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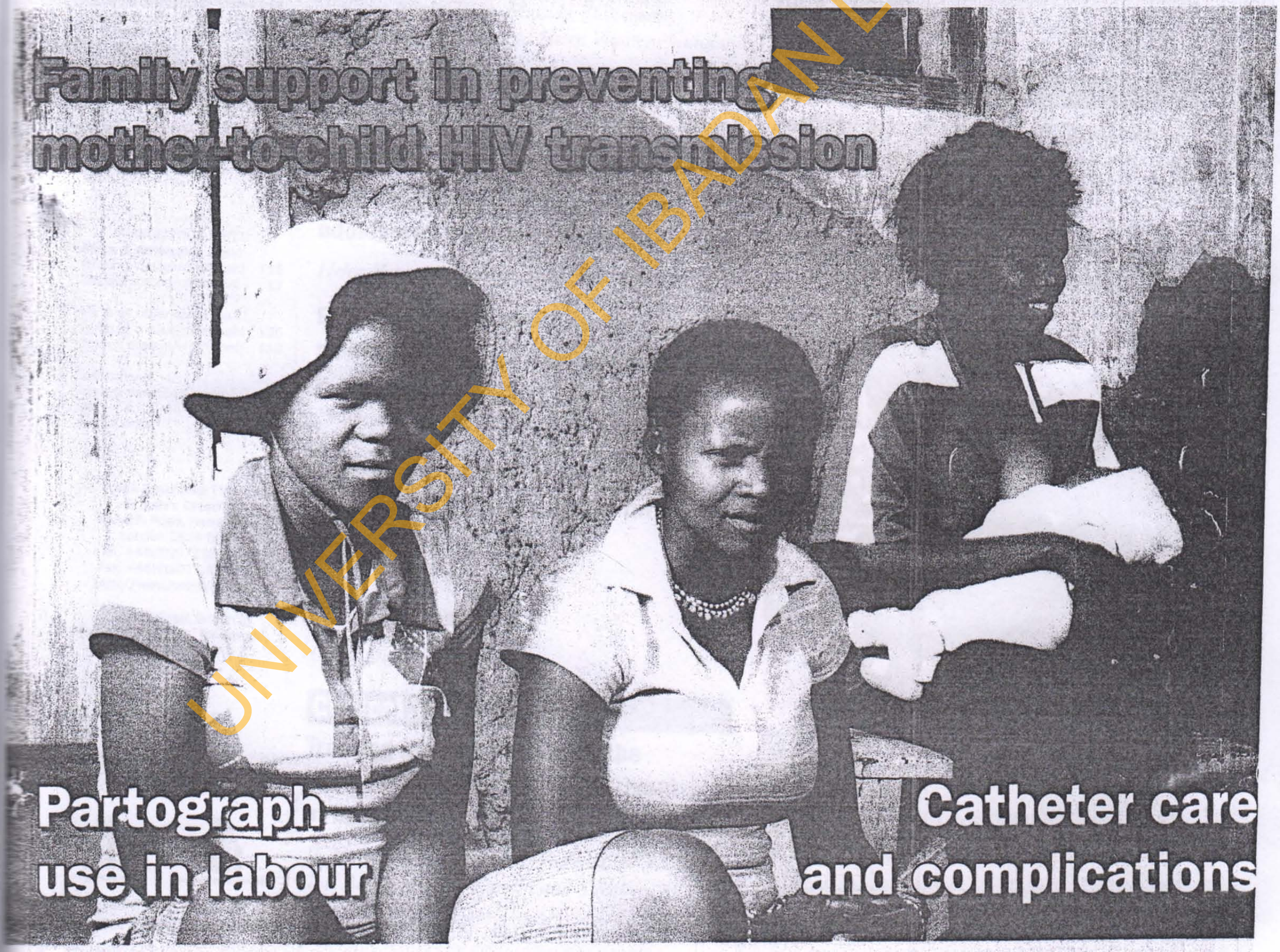

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Health implications of harmful widowhood practices in Nigeria

By Owolabi Gbonjubola Oludayo and Onibokun Adenike

Abstract

This article outlines an exploratory survey to determine the existence and extent of harmful widowhood practices among widows and the subsequent health implications of such practices. A detailed questionnaire was administered to 210 widows with a response of 95.24%. Findings indicated that 83.5% and 56.5% of respondents were subjected to staying indoors and wearing of black dresses respectively. Similarly, widows were commonly subjected to confiscation of husband's goods and accused of having a hand in the husband's death, with a prevalence of 20% and 18% respectively. A significant relationship also exists between these harmful widowhood practices and the respondents' health. Of the respondents, 40.5% experienced absent-mindedness, while 56% had anxiety about children's future and 13.5% already had high blood pressure. Little or no help was received from the government or non-governmental organizations. There is a need for policies from all sectors of society to help ensure widows' welfare.

Across the globe, widows comprise 8–13% of the adult female population (Owen, 1996), and this is especially the case in later life (Fajemilehin and Feyisetan, 2000). In many societies, widows constitute a quarter of the adult female population (Potash, 1986). In Nigeria, with an average male and female life expectancy at birth of about 51 and 54 years respectively, and a spousal age gap of 6–10 years, a significant number of Nigerian women become widows before reaching middle age.

Widows across regions and cultures may struggle to survive and yet as a group have been relatively neglected. Some widows may be extremely poor, oppressed, violated and invisible with unheard voices. In Africa, as in societies around the world, widows may face poverty due to lack of inheritance and land rights, while social support systems may aggravate their vulnerability to bad health. With little having been done by governments to ensure that widows obtain their human rights to inheritance and land ownership, they are still accountable for omitting to protect widows from widowhood practices which can be seen as 'harmful' and may have health implications.

The United Nations (UN), through adopting the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), highlighted the need to take all necessary steps to abolish all customs that affect the human dignity of women. It specifies that (UN, 1979: 5a):

> *'Parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women'.*

As a matter of urgency, government, national agencies and non-governmental organizations were enjoined to condemn practices harmful to women in general. The Secretary General of the United Nations also itemized the discriminatory practices inimical to the health of women, prominent among these being inhumane rites undergone by widows. A study by the World Health Organization additionally specifically itemized widows' abandonment as one area of harmful practice that is tantamount to abuse of women's rights (Krug et al, 2002).

Millions of widows are young mothers, some still children themselves, and many are subject to discriminatory practices which may have health implications. The disorganization and trauma that follows the death of a spouse may be seriously

Table 1. Statistical information on widows in various countries

Country	Population of widows	Percentage of population
China	43 million	3
India	42.4 million	4
United States	13.6 million	4
Indonesia	9.4 million	4
Japan	7.4 million	6
Russia	7.1 million	5
Brazil	5.6 million	3
Germany	5.1 million	6
Bangladesh	4.7 million	3
Vietnam	4.7 million	5
Afghanistan	2 million	7
Iraq	740 000	2
Nigeria	7 million	4

Source: The Loomba Foundation (2010)

Owolabi Gbonjubola Oludayo is Chief Nurse Tutor and Principal, Oyo State School of Nursing, Eleyele, Ibadan and Onibokun Adenike is Senior Lecturer and Head of Department, Department of Nursing, University of Ibadan

If widowhood is associated with worsened health, then harmful widowhood practices will pose an even greater threat to the health of widows.

alarming. Different problems may arise such as being accused of having a hand in the husband's death and other harmful widowhood practices such as partial or total shaving of hair, staying indoors, wearing of black dresses, a general lack of attention as to the widow's welfare and confiscation of the husband's goods. These practices can intensify and aggravate the grieving process, producing a cumulative effect on the health of the widow.

Additionally, while campaigns have been undertaken against all forms of discrimination against women, harmful widowhood practices occur around the world. A poll conducted in 18 nations including China, India, the United States, Indonesia, Nigeria, Mexico, Britain, France, Ukraine, Egypt, Iran and Turkey, and involving 17 505 respondents found a widespread perception that widows and divorced women were treated worse than other women (World Opinion Poll, 2008). In only two countries did a majority say that there was no discrimination against widows. In 12 of the 17 nations polled, about 4 in 10 people felt there was some or a great deal of discrimination against widows. On average across all 18 nations, just 28% say there is no discrimination against widows.

Widowhood practices in Nigeria

Ahonsi (1997) stated that widowhood rites in Nigeria subject widows to all the three dimensions of gender inequality, namely:

- Discrimination—singling women out for unequal and inferior treatment based largely on stereotypical beliefs
- Exploitation—subjecting women to different practices to obtain inappropriate gains
- Oppression—the use of coercion and tyranny to forcibly constrain women.

In a study carried out in the Afikpo community of Imo State, Nigeria by Uche Azikwe of the University of Nigeria Nnsuka, it was found that harmful widowhood practices exist in the South Eastern part of the country, with severe consequences on health, social, economic and psychological wellbeing of women in the area (Azikwe, 2008).

The World Public Opinion poll (2008) also discovered that in Nigeria a clear majority (58%) thinks widows experience at least some mistreatment in the country.

A pilot study carried out among widows in Lagos by Saba (1997) investigated the effects of various experiences on the widows' psychological wellbeing. It was evident from the 50 widowed women studied that the number of respondents undergoing widowhood rites decreased among people with higher education levels. This study also revealed what the common rites were among two major ethnic groups in Nigeria: shaving was found to be common among Ibos, whereas wearing of black dresses was noted among Yorubas. In the study, 50% of the women did not feel good about the various rites, while 45% were neutral and only 5% felt good about the rites.

In an age of evidence-based practice, the relationship between grief, its subsequent effects and appropriate management of the process of grief and bereavement needs to be understood. Sociologists, anthropologists and psychologists among others have studied various aspects of widowhood; however, nurses also need to be aware of the issue of harmful widowhood practices and health implications in order to fully tackle this important issue.

Health implications of widowhood and harmful practices

Wilcox et al (2003) has identified that, at baseline, married women reported better physical and mental health behaviours than widowed women. Chen et al (1999), while studying gender differences reported that widows had higher mean levels of traumatic grief and symptoms of depression and anxiety. Their results revealed that high symptom levels of traumatic grief measured at 6 months predicted a physical health event (e.g. cancer, heart attack) at 25 months post-intake for widows. Although widows constitute a significant percentage of the adult population in many African communities (*Table 1*), systematic investigation about the health of widows has not been undertaken (Potash, 1986).

If widowhood is associated with worsened health, then harmful widowhood practices will pose an even greater threat to the health of widows (Olawoye, 1999). Previous studies such as Owen (2001) have identified infections and diseases such as scabies, gastroenteritis, typhoid and malnutrition as direct consequences of harmful widowhood practices. These harmful practices can affect the physical, psychological, social, emotional and cultural wellbeing of widows (Eboh and Boye, 2005; Ozo-Eson, 2008), with some widows suffering from depression and mental disorders following widowhood practices (Ozo-Eson, 2008; Oyeniyi and Oyeniyi, 2010).

In developing countries, widows may also struggle to survive in the face of violent physical and mental abuse (The Loomba Foundation, 2010). In societies where gender inequality allows perpetration of harmful cultural widowhood practices against widows, the severity of these negative influences on the health of these widows needs to be assessed.

Aims

In this article, the health implications of harmful widowhood practices within Ibadan North West Local Government of Oyo State, Nigeria will be assessed. The study aims to:

- Identify the existence and extent of harmful widowhood practices among widows in Ibadan North West Local Government Area
- Examine the health implications of these harmful widowhood practices on widows in this area
- Examine the effect of social support on the health of widows in this area.

Exact statistical data on widows are not available in many developing countries, and many widows have been missed out in census data, particularly those who are elderly and shuttled between the homes of relatives (Ahonsi, 1997; Oloko, 1997). This suggests that the economic contribution and health status of widows is also not known.

The Agent-Host-Environment model of interaction first developed by Pesznecker (1984) and reported by Berne et al (1990) proposed that health-promoting or health-damaging responses are shaped by interaction between the individual or group and the environment, and that the responses are further mediated by public policy. This is the model adopted for this study.

> *The number of respondents undergoing widowhood rites decreased among people with higher education levels.*

Methodology

The study was an exploratory survey conducted in Ibadan North West Local Government of Oyo State, Nigeria. Completed questionnaires were analyzed using statistical package for social sciences (SPSS) software.

There are 11 wards in the local government with an average of 12 communities in each ward. The total population is 152 834, with 77 523 females (50.7%) and 75 311 males (49.3%) (National Bureau of Statistics, 2006).

Sampling

Due to observed homogeneity, a multistage sampling technique was used. Six wards were randomly selected out of 11 wards. There was an average of 12 communities in a ward. Four communities were randomly selected from each ward making up a total of 24 communities. In each community, there were 5–10 compounds. The compounds were listed and numbered and one compound was randomly selected. A compound consisted of 14–20 houses. All the houses (386) in the selected communities were visited by the researcher and four assistants. Within this sample, 210 widows were given questionnaires, out of which 200 were completed and

Table 2. Socio-demographic data distribution of respondents

Variable age	Frequency	Percentage	Mean	Standard deviation
15–24	2	1.0		
25–34	7	3.5		
35–44	35	17.5		
45–54	43	21.5	58.5	14.14
55+	113	56.5		
Total	200	100.0		
Age of respondents at bereavement				
22–31	14	7.0		
32–41	49	24.5		
42–51	46	23		
52–61	37	18		
62–71	21	10.5	44.425	20.164
72+	13	6.5		
No response	20	10.0		
Total	**200**	**100.0**		

> *A larger percentage of Nigerian women are widowed before reaching middle age largely due to a predominant spousal age gap of 6–10 years.*

analyzed. The remaining ten questionnaires that were not duly completed were discarded, giving a response rate of 95.24%.

Instrument

A 39-item questionnaire was developed consisting of four sections:

- Section A (questions 1–9) to elicit data on demographic variables
- Section Bi and ii (questions 10–21) on nature and extent of harmful widowhood practices
- Section C (questions 22–29) to elicit information about the health implications of harmful widowhood practices
- Section D (questions 30–39) on social support.

The questionnaire consisted of a combination of both closed and open–ended questions and a 5-point Likert scale.

Data collection

Permission was sought from the local government as well as individual respondents. The researcher and assistants moved from one ward to the other on a specified day. Questionnaires were filled and collected immediately. Illiterate respondents were assisted with the interpretation of the questionnaires and absolute confidentiality on information provided was maintained.

Results and discussion

The findings revealed that widowhood increases with later life, with the age group 55 years and above having the highest representation (56.5%) (*Table 2*). This finding is also reflected in other studies such as Kasturi (1996), Owen (1996) and Fajemilehin and Feyisetan (2000). However, the mean age at bereavement was 44 years, which is significant due to the tendency to relate it to later life. A larger percentage of Nigerian women are widowed before reaching middle age largely due to a predominant spousal age gap of 6–10 years among the Yoruba in the study area.

The nature and extent of harmful widowhood practices and respondents' feelings toward these practices are outlined in *Tables 3* and *4*. A large proportion of widows in this study disagreed with widowhood practices—this demonstrates potential issues with empowerment. In contrast, in Azikwe's 2008 study of women in the Afikpo community in Imo State, widows reported that they wanted widowhood practices to be retained so as to sustain the culture. However, similar to the results of this study are those of Saba's 1997 survey of 50 widowed women in Lagos, in which 50% of the widows reported that they did not feel good about the various widowhood rites while 45% were neutral and only 5% felt good about it.

The results show that harmful widowhood practices exist in Ibadan North West Local Government of Oyo State since 83.5% of the respondents experienced staying indoors and 56.5% experienced wearing of black dresses among others (*Table 5*). Subsequent health implications are demonstrated

Table 3. The nature and extent of harmful widowhood practices

	Respondents	
Harmful widowhood practices	**Yes (%)**	**No (%)**
Partial/total shaving of hair	29 (14.5)	171 (85.5)
Staying indoors	167 (83.5)	63 (16.5)
Wearing of black dress	113 (56.5)	87 (43.5)
Exposure to general lack of attention	28 (14.0)	172 (86.0)
Accused of having a hand in husband's death	36 (18.0)	164 (82.0)
Confiscation of husband's goods	40 (20.0)	160 (80.0)
Withdrawal of children	7 (3.5)	193 (96.5)

Table 4. Respondents' feelings toward harmful widowhood practices

	Percentage				
Harmful widowhood practices	**Strongly disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly agree**
Demonstration of excess grief	53.5	9.5	1.0	19.5	16.5
Disinheritance from property and children	70.5	14.9	2.5	8.0	5.0
Widow inheritance	68.0	17.0	2.0	10.5	2.5
Shaving of hair	68.5	14.5	2.0	6.0	9.0
Adoption of mourning dress	48.0	10.5	5.0	22.0	14.5

Table 5. Health implications of harmful widowhood practices

	Respondents	
Health implications of harmful widowhood practices	**Yes (%)**	**No (%)**
Crying often especially in early months	125 (62.5%)	75 (37.5%)
Sickly	41 (20.5%)	159 (79.5%)
High blood pressure	27 (13.5%)	173 (86.5%)
Feeling of worthlessness	63 (31.5%)	137 (68.5%)
Perceived suspicion when relating with married men	49 (24.5%)	151 (75.5%)
Anxiety about children's future	112 (56%)	88 (44%)
Absent-mindedness	81 (40.5%)	119 (59.5%)
Feeling low	76 (38%)	124 (62%)

by the fact that 62.5% of the respondents reported crying often, especially in those early months of widowhood, 56% had anxiety about their children's future, 40.5% experienced absent-mindedness, and 13.5% of the respondents reported having high blood pressure. This certainly has potential implications for the future health of widows. The participants were asked how the harmful widowhood practices affected their health and these responses are outlined in *Tables 6* and *7*. it is extremely significant that 92% of respondents felt that harmful widowhood practices in general were damaging to health, although 62% still felt that such practices had had no significant contribution to their own health. These findings are in line with those reported by Olusola (2009) and Oyeniyi and Oyeniyi (2010) who argued that widowhood practices still in existence among the Yorubas are deeply rooted in culture varying from one community to the other.

The harmful practices common in the studied population are itemized in *Table 3* and match the findings from studies undertaken by Adekanye (1988), Fasoranti and Aruna (2007), Tei-Ahontu (2008) and Oyeniyi and Oyeniyi (2010). Mourning, shaving of hair, staying indoors, wearing of black dresses and drinking water used for washing the deceased husband are common harmful practices both among the Yorubas in Nigeria as well as other African societies.

Oyeniyi and Oyeniyi (2010) argued that harmful widowhood practices, though barbaric, are still sustained among the Yoruba for the following reasons:

- To protect the woman from being harmed by the spirit of the dead husband
- For the woman to prove innocent of the death of her husband and severing the link between the living and the dead
- Practices are observed to pay homage to the dead
- To ensure widows' availability to welcome sympathizers.

Olusola (2009) suggested that women might go along with harmful widowhood practices without protesting due to shock and because their grief is too fresh to allow them to speak up for themselves at such a critical moment. From the perspective of elderly, perhaps more traditional widows, these practices may be a mark of love for the dead husband (Oyeniyi and Oyeniyi, 2010). On the other hand, Nzewi (1981) argued that widows who failed to observe the rite may be sanctioned by paying fines and spiritual punishment can be bestowed on offenders.

Table 6. Open-ended question: 'How did the harmful widowhood practices contribute to your present state of health? (specify)'

Response	Percentage
No ill-health	15
Relying on God and religion	1
No significant contribution to their present health	62
Not knowing of any effect on their health	1
No response to question	12
Affected by a low standard of health	7
Found the situation very hard	2

Table 7. Open-ended question: 'In your own opinion, are these harmful widowhood practices promoting or damaging health?'

Response	Percentage
Damaging to health, e.g. causing high blood pressure	92
Not damaging to health	4
No response to question	2
Not knowing of any effect on their health	2

Table 8. Open-ended question: 'What did they (your in-laws) do when your husband died, in terms of supporting and looking after you and your children?'

Response	Percentage
No response to question	8
No support from in-laws	54
Partial support for child's needs, e.g. school fees	5
Moral support	3
Not very supportive	6
Afflicted, e.g. no support, instead brought in other children fathered by the deceased	1
Supportive	22
Older children had to support the younger children	1
Feeling low	38

Key Points

- **The World Health Organization has highlighted certain harmful widowhood practices as tantamount to abuse of women's human rights.**
- **Studies have identified that widowed women have worse physical and mental health than married women.**
- **Harmful widowhood practices can intensify and aggravate the grieving process, producing a cumulative effect on the health of the widow.**
- **This study examined the health implications of harmful widowhood practices in Ibadan North West Local Government of Oyo State, Nigeria and found that urgent intervention is necessary to ensure the health of widows.**

Participants were also asked about support received from their in-laws, and the responses are outlined in *Table 8*. With regard to support from local or government organizations, it is evident that widows in Ibadan North West area received little help from the local widow's association and the various arms of government. This therefore predisposes some widows to be susceptible and vulnerable to stress from extra work, welfare of children and antagonistic in-laws with the associated emotional, physical and mental trauma.

Limitations

This study is limited as it is concerned with one local government area out of 774 such areas in Nigeria. There is therefore a need to replicate more studies in more local government areas and states within the federation to allow for more accurate/reliable generalization. Studies are needed to identify and document the nature and extent of harmful widowhood practices throughout the world, and to establish the relationship of these to physical and mental health.

Implications for health professionals

The implications of these practices on the health of widows requires urgent intervention by all, especially health professionals and nurses who can play an important role in ensuring the holistic care of widows and their families. The process of death, dying, bereavement and care of the bereaved should be emphasized in the nursing curriculum at all levels. Head nurses and the entire nurse populace should be well informed in order to render quality and holistic care to widows. Nurse researchers should collaborate effectively by carrying out intervention studies targeted at tackling some of the health implications of such practices. Nurses can help to create greater awareness about the existing facilities available for widows.

Conclusions

It is clear that harmful widowhood practices are still in existence in the study population. Widows should therefore be encouraged to adopt healthy behaviours that will enhance optimal level of functioning. Public awareness is necessary to educate everyone on the health implications of these harmful widowhood practices, while widows would benefit from being made aware of any welfare provisions that might be available to them. At a national level, health and social policies need to be expanded to incorporate welfare programmes as well as national policy relating to widowhood.

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