Orthodox	Engaged in Daily labor & Care for the family	Daily laborer
Participant -5 (Fetle)	37	6	3	Orthodox	Engaged in Daily labor & Care for the family	Small business
Participant -6 (Selam)	41	1	None	Orthodox	Housewife	Beggar

As indicated in the above table six widows participated in this study whose age ranges from 23 years to 44 years. At the time of the interview, all the participants were

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widows and none of them engaged in remarriage hence qualified the inclusion criteria of the study. The family size of the participant varies from one as in the case of Selam who's daughter died some time ago from an emergency illness to six as in the case of Fetle. The rest (participants 1 to 4) have a family size of five, three, two and four respectively. The family size of the respondents remains the same after the death of their husbands except with Emebet who had been pregnant at the time of death of her husband and delivered her second child afterward. Looking into educational attainment of the respondents, Table One depicts that only Hanna and Abeba attained formal education to certain level (grade 8 and 9 respectively), while Fetle discontinued her education at grade 3. The rest (Emebet, Worke and Selam) didn't attain formal education at all. The religious backgrounds of the respondents show that all respondents, except Emebet are orthodox Christian. Their religious preference did not change either before or after the death of their respective husbands. But Emebet converted to Protestant Christianity after the death of her husband.

Table one also portrays the role of the respondents both in and out side of the family setting prior the death of their husband and their current employment. Most respondents had overlapping roles while their marriage was intact. Hanna and Emebet had the responsibility of engaging in a small business to support the family income outside the home while caring for the family members at home. Whereas Abeba and Fetle had engaged in daily labor work & care for the family out and in side home respectively. The other two (Worke and Selam) were housewives and their responsibilities had been limited to caring for family members. Currently, most respondents (Hanna, Emebet, Worke and Fetle) make a living out of working in small businesses in the same

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neighborhood. While, Abeba is still working as a daily laborer, Salem ended up begging in the churches around the same vicinity.

Table2. Family composition, Duration of Marital life and widowhood

Informant	Duration of Marital life	Years of widowhood	Length of time lived in the current Neighborhood
Participant -1 (Hanna)	16	4	2 Years
Participant -2 (Emebet)	10	5	6 Months
Participant -3 (Worke)	15	3	5 Years
Participant -4 (Abeba)	11	3	6 Years
Participant -5 (Fetle)	20 Years	3	3 Years
Participant -6 (Selam)	30 Years	3	10 Years

N.B: The names of the respondents written above are aliases.

Table 2 displays the duration of the marital relationship which ranges from 10 years, the youngest, to 30 years of marital life the oldest. Looking into years of widowhood and length of time lived in the neighborhood, the majority of the respondents (Worke, Abeba, Fetle and Selam) experienced widowhood in the last three years. The other two respondents (Hanna and Emebet) have been widowed for the last four and five years respectively. The respondents have lived from six months to ten years in the Suki neighborhood. Worke, Abeba, Fetle and Selam lost their respective husbands after they moved to the current community. Whereas Hanna and Emebet lost their husbands before they moved to the current neighborhood.

Table3. Age and Gender distribution of children

Informant	Age of Children	Male	Female
Participant -1 (Hanna)	17(F), 16, 15 & 10	2	2
Participant -2 (Emebet)	8(F) & 6	1	1
Participant -3 (Worke)	15(M)	1	
Participant -4 (Abeba)	23(F), 16 & 10	1	2
Participant -5 (Fetle)	20 (F), 17, 15, 13 & 9	1	4
Participant -6 (Selam)		-	-

Finally, the table 3 depicts the ages of children and their gender distribution. The oldest child of the respondents at the time of death of the father was 17 and that of the youngest was less than a year. With regard to gender of first-born child, only Worke's first-born child is male. The rest of respondents' first-born children are female except Selam who has no child.

4.2 Transition To New Identity/Widow/

Since the objective of this study was exploring the strength of widows to bounce back from their crisis, questions were forwarded for all respondents using the interview guide in line with the specific objectives of the study to trace back potential risks that complicated the situation, capabilities used in the process, internal and external resources used or missed for acceleration or deceleration of bouncing process. The intention was to collect memories of the respondents and to ensure that the data accurately reflects their experience. Therefore the respondents were asked: How did they respond to transition to widowhood?

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Looking back to their trajectory related to their transition to widowhood, all respondents experienced emotional difficulties including fear, loneliness, frustration and loss of sense for life. In the case of Selam, apathy to one self and loss of meaning of life were the most difficult long-standing experiences in her life. Here is how Selam stated her feelings about her new status, while struggling to control her emotion and sobbing:

Widowhood is the most difficult experience. Once you are an adult and married to someone, no matter the economic or other status you have, marital life is complete on its own. When you lose your partner, you automatically lose the test of life. I personally prefer dying than staying a widow. I committed repeated suicidal attempt during my bereavement. But with the uninterrupted supervision of the neighbors all my trial failed. He was my reason to live. No matter how one might be economically strong, the gap of losing a husband could not be filled with any other thing.

In addition to the previously stated emotional difficulties (fear, loneliness, frustration and numbness), for Fetle, Hana and Abeba the possible deterioration of the living condition of the family also contributed to anxiety for the future. Particularly, problems related to their financial capabilities such as paying for house rent, and their large family size seemed beyond the capacity of a widow, which led to the feelings of fear and uncertainty in life. Moreover, the dread of the burden of social, family, as well as economic responsibility triggered fear. For Worke and Selam, the housewives, feelings of hopelessness and helplessness were the reasons for their fear. In the words of Worke, who knew the HIV status of her husband before his death and had been helping on his deathbed discussed that “...the first few days I was crying for my self fearing death... possibly lack of care”. The story of Emebet is different. Emebet and her husband married knowing their HIV status and her husband’s death was accidental. The cause of fear and other emotional challenges stemmed from overlapping various stressful internal, external and family relationship issues. Emebet stated her situation as follows:

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I was ready to face the reality of death, however soon after his death, my house was torn down by the kebele administration. At the same time, I was in my third trimester in my pregnancy expecting my second baby ... unexpectedly I was forced to live on the street corner. The overwhelming incidents filled my heart with fear”.

Therefore, in all of the participants I interviewed, the respondents abilities to transition to their new identity of widow was immensely shaped by their responses to the stressor/s (such as health status in the case of Selam & housing for Emebet, etc) they encountered during the bereavement. Even though the death of their husbands was the marker of the new identity, it was not the only condition or factor for the development of emotional difficulty (fear, loneliness, frustration and numbness) when their widowhood began. The story of the respondents showed three major circumstances under which the emotional difficulties occurred. The first circumstance is the situation in which the widow develops a sense of powerlessness to take over family, social and economic care and responsibility. In this regard Worke stated her situation as follow:

... Transition from wife to widowhood was very difficult experience of my life in many aspects. Among others, loneliness had been painful; always I miss my partner. No one can understand me even my own family members. I do not have some one to share my burden or get advise from in everyday life as it used to be. Every issues of the family become my responsibility. This creates fear in side me. Taking responsibility of the family on my own was the most difficult task. When the marriage was intact, I took those for granted. Now family, social and economic responsibilities become my burden.....

The second condition is a situation in which, because of their long lasting dependent relationship sustained for a significant time with their husband, resulted in no development of other skills (state of helplessness). Fetle shared her experience in her own words as follow.

Widowhood was darkness particularly soon after the incidence. A part from grief from losing my spouse, every issue in life needed my attention and energy, which was so frustrating. Addressing house rent problem with loss of family income,

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meeting the needs of big family like mine and emotional pain and fear were unbearable. Inconsistence income was burdening me as well. I had no idea how to handle the situation...

The third is overlapping of extraneous stressing factors such as low family income, housing problem and undisclosed HIV status that exceeds the strength of the widow. Apart from these the health condition of the widow during the bereavement also plays a major role in the transition period.

4.3 Individual Characteristics

In this section, characteristics of widows will be analyzed and presented with the aim of addressing one of the specific objectives of this research. The specific objective to be addressed in this section will be the experience and adaptive strength of participants during transition to widowhood. The presentations flow with a systematic pattern starting with how the respondents were organizing their goals and plan to come out of the stressful situations, which demonstrated the reflection of their character, and then its effect of the subsequent life.

4.3.1 Immediate Goal and Plan Following The Death of Spouse

In sharing their life goals after death of their husbands all respondents were disheartened, struggling to hide their emotions. In the case of Selam, she couldn't control her sadness and busted into tears, while Abeba seemed distracted in the course of addressing this issue. To begin with, after the death of their partners, all respondents developed some sort of goal to sustain themselves and their family. It is noted that all respondents except Selam had at least two goals for their life. The two high priority goals for Abeba, Emebet and Worke were improving the family income and educating their children. Selam's goal was similar to this category as well but she included involving

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business ideas to make a living was her main dream. On the other hand, for Fetle and Hanna, apart from educating children, securing a house of their own was high priority goal. Economically, Hanna stated that,

I had had backlog rent by the time my husband died, at the same time the neighborhood where I used to live was planned to be teardown for city redevelopment, Therefore, one of my goals was to settle the backlog rent in order to compete for an opportunity to secure/ have my own house (condominium) for me and my family....After the death of my husband I had no goal related to family economic development, it has gone with my husband, stated in her language as “YEHILM INJERA NNEW” (translated as, it is like a bread in a dream that you cannot hold it). With my current family size it is not something I dream about it, rather my focus is meeting the daily needs of the family.

Apart from these, Worke, Hanna, Emebet and Fetle denoted maintaining social connectedness as one of their goals, through the engagement in new social activities as well as maintaining the already existing social relationships. For Worke her social connectedness has special power. Here is how she described it:

Instead of feeling shame of death of my husband from HIV, I set a goal to maintain the relationship and securing the advantage from the community. I used the situation to strengthen my connectedness. Accordingly, I had had encouragement from every body I knew. Those encouragements are still providing me strength and wish to live more years in the presence of the problem.

But maintaining social connection as a goal was not common across the respondents.

Abeba and Selam didn't mention any goals related to connectedness with family, friends or neighborhood.

With regards to plans, all respondents developed economic and health strategies to compensate for their loss, and to stay healthy. Among the economic plan, engaging in small business accounted for highest plan among the respondents. As compared to their former experience, Selam, Worke and Fetle made a significant change from their role and experience of life. They shifted from being a housewife and caregiver of a family mainly

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in the home (for Selam and Worke) to a small business owner in the neighborhood. While maintaining the caregiver role at home, Fetle made a transition from daily laborer in the construction of condominiums to the small business industry at her own home. The rest of respondents, Abeba, Emebet and Hanna, planned to continue their former work. Apart from the two common plans, Fetle depicted child education and meeting her children's needs as a major plan, which consisted of keeping them in school and motivating them in their academic performance.

A significant disparity between the plan and its outcome had been observed among the respondents. Fetle, Hanna and Emebet described their plan's accomplishments at a different level, and some are on progress. For the success of the plan multiple parties were involved. Hanna mentioned,

Since I was the only person for my family to care, meet their need and protect their wellbeing, I was intentional in my entire task... Economically, to secure income for my family, I had been working with kebele officials. They supported me in varieties of ways. ...Knowing my situation the kebele facilitated for free medical treatment as same time supporting me emotionally. At a time they gave me container store/shop so as to generate income out of the business.

With the involvement of the aforementioned parties coupled with Hanna's strength, as well as her negotiating capacity, Hanna managed to secure her own house in the new area called Jemo. Yet, Hanna indicated that she was not successful with educating her children, as her son dropped out of school and her daughter is currently working in a restaurant instead of pursuing her academics. In the case of Emebet, her success was accounted for using persuasive communication with people she believed capable in assisting her. Subsequently her perseverance in her business along with material and emotional support she obtained from the kebele played a major role in her success. However, since she was in the third trimester of pregnancy when her husband

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died, her accomplishment was limited because of delivery and latter related health problems. Fetle's experience was different. Unlike Emebet, Fetle the cause of her husband's death is still kept secret from all friends and neighbors. thus, she has decided to work harder for the materialization of her dream on her own:

For the success of the plan no one has contributed. Once I figured out my medical status and refrained from sharing the information to anyone else. I decided to work hard, in order to fulfill all the needs of the family. Recently assistance from one organization has contributed to the achievement of the plan

Although, she leans on her strength for accomplishment of her plan, it has been noted that still she has been receiving assistance from friends and formal organizations to certain extent.

On the contrary, Worke, Abeba and Selam experienced from partial to complete failure of their plan. Worke added, "Although I have been working harder, not all of the plans are accomplished but in the area where I obtained support my plans are successful". Abeba learned that regardless of her plan and effort, her plan couldn't succeed. Abeba described the reason for the failure of her plan as follows:

One reason I know for not succeeding with my plan is, I have a difficulty to get along with others. I do not associate with others easily. I usually find myself alone. I do not feel easy when I mix with other. I feel that I am inferior as compared to others. Still I feel that it is only me who has this problem (HIV). Even after I get introduced with some people, I experience fear to get along with them. Let alone the others going to the organization where I get support frustrated me as well. I have no self-confidence. I always think that they could say something about me. I do not know the cause of my fear.

Whereas for Selam the disparity between the plan and the outcome was associated with her poor health condition, which disabled her and led her to begging to meet her needs. Thus, from what the participants of the study expressed, it is possible to

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understand that all widows developed some goals and plans of their own to reframe or change their situation.

For me, self-confidence and hard work are keys to meet my goal and my success. I believe these are my capabilities.... To come out of this situation, the first thing I did was going to my neighbor looking for some assistance to start a business. Accordingly one of my neighbors lent me 600 birr without any hesitation. With that I committed to proof my self to the neighborhood through hard work. I was also found loan from HIV related association for business purpose. Those opportunities helped me to expand my business and manage to pay back all my debt as per the agreement.

As it has been seen from the stories of study participants, a part from the plan, they used their skill to acquire emotional and material support from their social network and also used their negotiating capacity, perseverance/ internal strength, communication skills, and presence of self reliance are also verified in their predisposition. It is also noticed that four of the respondent resume the previous experience to secure family income while, the rest two participants are forced to change their role. Whereas limited networks as in the case of Ababa and ill-health conditions for Selam during and after the time of bereavement adversely affects the outcome of the plan. In the following section, a description of the nature of capabilities that participants of the study had will be presented.

4.3.2 Capability Owned by the Participant

Regarding the participants' view of their capabilities, all of them were able to recall and cite the capabilities they already own. Only Selam and Abeba portrayed their skill of running small business. Even if Abeba was challenged with acute shortage of resources to meet the needs of her family, she believes that she has strong skills in business planning and executing small businesses. These are the areas where she assumed

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she is capable. On the contrary, even if Abeba attended formal education to the level of grade nine, she didn't consider it as a useful skill at all. Moreover, neither of them indicated their social skill as something they have or require. Apart from the business skill, Selam expressed her strong capacity of being flexible in difficult environments (facing the reality) and being able to cope with crisis (problem solving). She told me her success story as follow:

When I was displaced from Eritrea, I forced to live in camp in Mekele, I saw every one of my friends sad and crying for the past. Some were dying starved. Seeing the situation I started selling snack all around the city and generated an income enough to make a living with. My business gave me an opportunity to get to know people in the city who latter connected me to my family and reorganize my original family. This had happened to the fact that I had been selling to shope holders in the city and get use to connect with some store owners who had a network with biological sister and connected me, latter helped me to move to Addis Ababa.... I used my experience to break through the current problem as well. Even started selling snack and able to cover all my needs...

For Worke, Emebet, Hanna and Fetle facing reality, social skills, acknowledging their own limitations and having a positive outlook were indicated as their own capabilities. Only Abeba and Emebet used their capabilities during the bereavement and onward. The rest of the respondents never used their skills or capabilities during their crisis. Hanna stated the situation as;

...But I did not use this capability during and after the death of my husband. It is because the entire analytical strength and the previous self-confidence of mine were eroded by incidence of death and suddenly all the responsibilities of the family were damped over me. Therefore, the overlapped problems blinded me, I was suffering from fear of death, and usually I was feeling that I would die soon. I had been experiencing some sickness frequently as well.

This study shows that there are multiple resources or capabilities that are important and necessary for effective integration and response to challenges in life.

Referring her experience Selam stated the following regarding her capacity.

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I was very strong in adjusting to a situation and cope with emotional crisis. After my grief I decided to start small business that the neighborhood needed. Facing the fact and developing ways to live with or changing the situation was my way of living until my medical situation incapacitate me...

The wise use of a given skill or combination of them changes the outcome. Business skill, Facing the reality and finding ways (reframing and modifying the problematic situation) and awareness of once own limitations were pointed out as a capabilities owned by the widows. Nevertheless, most (five of them) respondents did not use these capabilities during their crisis. It was activated for most latter after the incidence. Yet, there is evidence that, some capabilities that are observed in the participant of the study like educational skills; social skills and others were not mentioned.

The next section presents how the participant of the study maintain their health condition in the presence of biological, social, emotional and economic stressing factors in line with objective two of this study.

4.3.3 Coping With Health Challenges & Participants' Understanding Of Positive Adjustment

It is agreed that overall good health encompasses physical, mental, emotional and social well-being. Since the social dimension of health is addressed in a different section, this section focuses only on the other dimensions of health. All respondents are cognizant of the physical consequents of HIV after witnessing the suffering and death of their partner. Except Fetle, who hasn't qualified the treatment criteria yet, all respondents are on anti retroviral medication (treatment for HIV). The interview depicted that there is a strong adherence to the treatment, medical advice and follow up in all participants except Selam. Selam is doing nothing to keep herself healthy. Here are her words:

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I have done nothing to stay healthy. I always feel sad and mostly I found myself crying, feel loneliness. I feel I missed him (her spouse) in every corner of my life. He was my encourager in my struggle and crisis. I suffered repeated loss of my own daughter, my sisters. I feel so depressed especially when I stay alone even for a while.

Apart from this reality Hanna and Worke strictly followed medical advice and treatment in fear of death. Additionally (Fetle and worke) refrained from any activities, jobs or behaviors that could jeopardize their health.

Regarding mental health status, Hanna and Emebet prevent signs of depression and mental health disturbance by involving in social activities such as staying with friends and neighbors as well as in engaging in activities outside of the home. Emebet added visiting her pastor to be assisted via individual and corporate prayer as her means of maintaining her mental health. Whereas, Worke and Fetle use a combination of social activities and accomplishment of the daily routines in order to fight signs of depression. Both described that they experience sleeplessness, loss of confidence and worrying about their living condition when they miss a single day of work for any reason other than business. Abeba tries to hide herself behind work to escape from depression signs. Concerning maintaining emotional health none of the respondents have a mechanism to prevent emotional disturbance.

The respondents' perception of positive adjustment is divergent; however control over economy and housing portrayed as a marker of positive adjustment. For Emebet,

Positive adjustment of widow is related to the ability of widows to use thier internal strength and resources to come out of the effect of bereavement. In this regard control over own income and socially connectedness are the feature of adjustment.

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Apart from that Emebet and Worke added development of emotional strength, which enable the widows to make rational decisions and social connectedness on the basis of mutual understanding as components of positive adjustment. Worke on the other hand added other features of adjustment as follow

As to me, positive adjustment for a widow is achieved, when the widow is able to have her own income and stabilized her economy, this is my value. Socially, if the widow is able to communicate and relate with family, relative without any pressure then I can say that she is adjusted. As I have told you, I spend two day for social connections. But afterwards I suffered a couple of nights; thinking missed working hours from my business. This is not a free and mutual relation.

Thus from what is discussed above, it was possible to see that the perception and coping mechanism of widows in the study regarding their health is modified under three major conditions. The first condition is past experience that the widows had while caring for their husbands. The second condition is fear of the consequences of not doing anything about their situations. The third condition is what support was available with in their reach. However other dimensions of health were poorly addressed. All of the respondents engage in social activities to get rid of signs of depression, while the majority of the respondents still are suffering from senses of insecurity. Nevertheless, the interview showed that participants of the study used a variety of mechanisms to keep themselves healthy and which are problem driven.

The following section analyzes and presents roles of family and social support in line with the third objective of the study. In this particular section the objective to be addressed will be looking into the nature of environmental factors that have impact to the resilience of the participants.

4.4 Role of Family in the positive adjustment process

Participants of the study were asked about the role of their family played (relatives, and own family) in their adaptation process. In the case of Selam, Emebet and Fetle family had no role in the process of adaptation. Following disclosure of the health status (HIV), regardless of varieties of effort of maintaining connectedness with extended family, Fetle, Selam and Emebet were abandoned from their circle. Because their own family members (children) were also victim of the loss as well as young in their maturity, their role was found to be insignificant or limited to emotional relation. But in the case of Abeba, the role of her older daughter gradually increased engagement in emotional and final support of the family. She had been supporting the family through stabilizing family economy. In the case of Hanna family played an emotional support role to the acceptable level. The role of own family (her son & sister) was intense in the case of Worke.

During my bereavement, my sister and my son played important role. They were the reason for my recovery from bereavement and current strength. My son had significant role in my positive adjustment. When we are alone, I ask him for fun what he has done in the day. He tells me and we enjoy even we store some of it for some other days. He also asks me my experience of good and bad. When I am sad such conversation and his future plan make me comforted.

Except Abeba, all respondents had an experience of loss of someone important from the family member (Selam, Fetle and Hanna lost their children where as Emebet and Worke had lost their brothers). All respondents explained that in those experiences the corresponding husbands were the people who helped their coping except Hanna. In Hanna's case her mother was the most supportive to recover from the crisis in all matters of coping. Similarly, all respondents depicted that the death of a spouse is more difficult to cope with. Since there is no one else to share the concern of life that close and hence exposes the victim for loneliness for a lifetime.

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Therefore, from what is presented in this section, it is possible to understand that extended family members were not playing their role in the process of positive adjustment. It is indicated that knowing the medical status, families deserted widows in their crisis. Here are the words of Emebet;

When I knew my medical status, I decided to discuss my situation with my uncle and brother hoping some forms of encouragement from them. But they disregarded me. It was painful but I decided to become self-supportive and proof my self & win the game.

Fetle also has a similar situation in relation to connectedness with extended family. Fetle described her situation as follow;

My extended family had no role in helping me cope with the loss. They also widen the distance between us. Those family members who used to visit me while my husband was alive deserted me. No matter how hard, I tried to connect with them. I experienced discouraging situation or no interest from them. Others were trying to abuse my children's labor. Those situation were very hurting my emotion.... However, with the help and encouragement of my friends, I managed...

It is noticed that not all family members or neighbors who are involved in the situation contribute to the adjustment of widows. Support from friend/neighbors along with physical presence or proximity to the affected family, timely intervention were the important factor for coping of the study participants. Available social networks and at least the role of one influential person are marked as major factors for early coping of a widow. It is learned that in the experience of loss of close family member either the husband or mother was the important person for early adaptation/ bounce back. The data indicated that those respondents who were disconnected from the family and neighborhood circle experienced deterioration in their health, internal strength and economic power.

4.5 Role Of Social Support In The Positive Adjustment Process

During the interview an attempt was made to understand the level of participants' involvement in the formal (such as kebele & NGO's) and informal (such as friends & neighborhood associations) community structure. Participants of the study were given explanation of what those formal and informal community structures are. Accordingly, all respondents were found to be members of at least two formal or informal or both organizations that provide some sort of support. Worke, Fetle, Hanna and Emebet are found to be members of five different formal and informal organizations, while Abeba was a member of three. Idir of different kind, support group and SIM (an NGO working in the community) were the three organizations that all of them were member of. While the role of Abeba, Hanna and Emebet is limited to membership to respective organizations, Fetle and Worke play a leadership role in at least one of their organization. In the case of Selam, she is only belonged to just one formal and one informal organization. She believed that she is totally disconnected from the community after the death of her husband specifically following moving to the new area looking for cheaper house.

Looking in to types of support received by the respondents, all respondents indicated that they secured financial support (from Idir) to cover the funeral and related expenses during the first five to twelve days depending on culture and norms of the organization and emotional support (from neighbors & friends association) were the major supports received during the acute crises. In the case of Hanna apart from the regular care, she received professional assistance through the facilitation of kebele, which was meaningful for her life. Here is how Hanna expresses the support:

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...Later my exposure to the seminar focusing on psycho social development of children organized by kebele served me as a spring board to regain my strength. After that seminar my life is completely changed. That was the point where I regain my internal strength and the current attitude for life.

Although Abeba indicated that social support she received particularly from Idir, provided her what was customary to the member (pre set amount of money and emotional support). Selam pointed out that along with Idir, neighbors also upheld her real senses of belongingness and her safety. She stated:

In my bereavement, it was the neighborhood association who played incredible role to my adjustment process. Since I was disconnected from family, my neighbors supported me financially about 12 days. They also stayed with me watching not to harm my self (during this period I attempted unsuccessful suicide).

All respondents indicated that about 18 months ago SIM through its project started providing psychosocial, material and financial support to the respondents.

With regards to the role of neighbors, all respondents received meaningful support that encompasses emotional, social (physical presence and integrating the family to socially acceptable practices), and financial support particularly during the bereavement as well as through provision of belongingness in to the neighborhood. Emebet stated the support situation as follow;

During my crisis the most helpful assistance I found was from my neighbors. They assisted me emotionally in order to continue caring for my children. They helped me to shift my focus from deceased husband to the children under my care. In doing so, I was able to see glimmer of hope to continue my life with a different set of responsibility and identity. Financially, my neighbors covered the expense of the very important needs at the time of bereavement and later they were my source to start my business as well.

Apart from the neighbors, Fetle added the role of friends exceed all other forms of support. Their role covered things that no other group could address. Their physical presence had broken the yolk of loneliness. Fetle express their role as:

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The role of neighbors as compared to my friends in the process of adjustment is not that much big. Among other things my friends helped me to adjust through their physical presence that demonstrated to me that I was not alone and they were supporting me emotionally and practically in addressing my real needs. Like financial support to increase my business inventory, until recently they were sharing my family expenses through covering school expenses of the children.

However, it is not the entire group that played an indispensable role in positive adjustment process of respondents. The respondents indicated divergent group are very important for regaining their adaptation. For Worke a combination of her sister, her landlord and later her son played an important role for her positive adjustment. Although neighbors were also key players in the process, it was only a few individuals or groups of individuals that played an indispensable role in the rebounding of respondents.

With regards to change in connectedness, following death of spouse relationship with friends, community and relatives have changed. Abeba and Fetle associate the reason of decline in connectedness with weakness of the family income to meet the needs of their friends and neighbors. Whereas Hanna, Selam and Worke are not certain with the reason but suspect as it could be stigma associated to HIV. Worke shared me her story as follows:

After his (the spouse) death, my relationships with friends and others have sharply changed. I have noticed that some friends disappeared from visiting me. Particularly my husband's friends who used to visit us and participate in different activities are not part of our life or our relation is not strong as such. I have noticed all but I excused because their friend (my husband) is no more exists that could be the reason. I don't try to figure out the main reason but keep it in my heart. I sometimes suspect that the change could be /fear of/ because of the cause of death (HIV). Stigma related to HIV is changed somehow but there are some people who do not understand HIV yet.

For Emebet, her relationship with friends and neighbors never changed following the death of her spouse. However, her relation with her relative/extended family was broken

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after the death of her husband. She believes that the decline in the relationship with family was associated to her HIV status and her conversion to the Protestant religion.

In my experience, I didn't observe any changes with regard to relationship. All the friends, neighbors are still with me during my bereavement and afterward. But my relation with my relatives deteriorated after they figured out that we were living with HIV. Following the death of my husband particularly after I became protestant my families completely disappeared.

Looking in to the provision of support system of the respondents, a variety of services and support were provided to the respondents through their social network.

The analysis of response shows that there is a significant difference in the importance of the provision among all respondents. For Emebet the emotional as well as sense of community support from the neighbors during and in an ongoing basis was indispensable and helped her to regain internal strength. In the case of Hanna, the emotional support received from the kebele soon after the incident was the most valuable and served as springboard for her later life. Whereas, covering the house rent by the friends for Fetle (15 days after the death of her husband) was associated with maintaining her dignity and a breath of freedom. On the other hand, rent subsidy, school and food support of SIM for Worke two years after the death of her husband was perceived as a guarantee for her recovery.

The findings of this research on the role of social support in the positive adjustment process indicates that all of the participants were members of two to five formal and informal organizations that support in some meaningful ways during the crises. Idir, support group of PLWHIV and SIM are the three organizations that five of the widows are member in common. The experience of the widows in this study implies

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positive adjustment is directly related to the size of social network and support gained from the network. Duration of membership in the community or organization is not a determinant factor in securing social support in the case of participants of the study. However, stigma, self-isolation and decline in perceived social support are seen as reasons for degeneration of connectedness and hence lead to low level of social support, which was found to be a reason for maladjustment of respondents. The study also indicated that it is only specific services or supports are directly related positive adjustment of widows that might be identified through implacable assessment. Where as the varieties and size of support provided during the bereavement is associated with strengthening of senses of belongingness/ sense of community during acute crisis.

3.6.1 Need For Professional Support

During the interview attempts were made to identify the professional assistance needs in the process of their adjustment. Only Hanna had a chance to visit some professional helping groups and reported that she benefited from the services. In the case of Worke and Selam, both knew that they needed some help but didn't know where to find it. Selam stated her feelings as indicated below with half opened eyes and wrinkled forehead.

The bereavement process is a great challenge that demands your physical, mental, and emotional energy. I was looking for someone to help me. I feel that I was a cause for the death of my husband and blaming myself. I suspect malpractice in the health system as the other cause. This question is giving me discomfort yet. I am really looking someone knowledgeable to help me looking for an answer. I feel guilty if I contributed for his death...

Abeba and Fetle on the other hand do not know whether there are people or services that can help on this matter.

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The study participants' reflection on the roles of social support indicated that social supports in the community have been addressing varieties of respondents needs. Emebet said social support was a key for the reorganization of her family. Emebet stated the following;

After the death of my husband, the expenses of the family exceeded the income at the time of death, I went to the kebele to look for any support particularly for school material support. I applied a formal request. Accordingly, the kebele assisted my children with school material for two years. Latter SIM covered most of my need apart from this in my crisis the neighborhood association had been my backbone in my survival. Particularly the community based formal and informal associations addressed most of sociocultural needs (sense of community, safety and belongingness and emotional and financial) of participants, which could not be otherwise. Since the needs of widows as observed in the finding varies, there is no one size of service that fits all needs of widows, as in the traditional approach of support for widows. Under such condition, understanding the divergent needs and challenges of widow remain overlooked or masked under broad category such as; women poverty, single women and the like, leaving the widows in the same condition. As the story of the participants of the study and data from observation indicated that there is enormous needs for professional assistance among the respondents. The following section presents the role of spiritual beliefs in the positive adjustment of widows.

4.5.1 Role of Spiritual Belief System

As part of social support system, participants of the study were asked the role of religion and spirituality in the process of their positive adjustment. As indicated in the background section, except Emebet the rest of the respondents are orthodox Christian

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before, during and after the death of the respective spouse, whereas, Emebet became protestant after the death of her husbands. In the case of Fetle, she is converted to Orthodox Christian from Muslin family during her childhood.

Regarding the spirituality of participants of the study, Abeba noticed that her sense of connection to her religious system sharply dropped after the death of her husband. Prior the incidence, her participation in the ritual practice had been meaning full and regular. Emebet, Worke and Fetle's spirituality significantly increased after the death of respective husband. However, both worke and Fetle reported that both of them are not regular attendant of the church and both believe that their knowledge of the subject matter is limited. Nevertheless, the ritual practices, prayer and fasting give them relief from loneliness, stress and fear. For both Worke and Fetle fear of death, burden of family responsibility and loneliness are the common factors that forced them to look for their Creator and practice prayer. With regards to Emebet, life become meaningful and more connected to the church and other fellows in a more supportive way. The rest Selam and Hanna didn't see any change in their spirituality.

In the matter of spiritual counseling, Selam, Abeba and Hanna indicated that they did not received any spiritual counseling except an instruction to control over grief by the elites of the religion. But Fetle and Worke, received traditional encouragement and counseling respectively by the priest for three days. The following words of Worke tells us spiritual service patterns

I am not churchgoer. I attend mostly when there are holidays. I visit church like 3 days a week. During my bereavement, I received counseling from my godfather on 3rd, 30th an 40th day after the death of my husband. During the counseling the main areas of focus were explaining fact of death, that every one of us will face it

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sometimes. Thus I was told to come out of bereavement and engage to work. Any more grieve is not good for him spiritually. It reminds me whatever I have done and the limitation of mankind.

Fetle also has similar story in the matter of spiritual service. She stated that

The religious leaders provided traditional encouragement. The first three days the priest prayed for us for about 30 minutes and advised us to control our emotions, afterwards the priest visits me occasionally.

The themes of the service mainly focused on the facts of death and encouragement to control grief. The story of Emebet is different, Emebet's engagement into a new set of relationship gave her an opportunity of being listened and cared. Emebet stated the situation as follow;

Three months after the death of my husband, I decided to join the church fellowship where I used to hear about it. While contemplating on the matter, a friend of mine encouraged me and latter connected me with someone ... where I was thought for two consecutive months and became full member of the church and small group. The small group members used to care for me visit and pray for me on regular bases until I became spiritually strong. The usual ritual practices both at home and church was; prayer and worshipping God mostly at church. These practices gave me confidence that my God never abandon me.... the church leaders supported me with spiritual counseling for two months. The counseling was twice a week. The spiritual counseling mainly focuses on how one relates oneself with God, Salivation and life after death.

All respondents except Emebet believed that death of a person is an end of life or rest from the complicated world whereas Emebet stated quoting the counseling session as transition to other form of life.

Thus the findings of the study portrays that religious institutes are one of the community resources that the community members inclined to, looking for a meaning of the situation they faced and assistance. The story of the participants indicated that fear of death, loneliness, the need to be heard, difficulty in making decision and lose of meaning

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and direction as well as unmet needs (by other social support) were the main factors that shape connectedness of the respondent to their religious institutes. The experiences of the widows also indicate that spiritual belief in the widow varies before, during and after the death of spouses. However, the finding also displayed that in the areas where the religious institutes played their role, their contribution for the resilience of widow found to be huge. With regards to spiritual counseling, it is possible to note from the data that there is variation between the denominations in terms of contents, approach and duration of counseling, which is directly related to the outcome of widows' resilience.

4.6. Respondents' perception of social Support

Finally participants of the study were asked a recommendation on support that could have positive impact on their effort of leaping out the problematic situation. Entire participants of the study agreed on emotional support of a better quality could have helped them if they could have found in the time of crisis and latter. Hanna, Selam and Emebet indicated importance of a better emotional support as a priority and primary support that has to be provided to widow. Hanna Stated,

All sort of supports are really good for widows. However the emotional support that I received from some professionals of great importance for my life. If such care could continue for certain period, I could have adjusted far earlier. Moreover, engaging widows in the microfinance activity is the major area people need to focus to help widows to address their problem. Still one should not forget the importance of psycho social support, even I believe that this support to be given before any other supports. Professional support is indispensable in the areas of child development need psychological assistance.

Other than the emotional support, financial support was denoted as the second priority for a widow. Hanna suggested financial support in the form of micro finance or opportunity to support the widow create a business of her own could have change the

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situation of widows. Emebet apart from the emotional support, training of the widow how to make a life could have been key to transform life of the widow. Reflecting on her experience Emebet recommended the following on the types of support

Widows need emotional support and counseling. Nevertheless, if a particular widow never experienced handling money, it is good to teach how to manage it. If the widow has no house that has to be addressed. But if she has house what she need is emotional support, planning skill and counseling that move the widow out of the situation and help to use her skill is more important than a chunk of money.

Fetle, Worke, Selam and Abeba agreed on the financial support but varied on the area of interventions. However, none of the respondents appreciated the traditional ways of financial support. Fetle commented as huge amount of money spent on the temporary problems of widows. She also indicated the need to coordinate and channel resources to address core problem of widows.

CHAPTER FIVE

5. Discussion

This chapter substantiates the findings of the study in line with the available literature. Since the study is conducted to explore the challenge and resilience of widows, this chapter discusses the findings of the research in the following manner. In the initial section the chapter presents the challenges faced by the study participant particularly in the transition period and followed by the internal strength of widows in the study that contributed for their coping. Finally the role of family and social support in the process of positive adjustment of will be discussed and supported by the literature.

5.1 Limitation of the study

The purpose of my research is limited to acquiring a deeper understanding on the resilience of widows. In serving the purpose of the study, smaller size of the study participants is used, which is a primary limitation of the study. Hence the findings of the study may not help to generalize to the entire population of widows.

5.2 Transition To New Identity/Widowhood

The findings of this research on the response to the new identity pointed out that widowhood is immensely shaped by their responses to the stressor/s they encountered during the bereavement. The grief process related to the traumatic event can disrupt the story and result in the reverse of the self to singleness, and a struggle with meaninglessness. They search to transform their fragmented memories into a different story to find a new meaning in life, even though the death of their husbands was the marker of the new identity. It is accompanied by, first, a sense of powerlessness to take over family, social and economic care and responsibility. The second helplessness

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resulted from lack of skills. The third is the overlapping of extraneous stressing factors such as low family income; housing problems and undisclosed HIV status that exceeds the strength of the widow are conditions for the development of emotional difficulty (fear, loneliness, frustration and withdrawal). Apart from these the health condition of the widow during the bereavement also plays a major role in creating emotional instability and disturbance during the transition period. The experiences of the study participants go in line with the review of Holm & Stevenson, (2012), which portrayed that loss of identity in widowhood, as it appears to be stripped away, they are forced to see a different self. There is a profound need to look inward, review one's life, and ask, "Where do I go from here?" This emotional state can be painful, especially when the spouse's death was unexpected. Experiences of loneliness and lack of social support can place widows at risk for developing trauma symptoms. Feeling sad could be a sign of loneliness that was found to increase when faced with too many demands and expectations from other people. Experiencing loneliness and discontinuity in social activities after the loss decreases opportunities of self-management and well-being. However, poor health or a newly discovered HIV status in a widow can also be a factor, which destabilizes the widow in the transition to the new identity.

Therefore, the finding of this study with the help of literatures from similar studies on the resilience of widows confirms that the emotional reaction or disturbance of widows in this study during the transition, primarily from the acute crisis of loss of a spouse, reflects the research's findings. However, as the widow appraises the stressing situation with the resource on one hand and overwhelming responsibilities that the widow will be accountable for on the other, the widow's hopelessness can contribute to the initial

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emotional instability. The findings also pointed out that the emotional problem is worse in the case of unskilled widows and newly HIV diagnosed widow during the crisis. This finding is also consistent with the propositions of Walsh, (2006). He argued that the stigma surrounding HIV/AIDS has contributed to secrecy, misinformation, and estrangement, impairing family and social support, as well as critical health care (Walsh, 2006, p.201). The following section discusses the how individual character contributes to resilience in the presence of adversity.

5.3 Individual Characteristics

Immediate Goal and Plan Following The Death of Spouse

Literatures (Meichenbaum, 2005, Kumpfer, 1991) in the resilience studies indicated that individual characteristics contribute major portion in the resilience process, which includes: cognitive ability, self esteem, self-efficacy, temperament and personality. Laser & Nicotera, (2011) argued that the cognitive ability concept associated with resilience conveys more than academic skill learning process. Cognitive ability includes setting goals, planning, prioritizing and organizing the steps needed to be taken to achieve the goal, executing the plan, keeping track of the results, and making modifications as needed based on the result. The experiences of five of the participants of the study in this research agree with the argument of Laser & Nicotera, (2011). Findings of this research portray that four out of the six study participants developed economic, social and health goals. They also developed plans of their own to reframe or change their environment and succeeded. A part from the planning ability, it is possible to see the participants of the study employing their personal and social skills to materialize their plan.

As Kumpfer, (1991) described, problem-solving ability is marked as internal strength to become resilient. It is likely that individuals who are more confident in their plans or direction are those who have experienced considerable success in the past due to excellent problem solving abilities. Ability to focus on the goal and chip away at each problem as they arise leads to increased initiative, belief in personal control, and optimism. The findings of this research goes in line with the argument of Kumpfer, in that most participants of the study resume their prior success experiences. Four of the widows engaged in to small businesses where they used to generate an income to support the family.

The study also discovered the prevalence of self-reliance, even in the absence of a resource. For example, using negotiating and persuasive skills to secure emotional and material support from the community so as to increase the inventory of a business is noted. On the other scenario completely changing the business as in some cases even their location on the basis of evaluation of environmental factors such as the price of housing, accessibility to the market as well as community need and their skill to materialize their dream has been found. However, the outcome of implementation of the plan was affected by multiple internal and external factors. Apart from the planning skill, negotiating capacity, perseverance/ internal strength, communication skills, and presence of self-reliance are also shown in the participants' response to the adversity of loss and subsequent challenges. These personal attributes are also consistent with the lists of Cunningham & Fretwell, (2012) which are indicated as key protective factors for resilience of widows.

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Although, individual disposition is one of the markers of resilience, this research findings pointed out that in the presence of supportive individual characteristics, conditions like sickness or diagnosis of HIV, or their children's illness challenges widow's resilience energy. The following section discusses capabilities found in the process of the study and substantiated with literatures in the field.

5.4 Role of Family in the positive adjustment process

Research on family characteristics shows that at least one parent or an adequate and stable parental substitute is vital for resiliency of the family members. Family factors that promote resilience often include peers, teachers, neighbors, coaches and others facilitate the individual's attempts to master adversities (Walsh, 2003). The microsystem where a widow inhabits provides both the protective and risk factors. Among the external support systems the family protective factor support contribution in individuals is greater (Laser & Nicotera, 2011). The findings of this research depicted two different cases. The first case showed that extended family members were not found to be supportive in a majority (five) of the study's participants' positive adjustment. The findings also indicated that knowing the medical status, extended families deserted widows during and after their crisis. Secondly, unlike the argument of Laser & Nicotera, regardless of the efforts of the widows in the study to be connected, interest was not found on the side of the family. The findings of this study indicated that greater support is found from friends and neighbors. However, it is also noticed that not all friends or neighbors who are involved in the situation contribute to the adjustment of widows. Support from friends or neighbors along with the physical presence or proximity to the affected family, timely intervention was the most important factor for coping of the study participants. Walsh's

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assertion of importance and availability of at list one influential and stable person in the process of adjustment is consistent with finding of this study. The women in the study pointed out that sometimes a particular person or a group of persons (rarely) or a service supported them in their adjustment. More specifically, all study participants had experience of losing another close family member. The finding revealed that in the previous experience of loss of close family member either the husband or mother was the important person for early adaptation/ bounce back.

Literature on the role of family shows that there is a significant difference in adjustment between widows living alone versus those living with families. It is also indicated that higher morale in widows who had access to group participation and confidence (Lopata, 1973). The findings of this study goes in line with the remarks of Lopata, where the findings of this research indicate that those respondents who were disconnected from the family and neighborhood circle experienced deterioration in their health, internal strength and economic power. Two of the respondents that claim no relation with their relatives suffer from acute economic problems and were physically depilated. Both are struggling with emotional instability.

Therefore, the findings of this study, as it has been substantiated with related study & literature (Betelehem Tsedeke 2009 & Turner, 2005) indicated that family involvement is very important for the widow to gain the initial energy for bouncing back, if the member of the family played their role. Otherwise it fosters frustration and contributes to maladjustment to the widow. Availability of family networks (at least one person that support the widow emotionally and practically) is marked as major factor for early coping of a widow.

5.5 Role Of Social Support In The Positive Adjustment Process

Literature on the role of social support indicated that when acute or chronic stressors occur, the environmental context can buffer or exacerbate the negative impact on the person (Kumpfer, 1991). A well-developed community infrastructure provides a person facing adversity an opportunity to participate in a structured activity, which has a documented risk reduction effect and a sense of belongingness and cohesion to wider community (Goldste, & Redding, 2005). The findings of this research go inline with the concepts of this literature. The experience of the women in this study indicates that all of the participants were members of two to five formal and informal organizations that provided support in some meaningful ways during the crises. Idir, support group of PLWHIV, and SIM are the three organizations that five of the widows have in common. Being a member of those community structures, widows in this study secured emotional and financial support, which was very important during their bereavement. The support group in particular served as a shield against emotional instability, fear and loneliness for them. In this regard, the finding of the study is consistent with the existing literature and findings of Kumpfer, Goldste, & Redding.

A study conducted by Pierorazio showed that a decrease in social support following bereavement has been related to decrements in physical health among elderly individuals. He also argued that social support may aid in the recovery of individuals negatively affected by death loss. In his study, Pierorazio found evidence that social support buffers the negative effect of bereavement (Pierorazio, 2009).

The finding of this study also correlates with the arguments of Pierorazio with

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additional detail, which depicts that the analysis of the importance of the support provided for the positive adjustment of widows. The findings in this particular area indicated that only a few service and supports are directly related to the resilience of widows that might be identified through implacable assessment. Whereas the variety and size of support provided during the bereavement is associated with strengthening of the sense of belongingness/ sense of community during acute crisis. In either of these cases, social support is found to be improving physical, social and emotional wellbeing of the widows under the study.

The experience of the widows in this study implies that positive adjustment is directly related to the size of social network and support gained from the network. Whereas the duration of the membership in the community or organization is not a determining factor in securing social support in the case of participants of this study. However, stigma, self-isolation and decline in perceived social support are seen as reasons for degeneration of connectedness and hence lead to low level of social support, which was found to be a reason for maladjustment of respondents.

Thus, the findings of this study and Pierorazio's conclusion agree in the importance of social support in the recovery of widows. Whereas, the specific impact of social support in the widow's resilience and impact of duration of membership in the community structure are supplementary findings of this research to the studies of Pierorazio. The following is a discussion on the role of spiritual belief systems on the positive adjustment of widow.

5.5.1 Spiritual Belief System

As it is portrayed in literature (Walsh, 2006, Haight, 2002, Black & Lobo, 2008 & Walsh, 2003) transcendent belief and practice provides meaning and purpose in light of immediate troubles. It also lays the frame of reference within which individuals interpret experiences and formulate goals and strategies for living within the prevailing situation. Shih, Turale, Shih & Tsai, (2010) examined the influence of religiosity on post bereavement adjustment. It was indicated that people with intrinsic religious beliefs reported fewer coping problems by holding positive attitudes and taking multiple actions for adaptation. The intrinsic religious believers also could access additional sources of emotional support from clergy and other widows in their church. Their support included encouragement, caring and company. On the contrary, the extrinsic religious group held less positive adaptation attitudes, such as withdrawal and low self-esteem (Shih, Turale, shih & Tsai, 2010). There is a consistency with these and other (Haight, 2002, Walsh, 2006 etc) literature that a spiritual belief has direct impact on the resilience outcome. It was possible to see that the experience of the widows under this study shared some similar aspects of the arguments in these literatures. The finding of the study portrayed that religious institutes are one of the community resources that the community members inclined to, looking for a meaning of the situation they faced and assistance. However, the story of the participants indicated that fear of death, loneliness, the need to be heard, difficulty in making decisions and loss of meaning and direction as well as unmet needs (by other social supports) were the main factors that shape connectedness of the respondents to their religious institutes. Unlike the argument of Shih, Turale, Shih & Tsai, (2010) the finding of this study indicated that there is variation in the commitment,

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connectedness to the belief system and engagement of the clergy among the denomination in the study. The finding also displayed that in the areas where the religious institutes played their role, their contribution for the resilience of the widow was found to be consistent to the finding of Shih, Turale, Shih & Tsai,((2010), Haight, (2002) and Walsh, (2006)). With regards to spiritual counseling, it is possible to note from the experience of the widows that there is great variation between the denominations in terms of contents, approach, connectedness and duration of counseling, which is directly related to the outcome of widows adaptation.

In general, even if the generalization of the findings of this research is limited to the six women in this study, the outcome of the research came up with a reflection of how widows struggle in the process of adjustment in the presence of loss of the spouse and challenges of HIV/AIDS. The overall outcome of this study indicates that the widows in this study indeed suffer from shortage or complete absence of care and support essential for their positive adjustment. Although there is significant variation among the widows in the study, the story of the widow indicated that absence of family support and uncoordinated social support coupled with negative temperament resulted in maladjustment of widows.

Additionally, this study revealed that there is an enormous need for professional assistance among the respondents. However, the service could not be accessed by study participants due to the unavailability of this particular service in most human service organizations (at community, school, health facility and churches level), the engagement of the professional in other routine and administrative work / overlooking the problem of

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widow and, lack of awareness on the part of the respondent. This situation worsens the situation of widows further.

CHAPTER SIX

6. Conclusion and Implications

6.1 Conclusion

This study is believed to have contribution in advancing the existing knowledge regarding widows who lost their spouse from chronic illness like HIV/AIDS. The study looks into the life experiences of six widows, who live in informally settled neighborhood called Suki in Addis Ababa. In this study, attempts were made to understand the factors that contribute for positive adaptation of widows by examining challenges in the process of transition to the new identity, individual characteristics of widows, roles of their social environment and their interaction with it. In this section, the concluding remarks of this study will be made in line with the objectives of the study.

Widowhood is one of the stages in the family development, marked by the death of a spouse. The perspective on the incidence of widow is divergent depending on the social facts and historical time of the country. In general in the developing country where the social environment is challenge by man made and natural disasters, the occurrence of widow is noticed even at the early stages of marital life. In the era of HIV, the rate at which widowhood occur was found very high and even earlier than the case in the absence of HIV, particularly in sub Saharan Africa. The magnitude, the status and the challenges of widows are not yet explored.

The experience of widow in the transition to the new identity is severely affected by the synergetic effect of emotional pain of loss of the beloved one and economic, social

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and emotional glitches raised following the death of the spouse. The findings of the study depicted that the transition to widowhood confronted by overlapping challenge on to the study participants.

Apart from the grief from loss, a sense of powerlessness, state of helplessness, fear of death and lack of skill are found to be the major challenges that overwhelm the adaptive strength of women in this study. The finding of the study also pointed that ill-health condition of the widow during the bereavement affect the process of transition. Although five widows under study were not sick at the time of bereavement, fear of HIV originated from caregiver experience and fear of stigma complicated the transition. It is in this period that two of the participants got tested for HIV.

Positive temperament, self-reliance, positive outlook and cognitive processing are major anchors of individual disposition that shape once resilience in the presence of adversity of loss of spouse. The findings of the study show that the participants deployed multiple internal and external resources and skills to cope with the situation of loss and subsequent life challenges. It is evidenced that the use of negotiating capacity, perseverance/ internal strength, communication skills, and presence of self-reliance is verified in their predisposition to reframe or modify the stressful situation.

A part from that the finding also indicated widows developed goals and plans to improve or maintain the family's economy and their health situation, which is an indicative of strength of cognitive processing of the study participants. Nevertheless, non of the study participants put any strategy to maintain the their emotional health.

Emotional problem instability is one of the significant challenges found out in this study.

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The experience of the widows in the study also depicted use of external sources of services and supports to cope with situations. Kebeles, friends, neighbors NGO's are the major sources that were used by the participants of the study. Maintaining connectedness with significant others particularly in the effort to get rid of sign of depression as well as prayer of both corporate and individual dedication are used as a coping mechanism. Whereas limited networks and ill-health conditions and extraneous stressing factor that exceeds the strength of widows under study challenged the positive outcome of the resilience process.

The commonest risk factors identified in this research are the following: a problem of housing, incidence of pregnancy during bereavement, lack of marketable skill and deterioration of the family income during and after the time of bereavement. It is also noticed that most of the widows (five out of the six) did not use their capabilities during their crisis. It was activated for most latter after the bereavement.

Widows can be best understood in their social context and their relation to social environment (as most of widows' problems are arisen and settled in their communication with their environment). In line with this the findings of this study revealed that the family microsystem's (extended family members) role is unhelpfully related to the positive adjustment of widows under study. Stigma is found to be the main reason.

It is also noticed that a part from the emotional and financial support, physical presence or proximity to the affected family along with timely intervention was the important factors for coping of the study participants. Available social networks and at least the role of one influential person are marked as major factor for early coping of a widow. It is perceived that positive adjustment is directly related to the size of social

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network and support gained from the network. Duration of membership in the community or organization is not a determinant factor in securing social support in the case of participants of the study. The experience of the widows in this study indicated that those respondents who were disconnected from the family and neighborhood circle experienced deterioration in their health, internal strength and economic power.

The study also stated that it is only specific services or supports that are directly related to positive adjustment of widows. Where as the varieties and size of support provided during the bereavement is associated with strengthening of senses of belongingness or sense of community during acute crisis. Finally, in this study it was possible to comprehend that the widows exploit manifold support systems from their environment in their endeavor to renounce from their situation among the different mechanisms prayer and association to religious group figured out as one of it.

6.2 Implication to Social Work Practice

- Social work interventions (case work, group therapy, family therapy and others)
Human service organization at a community level benefits widows in bouncing back effort. Workers engaged in Human service organizations need to be cognizant of social facts that affect the out come of their services. A part from the basic service the organization is rendering, social workers assessment will benefit widows to identify their core problem and recollect their capacity to address their problem. In so doing human service organization can assist widows either through their direct intervention or through referral with an objective of enabling or strengthening of widows. The findings of the study verifies that particularly in the first phase of the bereavement,

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professional assistance was found to be very central for early cope up and adjust to the prevailing situation.

- Social workers play important role in facilitating training appropriate to widows' experience and context that enables them to control or adjust to the situation. The finding of the study indicated that some of the respondents with a single training managed to engage in their own business. Since lack of marketable skill is a core reason for decline in the family economy and frustration (feeling of hopelessness) of widows, services that are rendered to widow has to meet the skill gap of widows. Social workers intervention, particularly Bio-psychosocial assessment of widow benefits widows to recapture their strength.
- The study finding indicated that widows who lost their spouse from HIV are vulnerable to mistreatment and discrimination. Thus social workers working with widows need to be conscious of group interventions and facilitate discussion in the group setting to address unaddressed bereavement issues, isolation as well as strengthening social support from homogeneous group. Such opportunities will be more beneficial to the widows if the group is within the easy access of widows in informal setting or if they do not require specific place and time arrangement. In such a way widows can have opportunities to acquire necessary information and practical experience from the group members.
- The other social work intervention that can benefit widows is intervention through advocacy. In the advocacy role of social worker benefit widows primarily, through bring the situation of widows (deprivation, poverty, discrimination on the base of marital situation and operation of widows) in to the light in order to retain support

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from policy makers and stakeholders. Such effort of social work provides individuals, corporations, governments and nongovernmental organizations with a platform to address issues affecting widowhood, (such as poverty and deprivation, social stigma, and the impact of HIV/AIDS). To this end, the needs of the widows can be brought to the attention of the community through discussion forums and different forms of communication medias. Secondly, advocating for the reinforcement of policies. Such social work intervention brings the different agencies (Women, children and youth ministry and ministry of labor and social affairs) to the table to address the problem of widows.

6.3 Implication to Research

Widows are overlooked from social science studies. Little is known about challenges of widows and their children in their subsequent life. A comprehensive study on widows particularly the younger once and their socialization impact will enhance knowledge base of practitioners to design and provide quality of services to widows and their family. Moreover, the implication of widowhood in the latter life of children is the other research area, which can facilitate the development of varieties programs that share the burden of widows. Such studies should be based on representative samples or should have statistical significance in indicating the relationship between social discrimination and resilience of widows. Additionally, studies in other community in Addis Ababa and other regions of the country would add other dimension of the topic.

6.4 Implication to social work education

The study findings indicated that people facing difficult adversity loss their strength until they are assisted to regain their capacity. In the positive adjustment process

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of widows, a part from family and neighborhood's assistance professional services is indicated as a major contributor for renouncing of widows. In this regard the importance of educating and preparing social work professionals in advance to be conscious of critical issues involving widows. When performing direct practice interventions with individual, groups and families, social worker who posses an awareness of positive coping technique will have the ability to enable widows to advance toward more successful transition as well as identify and differentiate between positive and negative coping styles.

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Annex A

INTERVIEW GUIDE FOR IN DEPTH INTERVIEW

Introduction

First of all I would like to thank you for your commitment to involve in this study, which is for partial fulfillment of getting Masters degree in social work. The general objective of the study is to have a better understanding on the experience of widows' resilience. The data collected from this interview is purely for academic purpose and will be kept only in my hands as described on the consent form. Therefore, I kindly request you to be open and genuine while responding to the questions I forward to you. This has a big contribution for the attainment of the goal of the research. This discussion will take about one and half to two hours.

I would like to thank you again for your willingness and let me start by taking background information about you.

I. BACKGROUND INFORMATION

Informant	Age when the spouse died	Family Size	Age of Children	Educational Attainment	Religion	employment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1. Tell me your responsibility/ role while your partner was alive?

Probe: Sources of Family income and other support (Before, during and after death of

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- the spouse)
2. How long did you live in this neighborhood?

- Probe: what makes you move to this neighborhood?
3. How long did you live with your spouse?
Probe: In what type of marriage (civil, customary or religious) did you get united?

4. When did you become a Widow?

Probe: Was a cause of the death known to other friends, families and neighbors?

5. How do you describe your health status at the time and after the death of your spouse?

Probe: How did it affect your adjustment process?

II. INDIVIDUAL DISPOSITION (characteristics)

1. What was/were your immediate goal/s or dreams that you were wishing to achieve, following the death of your spouse?

Probe: Economic

- Family responsibility
- Care for children
- Relation with family & neighbor

2. What were your plans or efforts to overcome the stress full situation?

Probe: Sustaining the family

- Securing family income
- Child raring and education
- Self and family health

Probe: Tell me about the outcome of the plan (successful or fail)

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If it was successful, please tell me what circumstance favored you to succeed with your plan/thought?

If not, Can you explain to me why your plan didn't work?

3. What capabilities (ex; being rational & facing reality, communication skill, academic skill, planning skill, problem solving skill etc) (of yours) were most needed to overcome the adversity of losing the spouse?

Probe: did you use those capabilities during your bereavement? If not why?

Probe: What were other capabilities/skills (of external resources) / like supportive relationship with extended family, family support, family counseling/ needed?

4. Can you share a story about how you have managed to overcome challenges

you face personally? Hint: Story related to family, economy, relationship you assume "serious challenges" and you handled it after the death of your spouse.

5. What do you do to keep your-self healthy?

Probe: Physically (to be free from illness, injury or pain)

- Mentally (Depression: Sadness, Energy loss, lack of concentration and insomnia)
- Emotionally (controlling thought, behavior and feeling as well as self-esteem)

6. Tell me how you understand positive adjustment despite the many problems faced after the death of a spouse? Probe: in terms of family relation, control over economy and resuming expected role in the society

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III. FAMILY FACTOR INFORMATION

1. How do you describe the role of your family in your adaptation process?

- Extended family members,
- Relatives
- Neighbor
- Children & other groups

Probe: Family economic stability, Extended families support (psychosocial, emotional and economic support),

2. How did your connectedness with family group's contribute to adjustment?

3. How did you respond to transition to widowhood?

4. Who played significant role during your bereavement and transition to the current situation?

Probe: please explain to me in what way he/she or it helped you.

5. Did you have a similar experience in the past (loss of some one important)?

Probe: who? How did you cope with the loss?

Who played important role in your adjustment?

Was there any difference in coping with current experience? If yes, what make it different?

IV. INFORMATION ON SOCIAL SUPPORT

1. Are you a member/participant of formal or informal community structure? (Support group, mahiber, women's association, microfinance, religious group and any form of association that works for the wellbeing of its member)
 - What did you do in these structures? Probe : Role you have/ activity you regularly engage in?
2. Tell me your experience in the kinds of support you found from your networks that helped you for adjustment? (Probe: help the respondent by reminding the potential social support from Idir, Mahiber, extended family, friends and the like)
3. Tell me if there have been any change in your relationship with your friends, relatives, and community or interest based associations that are related to you (after death of the spouse)? Probe: in what ways the relationship changed?
4. In your experience what were the indispensable provision of social support system that helped you to adjust in the presence of loss of your spouse? Probe: Support that you never forget
 - What was the support? Who provide the support?
 - When was the support provided & what makes it indispensable?
5. What additional or other help/assistance that your support system could have given you to enhance your adjustment process? Probe: any recommendation or suggestion you have on the matter of meaning full support from the support system?

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6. Tell me the areas of your struggle that required professional assistance?
7. What kind of (service or support) you think would have been helpful to your coping or positive adjustment after the death of your spouse?

- From Individual, Organization and family

8. How would you explain your connection or effort of maintaining connectedness with your social network in order to overcome stress?
9. How do you evaluate your spirituality (meaning giving dimension of a person) at the time of death, before and after the occurrence of death of your spouse?

10. Tell me about your religious/ritual practices?

Probe: How regularly you were/are attend or practice your ritual/ religious rehearses? Probe: Did you have spiritual counseling from your pastor, priest or sheik? If no, Why? Probe: Can you explain to me the frequency and impact of the service in your life? Probe: What areas you covered during the spiritual counseling?

11. How did your belief system explain death?

Probe: What meaning do you give to the phenomenon (death) . Probe: do you still have unanswered or blurred issues that needs explanation

Thank you very much for your time and information

CONSENT FOR PARTICIPATION IN A RESEARCH PROJECT ADDIS ABABA UNIVERSITY SCHOOL OF SOCIAL WORK

Study Title: Exploring The Resilience Of Widows Who Lost Their Partners To HIV.

Investigator: Theodros Alemayehu

My Name is Theodros Alemayehu and I am a student of Post Graduate School of Social Work at Addis Ababa University. I am conducting research as part of the requirement of Masters Degree in Social Work. The main objective of my research is on understanding the experience of Widows by looking into the factors that contribute to resilience of widows. In this research widows who have experience of widowhood at lease for three years will be involved in sharing their experience. Since you qualified the criteria for this study, you are invited to participate in the study. Only if you are willing to participate in the study, I am going to ask you some questions to be able to understand your experience. Sharing your experience might require sharing sensitive/ personal issues and might trigger sad memories. This is the risk associated with participating in this research. However, to help you get over with such feelings, we will spend some time refreshing together after this interview.

In participating in this research, you will have a huge contribution for the betterment of people's understanding about widows. You can see this as an opportunity of contributing your share for the foundation of better ground to address the needs of large number of widows. To keep the confidentiality of the information you provide, your name will not be written in this form and will never be used in connection with any information you tell me. Your Participation in the interview has to be based on your

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informed consent. You are free to choose not to participate and if you do become a participant you are free to withdraw from this study at any time during its course. If you choose not to participate or if you withdraw it will not harm your relationship or benefits to which you are entitled. Since your involvement in the study incur some expense, you will be paid a total of fifty birr to cover your transport cost as well as to compensate interruption of your business during the interview. The payment will be accomplished immediately after the accomplishment of the interview. Please feel free to ask about anything you don't understand and to consider this research and the consent form carefully – as long as you feel it is necessary before you make a decision. If it is your will, I will record the interviews for convenience reasons but every cassette will be kept in a confidential manner and it will be disposed afterwards. If you are interested to know about the findings of this research or for any information you need in relation to this research you can use this address to contact me. Theodros Alemayehu : Tel No. 0912 61 55 54 , Email: Writetedyalem @gmail.com

If you are willing to participate in this research, you may confirm your willingness by your signature.

Authorization

I have read (or someone has read to me) this form and have decided to participate in the research described above. Its general purposes, the particulars of involvement and possible risks and inconveniences have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

Name of the participant: _____

Signature: _____ Date: _____

Thank you very much for your cooperation and time.

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DECLARATION

I the undersigned declare that this thesis is my original work and that all sources of materials used for this thesis have been duly acknowledged. The thesis has not been presented for a degree in any university in Ethiopia and elsewhere.

Declared by

Name: Theodros Alemayehu

Signature: _____

Confirmed by

Name: Zena Berhanu (PHD)

Signature: _____