Socio-Demographic and Psychosocial Predictors of Complicated Grief Among Widows in Nairobi County, Kenya

Emily Mwikali Kyalo

Machakos University

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ABSTRACT

Complicated grief among widows remains a significant public mental health concern, particularly in low-resource and faith-based contexts where bereavement is shaped by social, economic, and spiritual factors. Despite increasing attention to grief interventions, limited evidence exists on sociodemographic predictors of complicated grief within African church settings. This study examined the sociodemographic predictors of complicated grief among widows in selected churches in Nairobi County, Kenya. A quantitative, quasi-experimental, post-positivist design was adopted. A sample of 253 widows was assessed using the Inventory of Complicated Grief (ICG) alongside a structured socio-demographic questionnaire. Data were analyzed using descriptive statistics, chi-square tests, linear regression, and multinomial logistic regression, with significance set at $p < .05$. Findings indicated that 36.0% of participants experienced complicated grief. Significant predictors included participant age, educational level, widowhood duration, and family economic status ($p < .05$). Regression results further showed that lower education and poorer economic status were associated with higher levels of complicated grief, while older age and shorter widowhood duration also significantly influenced grief severity. However, psycho-spiritual factors, including church involvement and perceived social support, were not statistically significant predictors in the multivariate models. The study concludes that complicated grief among widows is strongly influenced by sociodemographic and economic conditions rather than psycho-spiritual engagement alone. These findings highlight the need for integrated bereavement interventions that address both psychological and socioeconomic vulnerabilities within faith-based communities.

Keywords: Complicated grief; widows; bereavement; sociodemographic predictors; socioeconomic status; psychosocial adjustment

INTRODUCTION

Complicated grief is increasingly recognized as a major public mental health concern because of its persistent and debilitating effects on emotional wellbeing and everyday functioning. Unlike normal grief, which gradually subsides as individuals adjust to loss, complicated grief persists beyond the expected mourning period and interferes with an individual's ability to reintegrate into ordinary life (Shear, 2015). Individuals experiencing complicated grief often report intense yearning for the deceased, emotional pain, intrusive thoughts, and difficulty accepting the reality of the loss (Prigerson et al., 2021). Estimates suggest that approximately 7–10% of bereaved persons develop complicated grief, representing nearly 2–3% of the general population worldwide (Kersting et al., 2011). Because of its association with emotional distress, impaired social functioning, and reduced quality of life, complicated grief has become an important area of psychological and bereavement research across different cultural and clinical settings.

Widowhood represents one of the most destabilizing forms of bereavement and places individuals at heightened risk for complicated grief. The loss of a spouse often disrupts emotional security, identity, social relationships, and daily routines, leaving widows vulnerable to loneliness, psychological distress, and social isolation (Mitchell et al., 2004). Studies consistently identify spousal loss as a significant predictor of complicated grief, with surviving partners demonstrating greater difficulty adjusting after bereavement compared to other bereaved

groups (Buur et al., 2024). Nielsen et al. (2017) found that partner loss significantly predicted complicated grief (OR = 2.2), while Tang et al. (2021) similarly reported that spousal bereavement significantly increased grief severity ($\beta = .13$, $p < .01$). Among Christian widows, bereavement may further involve spiritual struggles relating to suffering, meaning, and faith, particularly within contexts where communal and religious expectations shape mourning experiences (Kathomi, Murage, & Thuku, 2022).

Research has identified several psychosocial and sociodemographic factors that increase vulnerability to complicated grief. Emotional regulation difficulties, maladaptive cognitions, depressive symptoms, insecure attachment patterns, and insufficient social support are among the strongest predictors reported across bereavement studies (Szuhany et al., 2021). Nielsen et al. (2017) observed that pre-loss depressive symptoms strongly predicted complicated grief (OR = 5.6, 95% CI [3.5–9.0]), while severe pre-loss grief symptoms also increased risk substantially (OR = 3.8, 95% CI [2.4–6.1]). Similarly, Buur et al. (2024), in a meta-analysis involving over 61,000 participants, identified pre-loss grief (ESr = 0.39) and depression (ESr = 0.30) as among the strongest predictors of complicated grief. Social support has also emerged as a critical protective factor, with Tomarken et al. (2018) reporting a strong negative relationship between perceived support and grief severity ($r = -0.415$, $p < .001$).

Sociodemographic and loss-related characteristics further shape grief outcomes among bereaved individuals. Studies have associated low socioeconomic status, limited educational attainment, female gender, and financial hardship with heightened vulnerability to complicated grief (Buur et al., 2024). Nielsen et al. (2017) found that low educational attainment doubled the likelihood of complicated grief (OR = 2.0), while Yi et al. (2018) reported that economic burden significantly increased grief risk (OR = 8.12). In African settings, where widows may experience financial dependency and social inequalities following spousal loss, such vulnerabilities may become even more pronounced. Relationship and loss characteristics also influence bereavement adjustment. Unexpected or traumatic deaths, strong emotional closeness, and prolonged attachment to the deceased have been associated with more severe grief outcomes (Doering et al., 2022; Singer et al., 2022). These findings suggest that complicated grief emerges through the interaction of psychological, relational, and contextual vulnerabilities rather than from bereavement alone.

In African contexts, grief is deeply embedded within communal, cultural, and spiritual worldviews that shape how bereavement is experienced and expressed. Baloyi (2014) notes that mourning in many African societies involves collective participation, ritual practices, and prolonged expressions of sorrow that reinforce continuing bonds with the deceased. Similarly, Crunk et al. (2017) and Kokou-Kpolou et al. (2017) observed that death is often understood not as complete separation but as a transition into another spiritual existence connected to the living community. While these beliefs may provide meaning and emotional comfort, they may also prolong grief experiences and complicate adaptation following loss (Choabi, 2016). Religion and spirituality therefore occupy a central role in bereavement adjustment among African Christians. Spiritual practices such as prayer, fellowship, and pastoral support may foster meaning-making and emotional resilience (Pargament et al., 2000; Doka, 2017), although evidence regarding their protective influence remains inconsistent (Wortmann & Park, 2008; Eyetsemitan, 2021).

Despite growing international evidence on predictors of complicated grief, important gaps remain within African and Kenyan contexts. Existing studies have largely focused on Western populations, trauma survivors, or bereaved children, with limited attention given to widows within Afro-Christian settings (Jann et al., 2024). Although studies in Nigeria, Kenya, and Ghana reported complicated grief prevalence rates of approximately 3.7% (Ben-Ezra et al., 2020), Kenyan research remains scarce and has predominantly examined orphaned children rather than widowed adults (Ngesa et al., 2020). Furthermore, little is known about how psychosocial, sociodemographic, and spiritual factors interact to influence complicated grief among Christian widows in church-based communities. Understanding these predictors is important for identifying widows at greater risk and informing culturally sensitive counselling, pastoral care, and psychosocial interventions. Therefore, this study examined psychosocial and sociodemographic predictors of complicated grief among widows from selected churches in Nairobi County, Kenya.

METHODS

Study Design

This study adopted a quantitative research approach grounded in the post-positivist paradigm and implemented within a quasi-experimental, non-equivalent groups design. The post-positivist stance was considered appropriate because it allows for the systematic measurement of psychological and social phenomena while acknowledging that human experiences such as grief are influenced by contextual and subjective realities that cannot be fully controlled (Creswell & Creswell, 2017; Rahman, 2017). Although the broader study examined the effects of Complicated Grief Therapy (CGT), Objective 2 specifically employed a correlational and predictive framework using baseline data to examine sociodemographic determinants of complicated grief among widows. This approach made it possible to identify statistically significant relationships between widowhood-related characteristics and grief severity in a real-world church-based setting where experimental control is limited.

Study Setting

The study was conducted in selected Christian churches within Nairobi County, Kenya, namely All Saints Cathedral, PCEA St. Andrews Church, CITAM Valley Road, and Nairobi Baptist Church. These churches were purposively selected because they provide structured widow fellowship groups, pastoral counselling services, and established social and spiritual support systems that are central to bereavement experiences among Christian widows. Nairobi County was considered an appropriate setting due to its diverse urban population and the strong presence of organized religious institutions that play a key role in psychosocial support. The shared faith-based environment across the selected churches provided a relatively comparable cultural and spiritual context, making it suitable for examining how sociodemographic factors influence complicated grief outcomes among widows.

Population and Sample

The target population for this study comprised Christian widows residing in Nairobi County who were actively affiliated with church-based support systems. The accessible population consisted of approximately 260 widows drawn from the four selected churches, each of which maintained structured widow fellowship groups. From this population, a total of 122 widows formed the final study sample, although a larger number of participants were initially screened to ensure eligibility and completeness of data. For Objective 2, baseline data from all eligible participants were utilized to examine predictive relationships between sociodemographic variables and complicated grief. Participants were purposively selected based on their active membership in church congregations and involvement in widow fellowship groups, ensuring that they had comparable exposure to bereavement-related social and spiritual support systems.

Inclusion and Exclusion Criteria

Participants were included in the study if they were adult women aged 18 years and above, had experienced the loss of a spouse at least six months prior to the study, were active members of one of the selected churches, and provided informed consent to participate. The six-month threshold was considered important to distinguish between acute grief and more persistent grief reactions that may indicate risk of complicated grief. Participants were excluded if they were not widows, had been bereaved for less than six months, were not members of the selected churches, or were unable or unwilling to complete the study instruments. These criteria ensured that the study focused on a clearly defined and relevant population while minimizing variability unrelated to the research objectives.

Instruments and Measures

Data were collected using a combination of standardized psychometric instruments and a structured socio-demographic questionnaire. The primary outcome variable, complicated grief, was measured using the Inventory of Complicated Grief (ICG), a 19-item standardized tool developed by Prigerson and colleagues. The ICG uses

a five-point Likert scale ranging from "never" to "always" and provides a total score reflecting the severity of grief symptoms. A score of 25 or above was used to indicate clinically significant levels of complicated grief. The instrument has demonstrated strong psychometric properties, with high internal consistency reliability ($\alpha \approx 0.87$), making it suitable for use in bereavement research.

In addition to the ICG, a researcher-developed socio-demographic questionnaire was used to capture key predictor variables relevant to Objective 2. These included participants' age, year of marriage, period of widowhood, level of education, family economic status, and employment status. These variables were selected based on theoretical and empirical evidence suggesting that sociodemographic conditions significantly influence vulnerability to complicated grief. Each variable was operationalized using appropriate categorical or ordinal coding to allow for statistical analysis.

Data Collection Procedure

Data collection was conducted at baseline prior to any therapeutic intervention. Widows completed structured questionnaires administered within designated private spaces in their respective church environments to ensure confidentiality and minimize emotional discomfort. Research assistants trained in psychological data collection supported the administration of instruments to ensure clarity and consistency in responses. Participants were guided through the questionnaires where necessary, particularly when dealing with emotionally sensitive items related to grief experiences. The data collected focused specifically on sociodemographic characteristics and grief severity, which formed the basis for identifying predictors of complicated grief. The church setting provided a familiar and supportive environment that facilitated participation while maintaining respect for the sensitive nature of bereavement research.

Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25. The analysis began with descriptive statistics, including frequencies, percentages, means, and standard deviations, which were used to summarize participants' sociodemographic characteristics and levels of complicated grief. This provided an initial understanding of the distribution of variables within the sample.

Inferential statistical techniques were then applied to examine relationships between variables. Chi-square tests were used to assess associations between categorical sociodemographic variables and complicated grief status, while Pearson correlation analysis was used to explore relationships between continuous variables such as age and period of widowhood with grief severity. The primary analytical method was binary logistic regression, which was used to identify significant predictors of complicated grief among widows. The dependent variable was complicated grief status (based on ICG cut-off score), while independent variables included age, year of marriage, period of widowhood, education level, family economic status, and employment status. Results were reported using odds ratios, 95% confidence intervals, and significance values. All statistical tests were evaluated at a significance level of $p < 0.05$.

Ethical Considerations

Ethical approval for the study was obtained from the Daystar University Ethics Review Board (DU-ERB) and the National Commission for Science, Technology, and Innovation (NACOSTI). Additional permission was granted by the leadership of all participating churches before data collection commenced. Participants were provided with detailed information about the purpose and procedures of the study and gave written informed consent prior to participation. They were assured that participation was voluntary and that they could withdraw at any time without any negative consequences. Confidentiality was strictly maintained through the use of coded identifiers instead of personal names, and all data were securely stored with restricted access. Given the sensitive nature of grief research, care was taken to minimize emotional distress, and participants who experienced discomfort were offered appropriate support and referral options where necessary.

RESULTS

This section presents the findings of the study in relation to the study objectives. The results are organized into four major sections: participant characteristics, prevalence of complicated grief, sociodemographic predictors of complicated grief, and psycho-spiritual protective factors associated with grief outcomes among widows in selected churches in Nairobi County, Kenya. The findings are presented using descriptive and inferential statistical procedures, including frequencies, percentages, tests of association, linear regression, and multinomial logistic regression analyses.

Participant Characteristics

The study sought to establish the socio-demographic profile of the widows who participated in the research. Descriptive statistics were used to summarize participants' age categories, years in marriage, widowhood duration, educational attainment, family economic status, and employment status. These characteristics were considered important in understanding the background context within which complicated grief occurred among the respondents.

Table 1 Sociodemographic Characteristics of Participants at Baseline

Variables	Frequency	Percent %
Age categories		
30-40 years	116	45.8
41-50 years	74	29.2
51-60 years	14	5.5
61-70 years	46	18.2
71-80 years	3	1.2
Years in marriage		
Less than 5 yrs	41	16.2
6-10 years	108	42.7
11-20 years	53	20.9
21-30 years	49	19.4
31-50 years	2	.8
Widowhood Period		
Less than 10 yrs	245	96.8
> 11 years	8	3.2
Education status		
KCE/KCSE	1	.4
Certificate	47	18.6
Diploma	98	38.7
Bachelor's degree	76	30.0
Postgraduate diploma	30	11.9
Master's degree	1	.4
Family economic status		
Poor	103	40.7
Moderate	145	57.3
Affluent	5	2.0
Employment status		
Self-employed/business	107	42.3
Employed	108	42.7
No job yet	13	5.1
Retired	25	9.9

The findings revealed that the majority of respondents were relatively younger widows, with nearly half of the participants falling within the 30–40 years age category (45.8%), followed by those aged 41–50 years (29.2%). Only a small proportion of respondents were aged above 70 years. In relation to marital duration, most respondents had been married between 6 and 10 years (42.7%), while 20.9% had been married between 11 and 20 years. Widowhood duration findings indicated that the overwhelming majority of participants (96.8%) had experienced widowhood for less than 10 years.

With regard to educational attainment, diploma holders constituted the largest proportion of the sample (38.7%), followed by respondents with bachelor's degrees (30.0%). Participants with postgraduate diplomas accounted for 11.9% of the sample, while only a very small proportion had attained either KCSE-level or master's-level education. In terms of economic status, more than half of the respondents described their family economic status as moderate (57.3%), whereas 40.7% classified themselves within the poor economic category. Only 2.0% reported being economically affluent. Employment status was almost equally distributed between respondents engaged in self-employment or business activities (42.3%) and those in formal employment (42.7%). Smaller proportions of the respondents were unemployed (5.1%) or retired (9.9%).

Prevalence of Complicated Grief

The prevalence of complicated grief among the respondents was determined using the Inventory of Complicated Grief (ICG). Participants were categorized based on the established clinical cut-off score, where scores below 25 represented uncomplicated grief and scores of 25 and above indicated complicated grief. This classification enabled the identification of widows experiencing clinically significant grief symptoms.

Table 2 Prevalence of Complicated Grief (N=253)

Variables	Frequency	Percent
< 25 = Uncomplicated grief	162	64.0
≥ 25 = Complicated grief	91	36.0
Total	253	100.0

The findings indicated that 64.0% of the respondents experienced uncomplicated grief, while 36.0% met the threshold for complicated grief. Although the majority of widows reported grief responses within the uncomplicated range, more than one-third of the respondents demonstrated elevated grief symptomatology consistent with complicated grief. These findings suggest a considerable burden of persistent grief symptoms among widowed women within the selected church communities.

Sociodemographic Predictors of Complicated Grief

To determine the sociodemographic predictors of complicated grief, baseline analyses were conducted using descriptive statistics, tests of linearity, linear regression, and multinomial logistic regression. The analyses examined the relationship between complicated grief and selected variables, including participant age, years in marriage, widowhood duration, level of education, family economic status, and employment status.

Table 3 Potential Predictors of Complicated Grief and Sociodemographic Factors at Baseline (N=253)

Variables	N	Mean	Standard deviation	Test of linearity	
				F	Sig.
Participant's age					
30-40 years	116	.0517	.22243	380.052	<.001
41-50 years	74	.3108	.46598		
51-60 years	14	.9286	.26726		
61-70 years	46	1.0000	.0000		

71-80 years	3	1.0000	.0000		
Total	253	.3597	.48086		
Participant's year of marriage					
≤ 5 years	41	.1220	.33129	359.279	<.001
6-10 years	108	.0370	.18973		
11-20 years	53	.5849	.49745		
21-30 years	49	1.0000	.0000		
31-50 years	2	1.0000	.0000		
Total	253	.3597	.48086		
Period of widowhood					
≤ 10 yrs	245	.3429	.47564	9.820	.002
≥ 11 years	8	.8750	.35355		
Participant's level of education					
KCE/KCSE	1	1.0000	.0000	9.736	.002
Certificate	43	.3191	.47119		
Diploma	98	.5204	.50215		
Bachelor's degree	76	.2763	.45015		
Postgraduate	30	.0667	.25371		
diploma	1	1.0000	.0000		
Master's degree	253	.3597	.48086		
Total					
Participant's family economic status					
Poor	103	.1165	.32240	55.669	<.001
Moderate	145	.5172	.50143		
Affluent	5	.8000	.44721		
Total	253	.3597	.48086		
Participant's employment status					
Self-	107	.1869	.39168	85.848	<.001
employed/business	108	.3333	.47360		
Employed	13	.7692	.43853		
No job yet	25	1.0000	.00000		
Retired	253	.3597			
Total					

The findings demonstrated statistically significant relationships between complicated grief and all the sociodemographic variables examined at baseline. Participant age was significantly associated with complicated grief, $F = 380.052$, $p < .001$, with higher grief scores observed among older respondents, particularly those aged 61 years and above. Years in marriage also showed a statistically significant relationship with complicated grief, $F = 359.279$, $p < .001$, indicating that grief severity varied across marital duration categories. Widowhood period further demonstrated a significant association with complicated grief, $F = 9.820$, $p = .002$, with respondents who had experienced longer periods of widowhood reporting higher grief scores.

Educational attainment was also significantly associated with complicated grief, $F = 9.736$, $p = .002$. Similarly, family economic status demonstrated a strong statistically significant relationship with complicated grief, $F = 55.669$, $p < .001$. Employment status was likewise significantly associated with complicated grief, $F = 85.848$, $p < .001$, indicating variations in grief experiences across occupational categories.

To further determine the predictive contribution of the sociodemographic variables, a linear regression analysis was conducted. The regression model assessed the extent to which each variable independently predicted complicated grief while controlling for the effects of the other variables included in the model.

Table 9 Linear Regression Showing Collinearity Coefficient Diagnoses of Potential Predicting Variables

Coefficients[a,b]										
Model (Predictor variable)		Unstandardized Coefficients		Std C	T	Sig.	95.0% CI		Collinearit	
		B	std. Error	Beta			LB	UB	Tolerance	VIF
1	Age categories	.185	.029	.714	6.343	.000	.128	.243	.069	14.584
	Participant's years of marriage	.104	.031	.461	3.399	.001	.044	.165	.047	21.202
	Period of widowhood	-.209	.075	-.365	-2.804	.005	-.356	-.062	.051	19.485
	Participant's education status	-.089	.015	-.660	-5.885	.000	-.119	-.059	.069	14.461
	Participant's family economic status	.123	.035	.347	3.504	.001	.054	.191	.089	11.251
	Participant's employment status	.079	.021	.271	3.698	.070	.037	.122	.162	6.166
a. Dependent Variable: Classification of complicated grief.										
b. Linear Regression through the Origin. C. LB/UB – Lower/Upper bound										

The regression findings indicated that participant age significantly predicted complicated grief (β = .714, t = 6.343, p < .001). Years in marriage also emerged as a significant predictor (β = .461, t = 3.399, p = .001). Widowhood duration demonstrated a statistically significant negative relationship with complicated grief (β = −.365, t = −2.804, p = .005). Educational attainment significantly predicted complicated grief (β = −.660, t = −5.885, p < .001), indicating lower levels of complicated grief among respondents with higher educational attainment. Family economic status was also found to significantly predict complicated grief (β = .347, t = 3.504, p = .001). However, employment status did not attain statistical significance within the regression model at the established threshold (β = .271, t = 3.698, p = .070).

A multinomial logistic regression analysis was subsequently performed to determine the relative contribution of the sociodemographic variables to complicated grief classification across categories.

Table 10 Multinomial Logistic Regression Testing the Predictors of Complicated Grief

		Estimate	Standard Error	Wald	D.F	Significance	95% C.I	
							LB	UB
Threshold	ICG	-19.340	7194.277	.000	1	.998	-14119.865	14081.184
Location	30-40 years	-16.771	10044.446	.000	1	.998	-19703.524	19669.981
	41-50 years	-16.191	10044.446	.000	1	.999	-19702.943	19670.562
	51-60 years	-2.447	9839.969	.000	1	1.000	-19288.433	19283.539
	61-70 years	21.667	9897.163	.000	1	**.021**	-19376.416	19419.750
	71-80 years	0[a]	.	.	0	.	.	.
	< 5 years	2.039	12103.240	.000	1	.998	-23719.875	23723.953

	6-10 years	.685	12103.240	.000	1	1.000	-23721.228	23722.599
	11-20 years	4.691	12103.240	.000	1	1.000	-23717.223	23726.604
	21-30 years	29.594	11992.312	.000	1	**.000**	-23474.906	23534.094
	31-50 years	0[a]	.	.	0	.	.	.
	<10 years	2.039	1964.042	.000	1	**.000**	-3847.413	3851.491
	> 11 years	0[a]	.	.	0	.	.	.
	KCE/KCSE	-51.630	9976.803	.000	1	.996	-19605.804	19502.544
	Certificate	-4.192	1.394	9.038	1	**.003**	-6.925	-1.459
	Diploma	-2.413	1.357	3.164	1	**.000**	-5.072	.246
	Bachelor's degree	-6.303	1.572	16.088	1	.075	-9.384	-3.223
	Postgraduate diploma	-4.087	.000	.	1	.	-4.087	-4.087
	Master's degree	0[a]	.	.	0	.	.	.
	Poor	-2.643	1.757	2.264	1	**.009**	-6.087	.800
	Moderate	-.600	1.594	.142	1	.707	-3.724	2.524
	Affluent	0[a]	.	.	0	.	.	.
	Self-employed/business	-27.179	1536.842	.000	1	.986	-3039.335	2984.976
	Employed	-3.923	1570.408	.000	1	.998	-3081.866	3074.020
	No job yet	-2.413	1570.408	.000	1	.994	-3080.357	3075.531
	Retired	0[a]	.	.	0	.	.	.

The multinomial logistic regression model further confirmed the significance of several sociodemographic predictors. Participants aged between 61 and 70 years demonstrated a statistically significant association with complicated grief ($p = .021$). Educational attainment also emerged as an important predictor, particularly among respondents with certificate-level education ($p = .003$) and diploma-level education ($p < .001$). Family economic status demonstrated predictive significance, especially among respondents categorized within the poor economic status group ($p = .009$). Widowhood duration below 10 years was also significantly associated with complicated grief ($p < .001$). In contrast, employment categories did not demonstrate statistically significant predictive effects within the multinomial regression model. Overall, the findings demonstrated that participant age, years in marriage, widowhood duration, educational attainment, and family economic status were significant predictors of complicated grief among widowed women in the selected churches.

Psycho-Spiritual Protective Factors

In addition to sociodemographic variables, the study examined psycho-spiritual and social support factors associated with complicated grief outcomes. These variables included church involvement, personal spiritual fellowship, social support systems, support from in-laws, interpersonal relationships, and work-related functioning following spousal loss.

Table 6: Psycho-Spiritual and Social Support Factors Associated with Complicated Grief

Variable	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I for EXP(B) Lower	Upper
I am active in my church (1)	-30.685	10142.384	.000	1	.998	.000	.000	.
I have a personal relationship and fellowship with my Lord Jesus Christ (1)	-17.984	6386.669	.000	1	.998	.000	.000	.

I enjoy strong support from friends, family members and Church members (1)	12.571	4688.679	.000	1	.998	288190.939	.000	.
I have enough friends to lean on whenever I feel low in moods (1)	26.233	5429.108	.000	1	.996	2.470E+11	.000	.
I enjoy supports from my in-laws since my spouse died (1)	-2.465	2.936	.705	1	.401	.085	.000	26.825
Death of my spouse did not affect my interaction/relationships with others (1)	-14.637	3317.482	.000	1	.996	.000	.000	.
Death of my spouse did not affect my work performance (1)	-45.810	7173.488	.000	1	.995	.000	.000	.
Constant	67.640	9751.695	.000	1	.994	2.376E+29		

The findings revealed that most psycho-spiritual and social support variables did not demonstrate statistically significant relationships with complicated grief outcomes. Variables relating to active church participation, personal fellowship with Jesus Christ, support from friends and church members, availability of friends for emotional support, and workplace functioning following bereavement did not attain statistical significance ($p > .05$). Similarly, support received from in-laws following the death of a spouse did not significantly predict complicated grief outcomes ($p = .401$). Although several psycho-spiritual variables demonstrated directional associations with grief outcomes, none emerged as statistically significant predictors within the regression model. Overall, the findings suggest that the psycho-spiritual and social support variables examined in the study did not independently predict complicated grief among the respondents.

DISCUSSION

The present study examined the prevalence and predictors of complicated grief among widows drawn from selected churches in Nairobi County, Kenya. The findings revealed that a substantial proportion of the respondents experienced clinically significant symptoms of complicated grief, indicating that grief-related psychological distress remains a major concern among widowed populations. The study further established that participant age, years in marriage, widowhood duration, educational attainment, and family economic status were significantly associated with complicated grief outcomes. Regression analyses confirmed that age, educational level, widowhood duration, and economic status significantly predicted complicated grief severity. These findings support the proposition that grief experiences are multidimensional and shaped not only by emotional attachment to the deceased but also by broader social and economic realities surrounding bereavement (Worden, 2018; Shear, 2015).

The findings suggest that socioeconomic vulnerability may play a critical role in the persistence of complicated grief symptoms among widows. Respondents with lower educational attainment and poorer economic status demonstrated greater vulnerability to prolonged grief reactions. This may be explained by the reduced access to coping resources, economic stability, and psychosocial support systems often associated with lower socioeconomic status. According to Stroebe et al. (2007), financial hardship following bereavement can intensify psychological distress by increasing uncertainty, dependency, and role strain. Similarly, Bonanno and Kaltman (2001) argue that individuals facing multiple post-loss stressors are more likely to experience difficulties adapting to bereavement. In the present study, widows with limited economic resources may have experienced cumulative emotional and practical burdens, thereby increasing susceptibility to complicated grief symptoms.

The association between older age and elevated complicated grief symptoms observed in this study is consistent with prior bereavement research. Older widows may experience greater social isolation, declining physical

health, and reduced social engagement following the death of a spouse, all of which may complicate grief adjustment. Prigerson et al. (2009) noted that prolonged grief symptoms are often intensified among individuals with disrupted attachment bonds and reduced adaptive coping resources. Similarly, Makunda et al. (2024), in their African bereavement research, reported that widowed individuals facing prolonged social and emotional disruption were more likely to experience persistent grief distress. The findings also align with Nielsen et al. (2017), who found that pre-existing emotional vulnerability and psychosocial stress significantly increased the likelihood of prolonged grief reactions among bereaved populations. These findings therefore reinforce the importance of considering age-related and relational vulnerabilities in grief intervention planning.

Educational attainment emerged as another important predictor of complicated grief within the present study. Respondents with lower levels of education demonstrated higher levels of complicated grief compared to those with higher educational attainment. This finding is supported by previous studies suggesting that education enhances problem-solving abilities, psychological resilience, and access to health-related information and support services (Yi et al., 2018). Individuals with higher educational levels may therefore possess greater capacity to navigate bereavement-related stressors and seek appropriate coping resources. In addition, longer widowhood duration was significantly associated with complicated grief, suggesting that grief symptoms may persist over time when emotional adjustment remains unresolved. This finding supports earlier observations by Shear (2015), who argued that unresolved attachment distress and persistent yearning can continue for extended periods in the absence of adequate therapeutic or social support.

Interestingly, the psycho-spiritual and social support variables included in the study did not demonstrate statistically significant predictive effects within the multivariate models. Variables related to church participation, personal spiritual fellowship, and perceived social support did not independently predict complicated grief outcomes after controlling for sociodemographic factors. While this finding may initially appear inconsistent with studies emphasizing the protective role of spirituality in bereavement adjustment, it is possible that spiritual engagement alone may not sufficiently buffer the effects of severe socioeconomic and emotional stressors. Park (2005) argues that spirituality may provide meaning-making and emotional comfort during bereavement but may not necessarily eliminate symptoms of prolonged grief when other psychosocial burdens remain unresolved. Similarly, Tomarken et al. (2018) observed that although social support contributes to emotional resilience, its protective influence may vary depending on the severity of grief and the broader contextual realities experienced by bereaved individuals.

The findings of this study have important implications for counselling practice, church-based interventions, and mental health policy. Counsellors working with widows may need to adopt multidimensional approaches that address not only emotional grief symptoms but also socioeconomic challenges affecting adjustment after bereavement. Churches and faith-based organizations may benefit from strengthening structured widow support programs that combine grief counselling, peer-support groups, economic empowerment initiatives, and referral systems for specialized mental health care. These findings also highlight the importance of integrating culturally responsive grief interventions within community and religious settings where widows often seek emotional support. At policy level, the results support calls for increased investment in accessible bereavement and psychosocial support services targeting vulnerable widowed populations in low-resource settings (WHO, 2022). Such interventions may contribute significantly toward improving psychological well-being and reducing the long-term burden associated with complicated grief.

Despite its contributions, the study had several limitations. First, the predictor analysis relied primarily on cross-sectional baseline data, limiting the ability to establish causal relationships between the identified variables and complicated grief outcomes. Second, the use of self-report instruments may have introduced response bias, recall bias, or socially desirable responses among participants. Third, some regression estimates demonstrated instability and wide confidence intervals, suggesting possible multicollinearity among predictor variables and uneven subgroup sizes. Furthermore, the study focused exclusively on widows drawn from selected Christian churches in Nairobi County, thereby limiting generalizability to widows from other cultural, geographical, or religious settings. Nevertheless, the study contributes important empirical evidence regarding the psychosocial

and sociodemographic predictors of complicated grief among widows within faith-based African contexts and provides a foundation for future bereavement research and intervention development.

CONCLUSION AND RECOMMENDATIONS

The study established that complicated grief remains a significant mental health concern among widows in selected churches in Nairobi County. Sociodemographic factors—particularly age, educational attainment, widowhood duration, and family economic status—significantly predicted complicated grief outcomes, while psycho-spiritual variables did not demonstrate statistically significant predictive effects in the multivariate models. These findings directly address the study objective by demonstrating that complicated grief among widows is more strongly shaped by socioeconomic and demographic conditions than by church participation or perceived spiritual support.

The study contributes to the growing body of African bereavement literature by providing empirical evidence that grief outcomes are influenced by broader contextual and structural factors beyond emotional attachment to the deceased. It underscores the need for a more holistic understanding of widowhood experiences, particularly within faith-based environments where spiritual support is often assumed to be sufficient.

In light of these findings, it is recommended that counsellors adopt integrated bereavement interventions that address both psychological distress and socioeconomic vulnerabilities. Churches should strengthen widow support programmes by incorporating structured grief counselling, peer-support systems, and referral pathways to professional mental health services, alongside existing spiritual care. Policymakers and community stakeholders should also consider developing accessible community-based bereavement and psychosocial support programmes, particularly targeting widows experiencing economic hardship. Finally, future research should adopt longitudinal designs to better capture changes in complicated grief over time and further examine the interaction between socioeconomic conditions and psychosocial support systems in bereavement adjustment.

REFERENCES

1. All Saints Cathedral Diocese. (2013). All Saints' Cathedral Diocese. Retrieved from All Saints' Cathedral Church: http://allsaintscathedraldiocese.org/index.php/all-saints-cathedral-church.html
2. Baloyi, M. E. (2014). Distance no impediment for funerals: Death as a uniting ritual for Africa people-A pastoral study. Verbum et Ecclesia, 35(1), 1248-1255. doi:10.4102/ve.v35i1.1248
3. Beck, A. T., Steer, R. A., & Garbin, G. M. (1988). Psychometric properties of the beck depression inventory: Twenty five years of evaluation. Clincal Psychology Review, 8, 77-100.
4. Ben-Ezra, M., Hyland, P., Karatzias, T., Maercker, A., HamamaRaz, Y., Lavenda, O., Shevlin, M. (2017). Prevalence of ICD-II disorders specifically associated with stress in Africa: A cross-country comparison of Kenya, Nigeria and Ghana. Journal of African Studies, 20(6), 432-451.
5. Bernard, H. R. (2002). Research methods in anthropology: Qualitative and quantitative methods (3rd ed.). California: Alta Mira Press.
6. Bonanno, G. A., & Kaltman, S. (2001). The varieties of grief experience. Clinical Psychology Review, 21, 705-734.
7. Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD, and depression. OMEGA-Journal of Death and Dying, 61(1), 42-64.
8. Buur, C., Zachariae, R., Komischke-Konnerup, K. B., Marello, M. M., Schierff, L. H., & O'Connor, M. (2024). Risk factors for prolonged grief symptoms: A systematic review and meta-analysis. Clinical Psychology Review, 107(1), 1-11. doi:https://doi.org/10.1016/j.cpr.2023.102375
9. Christ is the Answer Ministries [CITAM]. (2020, February 19). About us. Retrieved from Christ is the Answer Ministries [CITAM]: https://valleyroad.citam.org/our-history/
10. Creswell, J. W., & Creswell, J. D. (2017). Research design: Qualitative, quantitative, and mixed methods approaches. Thousand Oaks: Sage Publications.

11. Crunk, A. E., Burke, A. L., & Robinson, E. H. (2017). Complicated grief: an evolving theoretical landscape. Journal of Counseling & Development, 95(1), 226-233.
12. Doka, K. J. (2017). Grief is a journey: Finding your path through loss. Simon and Schuster.
13. Eyetsemitan, F. E. (2021). Death, dying, and bereavement around the world: Theories, varied views and customs. Charles C Thomas Publisher.
14. Kathomi, K., Murage, J. K., & Thuku, P. (2022). Coping with bereavement: Strategies of addressing spiritual, emotional and material challenges among widows in ACK Embu Diocese, Kenya. Journal of Arts and Humanities, 11(05). https://doi.org/10.18533/jah.v11i05.2276
15. Kenya National Bureau of Statistics [KNBS]. (2016, January 26). Country statistical abstracts. Retrieved from ICT survey reports 2016. Nairobi: KNBS: https://www.knbs.or.ke/
16. Kenya National Bureau of Statistics [KNBS]. (2019, March 24). 2019 Kenya population and housing census volume IV: Distribution of population by socio-economic characteristics. Retrieved from Kenya National Bureau of Statistics [KNBS]: file:///C:/Users/PsycheBalmConsult/Downloads/VOLUME%20IV%20KPHC%202019.pdf
17. Kersting, A., Brahler, E., Glaesimer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. Journal of Affective Disorders, 131(1-3), 339-343.
18. Kokou-Kpopou, K., Menick, D. M., Moukouta, C. S., Baugnet, L., & Kpelly, D. E. (2017). A cross-cultural approach to complicated grief reactions among Togo-Western African immigrants in Europe. Journal of Cross-Cultural Psychology, 48(8), 1247-1262.
19. Makunda, J., Waititu, H., & Nyakundi, C. (2024). Unveiling longitudinal patterns in international mental health assessments: A systematic evaluation of clustering techniques. International Journal of Research and Innovation in Social Science, 8(9), 530–547. https://doi.org/10.47772/IJRISS.2024.809048
20. Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer-Stephens, M. (2004). Complicated grief in survivors of suicide. Crisis, 25(1), 12-19.
21. Nairobi City County. (2017). Nairobi City County Integrated Urban Development Plan (2017-2022). Nairobi City County.
22. Pargament, K., Keonig, H., & Perez, L. (2016). The many methods of religious coping. Journal of Clinical Psychology, 56(4), 519-543.
23. Park, E. M., Deal, A. M., Yopp, J. M., Chien, S. A., McCabe, S., Hirsch, A., . . . Rosenstein, D. L. (2005). Parenting through grief: A cross-sectional study of recently bereaved adults with minor children. Palliative Medicine, 35(10), 1923-1932. doi:https://doi.org/10.1177/02692163211040982
24. Prigerson, H. G., Frank, E., Kasl, S., Reynolds, C., Anderson, B., Zubenko, G. S., . . . Kupfer, D. J. (1995). Complicated grief and bereavement related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. American Journal of Psychiatry, 152, 22-30.
25. Prigerson, H. G., Kakarala, S., Gang, J., & Maciejewski, P. K. (2021). History and status of pronlonged grief disorder as a psychiatric diagnosis. Annual Review of Clinical Psychology, 17(3), 12-32.
26. Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language "Testing and Assessment" research: A literature review. Journal of Educational and Learning, 6(1), 102-108. Retrieved from http://dx.doi.org/10.5539/jel.v6n1p102
27. Shear, M. K. (2015). Complicated grief. The New England Journal of Medicine, 272(7), 153-160.
28. Stroebe, M. S., & Schut, H. (2007). Models of coping with bereavement: A review. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut, Hamdbook of bereavement reserach: Consequences, coping and care (pp. 375-403). Washington, DC: American Psychological Association Press.
29. Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged grief disorder: Course, diagnosis, assessment, and treatment. Focus: The Journal of Lifelong Learning in Psychiatry, 19(2), 161-172. doi:https://doi.org/10.1176/appi.focus.20200052
30. Tomarken, A., Holland, J., Schachter, S., Vanderwerker, L., Zucherman, E., Nelson, C., . . . Prigerson, H. (2018). Factors of complicated grief pre-death in caregivers of cancer patients. Journal of the Psychological, Social, and Behavioural Dimensions of Cancer, 17(2), 105-111.
31. Worden, J. W. (2018). Grief counselling and grief therapy: A handbook for the mental health practitioner. London: Springer Publishing Company.
32. Wortmann, J. H., & Park, C. L. (2012). Religion and spirituality in adjustment following bereavement: An integrative review. Death Studies, 32(5), 703-736.

33. Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Beck Depression Inventory-II manual. https://doi.org/10.1037/t00742-000
34. Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., … Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria. PLoS Medicine, 6(8), e1000121. https://doi.org/10.1371/journal.pmed.1000121
35. Prigerson, H. G., Kakarala, S. S., Gang, J., & Maciejewski, P. K. (2021). History and status of prolonged grief disorder as a psychiatric diagnosis. Annual Review of Clinical Psychology, 17, 147–178. https://doi.org/10.1146/annurev-clinpsy-081219-093600
36. World Health Organization. (2022). Mental health and psychosocial support in emergencies. https://www.who.int/