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The study explored the psychosocial challenges and adjustment of widows of HIV and AIDS partners in Mugunda Location, Nyeri County, Kenya. Four research questions guided the study: What are the psychosocial challenges faced by widows bereaved by AIDS partners in Mugunda Location, Nyeri County? In what ways do widows in Mugunda location, Nyeri County adjust to widowhood? Which alternative support systems could be used to assist widows in their experiences? The study employed a qualitative research paradigm and a case study research design. Worden’s grief task model theory informed the study. Targeted populations were the widows bereaved of AIDS partners in Mugunda Location, Nyeri County and professional staffs of MUFOA. Purposive sampling was used to select the 15 respondents that comprised of 9 widows who lost partners due to AIDS and 6 professionals. Interview guides instruments for both widows and professionals were used for data collection. Qualitatively data was analyzed using the thematic framework. The major study findings were that: the death of the spouse due to HIV virus is a painful and a difficult reality for the bereaved, since many widows were faced with numerous psychosocial challenges as they struggled to survive with HIV and AIDS diagnosis; many lived in poverty due to lack of resources, skills and education and with no access to the justice. Others had few support systems that assisted them in their efforts to cope with grief and loss. Also the bereaved experienced similar grief emotions, but the grieving process was unique to each individual. However, the lives of many widows were gradually improving depending on different factors. The study recommended that, widows bereaved of AIDS partners should be reinforced in their sense of self-worth, resilience, spiritual growth and ability to handle adolescent behavior problems of their children. Family members, friends and professionals should provide support systems to widows to help in coping with loss. The community should be educated on HIV and AIDS and the plight of widows as a way of helping them change the negative attitude towards people living with AIDS. Governments, NGOs, churches should empower widows by enacting laws and policies that would assist them in accessing services and resources as preparation for widowhood challenges.

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Title: PSYCHOSOCIAL CHALLENGES AND ADJUSTMENT OF WIDOWS OF HIV AND AIDS PARTNERS: A CASE STUDY OF MUGUNDA LOCATION, NYERI COUNTY, KENYA

Authors: Mwangi, Rose Njoki (Sr)

Keywords: PSYCHOSOCIAL CHALLENGES
PSYCHOSOCIAL ADJUSTMENT
WIDOWS
HIV AND AIDS PARTNERS
MED THESIS - THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

Issue Date: 10-Mar-2015

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being male: “Fathers can’t take care of the sick; they only. HIV so they can protect themselves and their partners from sexually transmitted infections, HIV transmission (in the case of discordant couples), re-infection (where both partners are living with HIV), and treatment-resistant HIV transmission (where one or both partners are on anti-retroviral therapy).

partner counselling and appropriate use of HIV case-reporting. These guidelines replace the 2001 National Guidelines for VCT and the 2004 Guidelines for HIV Testing in Clinical Settings. Some examples of HTC sites in health facilities are: Integrated HIV testing and counselling centre Integrated HTC sites are co-located on the grounds of a health facility such as a hospital or a health clinic. The sole function of an integrated HTC centre is the provision of HTC services; other health services are generally not offered, though some related services such as family planning (FP) may be offered. The integrated HTC site may be a separate facility on the grounds of a functioning health facility, or it may be attached to the health facility such as a group.