

EXPLORING LOSS AND BEREAVEMENT IN MARRIAGE: QUALITATIVE EXPLORATION OF YOUNG WIDOWS' LIVED EXPERIENCES IN CAPE COAST, GHANA

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ABSTRACT

The death of a spouse is a painful life experience. It comes with many challenges and adjustments in the life of the surviving spouse. This painful experience may be more difficult for younger spouses. This research explores the lived experiences of young widows in Ghana by throwing more light on the challenges young widows face as well as the coping strategies they adopt. A qualitative study using a phenomenological research design was adopted to appreciate the lived experiences of spousal bereavement from the perspective of young Christian Ghanaian widows. Through the multistage sampling procedure, a total of 23 young widows were recruited and interviewed for the study. Data were analysed thematically with predetermined themes as well as inductively-generated sub-themes and critically discussed and compared with existing literature. The findings from the interviews revealed that the death of spouses present traumatising experiences for widows and breaking the news to their children was really devastating. The study further revealed that young widows encounter physical, financial, social and emotional challenges. In dealing with some of the challenges, young widows relied on investments they had made with their husbands and engaging in additional work; support from friends and family; and spiritual support through religious activities. Implications for policy and practice have been discussed.

Keywords: Young widows, marriage, widowhood rites, counselling, Ghana.

INTRODUCTION

Experiencing the death of a spouse is among the most profoundly devastating events for any married individual. Updegraff and Taylor (2021) have asserted that when a spouse dies it presents one of the most challenging and stressful typical life occurrences. According to Hooyman, Kramer and Sanders (2021) although the loss of a spouse could be distressing regardless of age, encountering it at a young age presents unique difficulties (See Lowe & McClement, 2011). Young widows do not only mourn the physical absence of their partners but also the loss of envisioned futures and aspirations (Rando, 2018; Bowman, 1997).

Even though Dube (2019) opines that the phenomenon of widowhood cannot be localised to certain geographical settings or racial, ethnic or religious groups because widowhood cuts across all social groupings and stratifications, the dynamics may differ. Flowing from the above, the authors of the present study believe that the dynamics of widowhood in Ghanaian setting could be unique and add to what is already known. Statistically, the number of widowed people worldwide is estimated to be over 350 million (Chamie, 2021). According to research, roughly 248 million of the 350 million widowed people are women, indicating that there are more widows than widowers in the world (United Nations (UN) Women (2021)).

According Perkins, et al (2016), all widows, irrespective of age experience negative health consequences. While losing a spouse at any age is difficult, those who lose their spouse at a younger age are associated with higher levels of depressive symptoms, with age of loss having a negative relationship with psychological distress (Sasson & Umberson, 2014; Young &



Foy, 2013). Being younger than 45 years of age at widowhood is the age used by researchers as the cut-off for the young widowed (Parkes & Brown, 1972; Ball, 1977; Boeck, 1991; Lowe & McClement, 2011).

Across the world, researchers who sought to investigate the stories of young widows have found themes that illustrate the challenges of young widows as they navigate their losses, reconstruct their identity, try to maintain a connection with their deceased spouse, struggle through the first year, create meaning, and express grief (Lowe & McClement, 2011; Haase & Johnston, 2012). Despite the similarities between themes identified by the studies on young widows in Africa, (Eg, Fasanmi & Ayivor, 2021- selfhood and personhood as well as rights; Cattell, 2003 - socio-economic and cultural contexts of African widowhood; Manala, 2015 - African traditional widowhood rites and practices; Motsoeneng, 2022 - identity etc) there appears to be a paucity in respect of the lived experiences of young widows in Ghana. The transition to widowhood is a difficult period of adjustment that is experienced by a substantial number of individuals each year (Clark, Siviski & Weiner, 1986). Becoming a widow has been associated with an increase in psychological distress, weight loss, and health risky behaviours (Avis, Brambilla, Vass, & McKinlay, 1991; Harlow, Goldberg, & Comstock, 1991; Schulz et al., 2001). Moon, Glymour, Vable, Liu and Subramanian (2014) found that people whose spouses had just died had a 66% increased chance of dying within the first three months following their spouse's death.

In Africa, Eboh and Boye (2005) found that women in the African society suffer stressful situations when their husbands die. This stressful situation makes African women to suffer a lot of emotional, physical, mental and spiritual problems. They further stated that, African widows do not enjoy the best of health due to pressure of conforming to widowhood practices. Some of the practices widows are meant to pass through on the loss of their husbands include: hair shaves, drinking of remains of water used to wash the husbands' corpse. According to Nhlapho (2022), African widows are also made to mourn their dead husbands for about three to twelve months depending on the ethnic group. Again, they are not allowed to bathe or clean their surroundings during mourning period and on rare cases they are allowed to bathe only once a day. With regard to inheritance, the women do not have right to inherit land or property (Eboh & Boye, 2005), which conforms to some Ghanaian socio-cultural practices as Ibrahim (2015) opines.

Research indicates that the numerous hurdles of widowhood warrant professional social work intervention to uphold the dignity and self-respect of widows as individuals, along with addressing their personal needs and those related to child-rearing (Cummins et al., 2012; Zastrow & Kirst-Ashman, 2013). The challenges faced by widows are often underestimated, yet they endure a multitude of economic, social, and psychological difficulties, especially in the initial period following their spouse's passing. The enduring pain, anxiety, and fear they experience are understandable but not easily alleviated. Transitioning from wife to widow poses a significant challenge (Karmakar, 2021). Young widows often have no peer group and generally are less prepared emotionally and practically (than older widows) to cope with the loss (Carr, 2004; Dutton & Zisook, 2005).

Often, widowhood resulted in financial stress as a significant income source was lost with the husband's death. (Scannell-Desch, 2003). Karmakar (2021) also pointed out that economic hardship posed a significant challenge for both genders. Relatives abandon and forcefully eject thousands of widows from their homes when there is land and an inheritance dispute, which forces some young widows into prostitution and old widows become beggars from tourists for survival (Karmakar, 2021).

According to the American Psychological Association (cited in Wilcox et al., 2003), widowhood is most excruciating during the first year after loss. According to Utz, Caserta, and Lund (2012), there is a substantial drop in women's mental health during the first twelve months of grief. Wilcox, et al (2003) found an increased rate of depression and poor social functioning in



widows. Sasson and Umberson (2014) revealed that, depression levels in those who lose their spouse at a younger age remained high long after the depression levels in those who lost their spouse at an older age returned to baseline. Carr and Utz (2020) discovered that women who relied on their husbands for financial responsibilities and household upkeep tasks tended to experience heightened anxiety after becoming widows (See Moon et al, 2014).

Some studies (Yeh, 2022; Lowe & McClement, 2011; Haase & Johnson, 2012; Taylor & Robinson, 2016) found that a significant challenge younger widows face is the loss of their social identity after the passing of their spouse. In addition, Hanson and Hayslip (2021) identified difficulties such as adjusting to a different social standing, adapting to solitary living, and grappling with the lasting emotional effects of losing a spouse (See Bennet, 1997). Furthermore, one of the difficulties young widows and widowers have, according to Taylor and Robinson (2016) is telling children and other family members about the death.

With regard to coping strategies adopted by widows, a study on adjustment among widows in Bayelsa State, Nigeria, by Uche (2015) found that the adjustment to widowhood varied notably depending on spirituality and age. It was determined that widows with a higher level of spirituality and those who were older tended to find the adjustment process easier. Mathias, Jacob and Shivakumara (2014) investigated the psycho-social adjustments faced by young widows in Mangalore district and found that 69% of the young widows have average adjustment and 31% have poor adjustments. Occupation and living with children had significant association with psycho-social problems among young widows.

According to Lowe and McClement (2011), religiosity holds significant importance for young widows. Young rely on spiritual insights or encounter, which of great significance throughout their journey. Doherty and Schannel-Desch (2007) also found that young widows benefitted from support groups. In addition, Taylor and Robinson (2016) found that all participants in their study used an online support group as a coping mechanism. Their study further revealed that humour acted as a crucial coping strategy, enabling young widows and widowers to find moments of laughter amidst challenging circumstances, even if the subject related to their late spouse.

From professional practice, two of the researchers (for the purpose of the present study, the words “researchers”, “authors” and “we” would be used interchangeably) are counsellors who have encountered clients (females) in depressed situations/states because of the deep emotional pain they felt due to a break-up from a previous relationship. It made them wonder how deeply affected someone would be when a relationship ends because of the death of a loved one - a marriage partner. This therefore brings home the significance of the present study, in examining the lived experiences of young widows in Cape Coast, Ghana. Death is inevitable and yet highly unexpected and unwanted. During the exchange of vows, it is said that ‘...till death do us part’ but in real terms, do couples ever think about what may happen when or if death parts them? What are the challenges created by the void and how do they cope with these challenges? When young people marry, they merge their hopes and dreams together and plan for a very fulfilling life. What happens to those dreams when one spouse, especially the husband, who in the Ghanaian setting is usually the main breadwinner of the family, dies?

This study is aimed at understanding the world of young widows –women less than 45 years at the time of their husbands’ demise. This study is considered important because, though there have been recent studies (Eg. Motsoeneng & Modise, 2020; Motsoeneng, 2022; Manyedi, Koen, & Greeff, 2003) on the experiences of young widows, Taylor and Robinson (2016) assert that research continues to reveal new aspects in order to better explain young widows’ experiences (Taylor & Robinson, 2016). The study hopes to contribute to existing literature on widows globally but most importantly, young widows in Ghana. The following research questions were formulated: How is the death of a spouse experienced by young widows in Ghana? What



challenges do young widows experience in Ghana? What are the coping strategies adopted by young widows in Ghana?

METHODOLOGY

The phenomenological case study research design was adopted in this study. According to Creswell (2013), phenomenology is an approach to qualitative research that focuses on the commonality of a lived experience within a particular group. Arriving at a description of the nature of a particular phenomenon is the fundamental goal of the phenomenological approach. The phenomenological approach was chosen to shed light on the experiences of young widows as they live their daily lives without their husbands.

The authors employed the multistage sampling procedure, using purposive, volunteer and snowball techniques. First, the purposive sampling technique (Campbell et al., 2020) was employed to recruit eight (n=8) widows (whom two of the authors knew from their church community) as the initial participants of the study. Second, the third author employed the volunteer sampling technique (Gill, 2020) by announcing the purpose of the study at his religious grouping, and invited people who met the criteria to volunteer to participate in the study. 11 (n=11) widows volunteered to participate, and were therefore recruited for the study. Using the snowball sampling technique five of the already recruited widows (through purposive and volunteer techniques) recommended one young widow each as potential participants for the study. However, when the authors could not reach one of the potential interviewees. This is consistent with Parker, Scott, and Geddes (2019). A total of 23 widows (N=23) who met the inclusion criteria were recruited for the study. To conceal the identities of the widows, the authors used pseudonyms (*Irene, Judy, Akpe, Mavis, Akos, Mabel, Rose, Anne, Sem, Ajoa, Tina, Kess, Maame, Akua, Lenzy, Arga, Ruby, Kenny, Araba, Kuks, Lydi, Naana, Bambi*) to refer to them.

The inclusion criteria for this study were: firstly, the widow must be 45 years of age or younger at the time of husband's death. Also, she must have been legally married and living together at the time of husband's death. Again, the widow must have been bereft for not less than one year; and lastly she must have the willingness to provide informed consent (verbal/written) to participate in the interview.

Data were gathered by the researchers through in-depth, unstructured interviews, using an interview guide. All interviews were one-on-one and audio-recorded. Appropriate consents (verbal and written permission) were sought from each interviewee before each session. The aim of the interviews was to discover accurate and complete descriptions of the lived experiences of young widowhood in Ghana. Each interview session lasted between 45 and 60 minutes. Sixteen (16) of the women were interviewed in their homes and seven (7) were interviewed at their workplaces. Upon data saturation at the twenty-third widow, data collection ended (Fusch & Ness, 2015; Bernard, 2012).

The interviews were transcribed verbatim by the researchers to preserve their authenticity (Saldana, 2021). Also, brief notes (field notes) were made immediately after each interview to comment on observations of each interviewee's behaviours and responses. Using both deductive and inductive approaches, data were analysed thematically with predetermined themes and inductively-generated themes, which we classify as sub-themes. The three authors independently coded the data and later compared results for intercoder reliability (O'Connor, & Joffe 2020). There were three (3) main/major predetermined themes - The death experience; Challenges posed by the loss; and Coping strategies.

RESULTS AND DISCUSSION

In this section, the authors present the results of the study and go ahead to discuss according to the research questions. First, the authors present summary of the results in a table (Table 2)



before moving on to present detailed results. The main themes as well as the sub themes are discussed under their respective research questions.

Demographic Characteristics of Participants

In this section the authors provide the demographic details of all participants for the study. Nine of the participants were 38 years old at the demise of their husbands and three were 39 years of age. While one of the participants was 28 years old when her husband passed, six were 42 years old and three were 37. One of the widows was 40 years old when her husband died. Table 1 below displays the demographic characteristics of the participants for the study.

Table 1: Demographic characteristics of participants

Name of participant	Age	No. of participants	Total
Kuks	28	1	23
Akos	40	1	
Arga, Rose, Sem	39	3	
Lydi, Judy, Araba	37	3	
Kess, Irene, Akua, Ruby, Mavis, Bambi	42	6	
Naana, Lenzy, Kenny, Tina, Ajoa, Mabel, Anne, Akpe, Maame,	38	9	

Source: Authors' own

Table 2: Summary of results of the study

RQ	Theme	Evidence from Data
RQ 1	Main theme: The Death Experience Sub-themes: (i) Level of trauma (ii) Breaking the news (iii) Widowhood rites	"He died very shortly after an illness" (Akpe, 38) "I can't just describe how traumatized ...I felt a sharp pain in my chest..." (Araba, 37).
RQ 2	Main theme: Challenges Posed by the loss Sub-themes: (i) Physical and Financial (ii) Social and Emotional	"We had good accommodation when he was alive ... because of financial difficulty, we find ourselves in a very poor accommodation...(Akua, 42) "School fees is now my headache; before his death... (Mabel, 39)
RQ 3	Main theme: a) Coping Strategies Sub-themes: (i) Physical and financial (ii) Social and Emotional (iii) Spiritual	"We have our own house which I have given out for rent so it helps with our financial needs... (Naana, 38) "My family gives me a lot of support..."(Kuks, 28). "I spend time more with colleagues at work and it helps. I try to attend social event and I'm more on Facebook these days" (Irene, 42). "I talk to myself (counsel myself) to move on...I attend more programs" (Rose, 39). "I have a pastor friend who helps me with prayers; I attend church services more... and I sing..." (Akpe, 38).

Source: Authors' own



Research question one: How is the death of a spouse experienced by young widows in Ghana?

Through the deductive coding, the authors approached the data under the main theme “death experience” and realised the following sub-themes: level of trauma, breaking the news and widowhood rites.

The Death Experience

The news of the death of a partner is interpreted differently by individuals of various age categories and societies in general in very unique ways. In this study, we considered it necessary to learn how the death of husband was experienced by the young widows. How did the husband die? How traumatizing was the experience to the widow? How easy or difficult was it for the widows to break the news of the death to their children? Did they experience any widowhood rites and how did they find that experience, if any? First, the authors inquired about how the widows lost their husbands, and the responses from the widows interviewed revealed that the death of their spouses came almost suddenly. This is thought of as important information to obtain because circumstances that lead to an intimate person’s death (in this case a husband) could have adverse effect on almost all aspects of the widow’s life.

All interviewees indicated that their husbands died after a short illness. Below is a direct account of one of the widows:

“He died very shortly after an illness” (Akpe, 38years).

Again, the level of trauma associated with the experience of the death of a husband was investigated because though the death of a husband is generally a very painful experience, the level of pain could differ from one widow to another, and so it is imperative to find out the experiences of the interviewees of the present study. Twenty (20) of the participants said the experience was very traumatizing. The following excerpts capture the responses of three of the widows interviewed, and these reflect the sentiments of the other 17:

“It was really difficult for me. I was with him throughout his hospital days. I even collapsed when I saw signs that suggested he was going to die, so I was rushed to the emergency unit of the hospital for medical attention, only to be told after I regained consciousness that he was gone.” (Lenzy, 38).

“I can’t just describe how traumatized I was to be informed that my husband who was full of life has died. I felt a sharp pain in my chest, hmmmmmm.” (Araba, 37).

“Eii!!! Pain, pain and pains! I was devastated when I got to the hospital to send him his food as I had been doing in the past days only to be told...” sobs (Rose, 39).

Moving on, the authors were interested in exploring how the widows communicated the news of death to their children. Dealing with the news of the death of a husband can be devastating. It could feel even more difficult when the spouse who is yet to understand the death situation, has the extra task of breaking the news to her children. In considering the death experience, we deemed it necessary to investigate the issues surrounding how the news of the death of a partner (who happens to be the father of the children) was communicated to the children. From the data, one interviewee disclosed that the children were present at the very moment when their father died. However, in another widow’s case, the children were too young when their father passed on; hence it was almost fruitless to break the news to them. The remaining interviewees, who had to communicate the sad news of the death of their (children’s) father to them (children), did so in varied ways. While an interviewee (Rose, 39) relayed the sad news to the children by herself, two of the widows (Arga, 39) disclosed that their religious organizations (church) had to break the sad news to the children. Another interviewee had to rely on her relatives to break the news to the



children. The following extracts capture some of the different ways in which the widows conveyed the sad news of death to the children:

“It was very difficult to tell the children because it was so sudden and they were really close to him but I mustered the courage and told them” (Anne, 38)

“I didn’t know how to do it. My church elders were present at the time of the death so they broke the news to my children” (Mavis, 42).

“Relatives broke the news to me and the children. This was because he died after I was asked to leave him in the care of the doctors and relatives to go home, due to me being eight months pregnant at the time” (Maame, 38).

These evidences above confirm Taylor and Robinson’s (2016) study which revealed that one of the difficult tasks of a widow is how to convey the news of death to children of the deceased. News of such nature could be devastating because the carrier of the news may not be able to correctly predict the reactions of recipients, more so when these recipients are minors or might not have received any form of prior counselling.

Further, the authors sought to investigate if the widows experienced any form of traditional widowhood rites (*by traditional widowhood rites, we mean any of traditional practices forced on widows by mostly traditional leaders from the deceased person’s community – some of these rites include forcing the widow to sleep by the corpse, or to drink left over bath water of the deceased, shaving every hair among others*). We infer that widows would already be in pain due to the loss of their life partners; therefore, subjecting them to other forms of widowhood rite experiences have the tendency to cause these widows further pain. Three of the widows disclosed that they went through widowhood rites while the other three did not. For the three who did not go through any widowhood rites, the widows attributed this to the fact that they are strong Christians. The extracts below capture the explicit view of three of the widows, one who did not go through any form of widowhood rites and two widows who went through some forms of widowhood rites:

“No, I did not go through any widowhood rite. We were strong church people so everything was done the Christian way” (Sem, 39).

“Yes, I was not allowed to go out after 6pm; I was to bathe and eat before 6pm; not expose my hair; I was not allowed to talk to male friends” (Tina, 39).

“Yes, for one year, I had to dress in a special way- wearing white cloth with specific beads around my neck and wrist, and it was disturbing because everyone that met me within that period could tell I had lost my husband” (Lydi, 37).

From the evidences above, one widow did not perform any form of widowhood rite, and she believes that this was due to the fact that she was a “strong church person”. It could also be inferred from her account that her church replaced those traditional widowhood rites with “... Christian way” (Sem, 39). We can infer from the accounts of the other two widows (Tina and Lydi) that the widowhood rites they performed brought some discomfort to them.

The foregoing brings to light how young widows in Ghana experienced the death of their spouses. It was realized that for each of the widows, the husbands died through illness which lasted for a short period. This makes it very understandable why all the widows also indicated that the death was associated with a very high level of trauma. This is so because the shortness of the time within which each husband was sick did not afford any of the widows the opportunity to psychologically condition themselves to accept that the husband could die. Once more, aligning perspectives with the widows becomes apparent, especially considering that nearly all of them had to rely on others to convey the news to their children. They were too shocked by the incident of the death to talk to others that something of that sort had happened. In support of this, Taylor



and Robinson (2016) found that one of the difficulties young widows and widowers face is having to tell children and other family members about the death.

On traditional widowhood rites, the authors realized that none of the participants had to go through the ordeal of being subjected to painful experiences. This notwithstanding, the three that went through the traditional widowhood rites could as well have been better off without those set of rules. Restrictions placed on them could come with associated discomforts. The special dressing (which served as a form of identification) could serve as a constant reminder of the loss of a husband, making it difficult to put the loss behind and move on in life. Not being allowed to eat or bathe at certain times could also affect the daily activities of the widow and make the death that brought that about more painful. Moreover, the rule which barred the widows from talking to male friends could be costly since some male friends could have been helpful in providing the social support which is much needed in such times. In support of these findings, Eboh and Boye (2005) indicated that, women in the African society suffer stressful situations when their husband dies. This stressful situation makes African women to suffer a lot of emotional, physical, mental and spiritual problems.

Research question two: What challenges do young widows experience in Ghana?

Challenges Posed by the Loss

Every stage and state of life has its challenges and the life of a widow is no exception. We found out from the widows the various challenges they faced due to the death of their husbands. From the findings, the following sub-themes inductively emerged: physical and financial; and social and emotional.

First, regarding the physical and financial challenges, (emphasis here was on accommodation, general upkeep and educational provisions for the children), it came up that each widow interviewed had some challenge in this aspect. Though one had only accommodation challenge, challenges relating to general upkeep and educational provisions for children cut across all interviewees. The widow with accommodation challenge reported:

"We had good accommodation when he was alive but after his death we had to relocate and unfortunately, because of financial difficulty, we find ourselves in a very poor accommodation, and even that one, we are struggling to pay for it" (Akua, 42).

In relation to general upkeep, one widow indicated:

"Upkeep is difficult for us; I have very little income. My husband who was the salaried worker was the one taking care of most of our needs but now, it's just me" (Akos, 40).

Again, one widow, in line with educational provisions, said:

"School fees is now my headache; before his death, I didn't have to worry about school the children's fees because he took care of that" (Mabel, 39)

The evidences above indicate that most widows aside from dealing with the loss of their life partners have to also deal issues of shelter and provision of quality education for their children. Even though death is obviously unplanned experience, the evidences reveal that parents need to proactively plan the future of their families in order to lessen the financial burdens of spouses when the unexpected happens. Issues of housewives must be re-considered because the evidence from Akos indicates that the husband was the sole breadwinner of the family. We can also infer from Mabel's account that her situation is not so different from that of Akos. Arguably, this phenomenon poses danger to widows as Eboh and Boye (2005) opine.

Second category was the social and emotional challenges. The authors were interested in the changes in social roles and the emotional difficulties brought about by the death of the husband. All interviewees reported some sort of challenge(s) in this domain. Among their responses are the following:



"It's been very difficult. The memories are too many. Now, I'm also playing mother and father roles. On fathers' day, my boys didn't even want to go to church because, they said, there is no father but I encouraged them and we used the opportunity to have a family chat" (Akua, 42).

"It's tormenting letting go of the memories; it's difficult because we were very close and he was a family man. It's also difficult because sometimes when I laugh some people find it strange and wonder why I am happy, and at the same time, when I'm moody, they think I am worried or even depressed so I don't know what to do" (Kenny, 38).

It came up that each of the widows had challenges brought about by the death of her husband. On the physical and financial aspect, it was realized that all the widows had challenges. For five of the participants, accommodation was not a challenge, and this was because each of them had, together with their husbands, put up their own accommodation facility before the husband's demise. However, some widows faced significant challenges, with accommodation being a major concern due to the lack of suitable arrangements. Though each of the widows had her own source of income, though not much in some of the cases, they still acknowledged the fact that the death had caused them to be financially burdened. This suggests that their husbands were able to invest in properties that could cushion their families thereby making life more comfortable for the women. This finding confirms the position of Scannell-Desch (2003) and Karmakar (2021) who stated that widowhood has its associated economic challenge, especially when widows have no investments to rely on.

Regarding the social and emotional aspect, it was realized that there had been changes in social roles, in that the women were now single parents who had to play both mother and father roles in caring for the children. It is therefore reasonable that they report a deep feeling of emotional pain. It was only Interviewee E who appeared to be a bit better on this because the husband was working in a different region and so was not with them a lot of times, making her a bit used to being with the children alone even before the husband died. For interviewees who lived with their husbands at the same place, this was really a big challenge to them. For all the interviewees, the memories of their good times with their husbands lingered on, making life difficult. It is possible that the short period within which the husbands were sick before passing on might have been the reason for which the memories lingered. The widows did not have enough time to get used to the bad times with their husbands when they were sick and so the good times with them before they fell ill still appeared fresh in their minds. The findings of the present study revealed that the widows considered their new state emotionally draining, and this agrees with Karmakar (2021), who asserted that it is very challenging to reform from being a wife to being a widow. However, unlike, it was revealed by Wilcox, et al. (2003) and Sasson and Umberson (2014), there was no case of depression found among the participants. It could be said that this could be probably due to the fact that in contrast to the findings of Lowe and McClement, (2011); Haase and Johnson (2012); and Taylor and Robinson (2016), none of the participants reported loss of her social identity following the death of the husband.

Research question three: What are the coping strategies adopted by young widows in Ghana?

The authors considered it important to find out the coping methods used by the widows in managing the challenges emanating from the death of their husbands. The widows disclosed that they devised specific strategies for each category of challenges they encountered.

Physical and Financial Coping Strategies

Three main themes were derived under this: relying on projects, investments, and additional work; falling on family, friends, and church members; and borrowing funds.



Relying on projects, investments, and additional work

Five of the interviewees reported that they had accommodation facilities they rented out and used the gains to take care of some of their needs. Some of the widows also indicated that additional returns from investments made with an insurance company as well as earnings/wages from their own employment serve as a source of financial help to them. Some also reported that they have taken on additional jobs after the demise of their partners. The following are some evidences from the data:

"We live in our house, and we have rented some out, which helps with paying of fees. I have also made some investments with an insurance company and it helps with our financial needs" (Akua, 42).

"We have our own house which I have given out for rent so it helps with our financial needs. In addition, I do some small business (I sell clothes) and it helps a lot" (Naana, 38).

"Like I said I work so it's not that bad" (Araba, 37).

Falling on family, friends, and church members

Three of the interviewees reported that they coped with the situation by falling on family or friends and church members. Some of the responses are:

"We have our own accommodation. Financially, the church supports with payment of fees, I also call on friends to help when there is need" (Judy, 37).

"My husband built a house before dying so at least for accommodation we are ok. We have rented some of the rooms so I get some income from there, and one of my cousins sometimes supports us financially" (Bambi, 42).

"Fortunately for me, a friend of mine introduced me to trading a year before my husband died. So I have been selling new and second hand ladies' clothes to my connections" (Lenny, 38).

Borrowing funds

One of the interviewees indicated that she sometimes resorts to borrowing in order to cope with the physical and financial challenges. Her response was:

"Sometimes I borrow money to take care of accommodation and other needs and pay back after gathering money from the work I do" (Tina, 38).

Social and Emotional Coping Strategies

Three major themes emerged from the coping strategies for social and emotional challenges. These are support from family, friends, and church members; self-talk and participation in social programs; and spiritual support from religious activities.

Support from family, friends, and church members

Some interviewees indicated that they coped through support they receive from family, friends and church members. Their responses are presented as follows:

"My family gives me a lot of support. My mum is even living with us to help with caring for the children" (Kuks, 28).

"My parents have been very helpful. I also have a friend who is very supportive. I call her and we talk and I get strength from talking to her" (Lenzy, 38).

"Church members provide me the social support I need: They talk to me" (Mabel, 38).

"I spend time more with colleagues at work and it helps. I try to attend social event and I'm more on Facebook these days" (Irene, 42).

The above extracts bring to the fore how social systems such as the church could be supportive in such difficult times.



Soliloquizing (Talking to self) and Attendance to Programmes

One of the participants reported that she coped by talking to herself to move on and attending more social programs. She stated:

"I talk to myself (counsel myself) to move on, and socially, I attend more programs" (Rose, 39).

Spiritual support from religious activities

Majority of widows interviewed indicated that one religious activity or another gave them help in dealing with the emotional and social challenges brought about by the death of their husbands. They recalled:

"I have a pastor friend who helps me with prayers; I attend church services more and pray more now; and I sing and it helps me" (Akpe, 38).

"More prayer and meditation on God's word have made me to give all the problems to God and to depend on Him" (Mavis, 42).

It was discovered that the widows had found ways to manage the challenges they faced so they could continue with life, even if not as it was when their husbands were alive. On the physical and financial, one of the widows (Bambi, 42) said she had her own accommodation but relied on friends for financial support for general upkeep and the church for educational provision for the children. One (Tina, 38) also indicated that she sometimes resorted to borrowing and gathering money for repayment when it came to such needs. The remaining four of the participants (Judy, Bambi and Naana) reported that they had rented out part of their buildings they put up with their husbands, and that provided them funds to take care of some needs. In addition to that, three widows (Naana, Akua and Lenny) said they had taken up an additional employment (job) to get some extra income to support.

On the social and emotional aspect, three widows (Kuks, 28, Lenzy, 38, and Mabel, 38) indicated that they got direct support from family, friends, and the church. The authors realized that some of the widows got help from these people because though these people could not do all the things the husbands used to do, they helped by ameliorating the pain the loss of husband brought to the widows. The presence of family and friends gave the widows the opportunity of having people to talk to, which in itself could bring much relief since they would not have to be thinking too much about the death of their spouses all the time. Three of the widows on the other hand, said they have been all by themselves without any direct support from others, though (Akpe, 38) said she relied on social programs for social relief. This implies that by taking part in social programs, she could meet people, and be engaged in activities with them to take her mind off what had happened.

It is interesting to note that each of the widows interviewed reported that engaging in one religious (spiritual) activity or another also helped much in coping with the situation. That, spiritual activities helped in managing the challenges is congruent with the assertion of Lowe and McClement (2011), and the finding of Uche (2015) that spirituality played a role in the adjustment process of widows. However, unlike the study of Taylor and Robinson (2016), this study did not find participants to use online support groups as coping mechanism.

CONCLUSION

Based on the findings, it can be concluded that young widows in Ghana face various challenges ranging from financial to emotional. The death experience of the husband of a young married woman could be very traumatizing and exerts physical, financial, social as well as emotional challenges on the widow. These challenges among others may be easy to deal with if the young widow has support from family and friends, society and strong faith in God to sail through. We also conclude that no matter how mild widowhood rites may seem or appear, they present some



forms of discomfort to widows – who may already be going through other forms of pain due to the loss of their spouses. The treatment given to the widows in this study could be as a result of modernization of society or the dynamic nature of culture. People may therefore seem to be shifting from the excessive victimization of widows because society may be realizing that a widow has a life to live and may not be the cause of her husband's death.

Most widowhood rites in Ghanaian communities are not documented. They are handed down from generation to generation. This gives room for arbitrary use of power by unsuspecting traditionalists in societies to subject widows to further pains in the name of adhering to widowhood rites. The Ministry of Chieftaincy and Culture should consider documenting issues on widowhood rites which bother on the fundamental human rights, particularly of widows since they are usually at the receiving end. Also, the Ministry responsible for gender, children and social protection may consider designing tailor-made social support systems for widows in general, and in particular young widows in Ghana.

The findings of this study have several implications for counsellors. The themes identified in this study can increase counsellors' awareness and sensitivity to the experiences of widows. This awareness should make counsellors approach them with much empathy and give them lots of encouragement to help them sail through the condition.

It was evident from this study that widows face challenges and attaining support from family and friends is a huge source of help. Counsellors can create or identify support groups for young widows to help them find others like themselves who understand their experiences. The married could also be encouraged to keep good contacts with their friends, families, and church members since they could serve as a great source of help to them in the event of any unfortunate happenings like the death of the husband. It is obvious from the findings that there are no concrete structures for widows and their children to receive counselling regarding receiving news of death of spouses and fathers. This is a worrying situation which needs immediate attention. Counsellors should encourage couples to make investments such as building their own houses so that in the event of loss of one partner, accommodation challenges may not arise.

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REFERENCES

- Avis, N. E., Brambilla, D. J., Vass, K., & McKinlay, J. B. (1991). The effect of widowhood on health: A prospective analysis from the Massachusetts Women's Health Study. *Social Science and Medicine*, 33, 1063–1070.
- Bennett, K. M. (1997). Widowhood in elderly women: The medium- and long-term effects on mental and physical health. *Mortality*, 2(2), 137-148.
- Bernard, R. H. (2012). *Social research methods: Qualitative and quantitative approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Boeck, L. (1991). Young widows. *Free Inquiry in Creative Sociology*, 19, 213-220
- Bowman, T. (1997). Facing loss of dreams: A special kind of grief. *International Journal of Palliative Nursing*, 3(2), 76-80
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652-661.
- Cattell, M. G. (2003). African widows: Anthropological and historical perspectives. *Journal of Women & Aging*, 15(2-3), 49-66.
- Carr, D., & Utz, R. L. (2020). Families in later life: A decade in review. *Journal of Marriage and Family*, 82(1), 346-363.
- Carr, D. (2004). Gender, preloss marital dependence, and older adults' adjustment to widowhood. *Journal of Marriage and Family*, 66(1), 220-235.
- Chamie, J. (2021). *Widowhood: Stressful and unprepared*. New York: Inter Press News Agency. Available online: <http://www.ipsnews.net/2020/02/widowhood-stressful-unprepared/>
- Clark, P. G. Siviski, R. W. & Weiner, R. (1986). Coping strategies of widowers in the first year. *Family Relations*, 35(3), 425-430.
- Cummins, L. Sevel, J., & Pedrick, L. (2012). *Social work skills for beginning direct practice: Text, workbook and interactive web-based case studies*. Boston: Pearson.
- Dube, M. (2019). Empowerment and rights-based social work interventions for widows in Zimbabwe: A literature review. *Global Journal of Health Science*, 6, 94–105.
- Dutton, Y. C., & Zisook, S. (2005). Adaptation to bereavement. *Death studies*, 29(10), 877-903.
- Eboh, L. O., & Boye, T. E. (2005). Widowhood in African society and its effects on women's health. *African Health Sciences*, 5(4), 348.
- Fasanmi, A., & Ayivor, S. (2021). Widows, widowhood, and society in Africa. In *The Palgrave Handbook of African Women's Studies* (pp. 2269-2286). Cham: Springer International Publishing.
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408-1416
- Gill, S. L. (2020). Qualitative sampling methods. *Journal of Human Lactation*, 36(4), 579-581
- Haase, T. J., & Johnston, N. (2012). Making meaning out of loss: A story and study of young widowhood. *Journal of Creativity in Mental Health*, 7, 204–221.
- Hanson, R. O., & Hayslip, B. (2021). Widowhood in later life. In *Loss and Trauma* (pp. 345-357). Routledge.
- Harlow, S. D., Goldberg, E. L., & Comstock, G. W. (1991). A longitudinal study of the prevalence of depressive symptomatology in elderly widowed and married women. *Archives of General Psychiatry*, 48, 1065– 1068.
- Hooyman, N. R., Kramer, B. J., & Sanders, S. (2021). *Living through loss: Interventions across the life span*. Columbia University Press.



- Ibrahim, M. (2015). 'When the man dies everything dies': The effect of inheritance practices on the livelihoods of widows in northern Ghana (Master's thesis). Lund University, Scania, Sweden.
- Karmakar, R. (2021). *Widowhood: Where normal becomes a fantasy*. Retrieved from <https://timesofindia.indiatimes.com/readersblog/speakitout/widowhood-where-normal-becomes-a-fantasy-35079/>
- Lowe, M. E., & McClement, S. E. (2011). Spousal bereavement: The lived experience of young Canadian widows of Manitoba, Canada. *OMEGA*, 62(2) 127-148.
- Mathias, T., Jacob, J., & Shivakumara, J. (2014). A description study to assess psycho-social adjustments of young widows in Mangalore. *International Journal of Scientific Research*, 3(11), 412-413.
- Manala, M. (2015). African traditional widowhood rites and their benefits and/or detrimental effects on widows in a context of African Christianity. *HTS: Theological Studies*, 71(3), 1-9.
- Manyedi, M. E., Koen, M. P., & Greeff, M. (2003). Experiences of widowhood and beliefs about the mourning process of the Batswana people. *Health SA Gesondheid*, 8(4), 69-87.
- Motsoeneng, M. (2022). In search for a new identity after spousal death: the desire to remarry among young widows in South Africa. *EUREKA: Social and Humanities*, (5), 76-83.
- Moon, J. R., Glymour, M. M., Vable, A. M., Liu, S. Y., & Subramanian, S. V. (2014). Short-and long-term associations between widowhood and mortality in the United States: Longitudinal analyses. *Journal of Public Health*, 36(3), 382-9.
- Nhlapho, N. (2022). *A qualitative analysis of agency and patriarchy in the experiences of mourning rituals for Black African Widows in Vosloorus* (Doctoral dissertation, University of Johannesburg)
- O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: debates and practical guidelines. *International journal of qualitative methods*, 19, 1609406919899220.
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R.A. Williams (Eds.), *SAGE Research Methods Foundations*.
- Parkes, C. M., & Brown, R. J. (1972). Health after bereavement: A controlled study of young Boston widows and widowers. *Psychosomatic Medicine*, 34(5), 449-461.
- Perkins, J. M., Lee, H. Y., James, K. S., Oh, J., Krishna, A., Heo, J., ... & Subramanian, S. V. (2016). Marital status, widowhood duration, gender and health outcomes: a cross-sectional study among older adults in India. *BMC public health*, 16, 1-12.
- Rando, T. A. (2018). Grief and mourning: Accommodating to loss. In *Dying* (pp. 211-241). Taylor & Francis.
- Saldaña, J. (2021). *The coding manual for qualitative researchers*. sage.
- Sasson, I., & Umberson, J. D. (2014). Widowhood and depression: New light on gender differences, selection, and psychological adjustment. *Journal of Gerontology: Series B*, 69B(1), 135-145.
- Scannell-Desch, E. (2003). Women's adjustment to widowhood. Theory, research, and interventions. *Journal of Psychosocial Nursing and Mental Health Services*, 41(5), 28-36.
- Schulz, R., Beach, S. R., Lind, B., Martire, L. M., Zdanuik, B., Hirsch, C., et al. (2001). Involvement in caregiving and adjustment to death of a spouse: Findings from the caregiver health effects study. *Journal of the American Medical Association*, 285, 3123-3129.
- Taylor, N. C., & Robinson, W. D. (2016). The lived experience of young widows and widowers. *The American Journal of Family Therapy*, 44(2), 67-79.
- Uche, R. D. (2015). Widowhood woes: The Bayelsa experience. *Advances in Social Sciences Research Journal*, 2(12) 65-72.



- Updegraff, J. A., & Taylor, S. E. (2021). From vulnerability to growth: Positive and negative effects of stressful life events. *In Loss and trauma* (pp. 3-28). Routledge.
- United Nations (UN) Women.(2021). *Explainer: What you should know about widowhood*. Available online: <https://www.unwomen.org/en/news/stories/2021/6/explainer-what-you-should-know-about-widowhood>.
- Utz, R. L., Caserta, M., & Lund, D. (2012). Grief, depressive symptoms, and physical health among recently bereaved spouses. *The Gerontologist*, 52(4), 460-471.
- Wilcox, S., Evenson K. R., Aragaki, A., Wassertheil-Smoller, S., Mouton, C. P. & Loevinger, B. L. (2003). The effects of widowhood on physical and mental health, health behaviours, and health outcomes: The women's health initiative. *Health Psychology*, 22(5), 513–522
- Yeh, A. (2022). A Taiwanese Widow's Journey to Redefine Her Social Identity: Cultural Challenges. *Journal of Autoethnography*, 3(3), 352-364.
- Zastrow, C., &Kirst-Ashman, K. (2013). *Understanding human behaviour and the social environment*(9th ed.). Belmont: Brooks/Cole.