

Widows' Vulnerability: A Descriptive Study of Neglect and Emotional Factors as effects of widowhood. A case study of Solwezi District, Zambia

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ABSTRACT: The rapid growth of population in the Sub-Saharan region also spells an increase in the death rate and lack of access to dwindling resources. These are factors from which widowhood can be traced, and as this paper has illustrated, widowhood almost always creates an unfillable rift between women and society. Previous research has relied on the assumption that widowhood is somewhat immune to the cultural aspect of society. It has largely appealed to the emotive aspect of widowhood. This study uses data from the comparisons of the present income situation by marital status to show the true effects of widowhood on household income. The use of longitudinal data such as the UNICEF study of 2004 could overcome some of these problems as we, as much as we could, inquired about a person's socio-economic status before and after the loss of a spouse. Although our study was hinged on women, we have taken some considerable time to highlight the differences by gender. Contrary to what has been assumed, it has been established in this study that the kind of relationship the widow had with the late husband is a considerable determiner of the kind of life she will live after the process is done. If the relationship with the husband was satisfactory, widowhood adjustment will be more difficult. Since the husband is no longer living to provide that mutual fulfillment of needs, the widow experiences a great loss, thus making her adjustment to widowhood even more difficult. A widow whose needs were not fulfilled' and who experienced an unsatisfactory relationship, may possibly not experience as difficult a time in her adjusting to the problems of widowhood.

Keyword: widowhood; UNICEF; socio-economic

1. Introduction

In Zambia, death is both a common, yet often times complicated eventuality. On average, the country records more deaths among the men than among women as recorded in the national records of death and birth. To Jakoby (2012), the grief response to corporeal and symbolic loss, or bereavement, is an individually unique yet socially experienced phenomenon. That response to loss can impact and be impacted by not only the emotions of survivors, but the dynamic processes of their subsequent coping and bio-psychosocial-spiritual development.

According to Geneva, Marshall, and Miller (2004), during the period closely following loss when the aggrieved individual's mourning becomes public, social support and social pressures emerge in concert with a variety of interpersonal resources and connections are tasked and can change.

UNICEF in a 2004 Study indicated that Widow inheritance, sexual cleansing, witchcraft, fear of death, and HIV-related stigma are other factors that affect property inheritance in Zambia. Traditionally, if a husband dies, it is expected that his widow will marry (be inherited by) another male of her husband's family, usually his brother or uncle. Related to this is sexual cleansing, in which the widow is expected to have sex with a male member of her late husband's family (usually, though not always, the man she is then expected to marry). Both practices are born from the belief that the spirit of the dead spouse will haunt not only the family but the entire village if it is not purged in one of these ways. The general opinion among some individuals interviewed in this case study is that these practices are lessening – in part due to fears

surrounding HIV/AIDS as well as awareness-raising activities carried out by other organizations. Witchcraft, or bewitching, is still a strongly held belief that manifests itself in at least two ways in relation to property and inheritance. First, widows often are accused of bewitching their husbands, making them die prematurely to get the estate.

Widows and widowers, when compared to their still-married counterparts, more commonly experience periods of diminished means associated with wellbeing. These include reduced socioeconomic status (Wilmoth and Koso, 2002), and fewer social (DiGiulio, 1992) and emotional (van Baarsen, 2002) resources. Long-term grief, including extensive episodes bereft of those resources that can help bolster coping with grief and uphold quality of life, is potentially more deleterious to the bio-psychosocial spiritual development and wellbeing of the individual (Prigerson et al., 1995, 2009). Therefore, it is important to understand the various ways in which aggrieved individuals adapt, adjust to, and cope with grief amid the variety of challenges experienced during the period of adaptation to widowhood.

1.2 Backgrounds

The widows of Zambia in Solwezi district in particular as a case study face similar challenges of grief and bereavement as most widows across the globe. This statement is true for Zambia, For the last century, grief and bereavement have been topics of study and intervention in a wide variety of fields. Amidst the various findings, an array of personal characteristics and contexts has been connected with normative as well as non-normative adaptation following loss. Of the varied specificities surrounding death and loss, conjugal bereavement has been characterized as one of the most complex, challenging, and stressful life events (Hardy, Concato, and Gill, 2004; Holmes and Rahe, 1967). This has prompted a study of the widows to ascertain the depth of their sorrow and grief and how they can be assisted in their plight.

1.3 Statements of The Problem

The challenge of losing a spouse at any age may demand a reassessment or reconfiguration of personal means and social resources in the midst of prospective crises including community interactions. These predicaments may include a higher likelihood of financial hardships (Bishop and Cain, 2003; Sevak et al., 2003; Weaver, 2010), emotional upheaval, health concerns (Ball, 1976), and other adjustments (DiGiulio, 1992; Marks & Lambert, 1998). The compounding and complexity of individual stressors such as being alone (Lopata, 1979), changes in role of the provider (Utz, 2006), declining physical health and self-care (Williams, 2004), and self-imposed or social isolation (Johnson and Wu, 2002) can encumber the adaptation and grief in young widowhood (DiGiulio, 1992).

The issues above could trigger a tsunami of effects in the new type of life the widow is to face, hence in this research I look at those pressures involved at grass roots level in the Zambian villages and towns in the low-income earning communities, with little or no pension left to support the widow and orphans, most of these widows basically start their life from zero and most of these families have lived on hand to mouth throughout their life with the sole bread winner as the deceased.

1.4 Hypotheses

This study addressed the following research questions:

1. What is the relationship between quality of life, emotional balance, and grief in widowhood?

a. **Hypothesis 1:** changing levels of quality of life will be associated with lower levels of grief.

c. **Hypothesis 2:** Higher levels of emotional balance (identity, intimacy, and generativity) will be associated with grief.

1.5 Review of The Literature

1.5.1 Widows and Widowhood

According to a recent census, there are 14 million widows and widowers in the United States (U.S. Census Bureau, 2012; Table 57). The majority of widows and widowers identify as White (81%), followed by African American (10.7%), and Latino (8%). The leading causes of death likely to contribute to conjugal bereavement have been heart disease, cancer, respiratory disease, stroke, unintentional injuries, and Alzheimer's disease (Murphy et al., 2013). Across the United States, life expectancy is 81 years for women and 76 years for men ($M = 78.7$ years), and 11 of the 14 million widowed individuals in the recent U.S. Census were women (U.S. Census Bureau, 2012).

In married couples, females are approximately three times as likely to be widowed when compared to males (U.S. Census Bureau, 2012), as women live longer and by social precedent more often marry men that are older. As acclaimed author Joyce Carol Oates (2011) penned following the death of her husband, "When you sign on to be a wife, you are signing on to being a widow one day, possibly," (p. 103). Though the occurrence of widowhood is more commonly a feature of older age, 15.9% of widowed persons in the U.S. were younger than 55; 0.5% were 15-24 years old, 1.6% were 25-34, 3.6% were 35- 44, and 10.2% were 45-54 at the time of their spouse's passing (Elliott & Simmons, 2011). Widows tend to remain single longer and remarry less often than their male Counterparts (Moormann et al., 2006; Wu & Schimmele, 2005). When compared with 15 men, women are more likely to be negatively impacted financially following widowhood (Korb, 2010; Lee, Willetts, & Seccombe, 1998; Morgan, 1986), which may further impact their subsequent romantic relationship opportunities and decisions (Stewart, Manning, & Smock, 2003; Sweeney, 1997). Furthermore, widowed

mothers may be less “marketable” or more hesitant to date and remarry while their children are young (Lampard & Peggs, 1999; Stewart, Manning, & Smock, 2003). For these reasons, the present research was conducted using only younger widowed women. When compared to those who are not bereaved, widowed individuals have been considered more vulnerable in a variety of domains.

These vulnerabilities include reductions in social support from family and friends who have rapidly withdrawn after the first few weeks following the loss (Guiaux, Van Tilburg, & Broese, 2007; Ha, 2008; Pinguart, 2003), diminishing mental and physical health (Elwert & Christakis, 2008; Holland et al., 2014), and financial challenges that include loss of income and benefits (Bishop & Cain, 2003; Weaver, 2010). When compared with their still married counterparts, widows reported experiencing greater social challenges including those with children (Seltzer & Friedman, 2014; Sutor, Gilligan, Johnson, & Pillemer, 2014), as well as with close family and friends who expected more rapid “recovery” from grief over time (DiGiulio, 1992).

Research on the affective wellbeing of bereaved individuals when compared to their nonbereaved counterparts has resulted in descriptions of increased instances of intense longing and loneliness (Lund & Caserta, 2002; Stroebe & Stroebe, 1987; Stroebe, Stroebe, Abakoumkin, & Schut, 1996), greater psychological distress and mental health concerns (Carr et al., 2014; Hahn et al., 2014; O’Connor & Arizmendi, 2014), and even increased mortality rates in the first 12 months following loss (Bowling & Windsor, 1995; Manor & Eisenbach, 2003; Shor et al., 2012; Schaefer, Quesenberry, and Wi, 1995; Stroebe & Stroebe, 1993a; Sullivan & Fenelon, 2014). Additionally, Buckley and colleagues (2009) found that bereaved adults slept fewer hours, registered higher levels of stress (measured in cortisol levels), and were often more anxious and expressed more anger than their nonbereaved counterparts. Financially, widows are among the poorest groups in the United States (U.S. Census Bureau, 2012). With only a quarter of widows still in the labor force, nearly 80% of all widows have incomes at or below the poverty level (Elliott & Simmons, 2011).

Following the loss of a spouse, many widows experience a reduction in income, benefits, and increased time away from home. During a period while mourning and managing a household alone, many widows are compelled to make adjustments to their labor force participation and manage novel issues including complications with childcare and transportation (Amato & Partridge, 1987; Gass-Sternas, 1994; Sevak et al., 2003; Thoits, 2010).

Based on the variety of issues associated with off-time loss, the present research pursued a greater understanding of these challenges to help scholars and interventionists to better understand, predict, and support the grieving, coping, and developmental processes of those who are widowed at younger ages. The following sections will discuss the theoretical frameworks, grief, predictors, and sociodemographic factors chosen to inform this descriptive study based on existing theory and research regarding widowhood.

1.6 Conceptual Frameworks

Widowhood is a time of considerable adjustment and adaptation. Grief as well as the role of widow are publicly expected to be both temporary and transitional to the roles and identities that remain (e.g., mother; Worden & Silverman, 1993), as well as those that will come “next” (i.e., single; Lopata, 1979). Because they are so difficult to “prepare” for, these psychosocial transitions have enduring implications that may require major revisions in widows’ world views (Parkes, 1971, 1988). The potentially longer-term challenges of young widowhood provide for an unexpected assessment of personal and contextual resources and processes from which the bereaved individual may find further strength or greater duress. Moos and Shaeffer (1984) indicated that, “age, gender, and socioeconomic status as well as cognitive and emotional maturity, ego strength and self-confidence, and what stage a person is in the lifecycle impacts a person’s recovery from a traumatic event” (p. 17). Because of the multiplicity and complexity of transitions that occur in the lives of many young widows, the present study utilized the dual process model of coping and the psychosocial theory of development to aid in providing a broader description of the grief and adaptation to young widowhood.

1.7 Significance of The Study

This study is significant because it examines the problems involved in widowhood and identifies solutions. This may increase public awareness of the need to come to the aid of the widow.

1.7.1 Assumptions for the Development of the Study

This study focuses upon a few assumptions.

It is assumed that widows undergo high stress levels caused majorly due to unavailability of a community and social network which may necessitate changes in social roles. These life events may include Death of a spouse, change in financial state, change in residence.

The second assumption depends on the kind of relationship the widow had with the late husband, if the relationship with the husband was satisfactory, widowhood adjustment will be more difficult. It is somewhat plausible that the foundation of a satisfactory relationship usually involves a mutual fulfillment of one another’s needs, such as emotional support. Since the husband is no longer living to provide that mutual fulfillment of needs, the widow experiences a great loss, thus making her adjustment to widowhood even more difficult. A widow whose needs were not fulfilled and who experienced an unsatisfactory relationship, may possibly not experience as difficult a time in her adjusting to the problems of

widowhood. As discovered during data collection the older a widow is at the time of her husband's death, the more difficult it will be for her to adjust to widowhood.

1.8 Definition of Terms

To define who a widow is, the Merriam-Webster dictionary states that a woman is called a widow when she has lost her spouse or partner by death and usually has not remarried. Moreover, a widow can also be a woman whose spouse leaves her alone or ignores her frequently or for long periods to engage in a usually specified activity. Hence, widowhood can be said to be the state or period of being a widow or widower. This study, nonetheless, adopts the former definition of widow and proceeds to look at some of the factors that affect it.

2. Method

2.1. Research Design

Research on widows and vulnerable has been conducted in many areas including relating widows to vulnerability of infectious diseases and poverty, while in other parts of the world it may be the opposite. In the Makete district of Tanzania I quote the findings below,

“This study explored the contexts and factors under which violation of the inheritance and property rights of widows and orphans occurs, and resilience avenues for safeguarding these rights. Using the resilience framework, an analysis was made of the assets, capabilities and activities of widows as well as transforming structures and processes that enabled women to secure their inheritance and property rights following the death of their husbands.

The research was conducted in Makete district in Iringa region, Tanzania. Using a structured questionnaire, data were collected from 236 widows. The quantitative data were supplemented with information collected through focus group discussions (with widows and orphans) and individual life histories (a sub-sample of 30 widows). Key informant interviews were also held with local service providers on the types of services provided to widows and orphans, and on the constraints, they faced in service delivery.

The study findings show that property grabbing after the death of the husband is a reality. Approximately, 17% of the widows interviewed were not allowed to inherit their husband's property through the actions of in-laws and other relatives. The main factors behind the property grabbing were the economic value of the property and cultural norms which allowed for the inheritance of the wife. The propensity of the in-laws to grab land and other productive assets, such as livestock, was found to be high. The refusal of widows to accept the levirate system was another major factor for property grabbing and the abandonment of widows and their children. The women's testimony also revealed that the inheritance of widows may increase the risk of transmitting HIV to the inheritor and to co-wives on one hand, but also of infecting widows who did not have the virus.

Several resilience avenues were identified as entry points in safeguarding the property rights of widows and their orphans. These include the expansion and strengthening of promotive social protection measures, such as building the productive skills and capacity of women to manage their livelihoods. In addition, transformative social protection actions are also vital, including increasing awareness on the property rights of widows, strengthening the judicial system so that it is able to respond to cases of violation of property rights within a reasonable time, and encouraging couples to prepare wills early in life. Further, effectively targeted protective measures also need to be instituted along with awareness-raising interventions to encourage the abandonment of outdated norms and the adoption of positive values that address the contemporary challenges facing widows and orphans”.

Eric Y. Tenkorang continues to align widowhood and vulnerability to HIV prevalence, as it is discussed in the findings below.

“Although declining, HIV prevalence continues to be relatively high in some parts of sub-Saharan Africa, and in almost all of these countries, women and young girls are disproportionately affected by AIDS. Both biological and socio-cultural reasons have often been cited for women's vulnerability to HIV risks in sub-Saharan Africa. Previous studies and interventions have focused on young and never-married women, identifying them as highly vulnerable due to high-risk sexual activities. It was not until recently that some studies pointed to high HIV prevalence among married women, since marriage was previously considered a safe haven against HIV infection, especially for young girls. Past studies that examined the marriage-HIV infection nexus have only focused on specific countries, such as Kenya, South Africa, Zambia and Rwanda and Ghana. Also, few studies have explored the risks of HIV infection among formerly married (widowed and divorced) women. Drawing on the experiences of seven sub-Saharan African countries, I examined the relationship between marital status and HIV infection among women controlling for other theoretically relevant covariates. Results indicate that widowed women were more likely to be infected with HIV, compared to never-married women.

The pathways to explain HIV infection among widows are complex. While it is possible that widowed women may have been infected by their husbands, there is also the possibility that infection may have occurred sub-sequent to the death of their male partners. Regarding the latter explanation, reference is often made to the exploitative customary and religious laws that govern widow inheritance in most parts of sub-Saharan Africa. Such customary laws have often demanded that widows engage in sexual exchange, either with close relatives or some other members of society; behaviors that not only increase their vulnerability to HIV infection, but also those they come into contact with. The findings suggest that specific HIV prevention programs should pay more attention to widowed women who have for a very long time been neglected and relegated to the background regarding HIV prevention and programming. Such programs could include holding seminars with community leaders and other stakeholders to raise awareness on the links between these traditional widowhood rites and HIV risks.

It may also be important for community members and their leaders to re-consider the sexual cleansing component of the ritual by introducing condoms to make it safer. Like the widowed, results showed divorced women were more likely to be HIV positive, in particular for Zimbabwe and Tanzania. I am unable to tell whether divorce occurred prior to or subsequent to HIV infection given the limitations of the data. As Porter and his colleagues intimated, however, the chance that women in sub-Saharan Africa will be divorced by their male partners on discovering their HIV serostatus or on suspicion that they are HIV positive is high. Elsewhere, it has been observed that women used divorce to negotiate out of relationships that placed them at risk of HIV infection. Notwithstanding, some studies have found divorced women as more likely to engage in risky sex with implications for HIV transmission, compared to never-married women. There is no consistent pattern in results obtained for married women relative to the never married regarding HIV serostatus. Married women were not significantly different from the never-married in Kenya, Malawi, Lesotho, Swaziland and Zimbabwe. In Tanzania, a married woman was significantly more likely to be HIV positive, compared to the never married, and is consistent with other studies in sub-Saharan Africa. In Zambia, however, married women were significantly less likely to be HIV positive, a finding that also corroborates others in Africa.

The theoretical and empirical connections between socio-economic variables (wealth, education, occupations) and HIV infection are complex and inconclusive. For instance, the poor and less educated are often considered vulnerable because of lack of awareness and access to HIV preventive methods.³⁷ Poverty may not only create deficits in knowledge about HIV, but also inhibit recourse to preventive measures, such as procurement of condoms, all of which contribute to increasing HIV prevalence. While the poor are more vulnerable to the risk of infection, AIDS is not a disease of the poor. Indeed, some evidence points to a positive relationship between wealth, higher education and HIV infection. Although not the focus of this paper, this study contributes somewhat to debates linking socio-economic variables to HIV infection in sub-Saharan Africa. With the exception of Tanzania and Swaziland where wealth and education were negatively associated with HIV infection respectively, wealth was positively related to HIV infection for Malawi and Zambia, education for Kenya and Tanzania, and occupation for Kenya and Swaziland. These findings suggest that while wealth, employment and higher education may work to the benefit of women by helping them mobilize social and economic resources to avoid infection, it could also mean that women with such characteristics may have greater mobility and resources to afford multiple sexual partners and non-regular sexual partners, behaviors that predispose them to HIV infection. These reasons may also explain why women in urban areas are more likely to be HIV positive compared to those in rural areas. Thus, findings suggest that HIV prevention programs need not only pay particular attention to poorer women, but women in all socio-economic groups³⁸.

In the United States widowed women account for the largest marital status group among women ages 65 years and over (42%) and is the second largest marital status group for men (32%). In comparison, the divorced and separated (approximately 10% for both men and women) and the never married (4% for both men and women) account for much smaller proportions of the older population (U.S. Census Bureau, 2006) and are broadly similar to those found in the United Kingdom (ONS, 2005, 2006). Widowed, divorced, and never-married people share some of the problems that living alone brings (Cramer, 1993), and widowed and divorced people also share the difficulties that marital dissolution brings (Prigerson, Maciejewski, & Rosenheck, 1999). Widowed and married people also share other commonalities, such as having (in general) a loving marital relationship. However, there are aspects of widowhood that make it and its effects unique. Widowed people are the only group whose partners have died and who have had no choice in the marital dissolution. They are also more likely to be older than other groups experiencing marital dissolution.” It continues to explain “Although the vast majority of research on widowhood has been conducted since the mid-20th century, two earlier classic studies of bereavement are worthy of mention because they have significantly influenced research in widowhood. Sigmund Freud (1856–1939) described the differences between grief and melancholia in his 1917 seminal paper *Mourning and Melancholia*. He understood that the death of a loved one sometimes caused depression and that there was important psychological work to do to ameliorate the effects of grief, coining the term *grief work*.

Erich Lindemann (1944) studied the effects of bereavement following the Coconut Grove fire, a night-club fire in Boston, Massachusetts, that killed nearly 500 people. He distinguished between normal and morbid grief, and his work formed the basis of much of the later theorizing in bereavement and, to some extent, in widowhood. Normal grief is that which people typically experience following the death of a loved one. Morbid grief, by contrast, is grief that lasts longer and is more severe because of the complications that are associated with it—it is grief that is seen as pathological. However, the

systematic study of widowhood is believed to have started with Peter Marris (1958), when he examined normal grief among widowed women in London, England. He found that there was a lower rate of morbid grief among these women than among those who had experienced other types of traumatic bereavement, yet there were also shared experiences, such as sensing the deceased's presence.

Colin Murray Parkes (1996) conducted the first study that followed bereaved people through their first year of bereavement and synthesized the results, along with results of two other important studies, in *Bereavement: Studies of Grief in Adult Life*. In this Parkes identified the determinants of grief, the features of grief, and recommended strategies for helping the bereaved. Although Parkes described his studies in terms of bereavement, he focused primarily on younger widows and thus had much to say about widowhood, both at younger and older ages.

The first author widely recognized for her research specifically on widowhood was Helena Lopata (b. 1925) beginning in the 1970s. She published *Widowhood in an American City* (1973), a study describing the experiences of older widowed women in Chicago, Illinois, which examined both the emotional and the social consequences of losing a husband. Dale Lund (2001) is another widely recognized researcher, who has focused his attention on the effects of spousal loss among men. In Europe, Margaret Stroebe has influenced thinking about both widowhood and bereavement from the 1980s onward, eventually publishing the *Handbook of Bereavement Research* in 2001. At the end of the 20th century, a team of researchers at the University of Michigan developed the Changing Lives of Older Couples (CLOC) study, a large survey that tracked the experiences of older widows and widowers over a 4-years'.

Consequences of widowhood is also a serious discussion in the research published in the Encyclopedia of the Life Course and Human Development.

"Traditionally much of widowhood literature has focused on those people for whom experiences of grief and widowhood might be described as pathological. But for the majority of widowed people, especially those who are older, widowhood is a high-probability event and an event that, although distressing, cannot be described as pathological but rather as normative. Among younger people widowhood is less common and not a normative event. In these circumstances, younger people have fewer shared experiences to draw on, and the effects may differ—something that is addressed later in this entry.

However, in general, the evidence suggests that widowed people experience lowered morale and mood following the loss of their spouse. Depressive feelings may be elevated among widowed people for at least 2 years following their loss, and mood may not return to its pre-widowhood levels. However, only a relatively small proportion of widowed people meet the criteria for clinical depression, especially in the long term. Widowed people may miss their spouse and feel sad, but at the same time they carry on with their new lives and find satisfaction. The evidence for physical health is less clear. Some research suggests that there are short-term effects on physical health. For example, sleep and eating habits may be disrupted. Health maintenance behaviors may also be affected; physician consultations, for example, may increase or, conversely, decrease. Changes in these behaviors may be dependent on whether the deceased (often the wife) was the gatekeeper for health-related behaviors. For instance, wives often monitor their husbands' diets and medication" (Kessler, 2001).

2.2 Research Locale

This study zooms in on Solwezi. Solwezi is the capital of the Northwestern Province of Zambia. Kaonde is the largest tribe represented in Solwezi, but you can also find large numbers of Lunda and Luvale. The main industry of Solwezi is copper mining. Three miles from the city centre you can find the Kifubwa Rock Stream Shelter located next to Kifubwa River. Most shops and offices concentrated along the central tarred road. The maps in the appendix clearly show the locale of this study.

2.3 Data Gathering Procedures

As a way of gathering data, this paper employed surveys and questionnaires which were distributed to the respondents. And it has to be known that the questionnaires were translated to those participants who had challenges in understanding English. Moreover, data was also gathered using face to face interviews with the participants. Observations were also another useful way of collecting data. Finally, records and other documents also proved handy in gathering data.

2.4 Statistical Treatment of Data

2.4.1 The Dual Processes Model of Coping

Losing a spouse is considered a consummately difficult life event (Hardy et al., 2004; Holmes & Rahe, 1967). Experiencing that loss outside the expectable lifecycle timetable (Elder et al., 2003; Neugarten, 1968) may add to the complexity of grieving and the coping process (Lazarus & Folkman, 1984; Pearlin, 2010; Stroebe, 1992).

Researchers have suggested a normative processes and timetable whereby bereaved individuals return to preloss levels of wellbeing, usually by the second anniversary of spousal death (Sasson & Umberson, 2014). These processes include coping methods and mechanisms such as working through the pain of loss, while interspersing distractions from that discomfort in what Stroebe and Schut (1999) described as experiencing grief in doses.

Working through grief (or "grief work") has long been held as an important aspect of the mourning process (Freud, 1917; Lindemann, 1944, 1979; Staudacher, 1991; Walter, 1996). However, based on the limitations found in past theoretical

adaptive coping strategies, Stroebe and Schut (1999) theorized that coping with grief occurs in dual processes. Both processes are present in varying degrees in most widows' coping (Caserta & Lund, 2007; Stroebe, Folkman, Hansson, & Schut, 2006). Accordingly, Stroebe and Schut (1999) proposed a process of coping that "oscillates" between both loss-oriented (LO) and restoration-oriented (RO) coping. LO coping is described as coping or "grief work" that is directly concerned with the loss, the intrusion of grief, relinquishing or continuing broken bonds, and even the occasional denial of the process of moving forward. RO coping is adapted to and making needed changes, distracting and avoiding grief, trying new activities, roles (identities), responsibilities, and relationships following loss. The continuing alternation between these orientations has been found to be integral to healthy mourning, especially in the first year of grief (Stroebe & Schut, 2010). Through a normative course of grief, this DPM process characterized by commonly higher levels of LO coping early on is theorized to become increasingly more RO thereafter. For a graphical representation of oscillation in the dual process model. The dual process model of coping with bereavement (Based on the model by Stroebe & Schut, 1999).

Though both LO and RO coping orientations represent potential sources of stress and anxiety (Stroebe & Schut, 2001; Utz, Lund, Caserta, & deVries, 2011), this dynamic process of coping may help explain the length and depth of widowed grief. For example, although early grief and mourning is commonly punctuated with loneliness, crying, and even stress and depression (Boelen & Prigerson, 2007; Neimeyer, 2006; Worden, 2009), many widows will find temporary respite from their pain by embracing distractions from the past and directing their concerns to the future (Stroebe & Stroebe, 1991; Utz, Lund, Caserta, & deVries, 2011; Wortman & Silver, 1987). Folkman (1984) indicated that if bereaved persons are able to create and embrace "new" goals and proceed in novel directions (transition to more RO coping), they are more apt to adjust in a more positive manner. Tedeschi and Calhoun (1996, 2004) described this positive development amidst grief as posttraumatic growth.

However, certain personal characteristics and contexts surrounding the loss, or the bereaved person may unsettle a more normative system of coping. Part of this disruption for young widows may stem from the nonnormative nature, timing, or sequencing of events that increase stress on their roles and identities as they cope (Bennett, Gibbons, & Mackenzie-Smith, 2010; Pearlin, 2010). Researchers have studied the effects of those who have focused coping more specifically on the stressors of grief work *or* moving forward, however the DPM suggests that most widows "oscillate" between both coping strategies (Stroebe and Schut, 1999), or as others have considered it, both coping and not coping (e.g., Moore, 2014). For instance, Bennet, Hughes, and Smith (2005) found that older widows and widowers who continued to talk about their deceased spouses chose more healthy coping processes going forward than those who did not. Based on these dynamics, Caserta and Lund (2007) developed an assessment measuring the impact of both coping orientations in daily widowed life. Similar to what was found in subsequent research using the DPM (e.g., Bennett et al., 2010; Utz et al., 2011), this measure has generally indicated that widows more focused on RO coping were more involved with mastery of new tasks, decision-making, personal care, managing depression, and taking on new roles than those with a more LO coping.

Caserta and Lund (2007) found that when absent complicated or pathological grief, older widows transitioned to a more RO approach by around 12-15 months post loss. It is regarding these indications that the present study sought to extend the current body of literature. Another aim of this study was to describe how long, following loss, does it take young widows to transition into new roles and responsibilities and what impact do the stressors associated with grief work and those adaptations to widowhood take on the grief in young widows?

Widows and widowers account for a substantial share of the elderly population in Europe. According to the pooled cross-section data of 1994-2001 from the European Community Household Panel Survey (ECHP), the proportion of those widowed among the population aged 65 or older was 31%. There is a substantial difference in the numbers of widowed men and women. For example, the proportion of widowed men is 2.2% among men aged 50-64, compared with 10.1% for women of the same age; the proportion rises to 13.6% among men aged 65 and older compared with 45% among women in the same age group.

This difference between the genders in the proportion of those widowed results from their differences in age at marriage and the life expectancies of men and women. Women tend on average to be about three years younger than men when they marry and have a life expectancy that is around seven years longer. This difference is also reflected in the duration of widowhood between men and women, with women spending much longer periods in widowhood than men. As loss often occurs with little anticipation, surviving spouses have limited ability to prepare for the income changes following their spouse's departure. Even when the loss of a spouse is anticipated with sufficient time, the ability to prepare for it is quite limited as many households have little margin for savings. The income fluctuations upon widowhood also depend on the income sources and institutional arrangements available, such as the prevailing pension system. If their main income source is their own employment or retirement pension, the survivor may not suffer much financial difficulty. On the other hand, if their main income source was from the deceased spouse's work or pension, the financial situation of the surviving spouse will depend considerably on the applicable survivors' pension regulations. In summary, the overall financial situation of a surviving spouse depends on income from employment, a retirement pension and/or survivorship pension, as well as other financial resources. Today's elderly European women have spent most of their lives in an era where women worked at home, raised children and were widowed relatively young.

Hence, a large proportion of elderly widows in Europe, albeit with some differences between countries, have a survivor's pension as their principal source of income since they did not accumulate sufficient work experience to be eligible for their own retirement pension. Yet pension regulations across European countries contribute to worsening financial conditions for the surviving spouses, in particular among widows, who depend on these benefits as their main income. As general rule, the public pension systems in Europe dictate that there is almost no change in the number of old-age pensions when a dependent spouse passes away; however, a substantial reduction is usual with respect to the survivor's pension, compared with the old-age pension that the deceased spouse had received. This treatment of pension benefits seems to be the main cause of the difference in the financial situations of widows and widowers. In the US there are several studies (perhaps owing to data availability) that analyse the financial situation of widowed persons.

Using data from the Retirement History Survey, Hurd & Wise (1989) indicate that widows are much more likely to be poor than couples. McGarry (1995) concludes that the poverty persistence rate among widows is underestimated as a result of the measurement error. McGarry & Schoeni (1998) show that in the US increased social security benefits were the most important factor that led to changes in living arrangements among elderly widows. Weir, Willis & Sevak (2002) used longitudinal data from the US to show that widowhood is an important risk factor with regard to transition into poverty. In contrast, despite the well-known difficulties facing widows in Europe, there is almost no study that analyses their financial situation. A study by the OECD (2001) shows that single women living alone have the lowest income in nine developed countries (of which six are European), but it does not offer more detailed analysis. This paper tries to fill the gap. Comparisons of financial situation by marital status using cross-section data could provide some useful information regarding the conditions in which surviving spouses live compared with others. Yet the current situation of a surviving spouse is often affected by certain decisions made by the individual and/or their family immediately before or after widowhood. For example, widowed women who receive small survivorship pensions and have no other income sources are often obliged to move into the home of one of their children. Some are forced to seek work to compensate for the income drop upon widowhood.

Therefore, the comparisons of the present income situation by marital status would not show the true effects of widowhood on household income. The use of longitudinal data such as the ECHP could overcome some of these problems as we can observe persons before and after the loss of a spouse. The main purpose of this paper is to document the changes in income in Europe as one is widowed. We highlight the differences by gender and between countries. We also examine other wellbeing indices such as the self-reported extent of financial difficulty. 2. Data We use the data from the eight waves (1994-2001) of the ECHP surveys. The first wave carried out in 1994 included about 60,000 households and 130,000 individuals aged 16 and over across 12 European countries. Austria and Finland joined the survey from the second and the third wave respectively. The cross-section sample includes widowed persons across the waves. For the longitudinal sample, to obtain the information both before and after the loss of a spouse, we selected those individuals whose spouse died during the survey period. The cross-section sample consists of 13,418 widowers.

The demography and household patterns of the widowed in northern Europe 1600-1900 Beatrice Moring and Richard Wall (University of Essex) Introduction Our understanding of the demography of populations in the past has advanced considerably over the course of the past half century as a result of the development and refinement of new methodologies such as family reconstitution and back projection. The demography of widowhood in historical populations, however, has not yet been studied in detail because of the absence of systems of vital registers that would enable widows and widowers to be tracked from when they were widowed through to remarriage or death. Most studies of widowhood in the past are thus largely concerned with measurement of the interval between widowhood and remarriage for those widowed whose second or subsequent marriages took place in the same parish where they had resided in their first marriage. The more interesting aspects of widowhood such as the proportion of widows and widowers who eventually remarry, and the mean duration of widowhood for men and women widowed at different ages are rarely if ever measured. Indeed, even the interval between widowhood and remarriage for the registering population is difficult to interpret as the death of a spouse is likely to increase the likelihood of migration out of the parish (and thus departure from observation) of the survivor and thus bias downwards the interval between widowhood and remarriage. Alternatively, if a significant proportion of the widowed remained only until they had an opportunity to remarry and settle in another parish, the interval to remarriage suggested by the registration data will be too long. In order to develop the study of the past demography of widowhood, our recourse has been to use micro-simulation to produce estimates for populations in the past of the characteristics of widowhood that cannot be measured directly from the empirical data that are available or can be achieved only with great difficulty and some uncertainty as to the reliability of the results.

In the micro-simulation, reliable information on the demography of past societies, for example the distribution of ages at first marriage, age specific mortality rates, and frequency of lifetime celibacy, has been used to suggest the likely incidence of widowhood at different ages, the mean age of widows and widowers, and the duration of widowhood. The particular micro-simulation programme that has been used in this case is CAMSIM, constructed by Jim Oeppen of the Cambridge Group and is Jim Oeppen who wrote the programmes which generated the details on widowhood that we summarise and interpret below. In the context of the present paper the micro-simulation has been used only to simulate the pattern of widowhood in the English past. One reason for this is that in the case of England there is exceptionally little empirical data on the history of widowhood in comparison for example with the data available for other parts of

Europe, notably Scandinavia with the first English national census to detail the age and marital status of the population being carried out in 1851. Another reason for applying the micro-simulation to the experience of widowhood in the English past in the first instance is that the demography which underpins it is based essentially on completed analyses of 28 family reconstitutions (Wrigley et al 1997). In 1 theory, however, micro-simulation could be applied to any historical population for which reliable data of its demographic past are available.

In Australia widows are entitled to a pension, Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension is a weekly payment to the husband, wife or civil partner of a deceased person. This payment was formerly called the Widow's/Widower's (Contributory) Pension. Either you or your deceased spouse or civil partner must have enough social insurance contributions (PRSI).

To qualify you must, of course, be a widow, widower or surviving civil partner and you must not be cohabiting with another person.

If you are divorced and you would have been entitled to a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension had you remained married, you keep your entitlement to the Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension.

If your civil partnership has been dissolved and you would have been entitled to a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension had you remained in the civil partnership, you keep your entitlement to the Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension.

The pension is payable regardless of other income.

Rules

You may automatically qualify for a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension if your late spouse or civil partner was getting a State Pension (Contributory) which included an increase for a dependent spouse or civil partner (or would have included an increase but for the fact that you were getting State Pension (Non-Contributory), Blind Pension or Carer's Allowance).

There is no automatic qualification if your late spouse or civil partner was getting a mixed insurance pro-rata, EU/Bilateral Agreement pro-rata or Pre-53 pension. In all such cases you should apply for Widow's, Widower's or Surviving Civil Partner's Contributory Pension in the normal way.

If you do not automatically qualify for a Widow's, Widower's, or Surviving Civil Partner's (Contributory) Pension, then either you or your late spouse or civil partner must have a certain number of PRSI contributions.

Social insurance contributions

To qualify for a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension, either you or your late spouse or civil partner must have a certain number of PRSI contributions. All the PRSI requirements must be met on **one person's record** - you may not combine the contributions of both spouses or civil partners. All must have been made before the death of the spouse or civil partner.

Virtually all PRSI contributions count towards this pension, including contributions paid by public servants and the self-employed.

Either you or your spouse or civil partner must have:

- At least 260 paid contributions paid before the relevant date*

And

- An average of 39 paid or credited contributions in either the 3 or 5 years before the death of the spouse or civil partner or before he or she reached pension age (66)

Or

- A yearly average of at least 24 paid or credited contributions from the year of first entry into insurance until the year of death or reaching pension age. If this average is used then an average of 24 will entitle you to a minimum pension, you will need an average of 48 per year to get the full pension.

*The relevant date is the earliest of the following dates:

- The date your spouse or civil partner died.
- Your spouse's or civil partner's 66th birthday, if their social insurance record is used.
- Your 66th birthday if your social insurance record is used.

If your spouse or civil partner died before 27 December 2013, only 156 paid contributions are required. However, the yearly average condition must still be satisfied.

Contributions paid in other EU member states.

If you were previously insurably employed in a country covered by EU Regulations or in a country with which Ireland has a bilateral social security agreement and you have paid at least one full rate PRSI contribution in Ireland, you may combine your insurance record in that country with your Irish PRSI contributions to help you qualify for Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension.

More information is available in our document about combining your social insurance contributions from abroad.

Other Earnings and Payments

Since this is a contributory pension, you may earn any amount of money from any other source and still remain entitled to this pension. It is taxable. If it is your only source of income, you are unlikely to have to pay tax.

Generally, you cannot get a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension and another social welfare payment at the same time. For example, if you are entitled to a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension and a State Pension (Contributory), you will be paid whichever is the higher amount. If you wish to receive the lower amount, you should contact the Department of Social Protection (see 'Where to apply' below).

However, you can get a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension and half-rate Maternity Benefit, Health and Safety Benefit, Adoptive Benefit and Carer's Allowance if you also qualify for one of these payments.

You can claim Working Family Payment (if you meet the criteria) and get a Widow's, Widower's or Surviving Civil Partner's Contributory Pension at the same time. Your widow's pension is assessed as a means.

You cannot get a training allowance at the same time as a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension.

You cannot get a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension in addition to full payment on a Community Employment Scheme. You will be paid by the CE sponsor and your payment will be the equivalent of your previous personal rate of Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension plus €22.50 per week.

Duration

The pension remains payable while you remain widowed or a surviving civil partner. If you re-marry or start to cohabit, it is no longer payable.

You may get increases for qualified children with your pension - these remain payable while the child is aged under 18 and they may then be continued until age 22 if the child is in full-time education.

Adjustment of Israeli Arab Muslim widows to the traumatic loss of their husbands was examined by comparing their reported ways of coping with those of married women of their community by means of the Two-Track-Bereavement Model. Participants included 93 widows and 86 comparable married women who were mostly middle aged and of middle class. We hypothesized that widows would express concurrently greater suffering and higher resilience to adverse life events compared with married women. It was hypothesized further that positive and close relations to a deceased husband will be reported by Arab widows as well as Arab married women. However, positive relationships of married women will correlate with their own coping supporting attributes, whereas positive relations of widows to their deceased husband will not be associated with their individual characteristics. Results indicated a fourfold factor structure of the bereavement and coping scale which differed from those obtained by Israeli Jewish women and generally supported these hypotheses. It appears that traumatic loss of a husband may enhance widows' resilience.

Empirical research spanning several decades has demonstrated that married people experience a range of physical and mental health benefits and greater functionality, self-rated health, and longevity as compared to non-married individuals. Previous research exploring mechanisms linking marital status and health outcomes has posited several ways that marriage and health are causally associated. First, marriage may offer economic, social, and psychological benefits, which may promote good health. These mechanisms may include access to sufficient economic resources, social control of behaviors by one's spouse, or a sense of social support within the marital relationship. Second, transitioning to widowhood may induce significant strain upon a sudden change in resources, a change which leads to negative effects. Alternatively, assortative mating based on health may occur. Also, research has found that healthier people tend to get married and stay married while unhealthy people tend to become widowed or divorced. Regardless of mechanism, longitudinal studies have provided evidence of links between earlier marital status states and marital transitions to later wellbeing, health-related outcomes, chronic disease and mortality, though the direction and strength of associations vary across studies and outcomes. Moreover, associations between marital status and health-related outcomes have remained even after adjusting for various sets of demographic and socioeconomic characteristics.

Widowhood is inherently a gendered and cultured experience as the salience of different mechanisms linking widowhood to health may depend on gender and on local norms. Much of the formative research on marital status and health associations has been conducted in high-income countries where a substantial number of studies examining gender differences in the widowhood-health relationship have found evidence of worse outcomes for men, findings which are posited to be due to the loss of social and psychological support from the wife. However, results are mixed across the literature. Moreover, research has provided evidence of variation in the relationships between marital status and health outcomes across cultures. Indeed, widowhood may differently affect men and women across contexts due to differences in gender norms and marriage traditions. For example, in some contexts, widowhood may lead to increased financial strain for women while it may lead to increased household strain for men. That relationship may differ in other contexts where roles and responsibilities differ by gender.

Moreover, in patriarchal cultures, remarriage may not be a realistic option for women (particularly older women), thus forcing older women to remain widowed and without resources indefinitely. In contrast, men may easily seek remarriage. If a woman is widowed from a young age without much ability to remarry due to cultural barriers (particularly if she already has children), then she may be economically disadvantaged for life. Alternatively, older men in some cultures where wives traditionally take care of men may be less able to cope with a loss of a spouse for longer periods whereas the existence of strong family ties (particularly other female familial relationships) may prevent negative effects in the short-term. In places where paternalistic norms are pervasive in everyday life (particularly in patterns of behavior related to economic opportunities, social activities, marriage traditions, and reputations), becoming widowed may severely restrict an individual's ability to access financial, affective, informational, or physical resources, which in turn might affect health outcomes.

In India, a country with strict gender norms and traditional kinship systems, widowhood is considered to be a dreaded phase of life among some groups, particularly for women. Traditionally, the woman's main role in India was to care for her husband. Upon losing her husband, the main purpose to life was lost. As she belonged to her husband's family, in-laws frequently viewed widowed women as a burden. In the past, a traditional Hindu custom (which is the dominant religion in India) called for widows to commit suicide upon the death of their husband, and although the practice is illegal now, it is still occurs (though obviously with lower frequency). More recently, the 'city of widows' in India has been highlighted, which is a holy site that is home to thousands of widowed women who live in dire circumstances and beg for money. In general, widowhood for women in India is a very tenuous period of life, highlighted by significant poverty, lack of social support, a lack of ability to remarry, and a greater risk of mortality. Widowhood for elderly women in India may be a highly stigmatizing and potentially public experience as, according to traditional customs, they may shave their heads, wear only plain or white clothing, eat only two or fewer meals per day, and not be permitted to attend social gatherings or to re-marry. Thus, given historical precedent and India's patriarchal society embodying strict norms, attitudes, and practices that typically affect the social status of the elderly, and women in particular, widowed older women in India may face significant discrimination (experienced or perceived) as well as a lack of economic resources. These issues may in turn affect health outcomes. In this context, widowhood may present substantial disadvantages for women if the transition signifies a loss of resources, particularly in the long-term, though there may be differences by socioeconomic status and other demographic factors, as well as by region. In contrast, widowhood may not be associated with health outcomes for men if other women in the family immediately take over the daily household chores and any care the widowed men may need.

Most studies examining health-related outcomes as a function of marital status among older adults in India have found worse health to be associated with widowed status as compared to married status. These studies, however, adjusted for varying sets of covariates and many of the studies only focused on self-rated health as the outcome. Moreover, few studies have focused on the potential health effects of widowhood for men in India. Yet, as the aging population of India increases in a context where access to and affordability of social services is limited for older individuals, it is important to identify individuals who are more at risk for worse health outcomes among the general older adult population. Being widowed represents a relatively easy marker.

Thus, assessing whether there is evidence of a direct relationship between widowhood and multiple subjective and objective health-related outcomes and chronic diseases among older adults is warranted. Moreover, examining these associations separately for men and women is critical due to unequal gender norms in India and also because a higher proportion of men in India remarry while an increasing fraction of women remain widows. Finally, no studies of which we are aware have examined how duration of widowhood is associated with outcomes among older adults in India. Yet, men and women recently widowed may experience worse outcomes than people widowed for much longer. For example, men who are more recently widowed may experience stressful transitions and immediate loss of a known daily support. In the long run, however, they are likely well-cared for by other female relatives. Alternatively, women who have been widowed for a long time may be the worst off due to long-term reduced access to resources and, perhaps, poor treatment by their husband's family. Previous studies from other countries have revealed a relationship between duration widowhood and self-reported health, psychological wellbeing, or other health outcomes, though findings have differed across populations and outcomes.

The current study attempts to address these gaps in the literature by providing empirically descriptive answers to two questions: First, to what extent is widowhood associated with a variety of health-related outcomes and chronic diseases among older men and women, separately, in India, after adjusting for several demographic and socioeconomic indicators? Second, is there evidence that widowhood duration matters in these relationships? We hypothesized that being widowed (without regards to duration) would be associated with worse health outcomes for both men and women, even after adjusting for several indicators of socioeconomic status, living arrangement, and place, though we thought that the strength of the relationship would be greater among women. Moreover, we hypothesized that being widowed for longer would be associated with an even greater risk of poor health outcomes for women given a potential longer period of resource restriction.

Being a widow is never in the hands of a woman, or a woman does not want to be a widow. But this time comes in the life of some women and this time brings with it many difficulties and responsibilities. In the current situation in India, there are approximately 40 million estimated widows as per the 2010 census. Widows face many problems in their lives.

The widowhood makes the biggest and saddest change in a woman's life. The death of her husband is the beginning of many problems in the life of a widow. The woman struggles to bring herself into a new role by facing grief and sorrow in a situation that is suddenly in front of her. Research Scholar, Department of Social Work, Gujarat University, Ahmedabad, Gujarat, India.

Suddenly this situation affects the life of the widow financially and emotionally. When the financial and mental support of the family, the head, dies, the whole family is in crisis and all the burden now falls on the widow. Our conservative Indian society associates widows with superstitious and unreliable rules. In India, widows are facing many problems in society and family and it is because of the traditional norms, superstition, cultural practices, and wrong beliefs. India is a patriarchal Hindu society in which women derive their status from their husbands, where widows are regarded as misfortune and their presence was thought to be inauspicious on happy occasions. (Sharma and Boro, 2017). Widows are victims of such superstitions and such backward social attitudes. We all know that in ancient times the practice of sati was such that widows were forced to burn themselves alive at their husband's funeral. The efforts of reformers like Raja Ram Mohan Roy helped to ban the practice of sati but resulted in harsh treatment of living widows. The widow was told to shave, to wear white clothes, to avoid eating almost anything good, and to abstain from almost all good works. The simple food we eat in our daily lives, onions, garlic, potatoes and pickles, and meat, was kept away from widows. They had a superstition that such food increases sexual feelings but who can explain to them that to keep the body healthy and prevent malnutrition, this food is very important and a common man takes this food every day in his life. The practice of sati was completely abolished during British rule. The rule of widow remarriage was also enforced during British rule. India is now an independent country. India is achieving new success day by day. India has achieved a lot in globalization, economic liberalization. Although many cultural practices have changed over time, there are still many societies and regions where the condition of widows is deplorable. In the North Indian state of Punjab, a widow is referred to by the regional word *rundi*, which means prostitute. In this region, the widow is forced or encouraged to marry her deceased husband's brother. If she is owned by a man, it will eliminate the possibility of rape. A similar practice is also found in South India. Here, widowed women are not allowed to wear blouses with saris. In the name of superstition, different customs and rituals on widows have been imposed. There are many parts of India where widows have no roof over their heads, no food to eat, no relationship to say, no place to go, no one willing to keep them. In India, Vrindavan and Varanasi are also known as the city of widows. Here, old widows are forced to live on the Vrindavan road, they are forced to beg and they are helpless. On the other hand, the young widow is exploited and pushed into prostitution, forcing the young widow into a state of helplessness.

Widows whose fortunes are a little better are called to sing hymns for 3-4 hours a day. Widows have to register themselves first and then they are called at a given time and then only they can work. Widows who are called for hymns are given a one-time meal and some financial assistance of 5 rupees in return for singing hymns, this hymns ashram is run by the rich religious people. There is almost no one to take care of the elderly widows, they on their own in every way take care of themselves, some elder widows are forcefully sent for bagging. And this is how life goes, there is almost no one for these people, and they are forced to work this way for their financial help and this is what becomes their daily life. Widows are likely to suffer, extreme and systematic physical, psychological, sexual, and economic violence both within their families and in the outside community. Across regions, religions, cultures, caste, and class, widows can be stigmatized as bringing bad luck, as "inauspicious", or "the evil eye". (Sahoo, 2014) The Government of India has launched several schemes to assist its citizens. Similarly, plans have been made for widows to take action and receive financial help. An estimated 40 million women in India are widows as per the 2010 census. The state and central government scheme that are being launched, from which a widow gets the benefit and can do something for themselves and be an independent woman. The Indira Gandhi National Widow Pension Scheme has been introduced by the Government of India to help widows. The widow pension scheme has been implemented under the National Social Assistance Program, from where financial assistance is provided to widows. Widows constitute 10% of the total population of India. Out of which approximately 1.52 lakh widows are availing the benefit of widow pension scheme in Gujarat. If the widowed children are small, one of the children will be given Rupees 100 per month. By taking advantage of this scheme, the widow gets some financial help. The government has also come up with another such scheme, which is the Vidhva Sahay and Talim Yojna. With the help of this scheme, widowed women between the ages of 18 and 40 are helped to improve their economic status to some extent. And women between the ages of 18 and 30 are entitled to Rupees. 500 per month and his two children Rupees. 20 by post office fee.

Similarly, the Madhya Pradesh government has set up a Krishna Kutir in Vrindavan for widows in which widows can stay for free. The marital experience is remarkably gendered in Sub-Saharan Africa. Figure 1 gives the proportions of men and women in each marital status group by age.² Although marriage is practically universal, African men spend far more of their lives married than do African women. From their early thirties to their early eighties, over 80% of all men are married. In contrast, the share of married women peaks at around 30—and lasts a much shorter period, dropping below 80% just after age 40. The drop is then precipitous and mirrored by a steady rise in the share of widows. By age 65, there are as many widows as there are married women; by age 80, 80% of women are living in widowhood. All along the age distribution, the share of divorcees is also higher among women than men. These patterns reflect several factors including far higher male remarriage rates following widowhood or divorce, large spousal age gaps, higher average life expectancy of women, the practice of polygamy, and the ravages of HIV. As a result, one in ten African women 15 and

older are widows, and 6% are divorcees. And these women are likely to head their own households —72% of widows are heads of the family. In Africa, many are also quite young.³ Across the region, 3 percent of all women aged 15-49 are widows at any one point in time, and accounting for those who have remarried, 5% are ever-widowed.

This paper asks whether African women who have been widowed or divorced are poorer than otherwise similar women who are in their first marriage. When today's rich countries were as poor as Africa today, widows were often identified as among the poorest and most vulnerable individuals, which led to the introduction of pension schemes and widow benefits in the late 19th and early 20th centuries in many of those countries (Frohman 2008; Hopkins 2016; Thane 2000). In more recent times, divorced women too have been singled out in the academic literature for the consumption and income losses they often suffer as a result of their marriage's collapse (Amato 2000). Though the evidence is scarce, one might expect a similar situation for women who experience a marital shock in Africa, where most countries are characterized by underdeveloped safety net and insurance mechanisms, and high levels of gender inequality in rights, human development and access to assets and livelihoods. For African women, such a shock may well entail a loss of economic means and support that are acquired through and conditional on marriage—including access to productive assets such as agricultural land. It may be conjectured that Africa today is ready for similar policies targeting widows to those introduced long ago in today's rich world. Against this view, family, community and local institutions may provide assistance to women following a marital dissolution. A literature in economics has pointed to the existence of risk-sharing arrangements in poor societies which, although they appear to be far from perfect, might be expected to offer some protection (Fafchamps 1992; Jalan and Ravallion 1999).

As will be discussed below, in some African countries, polygamy and the continuing practice of the levirate (defined below) appear to serve this purpose to some degree. The widespread tradition of child fostering in Africa has also been identified as a tool for risk-sharing (Akresh 2005). A large literature has emphasized the role of the moral economy in African peasant economies, comprising informal solidarity networks, risk-sharing institutions and mutual insurance systems. Policy makers in Africa may be reasonably confident that the extended family and village support systems will assist widows and divorcees and their offspring, and that such systems work well in most cases. Yet there does not seem to be much support for that view in the sociological, anthropological and human rights literatures, which have pointed to the plight of widows.⁴ A number of NGOs focus specifically on helping African widows. Much qualitative and anecdotal evidence exists of social stigma, property dispossession, forced eviction, denial of child custody, degrading rituals and accusations of having caused the death in the case of widowhood (Human Rights Watch 2017; Loomba Foundation 2015). Tragic anecdotes abound and undoubtedly occur, but there are no statistics on how common they are. Based on qualitative evidence and various sociological, anthropological and demographic writings, one might expect African women who have suffered a marriage shock to be highly disadvantaged relative to women who have not.

Yet, here too there exists little quantitative analysis or evidence representative at the population level to indicate how widespread and generalizable this is within and across countries. The consequences of marital ruptures for women in Africa have rarely been studied. Instead, the focus has been on female-headed households, whose heads are often abandoned, divorced or widowed. Among them, widow-headed households are frequently found to be particularly impoverished. Africa's widows have also figured in discussions of old-age poverty and more recently, in the context of gendered asset inheritance and the consequences of the HIV/AIDS epidemic. Although they are likely to be more heterogeneous across women, the welfare consequences of divorce also often appear to be negative and are likewise inadequately understood. There has been interest from demographers (Locoh and Thariat 1995; Renniers 1998; Clark and Brauner-Otto 2015) and a beginning of one among economists (Lambert et al. 2017; Cherchye et al. 2016). But, all in all, surprisingly little is known about the well-being of Africa's widows and divorcees. The paper asks whether Africa's widows and divorcees are relatively disadvantaged, as has historically been the case for them in western economies. As noted, in the history of social policy, widows have been a recurrent target group and widows' pensions were important in reducing poverty. The issue was never about the causal effect of widowhood on welfare but rather the correlation with poverty. Widowhood was taken to be an indicator. However, this has received little systematic study for Africa. And "Africa" comprises 48 countries, with different historical and cultural setups. What is true in one may not hold elsewhere. The paper investigates whether women who have suffered a marital breakdown may also suffer lower welfare levels relative to married women in their first union. Associations are described in a consistent and systematic way across multiple African countries.

The overall objective is to better understand the consequences of the loss of a spouse and what role policy may have in protecting women who have suffered a marital dissolution. Through changes in inheritance laws and their enforcement, cash transfer schemes, and preferential access to housing, training, employment and schooling for their children, social policies can potentially help compensate for misfortune stemming from marital shocks, if the evidence suggests that widows and/or divorcees are in fact poor. Examining these issues is not straightforward even when causal attribution is not the aim. Poverty and vulnerability are mostly measured with the household as the basic unit of observation as data on individual consumption for specific household members are not available. Thus, potentially disadvantaged individuals within the household — such as current or remarried widows and divorcees and their children — remain invisible in standard data sources. We can only ask whether women who have had a marital breakup are disadvantaged with respect to other welfare proxies. We use Africa's Demographic and Health Surveys (DHS) and indicators of nutritional status —

generally considered an important dimension of individual welfare — to compare conditional means for ever-widowed and ever-divorced women relative to those of once married women across 20 countries.

We pool all the data, control for a vast number of individual and household characteristics, and alternatively, country and household fixed effects. The regressions are also estimated with marital status and country interactions to examine country-specific associations. Our approach is subject to caveats. Nutritional outcome indicators are collected only for those aged 15 through 49, which may well miss the most vulnerable and disadvantaged women. In addition, small overall sample sizes in some cases imply relatively few observations to work with at the country level. We are also limited in the number of usable surveys. DHSs have not consistently collected marital histories. In most surveys, remarried widows and divorcees cannot be distinguished from married-once women. We restrict the analysis to the 21 DHSs fielded between 2004 and 2013 which collected this information. Another difficulty concerns the fact that in regions subject to the AIDS epidemic it may be hard to identify associations with widowhood and divorce from those of being sick and undernourished due to AIDS. To address this possibility, we rerun our estimations on the sample of countries for which HIV tests are reported, controlling for HIV status.

A final caveat relates to the possibility of selective mortality among widows and divorcees reflecting their treatment by society (Anderson and Ray 2016). Unfortunately, the paper is unable to address this issue. However, the existence of selective mortality itself constitutes evidence consistent with our findings that do not account for it. Overall, the results indicate significantly lower nutritional status for Africa's widows and divorcees. This is generally found to be the case with both country and household fixed effects (though with some exceptions). Controls for HIV status reduce the magnitude of the estimates but statistically significant effects remain. However, when we study the country-specific associations we find that the disadvantage of a marital rupture is not universal. Significant disadvantage is found only for certain countries and for these, tends to endure under all specifications. We begin with a brief review of the African context and literature as relevant to the potential vulnerability of African women to marital rupture. Section 3 discusses data issues and presents descriptive statistics. Section 4 describes our estimation methods while Section 5 presents the results testing for significant differences in women's welfare associated with marital status. Section 6 concludes.

Context and literature African women tend to have significantly inferior human capital endowments to men which imperils their access to employment and public services. Despite recent progress in school attainment, gender gaps persist in school entry and remain considerable in attainment among poorer, older and rural women (Grant and Behrman 2010; Beegle et al. 2016). Fertility rates remain the highest of any region in the world at an average of close to 5 children per woman (United Nations 2015). Repeated child bearing and unreliable access to pre-natal and maternal care amplify the health risks faced by women. Despite the wide variety of cultural groups and traditions, customs related to women and the rights afforded them in the case of marriage rupture are derived from customary laws that share basic similarities across African societies and patterns of kinship organization (Ndulo 2011). Across the continent, legal protection privileges men. This is particularly so with respect to the laws governing unions and their dissolution, child custody arrangements, property rights, and inheritance. Although constitutions, laws and international conventions have been adopted that forbid discrimination on the basis of gender, there continues to be a considerable chasm with actual practice. Civic law has been largely ineffective in displacing customary law which often denies women's rights. Two pillars of family law — inheritance and marriage — are still overwhelmingly controlled by customary law (Ndulo 2011, Richardson 2004). As the basis for production and women's avenue to social and economic rights, marriage and a surviving spouse remain crucial to a woman's access to resources and productive assets (Gray and Kevane 1999a, b; Fafchamps and Quisumbing 2005). Traditional Islamic law as typically practiced in Africa dictates that daughters inherit half of what sons inherit and husbands are the sole owners of family property. Widows receive one-eighth of the inheritance, to be shared among any co-wives. Customary law also excludes women from property ownership and inheritance in much of the rest of Africa.

Women's access to property and land use rights is obtained through marriage and contingent on marital status. In the case of divorce/separation or widowhood, the rights are lost.⁶ Women who initiate divorce may need to return bride wealth, and are likely to get none of the jointly owned belongings. In all marital ruptures, women run the risk of losing custody of children. Women's access and control over resources is thus limited. In West African cultures, men and their wives do not share incomes, keep separate budgets, and have different spending responsibilities. Income from a personal plot acquired through marriage or petty trade is expected to provide wives and their dependents with any additional food and non-food needs. High fertility, responsibilities for child care, domestic tasks, and work on the household's communal land may result in little time to allocate to their own income earning activities. Different cultural traditions exist in East Africa, where (as a generalization) wives have historically had few possessions and no independent sources of income (Lesthaeghe 1989). Everywhere, women's limited assets and lower capacity for mobilizing resources are compounded by constraints linked to social norms, difficulties in accessing credit and public and private services (Gaddis et al. 2017). Access to own income sources as well as bargaining power within the extended household becomes crucial to welfare outcomes and to whether the loss of a husband turns out to be catastrophic. Women thus face many restrictions that limit their possibilities for accumulating capital or earning income and have far lower access to various individual level coping mechanisms in times of downside shocks. They may be disproportionately vulnerable to shocks. There is evidence supporting this view in the results of Dercon and Krishnan (2000) for Ethiopia. A frequent shock is union dissolution.

Across Africa, early marriage to much older men is common. Eight of the world's 10 countries with the highest percentage of girls married before they are 18 were in SSA in 2010 (Walker 2012); and close to half (4 out of 10) of the women are married before they turn 18 (UNICEF 2016). Although many countries have set 15 as the legal minimum marriage age for girls and some have even managed to raise it further, special dispensations and customary law often intervene. Large age gaps between spouses are typical, as in Mali where they are around 12 and 14 years on average in urban and rural areas respectively, while in Senegal, a richer country than Mali, they are 11 and 13.7. As a result, far more women than men experience the death of a spouse at some point in their lives; by the same token, significantly more elderly women are widows than men are widowers. Many also divorce and unlike men, stay divorced. As seen in Figure 1, women spend a considerably shorter part of their lives in marriage than do men. Polygamy is legal in 25 Sub-Saharan African countries, either because civil marriage allows it or because traditional marriages are recognized. In Islamic countries and regions, the law typically permits up to 4 wives per man, in accordance with the Koran's recommendation. Although a widow can refuse the levirate, she is not usually free to take with her the children she had with the deceased husband. Furthermore, a new husband from outside the lineage may not accept her children with another man. The AIDS epidemic has not only contributed to the prevalence of widowhood but has also accentuated the vulnerability of widows who are typically assumed to be infected such that, as a result, the levirate practice is thought to be dying down in affected areas (Kudo 2017; Tenkorang 2014). The epidemic has likewise been associated with a higher risk of divorce by individuals using it as a protective measure (Reniers 2008). AIDS widows may be shunned and dispossessed by in-laws, yet left with debts incurred during the deceased's illness (Ntozi 1997). In the absence of relatives willing to take them in, or the incomplete and limited protection afforded by legally sanctioned polygamy and the levirate, widows and orphans can be left homeless and destitute after the death of their husband or father. Using DHSs, Peterman (2012) documents that across African countries, only a small share of widows receives any assets following a husband's death. In places where polygamy is illegal, de-facto wives are likely to be even more vulnerable to destitution when a partner dies since any enforced rights associated with marriage apply only to the legal wife.

Where unregistered customary marriages are the norm, women without certificates have little legal recourse to dispossession by in-laws at widowhood (Human Rights Watch 2016 focusing on Zimbabwe). Property grabbing appears to be particularly frequent in the East and Southern African countries of Kenya, Lesotho, Tanzania, Uganda, Zambia and Zimbabwe where a number of NGOs fight to render justice. The presence of HIV/AIDS and the stigma attached to surviving widows aggravates the situation (Okuro 2007; Ngozi et al. 2009). For Zambia, Chapoto et al. (2011) find that a male head's demise often linked to AIDS is associated with a 40% decline in the household's landholdings. Using the same database, Dillon and Voena (2017) show that a lack of tenure security and hence, the real threat of dispossession at widowhood, reduces investment in land by couples. Izumi (2007) documents how this process often leads to eviction followed by destitution and forced migration for widows (also see Ntozi 1997). Widows and divorcees may have access to support from private transfers and informal solidarity networks. However, given widespread patrilocality, women's individual kinship ties and support systems may also be weaker than men. Although much has been written about risk-sharing between households, including about its limitations and the exclusion of some groups, much less is known about the ability of individuals to protect themselves.

This point is noted by Dercon and Krishnan (2000), in a study of rural Ethiopia which finds that women bear more of the costs of a shock than their husbands in the country's South, as well as in places where customary rules on settlement at divorce favor men.¹⁰ As an alternative, formal social protection remains underdeveloped and piecemeal. To be sure, safety net programs and foundations for scaling up have significantly expanded in the last decade (Cirillo and Tebaldi 2016). Yet, excepting some southern African countries, nationwide and long-term mitigating public policy or social safety nets remain scarce, and none appear to explicitly focus on those who have lost a husband or their dependents outside the context of AIDS and old age. Widowhood and divorce may well have different welfare implications. Widowhood is more likely to have adverse impacts, including grief, emotional loss, changes in social and economic status, and frequently, rejection and accusations of having caused the death. Degrading widowhood rites and cleansing rituals are widespread in African cultures (Ewelukwa 2002, Sossou 2002). Widows can be subject to strict social norms and superstitions such as cultural taboos against women plowing and threshing in northern highland areas of Ethiopia, worsening their economic survival prospects (Loomba Foundation 2015).

This disadvantage persists through remarriage and spills over to their children's health and education outcomes (van de Walle 2013). Milazzo and van de Walle (2017) find evidence to suggest that worse nutritional status for widows in Nigeria can be linked to inheritance practices and cultural attitudes and norms towards widows associated with certain ethnic and religious groups. In Senegal, and elsewhere, some protection for widows may be provided by the opportunity to remarry. The evidence suggests that among widows and divorcees in Senegal it is the worst off who remarry, while those who can afford not to do so often do not (Lambert et al. 2017). There is also evidence that Senegalese women whose husbands already have children from other marriages, and hence 'rivals' for his inheritance, reduce birth spacing and increase the number of pregnancies to potentially dangerous levels in their desperation to have a son as insurance against widowhood (Lambert and Rossi 2016).¹¹ Naturally, it may not be random that some women experience a marriage dissolution. If poorer husbands are more likely to die, their widows are also more likely to end up poor. A selection process whereby women start off with worse outcomes prior to becoming widows or divorcees is plausible. Available research with respect to both widowhood and divorce in western economies suggests that associations with

economic hardship and negative impacts on well-being are in part due to selection effects as well as to stress associated with union disruption (Amato 2000; Hurd and Wise 1989; Sevak et al. 2003).

However, in Africa the opposite is also possible given that widowhood at a young age is usually associated with the death of a possibly much older husband. In addition, considerable evidence for Africa suggests that a widow may end up poor not because her husband was poor but because inheritance rules dictate that she receives nothing, or because she has no son (who would inherit something), or because her in-laws dispossess and throw her out. In the context of land and property grabbing from widows in Zambia, Chapoto et al. (2011) find that it is wealthier widows who are most at risk of expropriation. Unfortunately, the data do not allow us to disentangle all these explanations. However, the aim of this paper is not to make causal statements about the welfare effects of widowhood or divorce. The aim is to investigate the correlations. From the standpoint of anti-poverty policy what matters is whether women who have had a marital dissolution are significantly worse off than women who have not, and should thus be a target group. Whether it is widowhood or divorce per se that causes disadvantage or whether such women are a selected group is irrelevant from the point of view of whether social program resources should be targeted to them. That said, the nature of the selection may well matter to policy design and targeting.

3. Results and Discussion

3.1 Descriptive Statistics

The Most Commonly Used Welfare Measures such as per capita consumption are household based and may be unrevealing about the economic welfare of specific individuals within the household. Addressing the issue of interest clearly requires indicators of welfare at the individual level.

Here, we rely on measures of nutritional status from Demographic and Health Surveys (DHS) for women aged 15-49. The surveys are available in form of questionnaires, nationally representative and share a comparable format so that the situation of women can be compared across different contexts. DHSs do not include income or consumption expenditure data. However, given the paper's objectives, their most salient limitation is that the collection of detailed information is restricted to women aged 15-49. It is thus impossible to shed light on the large group of widows and other women who are older than 49 (or younger than 15) using measures of nutritional status. Prevalence of ever widowed and divorced women: Household surveys such as DHS usually only identify current marital status. 'Married' is then a composite of women in first or subsequent unions, rendering comparisons across marital statuses treacherous. Uniquely, a version of the survey fielded between 2004 and 2013 also recorded how a previous union ended — whether in divorce/separation or widowhood — for currently married women not in their first marriage. Women who have had a marital shock can thus be adequately compared with women who have not. There are 21 DHSs covering 20 widowed households with this important added detail. The widows from Solwezi and Chingola provide a substantial and relatively representative coverage of Zambia. We also draw on DHSs for which the household roster contains marital status information, using the latest survey when there are multiple such surveys for a given household.

To provide a point of comparison for the same date and a maximum coverage of Africa, we use these same surveys, 14 Mean prevalence. In most households, the percentage of widows tends to be higher in rural areas.

Across 20 widows visited, we investigate the association between three nutrition-based welfare indicators and marital status for ever-married women aged 15 through 49. The aim is to test the hypothesis that women who have suffered a marital breakdown also suffer disadvantage and lower well-being as reflected in their nutritional status. We test this hypothesis using various regression specifications, each with its pros and cons. We begin with the following model of plotting in which the micro data are pooled across widows to enhance precision:

3.2 Results

We began with our household model using pooled DHS data, first with country fixed effects then (on a more limited sample) household fixed-effects.

Comparable to findings of past research highlighting psychosocial balance in the early to middle-adulthood crises (Beaumont & Pratt, 2011; Domino & Affonso, 1990), participants in this study were moderately balanced in all three Eriksonian stages (crises). Identity, intimacy, and generativity balance were individually predictive of participant levels of grief. These findings align with Erikson's (1963) theory in that young widows' psychosocial balance is subject to much agitation due to the extraordinary life event of off-time conjugal loss.

However, in the final model after simultaneously accounting for quality of life and coping orientation, and identity and generativity balance, only intimacy balance was predictive of grief levels. These findings are indicative of the importance of relational dependence of young widows beyond both the sense of self (identity) and the need for productivity and procreativity (generativity). Indeed, identity maintenance occurs in "a continuity of significant others, a continuity with one's past self, and a continuity with one's anticipated future self" (Kilpatrick, 1975, p. 30).

Some ethnic groups place no limits on the number of wives a man can take. In many Sub-Saharan cultures where remaining single is socially unacceptable for women, polygamous marriages offer a way for divorcees and widows to remarry quickly. A Senegal survey which collected such information reveals that of the 59 percent of divorcees who remarried, 47% did so in a polygamous relationship (Lambert et al. 2017). Among the 26% of widows who remarried, 72% did so to a polygamous husband and half of them in a leviratic union, for which 83% joined a polygamous union.

Although they usually join as lesser ranked wives, such marriages offer women a status, and some protection and help with basic needs. By the same token, when a polygamous man dies, up to 4 new women become widows. Informal polygamy, without any legal basis in either customary or statutory law, is also rising across many African countries (Coast et al. 2011).

In other countries, remarriage is forbidden or frowned upon. Some form of leviratic union continues to be common in Africa.⁸ By this custom, a widow is married to a relative of the deceased husband, thereby ensuring that her current and future offspring remain with the lineage. The levirate is made possible by polygamy and plays a similar role to it, providing support to widows and their children by ensuring that a male provider assumes responsibility for them and can make it easier for mother and children to stay together. In many kinship groups, a man's offspring are seen to belong to his lineage.

4. Summary, Conclusion and Recommendation

4.1 Summary of Findings

When considered in isolation, it was found that higher levels of loss-oriented coping were associated with higher levels of grief. Loss-oriented coping was still an independent predictor of grief after individually controlling for quality of life, restoration-oriented coping, and psychosocial balance. In the final model, the combination of loss-oriented coping, intimacy balance, and length of relationship significantly predicted levels of grief. These findings were similar to what past clinicians such as Freud (1917) and Lindemann (1944, 1979).

Though participants in the present study were slightly more loss-oriented, restoration-oriented coping was found to significantly predict lower levels of grief when considered in isolation. It was still an independent predictor of grief after controlling for quality of life, loss-oriented coping, and psychosocial balance one at a time. As was theorized by Stroebe and Schut (1999) regarding aggrieved individuals, and similar to what was found by Caserta and Lund (2007) with older widows.

Identity Balance

Identity balance was found to be a significant predictor of grief when considered in isolation *and* after individually controlling for quality of life, coping orientation, and intimacy and generativity balance. Thus, participants who had higher levels of identity balance and were less "role confused" (Erikson, 1968) also reported lower levels of grief.

This finding highlights the importance of a strong sense of self and ability to balance new roles (e.g., single or widow) with the old ones (e.g., parent or employee) beyond just the fact that one is moving on in their mourning and grief (Saunders, 1981).

Intimacy Balance

As Ossefort (2000) found, off-time loss can complicate the present (i.e., am I widowed, single?) due to the loss of the future (i.e., I am no longer a partner). For many younger widows, the relationship (and foregone future) may remain at the forefront of their mourning, and, therefore, impact coping strategies, psychosocial balance, and grief. When considered on their own, widows who had higher levels of intimacy balance were associatively less "isolated" (Erikson, 1968), and had lower levels of grief.

Generativity Balance

Similar to the research findings of Worden and Silverman (1993), when considered in isolation, young widows who had higher levels of generative balance (creativity, productivity, and procreativity) had lower levels of grief. Generativity is central to a variety of domains fundamental to the period of adulthood carried out by those in intimate relationships; employment (Bishop & Cain, 2003; Pai & Barrett, 2007), parenting (Furstenberg & Nord, 1985; Kwok et al., 2005; Worden & Silverman, 1993), and social support provision (Dunn & Piercy, n.d.; Liang et al., 2001; Piliavin & Siegl, 2007).

4.2 Conclusion

The study has established that there are several factors that contribute to the vulnerability of widows and widowers. Divorce on the other hand is more ambiguous in its welfare impacts; it could be an unwanted precursor to economic hardship or it could be desired. Although it remains easier for men to instigate divorce, in many countries the husband or wife can do so. A number of papers for various African countries have argued that young and educated women use divorce strategically as a way to improve their economic status (Locoh et al. 1995; Reniers 2003; Cherchye et al. 2017). Against that, there are also papers contending that those left by their husbands and their offspring can be dispossessed and impoverished (Clark and Hamplova 2013). Thus, there is likely to be both positive and negative selection into divorce. As noted, union ruptures in Africa have not featured much in analytic work.

There are a few important works on widows in India, who are found to be particularly discriminated against and disadvantaged (Chen 2000, Drèze and Srinivasan 1997, Jensen 2005). In Africa, detailed studies for Mali, Uganda and Zimbabwe find that households headed by widows are especially impoverished relative to male and other female headed households (Appleton 1996; Horrell and Krishnan 2007; van de Walle 2013). Among the challenges in investigating the

issue is the lack of individual measures of wellbeing. A few recent studies get around the data issues by using individual nutritional status or innovative measures of individualized consumption together with disaggregation by marital status. Some insights emerge from this approach: In Mali, widows are found to have lower levels of nutritional status than women of other marital statuses controlling for age.

Using detailed individual and household-level data from the first two rounds of the India Human Development Survey (IHDS) conducted in 2004–05 and 2011–12, this study estimates the health gap that exists between married and widowed women from Hindu households. We use the most commonly used anthropometric indicators of nutritional status in adults – body mass index and incidence of underweight – to estimate and decompose the gap in health outcomes that exists between these two groups of women. The overall results presented in this paper suggest that widows from Hindu households have significantly lower body mass index and higher incidence of underweight compared to their married counterparts and also experience high levels of discrimination. Access to various government welfare schemes and increased autonomy, however, is found to offset the detrimental health effects of widowhood to a large extent.

4.3 Recommendations

On the way forward for widows and the generality of women, education, vocational skills acquisition and enlightening programs have been seen in this study as antidotes to help widows resist those who may want to subject them to traumatizing widowhood rites. Education has been identified as a coping strategy for widows during the process of grief. Education depicts individual widow's involvement in formal training for the purpose of acquiring basic knowledge, skills and expertise necessary for living a meaningful and impactful life. For widows to be free from all forms of abuses, Government, Non-Governmental Organization (NGOs) and religious body have some roles to play. They should invest more on the education of the girl-child. The government in particular re-affirms the girl-child is educated at an early stage of life so as to become empowered, enlightened and be able to fight for themselves, if eventually they found themselves in such state. Moreover, the illiterate communities should as a matter of fact be educated, particularly, on the way of handling the issue of widowhood.

The government, through its agencies, legal practitioners, religious leaders as well as all stakeholders should educate the illiterate communities that are still hiding under traditional practices to inflict hardship on women through unhealthy widowhood practices to desist from the practice.

Description of the Study

Vulnerability comes in many forms in most cases, and it is in very unexpected phases of life. One of such phases is Widowhood which ends up creating a chain of challenges along the way. These may include, single orphans, poverty and illiteracy.

Widowhood is an inevitable unending phase in the life of an adult once it occurs, and 'It can be said that there is no group more affected by the sin of omission than widows. They are painfully absent from the statistics of many developing countries, and they are rarely mentioned in the multitude of reports on women's poverty, development, health or human rights published in the last 25 years' (United Nations Division for the Advancement of Women, 2001).

Widowhood has been neglected as a developmental phase in the life cycle.

Presently most third-world countries will not tell you the accurate number of widows that exist in their localities and their numbers are increasing each year due to epidemics, pandemics and poverty.

It is appalling that with a population of over 18 million Zambians, little attention has been directed towards research about widowhood and its impact. Other than recognizing that the widow may have financial problems for which Social Security provides assistance, few people realize what it means to be widowed.

As a matter of fact, Senior Citizens receive far much better privileges than widows in Zambia alone. I have therefore taken keen interest as a social worker in studying the problems of widowhood and suggest then play a part in the implementation of solutions to lighten their burdens.

Dedication

I dedicate this study research to God almighty my creator, my pillar, my source of inspiration, wisdom, understanding and knowledge. God has been my strength and my courage throughout this program on his wings only have I soared. I also dedicate this work to my husband Michael Kiwala and my children, Rosina, Rosaria, Sarah and David Kiwala who encouraged me all the time. Their encouragements have made sure that I give it all my best to finish that which I started. I say big thank you and God bless you more for me.

I dedicate this work to my organization Widows of Hope Foundation Zambia, staff members and Widows at large for their support and input during my project. May the Lord keep blessing you.

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I would like to acknowledge and give my warmest thanks to my supervisor Dr. Ibrahim. B. Olanya. For providing invaluable guidance through this research. His dynamism, vision, sincerity and motivation have deeply inspired me. He has taught me the methodology to carry out the research and to present the work as clearly as possible. It was a great privilege and honor to work and study under his guidance. I am extremely grateful for what he offered me. I would like to thank him for his empathy, prayers and great sense of humor. I'm extending my heartfelt thanks to his wife, family for their acceptance and patience during discussions I had with him on research work and thesis preparation.

I'm extremely grateful to my husband for his love, care, support and sacrifices he gave me during my research time. I would like to thank my children for the understanding, patience, prayers and continuing support to complete this research work. I want to thank my sister Nancy Hamuzala for the prayers, support and encouragement throughout my studies.

I would first like to thank the committees, organizations, boards, and individuals who helped me especially widows of Hope foundation widows and staff members for making my study easy and more informative without them it would have not been possible to finish the studies.

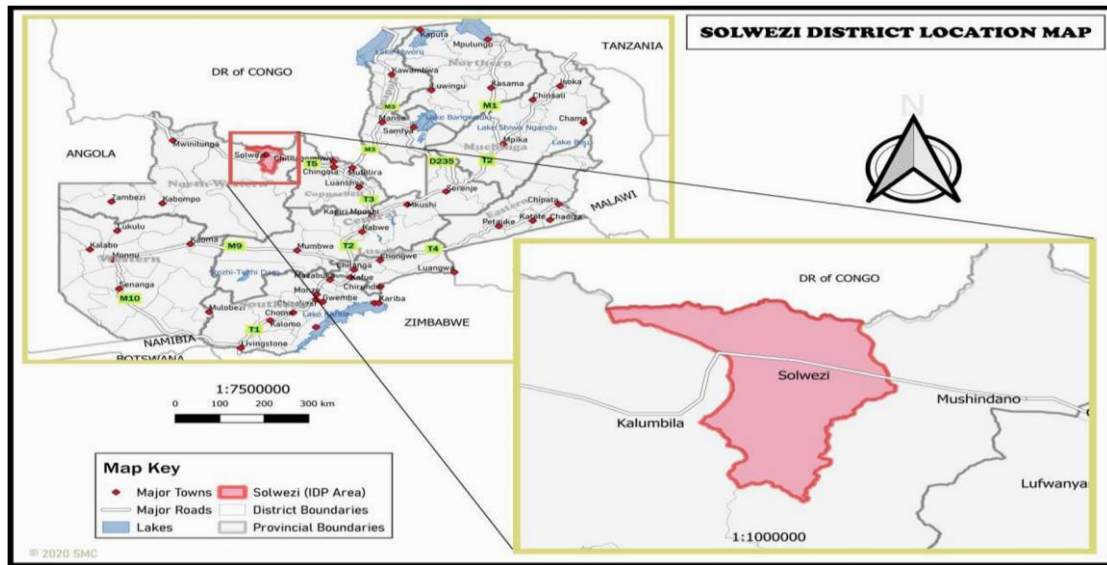
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Appendices

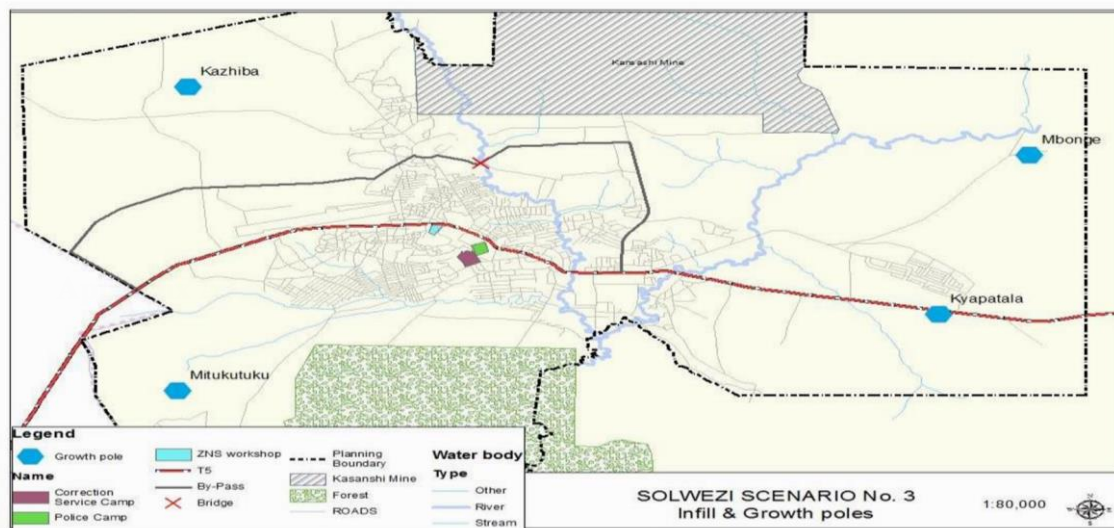
Appendix A1

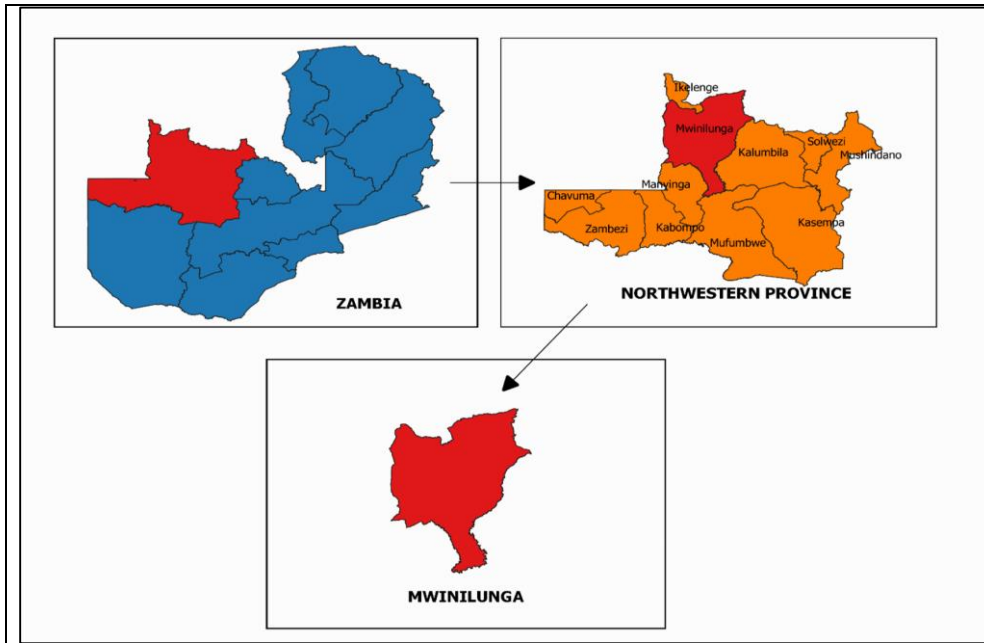
This appendix is a map of Solwezi in the Northwestern Province of Zambia.



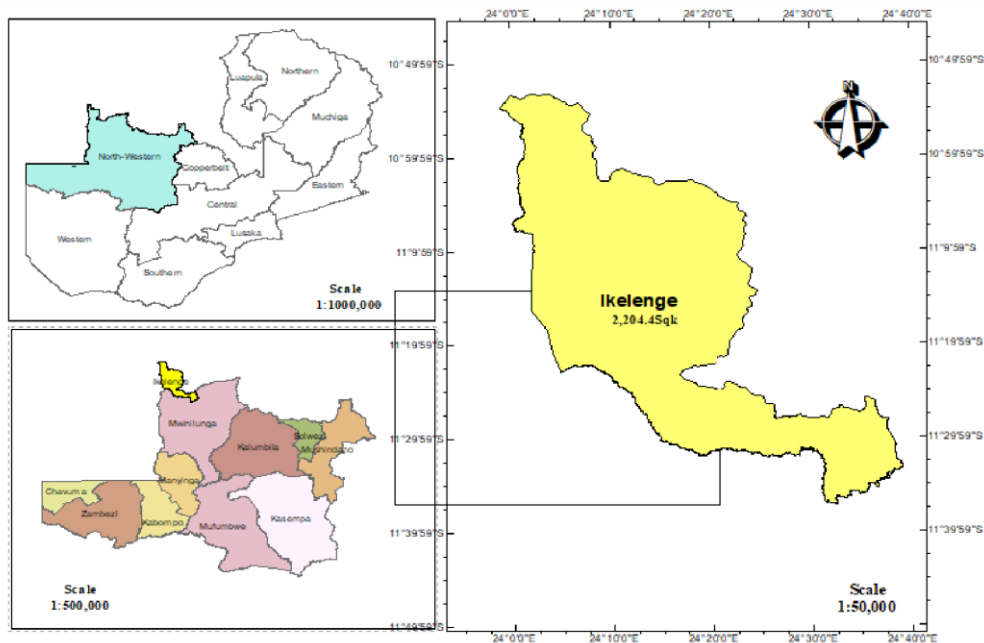
Appendix A2

According to the IDP, the growth nodes are in in Kabitaka, Kazhiba and Mitukutuku





Appendix A4



Findings on research carried out in fulfillment of an academic Requirement. Entitled “A comprehensive investigation on the relationship between Widowhood, Vulnerability, to HIV and other chronic diseases [A case study of Zambia].

Appendix B1

Interview was going for this Lady.

Name: Belinda Kawina

Age: 48

1. Belinda Kawina got married to Sington Kadibili in the year 1995.
Customary marriage afterwards found herself in polygamy.
Survived with five children with him.

Challenges.

- Polygamy isn't a good marriage; it is much slavery.
 - Quarrelling all times
 - Much competition
 - No freedom
 - Never happy
 - Sexual problems
2. Lived with him for 21 years. Used to be a farmer.
 3. He died in 2016. It was just a sudden death.
 4. She was 24 years.
 5. She mourned him for two years, slowly started forgetting.
 6. It affected her a lot.
 - Ever unhappy
 - Loneliness at all times
 - Lack of support
 - No food
 - Accommodation
 7. Her in-laws grabbed all dependable goods such as.
 - Farm one hector
 - Goats
 - Cattles [2]
 - Plot
 8. It's hard and difficult to be a widow.

Negative effects.

- She was put in the corner of the house during her husband's funeral procession until his burial without sleeping.
 - No eating, just drinking water.
 - Not allowed to move, only if she wants to answer the call of nature.
 - Loneliness
 - Figure pointing at her as the causer of the husband's death.
9. She was left with nothing.
 10. It's very hard though.
 - Accepting the situation
 - Always dedicating everything in God's hand
 11. Eye problem only
 12. Life of loneliness in widowhood is bad in the sense that.
 - It affects the normal functioning of the body.
 - Depression
 - Never happy
 - At some point no eating

Overcome it through.

- Going to church all the time.
- Prayers
- Accepting the situation



13. She manages through.
 - Keeping her mind busy at all times
 - Not giving chance to her mind to ponder about marriage.
 - Inviting God in her heart
14. She went through challenges to know such as.
 - No good hospitality for her children
 - No accommodation, just staying in people's unfinished buildings.
 - Lack of support for children
 - No good food
15. She manages through.
 - Burning charcoal
 - Doing piece works
 - Selling vegetables
16. She faced challenges such as.
 - Confiscation of all properties
 - Accused to be the causer of the husband's death.
 - Accused to be greed woman.
17. She manages her and support of children through.
 - Working hard has in doing some piece works around.
 - Selling in the market
 - Burning charcoal
 - Receives help from widows of hope foundation.

Appendix B2

Name: Mariana Mushinganyi

Age: 55 years

1. Maria Mushinganyi married Jonathan Shiku in 1983. Customary marriage
 - It was a happy marriage, especially that, it started as boy and girlfriend.
 - Lived well with him when he was alive.
 - The living standard was impressive.
 - They had less time to misunderstand.
2. God blessed them with 15 children:
 - Every time she was pregnant, she gave birth to twins except the last born.
 - All the children are alive.
3. Lived with him for 33 years. Worked for Ministry of Agriculture on the Copperbelt province as a camp officer.
4. Mr. Shiku died in the year 2016. Stomach pain and headache was the cause of his death.
5. By then, Maria was 49.
6. Mourned for many years.
 - It took many years to start forgetting.
 - Up to now she still does not believe her husband is late.
7. It affected her badly.
 - Home management with 15 children has been hard to understand.
 - Lack of accommodation
 - No food to feed all the family.
 - School support
 - No clothing
8. Challenges faced were.
 - Lack of food
 - She was much abused by her in laws.
 - Lack of sponsorship for her children
 - Her in-laws sold the house, they owned on the Copperbelt.
 - No little ngwee was given to them.
 - No good clothing for the children
 - All properties were sold by her in-laws.
9. Negative effects faced were.
 - Loneliness at some time
 - Accommodation
 - Food
 - Clothing
 - Support for 15 children
10. Only one chicken, all were sold by her in-laws.
11. "Loneliness is another deadly disease" she said.
 - It's very hard to live a life of widowhood
 - Ever stressed especially at night when everyone is sleeping by thinking.
12. Bp and heart attack
 - This started after the death of the husband.
13. Loneliness of widowhood is so painful.
 - Stress all the time.
 - Feel isolated and segregated.
 - Loss of appetite



- Feel discriminated.

Overcome it through.

- Prayers
- Accepting the situation
- Going to church

14. Cope up through.

- Accepting the fact that my husband is late and not thinking much about marriage affairs.
- Prayers
- Fellowshipping
- Working extra hard

15. Living challenges faced and being faced now.

- Food
- Accommodation
- Clothing
- Support
- One child had malnutrition.

16. Manages through.

- Farming
- Doing piece works
- Helped by the church.

17. Challenges faced.

- They sold the house and other properties.
- Left hopeless.
- She was mocked and tormented during the funeral of her husband.
- It took time for her to be cleaned as a widow and set free.
- Left all the children with her.

18. Manages through.

- Farming
- Doing piece works of washing.
- Helped by the church.
- Helped by the widows of hope foundation.

Appendix B3

Name: Kalukisha Violet

Age: 65

1. Kalukisha Violet married Malichi Ngimbu in the year forgot to remember. Her marriage was customary type. And later found herself in polygamy with the fact that when she was in this kind of a relationship, the man had already married to another woman.

Challenges.

- Polygamy isn't a good marriage; it is much slavery.
 - Quarrelling all times
 - Much competition
 - No freedom
 - Never happy
 - Sexual issues [victim a man]
 - Charms
 - No freedom
 - Mind ever tormented with issues.
 - It was an unhappy marriage.
2. She survived with him 5 children.
 3. They lived for 20 to 22 years, she said. Worked for the ministry of Agriculture as Camp officer.
 4. He died in 2000. Due to polygamy issues.
 - The husband loved the Minnie much, which was her [Queen]
 - This caused much anger with the first wife to take measure of getting lead of him.
 5. She was 43 years.
 6. Mourned rather grieved him for at least for a year and some good months.
 7. Her husband's death left her in several impacts.
 - Left a big gap in her life.
 - HIV positive
 - Some children too are infected with HIV/AIDS
 - No food
 - Lack of support
 8. She was very ill to the extent of dying due to stress.
- 9. Negative effects are a lot.**
- Sickness
 - No food
 - Lack of support for her children
 - She was unable to farm.
 - HIV/AIDS
10. She with a plot
 11. She manages her loneliness through.
 - Creating time to interact with others.
 - Going out to look for some piece works.
 - Going to church.
 - Prayers
 12. HIV/AIDS
 13. Loneliness of widowhood is hard and can't wish to go through the same; there are a various of issues eg;
 - Ever lonely
 - Ever feel stressed.
 - Feel segregated and forsaken at some point.
 - Loss of appetite
 - So hard to lose a person you were always closer to much.
 - Socialization becomes difficult to some people you were closeto
 - At some point felt forsaken
 - Life became more harder to previous.

Overcome it through.



- Going for prayers
- Going to church
- Accepting the situation
- 14. She manages through.
 - Doing piece works
 - At some point asking
 - Selling vegetables
 - Helped by her children.
- 15. She suffered substantially.
 - No food
 - Support for ongoing school children
 - Upkeeping [food] is a challenge.
 - No land to farm
 - No good clothing
- 16. It's hard and harder, manages through.
 - Burning charcoal
 - Selling vegetables
 - Piece works of washing.
- 17. Faced a lot of challenges such as.
 - She was much mocked as a causer the husband's death.
 - All the goods owned together were confiscated.
 - No food was given to her during the funeral procession.
 - Figure pointing to her and called her a prostitute.
- 18. She manages through.
 - Helped by widows of hope foundation.
 - Doing piece workers
 - Selling vegetables

Appendix B4

Name: Queen Tilimu

Age: 50

1. Queen Tilimu got married in 1987. It started as cohabitation marriage. And later found herself in polygamy with the fact that when she was in this kind of a relationship, the man had already married to another woman.

Challenges.

- Quarrels
 - Competition
 - Sexual issues [victim a man]
 - Charms
 - No freedom
 - Mind ever tormented with issues.
 - It was an unhappy marriage.
2. She survived with him 6 children.
 3. They lived for 20 years. Worked for ministry of Education as a Teacher
 4. He died in 2007. Due to polygamy issues.
 - The husband loved the Minnie much, which was her [Queen]
 - This caused much anger with the first wife to take measure of getting lead of him.
 - Consequently, truly this transpired through her mother.
 - The mother was behind her son's death.
 - They happened to know the cause of the death when played magic on the dead's coffin traditionally known as [Kiikondo]
 5. She was 35 years.
 6. Mourned rather grieved him for at least for a year and some good months.
 7. Her husband's death left her in several impacts.
 - Left a big gap in her life.
 - HIV positive
 - Some children too are infected with HIV/AIDS
 - No good accommodation
 - No food
 - Lack of support
 8. She was very ill to the extent of dying due to stress.
 9. Negative effects are a lot.
 - Sickness
 - No food
 - No accommodation
 - Lack of support for her children
 - She was unable to farm.
 10. She kept 5 goats and 9 chickens.
 11. She manages her loneliness through;
 - Creating time to interact with others.
 - Going out to look for some piece works.
 - Going to church.
 12. HIV/AIDS
 13. Loneliness of widowhood is hard and can't wish to go through the same; there are a various of issues eg;
 - Ever lonely
 - At some point felt forsaken
 - Life became more harder to previous.

Overcome it through.

- Going for prayers
- Going to church
- Accepting the situation



14. She manages through.
 - Doing piece works
 - At some point asking
 - Selling vegetables
15. She suffered substantially.
 - No accommodation up to now
 - No food
 - No good clothing
16. It's harder and harder, manages through.
 - Burning charcoal
 - Selling vegetables
 - Piece works of washing.
17. Faced a lot of challenges such as.
 - She was much mocked as a causer the husband's death.
 - All the goods owned together were confiscated.
 - No food was given to her during the funeral procession.
 - Figure pointing to her and called her a prostitute.
18. She manages through.
 - Helped by widows of hope foundation.
 - Doing piece works
 - Burning charcoal
 - Selling vegetables

Appendix B5

She was being interviewed and they had a light moment that is why they were laughing.

Name: Frosiscah Mutombu

Age: 68

1. Frosiscah Mutombo married Sington Wishipito in the year 1968. It was a customary marriage.
 - She was happy in her marriage.
 - She lived well with her in laws.
 - Life was good at that time at all costs.
2. She survived with 8 children with him.
 - Currently there are 7 in total.
 - One is late.
3. She lived with him for 43 years. Mr. Wishipito used to be a farmer.
4. Mr. Wishipito died in the year 2011, April 12th. Cause of the death was stomach pain.
5. Frosiscah Mutombu by then was 57 years.
6. Mourned her husband for good years up to now.
 - She lived well with him.
 - He used to provide a lot of hospitality to the family.
 - He was a caring man and very understanding father.
7. Mr. Wishipito's death affects her living and the children in the following.
 - Provision of food is a problem now.
 - No good accommodation
 - No happiness
 - Lack of support to her ongoing school children.
8. Frosiscah Mutombu faced various challenges despite life being well when the husband was still live.
 - All properties were grabbed and left nothing.
 - She went through mockery during the funeral procession.
 - She was put in the corner without sleeping until the day of burial.
 - She only had a chance to take water.
 - She stayed for a week without tasting food.
 - She had been ill for some good months.
9. Negative effects were.
 - Lack of accommodation
 - Provision of food
 - Lack of support for her ongoing school children
 - No good clothing
10. She was only left with one goat, meant for the last-born child.
 - Nothing else
 - All was taken.
11. It's hard [battle of the mind she said], hence manages through.
 - Accepting the situation
 - Always dedicating everything in God 'shand
 - Prayers
 - Going to church
12. No, except these other common sicknesses such as headache and malaria.
13. The loneliness of widowhood is hard and painful.
 - Ever feel stressed.



- Feel segregated and forsaken at some point.
- Loss of appetite
- So hard to lose a person you were close to much at all times.
- Socialization becomes difficult to some people you were close to

Overcome it through.

- Prayers
 - Fellowship with others
 - Congregating
 - Accepting the situation as a key.
14. It's a big challenge especially that he was more like a father and a mother in everything [A provider]
- She's failing to meet a good number of responsibilities as a widow.
 - Life has become hard.
 - At some point she is helped by her children.
15. The challenges faced up to now are as follows.
- Support for ongoing school children
 - No accommodation
 - Upkeeping [food] is a challenge.
 - No land to farm
16. Management is a challenge.
- In most cases there ever starved
 - Doing piece works of washing.
 - Helped by her children.
 - Farming
 - Asking from well-wishers at church.
17. Challenges faced were.
- She insulted much.
 - Accused to be the causer of the husband's death.
 - All properties were grabbed.
18. Manages in life by the grace of God.
- Usually, it's ever hard and difficult.
 - Doing piece works
 - Helped by her children.
 - Helped by widow of hope foundation.

Appendix B6

She was being interviewed.

Name: Dainess Mungwala

Age: 45 years.

1. In 1994, got married to Nelson Nyongolo. Statutory marriage, later the husband married another woman. Her marriage resulted in Polygamy. She lived with him for four years and with two children. In the fourth year he married another woman in the year 1997.

Challenges in Polygamy Marriage

- Causes early deaths.
 - Much slavery
 - Provision of food
 - Living style
 - Clothing
 - Sexual starvation
 - No freedom
 - Charms
 - Poverty
 - Never happy much competition at all times
2. Six children in total. Three girls and three boys
 3. She lived with him for 17 years. He used to work for Kansanshi mining company plc. Later his contract was terminated and ventured into farming until his death.
 4. Died in 2011. Burt into his house. Source of the fire unknown upda te .
 5. She was 35 years.
 6. Mourned for at least for 3 years. In the year 2015 got married again, in the same type of marriage [polygamy]. Had a child with him afterwards they divorced and hoped to live alone as was her final decision to now.
 7. She was highly affected to know, especially that all the properties were grabbed.
 8. She suffered substantially, no accommodation food and lack of support
 9. All properties were confiscated, lack of support, no land to farm.
 10. Remained nothing. All were grabbed.
 11. Never happy, no accommodation, food and life are never easy
 12. Headache and malaria sometime
 13. It's very hard, instead, to accept the situation just. Overcome through.
 - Prayers
 - Fellowshipping
 - Accepting the situation
 - Not thinking much.
 14. Always put God first, prayers and going to church all times.
 15. Accommodation, children's support, food, and poverty
 16. Through.
 - Selling vegetables
 - Doing piece works, such as washing etc.
 - Farming
 17. The preamble of the marriage was well though in polygamy, problems raised after the demise of the husband. challenges such as.
 - She was accused to be the causer of the husband's death.
 - She was not a cheerful giver.
 - She was arrogant to the in-laws.
 18. Manages through.
 - Doing some piece works
 - Farming
 - Selling vegetables



Appendix C Questionnaire

Questionnaire on A research being carried out in fulfillment of an academic Requirement. Entitled “A comprehensive investigation on the relationship between Widowhood, Vulnerability to HIV and other chronic diseases (A case study of Zambia)”

Age:

1. When did you get married and what type of marriage was it?
2. How many children did you have together?
3. How long did you live together with your husband and what job did your husbands do in life?
4. When did your husband die and what caused the death?
5. How old were you when your husband died?
6. How long did you mourn or grieve?
7. How does the death of a spouse affect you as a wife as well how has it affected your children?
8. What are the challenges you faced after the death of your husband?
9. What are some of the negative affects you faced or you are still facing as a result of your widowhood?
10. What things did you keep after your husband death?
11. How do you as a widow cope with loneliness?
12. what health challenges did you face after the death of your husband, or you are still facing? e.g BP, heart attack.
13. What is the loneliness of widowhood like and how do you overcome it
14. How do you cope with widowhood without a partner?
15. what living challenges did you face with your children after the death of your husband?
16. How do you manage your life without your husband?
17. what challenges did you face with your husband's family?
18. How do you manage your life and how do your support your children in areas of school and basic needs