



ISOLATION AND LONELINESS AMONG WIDOWS WOMEN AND ITS EFFECT ON THEIR MENTAL HEALTH

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ABSTRACT:

Loneliness significantly affects those who have suffered the death of a husband. A certain stigma of loneliness in widowed spouses can cause people to withdraw from them, almost as if widowhood was contagious. These unfair biases against the widowed help exacerbate their feelings of loneliness. The lives of women change immediately after the death of their husbands. After the death of their husbands, they experience extraordinary isolation which excludes them from important socioeconomic decisions. The loss of the spouse is the challenging and life changing event, this is even worse in elderly people, whether the spouse dies expectedly or unexpectedly, loneliness among the elderly widows whose social network has already been reduced, affects the elderly widow's quality of life and they become more vulnerable to loneliness. Although social support buffers the effects of loneliness such as mental problems, depression, insomnia and hallucinations of the dead, widows have lower levels of social support than married individuals.

Human beings are social species which require safe and secure social surroundings to survive. Satisfying social relationships are essential for mental and physical well beings. Impaired social relationship can lead to loneliness. Since the time of dawn, loneliness is perceived as a global human phenomenon. Loneliness can lead to various psychiatric disorders like depression, alcohol abuse, child abuse, sleep problems, personality disorders and Alzheimer's disease. Therefore, it is important to intervene at the right time to prevent loneliness, so that mental health of patients is maintained.

Keywords: Isolation, Loneliness, Widowhood, Mental Health,

Introduction

Loneliness is a painful universal phenomenon that has an evolutionary basis. Loneliness reminds us of the pain and warns us of the threat of becoming isolated. Loneliness is the absence of imperative social relations and lack of affection in current social relationships. Loneliness is one of the main indicators of social well-being. Loneliness is caused not by being alone, but by being without some definite needed relationship or set of relationships. Research addressing loneliness has increased dramatically over the past 2 decades; however, despite the mental health risks associated with being lonely, the relationship between loneliness and psychiatric disorders has not been sufficiently explored. In India very little research has been done on psychological and physical effects of loneliness. There are just a few studies in India, in which relationship of loneliness with other psychiatric disorders has been studied. However, most of these studies were done in elderly patients only.

Loneliness is a common experience with 80% of population below 18 years of age and 40% of population above 65 years of age report loneliness at least sometimes in their life. Loneliness is generally reported more among adolescents and young children, contrary to the myth that it occurs more in elderly. The reason for this is that elder people have definite coping skills and can adjust accordingly to solitude, while as adolescents lack definite coping skills and adolescent period is the time of life when being accepted and loved is of such major importance to the formation of one's identity. However, elderly who have physical illness and disability report higher prevalence of loneliness, compared to elderly without physical illness and disability. In India elderly patient population is increasing and their psychological problems are on a rise. India is destined to become the second largest population of elderly people in the coming years. Therefore, it is necessary to intervene at the right time to prevent the psychological problems and physical disorders arising due to effects of loneliness in elderly population. Further loneliness gradually diminishes through the middle adult years, and then again increases in old age (i.e., ≥ 70 years).

➤ **Isolation of widow women**

1. Isolation Experiences:

The widows' experiences of isolation and how they were impacted by isolations deserves a critical discussion. During the interviews, the widows recounted various isolation experiences with negative impact of their well-being and the welfare of their children. Detrimental isolation of widows was evident and came in many forms embedded within cultural practices and oppressive norms within their communities of domicile. This affected the well-being and psychological and mental health of the widows (PenaLongobardo et al. 2021)

2. **Isolation from Critical Decision-Making:**

In the interviews, the widows recounted how they were isolated from major decisions that affect their lives including the lives of their children. Some cultural practices were used to socially isolate the widows so that they could not participate in major decisions. Some decisions on arranged levirate marriages, their husband's burial, or even the slaughtering of their beasts for feeding those who attended the funeral. The widows were not involved in these decisions, yet they directly affected the lives of the widows, their future, their resources and the management of resources that could be beneficial in countless ways.

3. **Social Isolation:**

Widows need social support after the death of their husband from their social circles; their yearning for such support is not always met as people that should be providing social support isolate them. In the study, 66.6% of the widows experienced social isolation. There are strong beliefs that the widowed person needs to be isolated as she carries the spirit of the deceased. Due to such beliefs, the widow is bound to be socially isolated which further depreciates her psychological well-being (Shumbamhini 2020).

4. **Isolation from Economic Resources:**

The death of their husbands seems to spell doom for the economic resources of the widows in low-resourced communities. Before the death of their husbands, widows seem to have accrued some resources that helped in meeting their economic needs. However, upon the death of their husband, widows cannot access the economic resources as they are generally side-lined by in-laws as they grab the resources from the excluded and vulnerable widows. In the interviews with the widows, expressed their grief over the additional loss to economic resources after their husbands' death.

➤ **Types of loneliness**

There are 3 types of loneliness i.e., situational loneliness, developmental loneliness and internal loneliness.

1. **Situational Loneliness:** The various factors associated with situational loneliness are environmental factors (unpleasant experiences, discrepancy between the levels of his/her needs), migration of people, inter personal conflicts, accidents and disasters, etc.
2. **Developmental Loneliness:** The various factors associated with developmental loneliness are personal inadequacies, developmental deficits, significant separations, poverty, living arrangements, and physical/psychological disabilities.
3. **Internal Loneliness:** The various factors associated with internal loneliness are personality factors, locus of control, mental distress, low self-esteem, guilt feeling, and poor coping strategies with situations.

➤ Perspectives on loneliness

Several theoretical perspectives have been used to explore different types of loneliness. However, there are four main perspectives in common use. These are existential, psychodynamic, cognitive and interactionist theories. None of these is specific to elderly widows or later life. (Victor et al. 2000.) In last decade it was noted that the nursing profession has largely ignored theoretical perspectives on loneliness. (Donaldson & Watson 1996)

1. Existential theory:

Existential theory is purportedly the “Christian” perspective on loneliness. It considers loneliness as a positive opportunity, which is compounded by the experience of “love”. Loneliness is viewed as a necessary aspect of life, and in life’s most intimate moments we are basically “alone”. The underlying problem of this theory from the perspective of nurses working with elderly people which includes the elderly widows too is its failure to differentiate between the objective nature of being alone and the subjective feeling of being alone. (Donaldson & Watson 1996, Victor et al. 2000.)

2. Psychodynamic theory:

Psychodynamic theory suggests that interpersonal, infant and childhood attachments and dilemmas are considered to provide a personality base which predicts future coping strategies. Some researchers regard loneliness as a state of mind which is symptomatic of neurosis stemming from an earlier life, which makes it difficult for lonely elderly people and lonely elderly widows to form relationships. The limitation to this theory is that it focuses solely on a pathological explanation and fails to take into account the social world of older people, their culture, and the effect of ageing. (Donaldson & Watson 1996, Victor et al. 2000.)

3. Cognitive theory:

Cognitive theory focuses on the response to and experience of loneliness and it also recognizes the contribution of social factors. This theory proposes that it is the way in which people feel about their loneliness that is the determining factor in their experience of loneliness. It is seen that loneliness can be alleviated by supporting self-esteem and social skills. However, this theory fails to recognize the strong link between social networks and loneliness, and to include elderly people with cognitive impairment. Donaldson & Watson 1996, Victor et al. 2000

4. Interactionist theory:

Interactionist theory is an attachment theory which refers to the emotional and social nature of loneliness. From the interactionist perspective, individuals evaluate their emotional and social loneliness subjectively in terms not only of its quality but also in terms of quantity. This theory proposes that loneliness is caused by a combination of the lack of an attachment figure and the absence of an adequate social network. It is considered that the experience of loneliness is dependent on the individual’s personality type. This theory was criticized in this study because of the conditions described as causing loneliness are not necessarily negative, and therefore other factors must be involved in creating the feeling of loneliness. In addition, this theory was

criticized because social loneliness is an objective position which does not necessarily cause loneliness. (Donaldson & Watson 1996. Victor et al. 2000.) Any of the perspectives could be used to investigate the extent of loneliness, its correlation with other characteristics, and for testing the effectiveness of therapeutic approaches. The existential and psychodynamic theories of loneliness may have less to offer to nursing practice than cognitive and interactionist theories.

➤ **The Impact of Isolation on Widows**

An important aspect to deepen understanding is the impact of isolation on widows. An analysis of how widows are impacted by various forms of isolation is critical for practical interventions by various intervention agencies. In its various forms, isolation of widows impacts them in various ways as described in the subsequent discussions.

1. Psychological Challenges:

One of the most prominent impacts of isolation evident in the findings of the study is psychological in nature. Whilst widows were still mourning the deaths of their loved ones, isolations further exacerbated the impact of their loved ones. In the study, 75% of the widows shared the psychological challenges they experienced due to isolation. The extent of psychological impact on the widows has resulted in some illnesses among the widows. Further, the tones in the verbal articulations by the widows provided evidence that widows were impacted deeply in several ways. The explicit evidence from this study that reveals the psychological impact of isolation of widows is of great concern especially that the widows are left without social support to relieve and deal with psychological problems (Tembo 2012; Orphans In Need 2022). Another research has found that such deep psychological problems among widows have resulted in higher risks of suicide (Navaneelan 2012).

2. Perpetuation of Violence on the Widow:

The oppression associated with widowhood is a precursor of violence perpetrated towards the widows in many ways. Widows become emotionally, socially and physically fragile resulting from the loss of the husband coupled with isolation. Some widows who try to resist certain practices which they deem as oppressive and violating their rights experience further violence perpetrated on them. Isolation seemingly predisposes widows to violence perpetrated mainly by the in-laws over forced decisions and economic resources. What makes violence more common is that the natal family who should be protecting the widow from violence seems to abandon the widow on the basis that they have received the bride-price and hence the in-laws have control over the life of the widow (Shumbamhini 2020). Such familial isolation has resulted in manipulation of the widow's life and aggression. Other researchers have attributed violence towards the widows to the supremacy of culture and internalised submissiveness of the widows (Ajayi et al. 2019).

3. **Reduced Resources for Personal and Family Care:**

The extent to which widows are isolated from economic resources is worrisome in Binga District. Isolation of the widow from economic resources leaves the widows without tangible economic resources for their sustenance. The loss of economic resources is insurmountable especially considering that widows lose husbands who were providers to the family (Dube 2016). This has resulted in widows falling short on meeting personal and family needs. Research has established growing concern in the low-resourced communities on the grabbing of economic resources from widows whilst isolating them and their children from accessing the resources (Awuor 2013; International Organization for Migration 2016; Ngoveni 2021). Such acts perpetrated against the widows have resisted the test of legal interventions as they are embedded in culture. This has resulted in the deteriorating of livelihoods and welfare of the widows and their children (Korang-Okrah et al. 2019; Mazingira Institute et al. 2020).

➤ **Isolation of Widows and Its Impact**

In this study findings, there is evidence that widows are isolated. However, it is crucial to point out that many of these forms of isolations are intertwined, lead into each other or exacerbate other forms of isolations. The study's findings showed that widows have experienced a host of isolations which included isolation from critical decisions, social isolation and isolation from socioeconomic resources and amenities. These isolations are structured, embedded and done in the context of structured cultural practices which are sentimental and difficult to resist or escape on the part of the widows (Fonjong et al. 2012). Upon the death of her husband, a widow is expected to be socially isolated and not allowed to mingle with other people as she is seen to be carrying the spirit of the dead. The widow is also exposed to elongated periods of mourning until such a time that she is culturally deemed clean. Ironically, during this time, critical decisions are made about her personal life such as marrying a family member or how the dissolution of property will be undertaken by the elders. Her social isolation results in missing out on critical decisions that affect her life. It can be argued that this is a conspiracy to exclude her from important decisions and that cleansing the spirit of the dead is used to isolate her.

➤ **Impact of loneliness of widow women on mental health:**

1. **Depression:**

Lonely people suffer from more depressive symptoms, as they have than been reported to be less happy, less satisfied and more pessimistic. Further loneliness and depression share common symptoms like helplessness and pain. There is so much similarity in between loneliness and depression that many authors consider it a subset of depression. However the distinction can be made by the fact that loneliness is characterized by the hope that all would be fine, if the lonely person could be united with another longed for person. In patients, who are both lonely and depressed, loneliness is positively correlated with negative feelings and negative judgment of

personality attributes and negatively correlated with it. It has been seen that there is an association between insecure attachment styles and depression. Several studies further suggest insecure attachment styles increases vulnerability to depression. The vulnerability to depression can be due to the fact that insecurely attached have tendency to develop low self-esteem, difficulty or inability in developing and maintaining relationships with others, poor problem solving skills, and an unstable self- concept.

2. Alzheimer's disease:

Loneliness is associated with more than two-fold risk of dementia, as loneliness is associated with loss of cognition in old age. In fact, some authors signal it as prodromal stage of dementia. In loneliness, there is more rapid decline in global cognition, semantic memory, perceptual speed, and visuospatial ability. The basis of association of loneliness with Alzheimer's disease (AD) can be attributed to two possibilities. First possibility is that loneliness is a consequence of dementia, perhaps as a behavioural reaction to diminished cognition or as a direct result of the pathology contributing to dementia. Second possibility is that loneliness might somehow compromise neural systems underlying cognition and memory, thereby making lonely individuals more vulnerable to the deleterious effects of age-related neuropathology and thereby decreasing neural reserves.

3. Alcoholism:

Loneliness is recognized as a contributing, maintaining and poor prognostic factor in the development of alcohol abuse. Further it is recognized as an essential risk factor in all the stages of alcoholism. Various studies have demonstrated lonely people with heavy drinking are more vulnerable to alcohol related problems. The reasons attributed to this are due to lack of social support, and distinct perceptions of community pressure. However presently in India as well as in the world, there are no studies which compares loneliness in alcoholics with loneliness in non-alcoholic.

4. Child abuse:

Loneliness is more prevalent among child abusers and those who disregard than who take good care of their children. Women abused in the past were noted to be more lonely and had more negative network orientation, compared to women, who were not abused. Further in whom abuse lasted for a longer duration period and involving multiple incidents were more loneliness and had lower network orientation. In a study conducted by Dhal A et al., of 110 adolescents of Delhi (India) found that two third of children reported higher level of loneliness and one third of children reported lower level of loneliness. Further low self-esteem in the adolescents was associated with loneliness. The adolescents with low self-esteem develop loneliness, as they feel rejected. They also lacked confidence and skills in initiating and maintaining relationships. Psychological intervention like copying skills, talking with friends and maintaining relationships can benefit adolescents in dealing with psychological effects of loneliness.

5. **Suicide:**

Research on suicide has revealed that there is a strong association between suicide ideation, parasuicide and loneliness. The prevalence of suicide ideation and parasuicide rises with the degree of loneliness. Further the peak season for loneliness has been reported to be winter and spring, the same season for which peak incidence of suicide has been reported. However, there are minimal differences in suicide between men and women related to loneliness. SC Tiwari attributes loneliness as an important factor in etiology of suicide and parasuicide. He also considers loneliness as a disease and wants its place in classification of psychiatric disorders.

6. **Personality Disorder:**

The various personality disorders associated with loneliness include borderline personality disorder and schizoid personality disorder, Intolerance of aloneness is considered a core feature of borderline personality disorder (BPD). Loneliness also potentiates other symptoms associated with BPD. The various Theories of Aloneness in BPD are The Need for Time Alone, Signaling the Need, Development of the Capacity to be Alone, The Holding Environment and Internal Representation.

7. **Sleep:**

Loneliness has been associated with poor sleep quality with daytime dysfunction like low energy, fatigue. However, loneliness has no relationship with sleep duration. As greater daytime dysfunction is a marker of poor sleep quality, loneliness has been found associated with greater day time dysfunction. Numerous studies have demonstrated greater daytime dysfunction accompanied by more nightly micro-awakenings with loneliness, thus demonstrating a role of loneliness with poor sleep quality.

Discussion:

Upon the death of her husband, a widow is expected to be socially isolated and not allowed to mingle with other people as she is seen to be carrying the spirit of the dead. The widow is also exposed to elongated periods of mourning until such a time that she is culturally deemed clean. Ironically, during this time, critical decisions are made about her personal life such as marrying a family member or how the dissolution of property will be undertaken by the elders. Her social isolation results in missing out on critical decisions that affect her life. It can be argued that this is a conspiracy to exclude her from important decisions and that cleansing the spirit of the dead is used to isolate her. Other forms of isolation of widows accompany isolation from critical decisions. Isolation from socioeconomic resources and amenities are common and are associated with increased poverty levels among the widows (Fonjong et al. 2012; Ndabarushimana and Dushime 2018; Pemunta and Alubafi 2016). Socioeconomic resources remain the central target for isolation of widows. Where widows lived with their in-laws, it seems in-laws are generally not prepared to relinquish any source of sustenance to them. In cases where the widow

lived with the husband and children, in-laws unleash violent property and socioeconomic grabs. There is ever growing tension between the widows and in-laws over socioeconomic resources with the widows having to face evictions from tillable land, property and houses which they lived in. The major reason for this is that the widow cannot be a beneficiary of the socioeconomic resources as she came with nothing from her natal family and therefore shall leave with nothing upon the death of the husband. Some researchers have construed such acts by the widows' in-laws as violence and greedy and responsible for the deterioration of the welfare of widows and their children (Adeyemo 2016). Some of the reasons why in-laws isolate widows from accessing socioeconomic resources for sustenance are complex to comprehend. With a critical look at some instances in which it has happened, it would be reasonable to attribute such acts to poverty among the widows' in-laws. In Zambia, for instance, isolating the widows from accessing property and other socioeconomic resources increased during the period of covid19 when many people lost jobs and modes of sustenance were drastically reduced (Sinkala 2022). Increases of disputes have also been registered in Zambian magistrates' courts during the same period.

Conclusion:

There were several conclusions drawn from the study. The study concludes that widows experience various forms of isolation upon the death of their husbands. These forms of isolation are imposed on widows mainly by in-laws. Another convincing conclusion is that in-laws are opportunistic as they use cultural norms to perpetuate violence on the bereaved widows. The study concluded that the natal families of the widows relinquished their power to exercise decisions about the widows when they got married. The bride price paid during the marriage process reduced the widows to commodities as their natal families could not make decisions about the widows' lives. Some natal families could not accept the widows back into the family citing the paid bride price and cultural norms that do not permit the widows to re-join the natal families after dissolution of marriage or death of the husband. It can be concluded that the various forms of isolations experienced by widows result in several psychological, social, physical, and economic consequences that impact negatively on the welfare of the widows and their children. The study revealed that isolating widows when their husbands die results in stress, anxiety, and depressive tendencies that emanate from the deep psychological impact of these isolations. Widows also lose self-esteem, worth and dignity and find it difficult to mingle with other community members in cases where they are cleansed and culturally allowed to do so.

Loneliness is one of the main indicators of social well-being. Loneliness can lead to various psychiatric disorders and various physical disorders. Left untended, loneliness can have serious consequences for mental and physical health. In India, there are very few studies which assess relationship of psychiatric and physical disorders with loneliness. However, most of these studies were done in elderly patients. In the near future, research should be done in India, which focuses on psychological and physical effects associated with

loneliness. Therefore, it is important to intervene at the right time to prevent loneliness, so that physical and mental health of patients is maintained.

The study also concludes that economic isolations have reduced the resource-base of the widows to take care of themselves and their children. Their welfare and that of their children are impacted negatively as the widows are forced into absolute poverty and left without needed resources to meet their daily needs. Drawing from the findings of the study, significant practical recommendations have been made to assist in resolving the isolations experienced by the widows. The isolations experienced by widows mainly stem from cultural norms that have been practiced since time immemorial, it is recommended that dialogue and negotiated solutions be done with traditional leaders in the communities. Imposed solutions to the situations of the widows may not gain wide acceptance and may not be practical to deal with issues of cultural norms passed from one generation to another. Engaging the traditional leaders on the safety of widows can be a viable option especially given how the isolation of widows is embedded with traditional norms and culture fervently monitored by traditional leaders in their roles as custodians of these traditions.

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