Influence of Self-Care Awareness on the Physical Well-Being of African Religious Women in Karen, Nairobi, Kenya: A Psycho - Educational Intervention

Influence of Self-Care Awareness on the Physical Well-Being of African Religious Women in Karen, Nairobi, Kenya: A Psycho - Educational Intervention

Anthonia Odilile Uche

Counselling and Development Centre, Veritas University, Bwari, Abuja, Nigeria.

tuulee247@gmail.com

Abstract

Purpose: This study explored how self-care awareness practice influences the physical well-being of African religious Women of the Catholic Church in Karen, Nairobi-Kenya.

Methodology: Qualitative paradigm and phenomenological design were used. Target was all African religious women living in Karen. Maximum variation sampling technique was used to select four religious women's congregations that participated in the study. Criterion sampling technique was used to select 10 participants for the study, comprising of 4 religious women, 2 religious brothers, 2 priests and 2 lay persons.

Methodology: Findings revealed that, religious women in Karen-Nairobi were prevented from adequate self-caring due to overwork, negligence, wrong concept of religious life, poor remuneration, poverty, influence of entrenched gender role, inability to integrate prayer life, the apostolate and community life as well as a misunderstanding of the meaning of self-care.

Unique Contribution to Theory, Policy and Practice: This study concluded that the lack of self-care awareness among African Catholic Religious Women in Karen affected their physical well-being. Suggested remedial interventions included awareness creation, greater access to education, designing and use of a self-care curriculum, regular supervision of self-care practice by superiors, the replacement of life-diminishing structures in the religious life and the Church, revision of life and establishing economic sustainability.

Keywords: *Self-Care Awareness, Physical Well-Being, Religious Women, The Catholic Church, Gender Role.*

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1.1 STUDY BACKGROUND

Religious life is a vocation or a state of life in the Catholic Church, Men and women called by God embrace it for the purpose of a radical following and closer imitation of Jesus Christ (Vita Consecrata 84, 1996). This is done through consecration to God through life lived in community and the profession of the evangelical counsels of poverty, chastity and obedience. This form of life has been a part of the Catholic Church from its very beginning (Perfectae Caritatis 1, 1965; Evangelica Testificatio 3, 1971). The two main branches of Religious Institutes are the Active Orders who carry out various services in the world and the Contemplative Institutes who live in enclosed monasteries and are devoted to only prayer and contemplation.

In the course of fulfilling their assigned ministries, religious routinely engage with individuals, groups, families and must balance this with their primary obligations of prayer and the fulfilment of other responsibilities within their religious communities. They literally live entangled in a web of demands on their time, talents and resources. While striving to be conscientiously committed to their assigned duties, there is also the fast pace of living in the modern world to successfully navigate and transcend in order to remain relevant. Necessities and pressures unknown to our forebears are the rule of the day. A case in point is the modern communication and information explosion. There is also the ICT-driven nature of modern living with the necessity of accessing the internet and using the various social media and technological gadgets. These result in information overload, a tenfold increase in the pace and speed of doing business and increased stress levels (New World Encyclopedia, 2014). There is thus the pressure on the modern woman religious to keep physically fit, spiritually awake, culturally rooted, emotionally responsive, psychologically balanced, socially connected, economically viable, environmentally protective, professionally competent and technologically-savvy. In the mad rush to keep up with this frenzied pace of living, it is easy to forget or lose oneself and one's well-being if the provision and practice of preventive self-care is not made a prime priority. Sadly, and worse still, quite a few women religious have suddenly dropped dead without any previous reported malady, but simply from stress.

Self-care is one of the buzzwords of our time. In the contemporary understanding of the term, it signifies an involvement in certain activities by persons for the promotion of health, well-being, and stress relief (Brucato and Neimeyer, 2009; Jordan, 2010). Literally, it means caring for oneself and comprises the different activities a person carries out to stay healthy and feel good. Pincus (2006) defined self-care as something *"one does to improve the sense of subjective well-being; how one obtains positive rather than negative life outcomes"*.

The definition of self-care has evolved over time with the current understanding of it being expanded to include physical, psychological, and emotional health (Dorociak, 2015). However, no consensus definition of self-care exists at present. Definitions of self-care vary based on the population of interest or the context in which it is being defined. Thus definitions differ depending on who engages in self-care behaviour, what motivates the self-care behaviour and the extent to which healthcare professionals are involved. The perspectives of self-care are

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also thought to differ between healthcare professionals and the general public, and between healthcare professionals in different disciplines and different roles (Godfrey et al., 2011).

Although there is a distinct difference between the religious life which is both a vocation and a state of life, and the helping professions which are careers, they are more or less subject to the same types of demands from the people both groups work with. They are also equally affected by the effects of inadequate or non-existent self-care on their well-being. An example of this was the finding in a research in the United States of America by Shapiro, Brown and Biegel (2007) that the helping professions practitioners were at risk for occupationally-related psychological problems. They concluded that as a result, self-care may be a useful complement to the professional training of future therapists. They further identified self-awareness as being at the basis of self-care. Van Beugen et al. (2015) were more specific in the object of their research finding which focused on the use of the body attention, ignorance and awareness scale for patients with chronic skin condition management needs in the Netherlands.

On the African scene, Dikeukwu and Omole (2013) conducted a study on 120 patients with diabetes in Johannesburg, South Africa. The participants demonstrated a poor level of awareness; this affected their foot self-care practices which were generally poor and made evident a critical gap in diabetic care in South Africa. This study, is an attempt to explore the awareness level of African women religious on the need to initiate a significant amount of preventive physical self-care practices for their overall well-being and ministerial output. The more they are able to care for themselves, the better they will serve others. This is in keeping with the centuries old Latin dictum attributed to the learned Ulpian (170-223), *"Nemo dat quod non habet"* (The Digest of Justinian, Digest 50.54), meaning that "no one can give what she does not have". It is only by being active practitioners of self-care that they can genuinely and convincingly recommend it to others. Far from being a narcissistic or self-serving venture, self-care, which is the necessary process of caring for oneself, is a form of self-service (Richards, 2013). In practice, caring for oneself is a way of expressing in action a living gratitude for the priceless gift of the self by protecting and nurturing it. A holistic and integrated programme of self-care will provide for the restoration of the whole person at all levels of being after it has been depleted or poured out in the service of others. It will also serve to reduce or completely prevent potential health-related disasters, while serving to delete any existing record of service-related multi-dimensional hazards among women religious.

1.2 The Case for the Need for Self-care Awareness

Religious are called to a radical following of Christ and to holiness of life as proposed in the Gospels and as expressed in the constitutions of their respective Congregations (cf. Canon 662). In complying with the demands of their vocation (prayer, self-sacrifice and service), more often than not, as observed from the lived experience of the researcher, this state of affairs does sometimes lead to a shift in, if not total loss of focus, for African women religious, in addition to making a big bite into their private time. This is as a result of various factors such as their being overworked and stressed out. This has further consequences like an inability to balance the

demands of the apostolate and modern life with the awareness of their own needs as persons. These further progresses to self-neglect, burnout, depression, premature aging, terminal illness, disillusionment or even sudden death brought about by exhaustion. These developments are consistent with findings from various studies done among workers on the effects of occupational or work-related stress. For example, the American Institute of Stress (n.d.) reports that stress is a major factor in up to 80 % of all work-related injuries and 40 % of workplace turnovers. It also results in increased rates of absenteeism, back pain, heart attack, hypertension and other disorders among workers. In addition, in a study carried out among nurses in Greece by Sarafis et al (2016), it was revealed that work-related stress could be damaging to a person's physical and mental health, while its high levels have been connected to high staff truancy and low levels of productivity. The findings further uncovered other consequent negative physical health problems including migraines, muscle, back and joint pain, long term physical illnesses, hypertension, irritable bowel syndrome, duodenal ulcer, immune and endocrine system illnesses. The mental health problems work stress generated include anxiety, dysthymia, low self-esteem, conflicts with supervisors, co-workers and patients, depression and feelings of inadequacy as well as a major risk factor for mild psychiatric morbidity (p. 7).

The above findings may be used as an explanation of the plight many African women religious find themselves in. A literature search revealed that their experiences which are quite identical to the ones just recounted, are generally not documented in similar studies. Therefore, records of follow-up actions hardly exist. This study therefore sets out to find out how African women religious may begin to reorganise and readjust their lifestyle to enable them evolve a more balanced and satisfactory pattern of living which will enrich their quality of life, enhance the quality of their relationships and boost the quality of the services they render. In order to be more aware, and therefore, better equipped to relate more meaningfully and fruitfully with the self and the other, women religious will need to be firmly established and balanced in their personal, cultural and institutional identity, holistic health and general orientation to life. From this stance, the skill of self-care (preventive and therapeutic), will come in handy to position them better to engage the ailing and activity-filled world without being overwhelmed by the magnitude and the sheer force of the encounter.

In ordinary speech, awareness means the ability to feel something, to know or to perceive happenings or events in or around oneself, especially in a tacit or wordless and unspoken manner. According to Morin (2011), self-awareness represents the capacity of becoming the object of one's own attention. In this state one actively identifies, processes, and stores information about the self. It is also defined as a "self-perceptive state emerging from self-observation" (Cassidy, 2011, p. 992). It includes understanding one's own strengths, limitations, preferences, and interests. Self-awareness is part of Social-Emotional Learning (SEL), which provides an important foundation for better adjustment and academic performance for students (Durlak et al., 2011). Brown et al as cited in Davis and Hayes (2011), in a study on the benefits of mindfulness, stated that the term "mindfulness" refers to a psychological state of awareness, a

practice that promotes this awareness, a mode of processing information, and a characterological trait. Germer et al. (2005, p. 6) explained mindfulness as "moment-by-moment awareness" of one's experience without judgment. It may be pertinent to signal at this point that in order to be aware, one must first be in possession of, and at home with oneself. A healthy self-concept will help facilitate the practice of self-awareness.

There are studies at the global level on the need for self-care among mental health care practitioners, in which awareness was singled out as a significant factor in the integration of self-care into the lives of the health care practitioners. In one of such studies, *Three Tiered Model Toward Improved Self-Awareness* and *Self-Care* done in the United States of America by Dowden, Warren and Kambui (2014), the authors reported that the 2005 American Counselling Association (ACA) *Code of Ethics* encouraged counsellors to practice self-care and strive toward self-awareness because when they engaged in practices that fostered wellness and awareness, they were better positioned to provide effective services to clients. They also reported that the ACA in 2010 offered support to counsellors through their website by providing resources aimed at increasing self-awareness and wellness. They went on to offer professional counsellors a three-tiered model for cultivating self-awareness and self-care. This comprised a three step self-monitoring process while engaged in work, designed to assist them to become more self-aware, while also teaching them a process to ensure self-care. The three steps were self-checks, self-talk and self-journaling about one's emotions in the course of a counselling session, while alone or meditating and while journaling. Having identified the stressful emotions or events, one determined how best to reduce or remove them. The setbacks and the lessons learned were also noted and new ways of thinking or new strategies for coping were imbibed. Citing Crews et al (2005) and McMurran et al. (2001), they argued that

through this process, preservice counsellors become keenly aware of who they are and/or who they aspire to be, while also determining what it takes to maintain their perceived self. While self-monitoring enhances self-awareness and self-care, it also heightens interpersonal skills such as empathy, which proves effective when providing counselling services (p. 2).

The above steps or similar ones are usually incorporated within the daily practice of meditation which is a part of the spiritual staple for religious, as stipulated by the Constitutions of the various Religious Congregations such as that of the Congregation of the Handmaids of the Holy Child Jesus, (Article 15, p. 5). Usually though, they are other-directed (to God and neighbour), and refer to self only for the purpose of seeing how far one is striving to love these more. Therefore, it is not explicitly geared towards greater or better self-care. So it may be necessary to implicitly redirect the woman religious towards this so as to make self-awareness a habitual state for the woman religious in the modern world, and ultimately reap the felicitous outcomes of this.

The above works and results from Dowden, Warren and Kambui were confirmed by Urdang (2010) in her study on *Awareness of Self-A Critical Tool,* done in England. In it she discussed the subject of self-awareness as being applicable to all levels of clinical practice, and

argued for the urgency of its development in students of social work. She argued that self-reflectiveness builds clinical competence, can prevent boundary violations and burnout, and offers protection against client violence. She went on to advocate for its incorporation in the professional development of student social workers. It is this researcher's view that these findings are equally pertinent and applicable to women religious in that the cultivation of an awareness of the need for self-care may also result in better holistic health for the woman religious and enhance her output at the ministerial level. It would appear that its absence is at the basis of her perceived inability to self-care and embrace ministerial tasks enthusiastically as is sometimes observed among them.

In an article on *Physician Self-care* by Kirby and Lück (2014), two doctors who work in hospices in South Africa, observed that burnout and compassion fatigue were common occurrences among physicians. They observed, however, that doctors who were less self-aware, tended to lose perspective and become stressed. Those who were more self-aware, tended to experience greater job satisfaction and empathic and mutually healing relationships with their patients. They were also more likely to be patient centred, and their patients were more satisfied. On the Kenyan scene, Busakhala et al (2016) conducted a study on 1,511 attendees (1,238 women and 273 men) and 467 non attendee women at three health centres in Western Kenya, it was observed that more than 80% of women with breast cancer there presented to medical care with established late-stage disease. All residents living close to the health centres were invited to participate in the screening. The attendees underwent clinical breast examination by trained physician oncologists while the non-attendees were interviewed in their homes the following day. In addition, women who consented were interviewed by using a modified Breast Cancer Awareness Module questionnaire. The findings revealed that the women who volunteered for the screening in the health centres were more aware of breast cancer than those who did not volunteer. The conclusion from the study was that screening recruitment should seek to close these knowledge gaps to increase participation. Almost all those surveyed (attendees and non-attendees) expressed interest in future breast cancer screening opportunities.

From the above instances, it is clear that self-awareness is a prerequisite for the reception of any positive benefits by anyone. However, it is not certain if African women religious are sufficiently equipped with this quality. In his *Meditationes Sacrae* (1597), Sir Francis Bacon is famously credited with the authorship of the saying that *Knowledge is Power*. In the absence of an empowering knowledge on the subject of self-care consciously undertaken, the average African woman religious can develop no appreciable awareness of it. But then the legal principle that *ignorance of the law excuses not* holds good in this case. This obliges women religious to strive to catch up on at least knowledge that has a bearing on their well-being.

1.3 The Anaesthetising Effects of Early Socialisation and Formation Processes

It may be necessary to indicate that the habitual disposition and attitude of the woman religious flow from the understanding that life in general, and the religious life in particular, is one of sustained service and altruistic self-donation to God and humanity. This can be traced to

the socialisation and formation processes they received at the various stages in their lives. Beginning from their biological families, girls are trained to take care of others and not of themselves. This is further consolidated by the training received in the religious life which emphasises love and service of God and of neighbour. So an attitude of serving virtually becomes second nature to the African woman religious. One could almost call it an instinct, which consists of putting others first and oneself last. This could be the root of some of the cases of physical, emotional and mental exhaustion, unmanageable stress levels, burnout, anxiety, depression and sometimes even sudden deaths found among women religious. As indicated above, there are no empirical documentations of these occurrences.

Moreover, the possible deficiency in the level of awareness of the need for self-care among women religious could be directly linked to the anaesthetising interactions among some of the intervening variables already listed in this study. These include the gender role acquired through socio-cultural conditioning received during the process of socialisation early in life, the religious formation process (initial and on-going) and the educational level of the woman religious. Of these variables, the gender role stereotype appears to be foundational to the other factors which negatively affect the woman religious' awareness of the need for self-care. It is a cross cutting and cross-cultural issue which has remained unyielding and almost defiant to change. Writing from New York, USA, Godsil et al. (2016) conceded that:

Gender stereotypes grow out of our historical and cultural understanding of the roles of men and women in society - many, or even most, of which are outmoded but continue to be powerful. Gender shapes our experiences in many ways, and it never operates in isolation - our race, ethnicity, sexual orientation, religion, class, and other identity characteristics affect how we navigate the world. In the media, workplaces, communities, schools, and homes, issues of gender, race, ethnicity, and class can be polarizing. The roles women have traditionally played, as mothers, wives, and caregivers, and the expectation to be nurturing and selfless can present a gendered trap, limiting possibilities for both men and women (pp.11, 13).

Even within the ranks of the practitioners of a perceived prestigious helping profession like medicine, and in these modern times, it would appear that gender stereotyping also found a way to establish its tentacles. Female practitioners found themselves unofficially loaded with an added responsibility. This was the finding in a study in Australia by Brooks as cited in Outram and Kelly (2014), where female doctors, in addition to the normal duties which their profession conferred on them, felt pressured to look after their colleagues and employees just by virtue of being female. This finding confirms that at no point or rank within the society is a woman or woman religious free from the burden of fulfilling the expectations laid upon her by existing gender roles. And this contributes to stifling, or altogether extinguishing whatever traces of awareness she might have about finding time to caring for herself.

The story is not different in Asia or Europe. In their work, *Gender Roles in Different Cultures,* Wiegand et al (2015) reported their findings as follows. In Japan and Russia, both men and women believe that women should stay at home while men go to work to earn the income.

Many Russian women believe it is ideal if they live for their families. In the traditional Chinese family, the man is responsible for providing for and protecting his family. In Europe, though there are no restrictions due to familial or marital status, women are not allowed to lead religious services. Also, part time work is dominated by females while full time work is dominated by males. In most of Africa, females are first under their fathers, then under their husbands and lastly, under their sons. They are basically home-makers and child-bearers. Sons are highly prized. Bloggist Veilleux (2012) went so far as to tag them as beasts of burden. In her words:

> In the countryside, women are beasts of burden. They haul wood, water, crops, children. They cook in smoke-filled huts, enough to make my eyes water. They chop wood, sweep the yard, chase the livestock, grind the grain. Many times with a baby on the back. Then they suffer the amorous intent of their husbands at night. Their breasts are mutilated from breastfeeding 8 or more children. Genital mutilation or female circumcision is still quite common. It makes the woman more manageable, I am told.

The above account, with some minimal modifications, also remains the story of the educated African woman. Quite recently, a Nigerian female school mate of this researcher shared with her how her mother had taken pains to instil in her during her years as a growing child the notion that *a woman does not rest,* as a way of ensuring that she curbed any tendency towards seeking some personal time for herself. All these experiences serve to dull both the level of knowledge and the awareness of the need for self-care among African women religious and the resultant unwholesome consequences they could provoke.

In a study on *Gender relations in the utilisation of micro finance resources among women in Kiharu Constituency, Murang'a County, Kenya,* Kamau et al (2014) explored the influence of gender relations on the utilisation of microfinance loans. Data was obtained from two locations of Kiharu Constituency, Murarandia and Mugoiri. The study targeted 140 respondents comprising men (spouses) of women beneficiaries and women who were randomly selected from the microfinance institution records. Data was collected by the use of interview guides, self-administered questionnaires, and Focused Group Discussions. In addition, in-depth interviews were conducted particularly to key informants - microfinance officers. In addition, secondary sources were used. Findings revealed that gender-based violence influenced and controlled the utilisation of microfinance resources accessed by women. The women respondents revealed that they were required to get express permission from male spouses to utilise the resources and that their spouses violated them for any failure to do so. The women discussants in the focussed group discussions affirmed that they too had experienced gender-based violence from spouses for the same reason. This revealed that gender relations in households favoured male spouses in the utilisation of economic resources. On the contrary, the chiefs responded that there was a paradigm shift in gender-based violence in the study area, and that women were also

violating their spouses in their efforts to utilise their microfinance resources. Male spouses who were interviewed revealed that women should not have decision-making power in the utilisation of resources. This was represented by 66.7% of spouses who conceded that men should have more power than women in utilisation of resources, as compared to 33.3% who agreed that both genders should have equal power. The study concluded that gender-based violence in the area seemed to be changing its face as women countered the violence they received from their husbands in the area of the utilisation of microfinance resources.

1.4 The Case Against Self-care Practice

Self-care practice among African Women Religious appears to face various challenges and stumbling blocks. In addition to the anaesthetizing effects of the socialization and formation processes identified above, it has been observed that as an organisation, the Church has within its very organism some very real embedded factors that might cause some hiccups. Newell and MacNeil (2010) termed this phenomenon *organizational risk factors for burnout*. They recommended in their study on *Preventive Methods on Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue for Clinicians and Researchers* that:

> Social work educators should teach students the key features, warning signs, and symptoms associated with professional burnout and Secondary Traumatic Stress (STS), as well as self-care strategies and techniques as preventive practice behaviors. One approach to educating new social work students about professional burnout is to integrate content in this area across foundation-level micro and macro social work courses. Helping students to understand these organizational risk factors prior to their beginning field education experiences may serve to decrease their vulnerability to professional burnout (p. 63).

So, like every other human organisation, the Church is not exempt from these *organisational risk factors for burnout*. Without the risk of being adjudged disloyal to the Church, the researcher believes that it will be necessary to bring them to the notice of unsuspecting neophytes-pre-novices, novices and junior professed Religious at appropriate times within their years of formation.

One of the things that could qualify as an organizational risk factors for burnout in the Church could be what Baumeister et al (2003) pointed out in their study on whether self-esteem causes better performance, interpersonal success, happiness, or healthier lifestyles. They noted that the Judeo-Christian tradition had long considered modesty and humility as virtues conducive to spiritual growth. They recalled that in this tradition, high self-esteem was suspect because it opened the door to sentiments of self-importance. As a result, religious devotees cultivated an unattractive appearance (e.g., shorn hair, no makeup, unfashionable clothes, no jewellery), spoke with self-effacement, and submitted to degrading exercises (e.g., begging, prostrations, self-flagellations).

It is possible that vestiges of this mentality have managed to subsist in the religious life to date, and are posing an obstacle to the cultivation of self-care among African women religious. This is because it could be considered contrary to modesty and humility to be self-caring, and thereby attract unwelcome disapproval. This view is corroborated by Agudo (2003) who also supplied a way forward. She proposed the necessity of looking at the Christian spiritual traditions which had been long-held from a psycho-theological perspective, and acknowledging that the process of growth and evolution needed continuity according to the plan of God. She concluded that remaining stagnant would mean deterioration and death.

Furthermore, Alexander (2013) also noted the existence of another obstacle that would need to be surmounted before the practice of self-care can receive a nod of legitimisation:
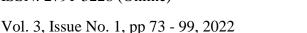
> Even if someone clears the first hurdle of actually implementing better self-care, most organizational systems (including the Church) tend to reinforce and reward individuals who overwork and excessively sacrifice for the job. This means that there can be some hidden costs to making positive self-care changes, at least initially (p. 60).

In the face of these impediments, any woman religious who desires to venture on this path will need to be equipped with a very healthy self-concept, firm principles, strong convictions and enough courage to work through the difficulties that she will encounter in order to practice self-care with any measure of continuity and perseverance.

1.5 RESEARCH DESIGN AND METHODOLOGY

A research design is the procedure of inquiry adopted by a researcher. There are two main types of research design, the quantitative and the qualitative paradigms. This research adopted the qualitative model and applied the phenomenological paradigm because it is an examination of the research participants' lived experience of the phenomenon of self-care and its significance in their lives.

The target population comprised all women's religious congregations in Karen: Superiors as well as finally and temporary professed women religious. According to the information obtained from the secretariat of the Regina Caeli Catholic Parish, Karen, the number of the women's religious congregations registered with the Parish was twenty and the estimated number of women religious in the area over three hundred. The researcher adopted purposive sampling technique for this study. Maximum variation sampling technique was used in selecting the four women's congregations that participated in the study. The justification for this sampling technique was to get diverse perspectives of the phenomenon under study. The researcher also used criterion sampling technique to select the four female religious who participated in the study. The reason for this was to get participants from different African countries who had experienced the phenomenon being studied. The study further used criterion sampling technique to select two priests, two religious brothers and two lay persons who participated in the study.

The reason for using these participants and the sampling technique was that the participants had had direct contact with, and so had experienced women religious in the apostolate. The researcher also wanted to elicit their opinion on the phenomenon under study as well as to enhance the transferability of the study. Data was collected using interview guides through face to face techniques across all the respondent categories. The collected data was analysed using verbatims and presented using narrations.

Table 1: Sampling frame

Target Population		Population size	Sample Size	Sampling Procedure	Percentage
Female Religious Congregations		20	4	Maximum Variation	20%
Male Religious Congregations (clerical)		4	2	Criterion	50%
Male Religious Congregations (non-clerical)		3	1	Criterion	33.3%
Lay Persons		780	2	Criterion	0.26%

Source: Field data, 2017

1.5.1 Demographic Profile of the Participants

The total number of participants in this study was ten with the following distribution: four women religious, two religious brothers, two priests and two lay persons. They included five men and five women and their age range was 42 to 65years. Their nationalities were Burkinabe, Kenyan, Nigerian, Tanzanian, Ugandan and Zambian. Their educational qualifications were as follows: one of the women religious had a diploma, another graduated from college while the remaining two had a Master's degree. The two Religious Brothers had a Master's degree. One of the Priests had a Bachelor's degree and the other one had a Master's degree. One of the lay persons had gone as far as college while the second one had a Ph. D. Among the participants were two formators, two students, one regional superior, one delegate superior, two administrators, one lecturer and one professor.

Table 2: Participants' Demographic Profile

S/N	Participants	Age	Nationality	Educational Background	Status: Year of First Profession, Ordination, or Marriage	Current Apostolate / Position
a)	Woman Religious	56	Zambian	College	1985	Superior
b)	Woman Religious	45	Tanzanian	Diploma	2006	Formator
c)	Woman Religious	44	Kenyan	Master's degree	1996:	Administrator

d)	Woman Religious	42	Burkinabe	Master's degree	1997	Superior
e)	Religious Brother	57	Nigerian	Master's degree	1984	Formator:
f)	Religious Brother	42	Nigerian	Master's degree	2000	Student
g)	Priest	55	Kenyan	Master's degree	1992	Lecturer
h)	Priest	43	Nigerian	Bachelor's degree	1998	Student
i)	Lay Man	64	Ugandan	Ph.D.	1987	Professor
j)	Lay Woman	65	Kenyan	College	1976	Administrator

Source: Field data, 2017

1.6 FINDINGS

The findings are presented below along with the discussion. They are based on the research questions, and in relation to the review of related literature and theoretical framework. There was a hundred percent (100%) response rate as all ten proposed participants willingly took part in the interviews.

The study objective of this research sought to answer the question *"What is the awareness level of the need for self-care among women religious in Karen-Nairobi?"* There was evidence from the interview data indicating that the women religious in Karen-Nairobi, Kenya had an awareness of self-care. This was expressed in the explanatory responses about self-care that they gave, using the discourse of taking care of oneself physically, spiritually and psychologically. They further used the discourse of the examples of the self-care that they practised themselves, the benefits of self-care and the consequences of neglecting it among women religious to describe their experiences. Some examples of the personal self-care practices that they reported they engaged in were taking balanced diet, sleeping on time, walking around leisurely and enjoying the walk as well as just relaxing with God.

Three of the responses on the awareness of self-care given by the participants are presented below. For Participant 2, *"self-care is about taking care of oneself physically, psychologically and spiritually. It comprises good diet, exercise, modest rest, good relationships, intellectual nourishment, prayer life, meditation and spiritual direction"* (March 23, 2017). Participant 3 had the following view of self-care: *"Self-care is something that I enjoy very much, and in doing it, I maintain my health. And my health can mean physical, spiritual, emotional and social health"* (March 23, 2017). Participant 1 briefly explained it as *"taking care of oneself. Self-care also means to be self-sustaining"* (March 23, 2017).

However, Participant 7 expanded the awareness of the meaning of self-care to include the provision of other needs such as the financial needs of the individual woman religious and those

of her loved ones. He also incorporated in it the need to have the foresight to plan for one's future upkeep during the retirement years and to sustain the connections with one's biological family:

> Self-care is personal care. But self-care needs to be looked at broadly, like in terms of provisions, which might require money for you to address. There could be some needs at home, for example, and which you keep on worrying about: maybe your sister is sick, your brother can't afford school fees. Your parents may be aging, but you can't provide them with even basic things like medication. If you don't take care of them, it's not self-care. Because you become sick eventually. Your self-care also requires you to care about your future, about your retirement, about your relations with people at home. But the system you work in has kind of ignored that, which means the system is not really very balanced (Participant 7, April 1, 2017).

The above intervention broadens the scope of self-care beyond what it is generally considered to comprise, that is, one's personal needs, to include the needs and well-being of one's significant others and the implications of their exclusion from the details of the operation of the Church's machinery. This is an obligation laid on the African woman religious by the African cultural extended family system as elaborated by Ekeopara (2012) from Nigeria in his study on the *Impact of the Extended Family System on Socio-Ethical Order in Igboland.* It is a practice which is not taken cognisance of by the structure of the religious life. And this probably is not the usual way women religious conceptualise self-care as the three earlier contributions show.

It would appear, then, that the real problem with self-care is not that women religious are not aware of it, but that the deficiency in its implementation among them stems from the imbalance in the operation of the machinery of the Church of which women's religious congregations are a part. It would appear also that any effort to question or seek to modify the status quo is met with a stern disapproval. This is how Participant 7 again expressed it:

> Of course, you're just meant to work for the system, sustain the system, but your personal sustenance? No one talks about that. And you know we have been brought up to think that this is the right way. But we've never taken the time like St. Peter to ask: "What about us? What do we gain from this system?" Yet we have internalised the fact that this is the way it's supposed to be: this is the Divine way. And anybody who says the contrary is like a heretic. We have a big problem (April 1, 2017).

In the western world from which the religious life as it is lived in Africa was imported, there are, for example, social welfare and various insurance packages which provide for the needy, at least, to some extent. For example, as indicated on the website of the Irish Citizens Social Welfare Information Board, the following are some of the supports that nationals and elderly citizens are eligible to receive: basic supplementary allowance, rent supplement, child

benefit, family income supplement, workplace supports, partial capacity benefit, illness benefit, invalidity pension, electricity allowance, cash electricity allowance, natural gas allowance and free television licence, centenarian's payment, etc. Besides, elderly persons aged 66 and above are eligible to travel free of charge on all State public buses and trains as well as some private ones. And so women religious in such milieux are possibly not overly burdened with providing for the financial needs of their loved ones. This is the opposite of what obtains on the African soil. And it does spawn real obstacles for the woman religious as she strives to be faithful to her vocation.

The participants further used the discourse of environmental pressure and control to explain the issues affecting the practice of self-care among women religious. The findings on these issues are presented using the following themes: the lifestyle of women religious which burdens them with overwork and leaves them with inadequate time for self; this is closely twinned with poverty which makes it impossible for them to access desirable quality and forms of refreshment after spending themselves in the apostolate.

1.6.1 The Need for Awareness-creation, Sensitisation and Access to Education

As indicated in the independent variable of the conceptual framework of this study, the notion of awareness has to do with consciousness, perception and knowledge about a given matter or issue. It refers in this instance to the subject of this study, namely, self-care among African Catholic women religious. As awareness signifies the starting point in any journey towards a desired goal, so it has been pin-pointed as the basis for the implementation of an enduring edifice to self-care among African women religious. In response to the question about suggesting possible ways of remedying the lack of self-care among women religious, Participant 4 insisted that they should be taught awareness. They should be taught from the basics, from the formation houses to be aware, and in this way, they would be more effective on the field. Their minds should also be opened through education, as education enables people to discover reality (April 10, 2017).

In response to the same question, Participant 5 suggested:

> The most important strategy will be education, letting the women religious know that time taken to care for oneself is not selfishness. If it is understood like this, it will help them to put it into practice. So when someone sees one Sister alone somewhere, they will not raise their eyebrows or make suspicion-laden comments. Reactions like this can prevent a Sister from benefitting from such self-care (March 29, 2017).

Participant 7 was of the opinion that education was very important, as also the need to convince people about the importance of self-care, especially by emphasising the consequences of not practising it (April 1 2017). For Participant 8, in the quest for the achievement of the goal of remedying the lack of self-care among African women religious, it was vital to:

> Educate everyone and create equality. Equality must be seen and felt and not just talked about. Equality is different from sameness, we cannot be the same. Equality in the sense that A is as valued as D, and D is as valued as C and C is as valued as T. If you don't create such equality, there's nothing you can do (April 5, 2017)

The above calls for education and equality are very significant. The study itself proposes to provide a psycho-educational intervention on the issue of self-care among women religious. One of the specific ways of achieving the goal of education as indicated in the literature review is through self-management education. Omisakin and Ncama (2011) in the literature review recognised in this tool a means of effective goal setting, decision making, focussing, planning, scheduling, task tracking, self-evaluation, self-intervention and self-development as well as coping with adversity through self-help, self-reliance, and family and community reliance.

1.6.2 The Need for a Self-Care Programme

Self-care is a comprehensive package targeting human holistic well-being at all levels of being: physically, mentally, emotionally, socially, psychologically and spiritually. The study invited the participants' views on what they would include in a programme of self-care for women religious and the responses which follow were received. Participant 3 enthused about including leisure time, holidays, retreat, renewal courses, games and time for work (March 23, 2017). Participant 9 submitted a verbally economical, but weighty counsel advocating formation and information (March 27, 2017) while participant 8's proposal surfaced some forms of recreation which are largely overlooked in the modern digital age. He opted for the inclusion of vacation, as he noted that some sisters never went for vacations. He further advised that women religious should go out and recreate. He meant proper recreation, where people could just sit and chat and everybody was listened to, and that opportunities should be created to ensure this (April 5, 2017). Participant 10, on her part suggested a holistic, bio-psycho-socio-spiritual package:

> Go for retreats, go for seminars, go for recollections. So the spiritual aspect is taken care of. You may not also be able to socialise outside there. But in your community, you should have time for leisure. You can play games, do other activities. You can also change the work station so that you are not bored or burnt out through overstaying in one area. Sometimes you also can have a change of activity, because you might get tired of, maybe, doing something manual. But if you sit down, you can do something mental. And avoid stress because stress will always bring burnout and other complications to your health (April 2, 2017).

The above interventions confirm what the literature review for this study already glimpsed at, namely, the incorporation of preventive self-care practices into the lifestyle of women religious. The earlier two stages of action to pave the way for this would be the prior inclusion of self-care guidelines in all formation programmes and manuals and the organisation of multi-component,

psycho-educational workshops around the variables of this study to create an awareness of the need for this. Details can be obtained from already designed plans such as the one by McDermott (2013) titled, *Creating Your Holistic Self-Care Plan*. It incorporates little practices for each of the levels of one's being-body, mind and spirit. In consonance with the foregoing, Dorociak (2015), in her study on the development of the personal and professional self-care scale, advocated the meaningful conceptualization of self-care activities into the following five areas: life balance, professional development, cognitive strategies, daily balance and professional support. These would, however, need to incorporate the basic and indispensable necessities of adequate exercise, diet, and sleep.

1.6.3 The Lifestyle of Women Religious

Religious do not live in isolation. Their lifestyle which is already designed, established and handed over to them from the day they joined their respective congregations, follows a regular pattern of prayer, meals, work and rest, all done in a community. The observance of this pattern of lifestyle undoubtedly has many advantages, but it also results in some challenges to achieving self-care among them. The women religious participants in this study shared their experiences and views concerning this, as reproduced below. This is how Participant 3 expressed it:

> The kind of lifestyle we women religious have does not give us time for ourselves: we are working, working, working, working. We don't have time for recreation, we don't have time to go for games; working, working, working, working for others, for others, for others, and not for ourselves (Participant 3, March 23, 2017).

The same point is emphasised by Participant 4:

> We have too many responsibilities, and sometimes there is lack of personnel and not enough Sisters in the community to do the works to which we are assigned. We are very few and we have many tasks to carry out. So you find yourself stressed and go on working for a full 24 hours. The following day, you collapse. (Participant 4, April 10, 2017).

The above two extracts make it clear that the overwhelming workload incumbent on the participants prevents them from undertaking appropriate self-care as they would have liked to. The first extract expresses the heaviness of the work schedule by repeating, *work, work, work, work,* while the second extract goes on to state the outcome of the work overload: *The following day, you collapse.* This is in line with the view expressed by Kenel (2000) in the literature review about women religious "wearing too many hats", through holding two or more positions of responsibility at once, a situation brought about by the sharp reduction in the number of women religious available for the filling of the different kinds of ministerial positions. This view was also supported by the observation by Alexander (2013) that good self-care is more easily conceptualised than practised, especially for religious who frequently are on-call, work long hours six to seven days a week and must regularly respond to unexpected crises.

Apart from the issue of wearing too many hats, there is also a presenting issue, in this case, of an inability on the part of women religious to create and maintain healthy boundaries for themselves. Kenel (2000) also insightfully recommended that training that addresses boundary issues ought not to be limited to boundary violations that result in sexual abuse or illicit sexual activity; it should also cover those that contribute or militate against satisfaction in community living. The development of appropriate boundaries, fortunately, is one of the goals of the Structural Family Therapy of the Family Systems Theory to which this study is anchored. Participant 7 expressed his views on this as follows:

> As religious, your time is kind of scheduled, every time is covered. But it's important that you create some time for yourself. Look at some of the community time tables: you have time for prayer, time for apostolate, but the time for personal leisure is not there. So if you know the benefits of self-care and the negative consequences of its absence, then you have to kind of sneak in some moments of personal care. (Participant 7, April 1, 2017).

The above situation bears witness to an inability to achieve a desirable measure of balance in the daily lives of women religious. This is consistent with the study literature review which identified balance as one of the strategies for remedying the challenge of self-care (Wagman, 2012; Allen, 2013). The intervention from Participant 7 serves to confirm the study justification and invites African women religious to begin to reflect on, reorganise and readjust their lifestyle to enable them evolve a more balanced and satisfactory pattern of living which will enhance their quality of life, the quality of their relationships and that of the services they render. In addition, Participant 10, a lay person, added the following observations, in corroboration of the tight work schedule of women religious and its effect on their lives:

> You women religious have a very tight programme. Your programmes are so tight such that you do not have time for yourself, to rest, to reflect and even socialise, even going for an outing, a pilgrimage; it is such that your day is just packed, packed, packed. And also the fact that you have to operate under the direction of your Superiors could contribute (Participant 10, April 2, 2017).

Moreover, Participant 6 who is a Religious Brother ascribed the issue of overwork by women religious and their attendant neglect to virtual exploitation by the Church. He bluntly asserted that:

> The life of women religious is a bit complicated in the sense that some who are in the communities are mostly neglected, and even the Church is also an agent causing this neglect for the women religious. We see women religious as slaves, as servants, so they work and work till they die. Like I mentioned earlier in this interview that *Monkey dey work, baboon dey chop*, we want them to work and bring everything they have, and we sit down and enjoy the fruit of their labour, without even helping them to take care of

themselves. They are stretched in order to meet the obligations of the apostolate (Participant 6, April 2, 2017).

Based on these participants' experiences and views as expressed above therefore, it can be argued that the workload does not only affect the women religious' ability to take of themselves, but also prevents them from achieving and maintaining a healthy balance in their lifestyle. Apart from affecting their present well-being, it even compromises their future well-being because it alienates them from all forms of socialisation and the opportunity to connect to family members and friends; and this is in addition to leading to physical and mental incapacitation through ill health and mental breakdown. Anaby et al. (2009) in their work on the role of occupational characteristics and occupational imbalance in explaining well-being, observed that one of the key factors for promoting well-being lies in balancing one's daily life occupations and the nature of the occupations. Moreover, the issue of any type of lifestyle is a very important one as it has far-reaching consequences on its practitioners. In the literature review for this study, Allen (2013) posited that without balance, one's life would be a jumble of stress and struggle, duty and necessity, striving and confusion and that the only other alternative to finding and enjoying balance is to face burnout.

1.6.4 Poverty

Along with the men religious, women religious voluntarily take a vow of poverty which commits them to sharing their resources and their time and talents within their communities and with other people in need. A vowed member of a religious community does not have personal possessions, but like the early Christians they "place all things in common" (Acts 2: 44). This means that any money earned or gifts received are for the good of the entire community. However, to vow poverty is not synonymous with living a life of destitution. A vow of poverty helps remind women religious that they are completely dependent on God's providence, are interconnected with all peoples and the vow gives rise to solidarity, sharing and service (National Association of Vocation & Formation Directors, 2013, *Religious Vows: Committing to Life and Love)*.

In the course of this study, the women religious participants shared how their experience of financial poverty or want subjected them to the nightmarish experience of being unable to care adequately for themselves. Participant 3 revealed that:

> Poverty is one of the issues that affects our practice of self-care in that you might not have some of the resources that you need for you to, for example, eat well, go to recreation sites to have recreation. You want to go for an outing, for a tour, and because you don't have the money, the resources, you cannot go (Participant 3, March 23, 2017).

Participant 8 corroborated the existence of financial want among women religious. In his own narrative, he described other ways in which women religious are coerced by this lack into sourcing for the funds with which, for example, to finance their medical care or education:

> There is the issue of sustainability. Some of our African female religious lack the finance. So for instance, if somebody is sick, you find that the person cannot be sent to hospital because they are saving costs. There is this language I have found that is at home among female religious: "no money" syndrome. Secondly, when a religious is going for further education, the congregation supports her half way and she looks for the other half of the required fees, if it is a good congregation. Some other congregations will allow the religious to look for the fund in its entirety and even try to see whether the person can get more from her source so that they can get something from it as well before she goes to school (Participant 8, April 5, 2017).

Participant 6 contributed this summary of some of the adverse effects of the experience of financial want on the women religious:

> This is what makes some of them not to concentrate and to deviate from the principles of the religious life. So in essence, some women religious find it difficult to take care of themselves, because 1) they don't have much in the community; 2) their superiors are not taking good care of them; 3) they're stretched in order to meet the obligations of the apostolate, or those who gave them the apostolate (Participant 6, April 2, 2017).

In the secular world, there has been a fairly long history of linkage between women and poverty, to the extent that the term, the 'feminisation of poverty' was coined. This was because it was recognised that poverty wore the face of a woman both literally and figuratively, since the majority of poor people were, and are still, women. The feminisation of poverty is not only a consequence of lack of income, but is also the result of the deprivation of opportunities and gender biases present both in societies and governments. By the time the First World Conference on women was held in 1975, women's poverty attracted global attention and led to the formulation of some recommendations that were geared towards improving the lot of women in various countries. In September 2000, world leaders adopted the United Nations Millennium Declaration. The declaration committed them to a new global partnership to reduce extreme poverty, and set out a series of eight time-bound targets (the Millennium Development Goals) with a deadline of 2015. This was deemed to have been successful as the number of people living in extreme poverty was reported to have reduced by more than half. The United Nations Sustainable Development Goals (SDGs), otherwise known as the Global Goals, replaced the Millennium Development Goals in 2016. These are 17 goals with 169 targets that all 191 UN member states have agreed to try to achieve by the year 2030. The first of the 17 goals is to end extreme poverty in all its forms by the year 2030.

It does appear that in the Church also, as evidenced in the lives of the women religious, the incidence of the feminisation of poverty is being perpetuated in that in spite of all the overwork that is an inalienable part of their lives, a good number of women religious do not

manage to earn enough money to cater for their needs, nutritionally, health wise, educationally, spiritually and socially.

It is, perhaps, pertinent to observe that wherever this situation occurs, it may be safely concluded that there has not been an adherence to the body of Catholic Teaching known as the Catholic Social Teaching (CST). According to the information on the website of the United States Conference of Catholic Bishops (USCCB, 2005),

> The Church's social teaching is a rich treasure of wisdom about building a just society and living lives of holiness amidst the challenges of modern society. Modern Catholic social teaching has been articulated through a tradition of papal, conciliar, and episcopal documents.

The documents were developed by the Catholic Church for over a hundred years, well ahead of all the developments on the global secular scene, and dwell on the issues arising from the social, economic, political, and cultural spheres as they affect the welfare of human persons on the global scene. The first social encyclical titled *Rerum Novarum,* (Of New Things) was written by Pope Leo XIII in 1891, along with others like *Laudato Si* (Praised Be) was written by Pope Francis in 2015 and beyond. Since they are not regularly taught or preached about, and their principles are generally not applied even in Catholic institutions, the faithful are largely ignorant of them. However, the researcher believes that if this is true among the general body of the faithful, it should not be so among Catholic women religious. For the religious life, by its very nature belongs to the life and holiness of the Church (LG 44), and so should be seen to uphold and even personify all the values and attributes of the Church. As synthesized by the Catholic Bishops of New Zealand (2010) the ten guiding principles of the Catholic social teachings are human dignity, human equality, respect for human life, the principles of association, participation, common good, solidarity, stewardship, subsidiarity and the universal destination of goods. Rakoczy (2015) condensed these further to the four core principles of the dignity of the human person, the pursuit of the common good, the value of solidarity, and subsidiarity, a term which signifies that higher decision-making bodies should not restrict lower-level action. She justified this by the fact that each of them had been woven through successive papal encyclicals and other documents such as those of the second Vatican Council. Some examples of these principles are as follows. On the life and dignity of the human person, Pope John Paul II affirmed that human persons are willed by God; they are imprinted with God's image. Their dignity does not come from the work they do, but from the persons they are (John Paul II, Centesimus annus 11, 1991).

The US Conference of Catholic Bishops further reiterated that

> All human beings, therefore, are ends to be served by the institutions that
> make up the economy, not means to be exploited for more narrowly defined
> goals. Human personhood must be respected with a reverence that is
> religious. When we deal with each other, we should do so with the sense of

> awe that arises in the presence of something holy and sacred. For that is what human beings are: we are created in the image of God (Genesis 1:27), (Economic Justice for All, 28, 1986).

Moreover, on the dignity of work and the rights of workers, the Church officially teaches that

> A just wage is the legitimate fruit of work. To refuse or withhold it can be a grave injustice. In determining fair pay both the needs and the contributions of each person must be taken into account. 'Remuneration for work should guarantee man the opportunity to provide a dignified livelihood for himself and his family on the material, social, cultural, and spiritual level, taking into account the role and the productivity of each, the state of the business, and the common good' (GS, 67). Agreement between the parties is not sufficient to justify morally the amount to be received in wages (Catechism of the Catholic Church, 2434, 1994).

In the words of Johansen (2007), to live at a subsistence level is to live at the minimum condition of human dignity, and, as St. Thomas Aquinas wrote in the *Summa Theologica*, "No one is obliged to live unbecomingly", 2a 2ae, Q. Ixvi, art. 2

The whole point of fishing out the above teachings from their 'hiding places' is that if they were put into practice, African women religious would be better empowered to be self-caring. This is because, with their dignity as human persons acknowledged and respected, their dignity and rights as Church workers will also be safeguarded and supported by the solidarity received in the course of living and working. In this way, they will be protected against the evil of poor remuneration and the dangers of overextension and self-neglect through organizational manipulation.

One of the basic assumptions of the Structural Family Theory on which this study is hinged is that families must fulfil a variety of functions for each member, both collectively and individually, if each member is to grow and develop. Among its therapeutic goals are the restructuring of the family organisation, the promotion of structural change within the system by modifying the family's transactional patterns, the provision of alternative ways in solving problems and interacting, the development of more appropriate boundaries and the reduction of symptoms of dysfunction. These would appear to be areas the organisation of both the religious life and the Church as a whole might do well to borrow a leaf from.

1.7 CONCLUSIONS

Self-care can be defined as a process in which mature persons are able to identify needs and make decisions to meet them. Self-care embraces the fulfilment of the needs of the different levels of the human person: physical, spiritual, psychological, socio-economic and professional. And that creates a vital and mutually reinforcing link between this study and psycho-spiritual counselling. The focus of this study is the necessity of being aware of the need for self-care so as

to facilitate the incorporation of appropriate, life-enhancing practices into the lifestyle of the target group.

The study findings pointed to the need for a multidimensional and multifaceted intervention in order to make the implementation of self-care among African women religious a reality. There would be a need to build the capacity of the African women religious through appropriate educational measures to enable them see and accept self-care for what it really is, and not some excuse for narcissistic self-indulgence. It would also be necessary to introduce some amount of balance into their lifestyle as it is lived at present and empower them with some assertiveness training. Further, the institutional Church would need to begin to tackle the obstacles of poverty and gender role against women religious. Finally, the superiors of the various women's religious congregations would need to spearhead some needed modifications to the structures of their respective congregations so as to make the actualisation of self-care among their members a well-planned, systematic, permanent and life-enhancing experience.

1.8 RECOMMENDATIONS

This study aimed at exploring the influence of self-care awareness on the physical well-being of African women religious in Karen, Nairobi, Kenya, with a view to offering a psycho-educational intervention on it that will be integrated into the lifestyle of the target group. In keeping with this target, the following proposals, from the research findings, are proposed for implementation at various levels: -

a) **The Incorporation of Self-care Practices into the Lifestyle of Women Religious**: A self-care sensitisation and implementation plan, comprising a comprehensive and well-articulated multi-dimensional package, to cover the provision of their physical, spiritual, economic and psychological needs will need to be formally introduced in each congregation. The leadership teams of the various congregations are to see to its establishment, but it will require a coordinated effort from top to bottom for it to succeed. It will help create awareness of the importance of self-care, and reduce, or altogether prevent, in the long run, the incidence of scandalous and life-threatening health and psychological crises and emergencies. Finally, it should also be accompanied by regular supervision sessions by the local and higher superiors, the latter by adding it to their canonical visitation schedules.

b) **Education and Ongoing Formation:** Access to higher education, ongoing formation and sabbatical leave should be treated as undeniable rights for women religious. This is to be facilitated by the leadership teams of the various women religious. Education will help build up the capacity of the women religious and empower them to fit into and engage the contemporary world with greater ease and competence. An institutionalised policy on these will help guarantee this.

c) **Economic Restructuring:** The leadership teams of the women religious congregations, assisted by their finance committees are to see to it that terms of contracts with ecclesiastical and other bodies are respected, ethical investments are made, and

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congregational projects should be founded on viability and vitality. This is because skilful planning and management at the economic level are crucial to the success of the implementation of any self-care ventures for the African woman religious. Economic restructuring will also enable women religious live respectable and dignified lives without resorting to begging or to any shady deals. It will also help take care of the members' immediate needs as well as their future retirement needs.

d) **Establishment of Congregational and Inter-Congregational Support Systems:** Since the various women's religious congregations face identical challenges on the provision of self-care, it is therefore advisable that they work as a team to ensure the success of the permanent integration of self-care into their lifestyle. The implementation of this cooperation plan will primarily rest with the leadership teams of the various congregations. They will achieve this by meeting at stipulated intervals to compare notes and exchange best practices. Besides introducing a congregational self-care plan, they will also need to establish inter-congregational support systems for women religious at various levels. The nature of the cooperation will incorporate such practices as the establishment of an inter-congregational network for regular counselling and spiritual direction support. The establishment of emergency lines or life lines at the congregational and inter-congregational levels would also help ensure the availability of instant and safe telephone counselling aid to a needy or traumatised woman religious. By so doing, an improved quality of life can be guaranteed for their members.

e) **Proactive Collaboration with the Ecclesiastical Authorities**: The need for a proactive collaboration of the various women's religious superiors with the ecclesiastical authorities is also important to the success of this undertaking. This is because they are the chief shepherds and the spiritual leaders of the dioceses where women religious live and work. A cooperation of this nature is particularly important for the actualisation of a much-needed cultural shift for the eradication of gender-based partiality against women religious and adherence to the terms of engagement in ministerial endeavours. The major superiors of the various congregations are to see to this in conjunction with the local ordinaries. Whenever necessary, the collaboration also extends to the episcopal conferences. The endorsement of any project or plan by the joint meeting of major superiors and bishops provides an assurance that the followership will also endorse and execute it.

f) **Active Implementation of the Provisions of the Catholic Social Teaching**
Finally, the provisions of the Catholic Social Teaching should be actively implemented. If this is done, the self-care and other economic hassles experienced by African women religious will be largely eliminated.

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