

An Empirical Inquiry to Psychological Variables Constituting Stress: Middle Aged Widows in Rural Communities in Nigeria

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Abstract

This study investigated empirically the psychological variables constituting stress among middle aged widows in rural communities in Nigeria. The participants were 128 widows drawn from Kajola, Itesiwaju, Saki East, and Saki West local government of Oyo state in Nigeria. The instrument used for gathering information was the Widowhood Stress Scale (WSS), developed by the researchers. A descriptive research design was adopted for this study, with two research questions raised as a guide and the use of Multiple Regression Analysis as the statistical tool for processing the data collected. The result indicated that four psychological variables constitute widow's stress level in the rural communities of study.

Keywords: Empirical Inquiry, Psychological Variables, Widow Stress, Rural Communities

Introduction

Stress has been defined as a body and mind way of meeting a challenge that leads to a build-up of tension that if not relieved, can cause anxiety-a fear of what might happen even when no threat exists (Missouri Advisory, Council for Comprehensive Psychiatric Services, Oct., 2003). The symptoms and resultant effects of stress for the individual and by extension larger society are many. For instance, it has been established that the disappointment or frustration that causes stress also can lead to depression, a serious mental illness characterized by fatigue, insomnia, boredom, restlessness, lack of interest in life, and withdrawal which if left untreated can lead to feelings of unworthiness, isolation and even suicide.

The death of a spouse appears to be most crucial amongst stressful life events especially for women. According to Atchley (1972) the loss of a spouse is a significant life event and has a strong impact on social and personal adjustment, health and life satisfaction of a person. When a spouse dies the survivor must not only adjust to the loss of a close relationship, but also manage daily decisions and responsibilities that were once shared by both (Wortman, Kessler, and Umberson, 1992). Widowhood may be perceived as a new position involving major change in a women's role both in family and society. Hence, she has to enact new roles, like the role of a wage earner or a role of leading an ascetic life, and so forth. The problems of widows can lead to intense frustration which could result in anxiety, stress, depression and other forms of adaptive behavior if their pattern of reactions to frustration is not appropriate and it therefore becomes imperative to look at the person's psychological factors which may determine the pattern of reaction to frustration.

Widowhood is a traumatic and stressful situation. It brings about several socio economic, cultural, emotional, and psychological deprivations. Widowhood stress is the spring of physical, mental or emotional response to events that causes bodily or mental tension. The most common physical symptom is head ache (widowhood stress causes people to unconsciously tense their neck, forehead and shoulder muscles). The long term stress experienced by widows could lead to digestive problems including ulcers, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart diseases, strokes etc. The mental health of widows are greatly affected which includes anxiety, anger, depression, irritability, frustration, over reaction to everyday problems, memory loss and the lack of concentration (Avison, Ali & Walter 2007). Widowhood is commonly viewed as a life transition, hence, a major change in life circumstances that takes place over a relatively short period of time, but with a lasting effect on large areas of a person's life. Thus, the reality of widowhood requires the development of new life habits or ways of coping.

Most widows go through an intense grieving process early in widowhood, marked by feelings of depression, mood changes, disrupted sleep patterns, obsessive thoughts about the deceased, and disorientation. However, the intensity of grief (deep sadness) usually decreases significantly within a year. Many widows begin to develop new strengths and talents and remake their social networks to include new friends and contacts (intense grief is not required for recovery from widowhood).

The widow as described above is bound to experience various dimensions of stress, which invariably continues in her life. For example, the lack of necessary emotional support and financial assistance when her earning power is gradually on the decline is a source of stress for the widow. Hence, the behavioral symptoms of stress as related by Miller (1988) include: lack of concentration, procrastination, and excessive use of drugs, coupled with accident, low performance, speech dissiliences, restlessness, sleep disturbance and an avoidance behavior (Paroasuman and Alluto,1988). In Nigeria, widows are known to manifest excess disability, cognitive impairment, an increased level of medical illnesses, physiological effects, an increased utilization of health care services and an increased rate of suicide and non-suicide mortality (Solomon) Hence, the sources of stress for widows in Nigeria are physiological, economical and psychological (Gbenda, 1997). And in other societies, it has been discovered that the stress of widowhood is also aggravated by the stigma that the widow was instrumental to the death of her husband (Osarenren, 1998).

Widowhood is also associated with an intense response to the loss of someone to which a bond was formed (grief) and angry expressions, and more so among more widows than the divorced when compared together (Kitson and Zynganki, 1987 and Oniye, 2000). In the views of Thomas and Shechan (1988) this is more common among women in widowhood because of the deprivation following the loss of spousal intimacy through death. And in the opinion of Ambert (1986), apart from divorce, widowhood is the greatest source of psycho-social deprivation for children of female-headed families.

And despite the advances in the standard of living of people, the condition of widows and divorced women remains deplorable in society; with the situation being worse in developing nations via their unique social, cultural and economic milieu, which at times ignores the basic human rights of this vulnerable section of society, hence, with women becoming more educated, economically independent and aware of their rights, divorce rates are increasing along with associated psychological ramifications. However, the fact remains that widowed/divorced women suffer from a varying psychological stressors that are often ignored, and it has been concluded in various studies that such stressors could be harbingers of psychiatric illnesses (e.g., depression, anxiety, substance dependence), hence this reality should be taken into account by treating physicians, social workers and others who come to the aid of widowed women (Gahler 2006 Goldsein 2008).

The condition of widows in Nigeria population still remains deplorable, namely, that of widows and divorced women. Death of the spouse, or separation (legal or otherwise), appears to affect both the sexes in different ways, and the psychological effect of these events is immense.

It can be said that no group is 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. Growing evidence of their vulnerability, both socioeconomic and psychological, now challenges many conventional views and assumptions about this "invisible" group of women. With womenfolk becoming increasingly economically independent and more aware of their rights, there is a growing trend of refusal to continue in an abusive or unsatisfying marriage, and divorce rates too are increasing (Thara, 2002).

Widowhood and its Psychological Aspects

In many developing countries, the exact numbers of widows, their ages and other social and economic aspects of their lives are unknown. Almost worldwide, widows comprise a significant proportion of all women, ranging from 7% to 16% of all adult women (UN Division for the Advancement of Women, 2000). However, in some countries and regions, their proportion is far higher. In developed countries, widowhood is experienced primarily by elderly women, while in developing countries it also affects younger women, many of them still rearing children (in some regions, girls become widows even before reaching adulthood).

Women are more likely than men to be widowed for two reasons. First, women live longer than men (a fact highlighted by worldwide data regarding differences in life expectancies of men and women). In addition, women tend to marry older men, although this gap has been narrowing. Because women live longer and marry older men, their odds of being widowed are much greater than men's (Lee, 2002).

Loss of spouse is one of the most negative life events, next only to the loss of a child (Bennett et al., 2005). Ironically, the disorganization and trauma that follow the death of a spouse seem to be greater in women than in men whenever either loses their spouse (Fasoranti et al., 2007). Widowhood presents a myriad of economic, social and psychological problems, particularly in the first year or so after the death of the spouse. A major problem for both sexes is economic hardship. When the husband was the principal breadwinner, his widow is now deprived of his income and the nucleus of the family is destroyed (Fasoranti et al., 2007).

Many studies (e.g., Amoran et al., 2005; Abdallah and Ogbeide, 2002) have concluded that a higher rate of mental illness exists among the widowed than their married counterparts. Even a study conducted by Chen et al., (1999) concluded that widows had higher mean levels of traumatic grief, depressive and anxiety symptoms.

Another problem associated with widowhood is loneliness. Many widows live by themselves. They suffer the fear of being alone and loss of self-esteem as women, in addition to the many practical problems related to living alone. They feel the loss of personal contact and human association; therefore, they tend to withdraw and become unresponsive (Fasoranti et al., 2007). The greatest problem in widowhood is still emotional. Even if it had been a bad marriage, the survivor feels the loss. The role of spouse is lost, social life changes from couple-oriented to association with other single people; and the widowed no longer have the day-in, day-out companionship of the other spouse that had become an intrinsic part of their lives.

People respond differently to loss and overcome grief in their own time. Frequently, the most difficult time for new widows is after the funeral (Scannell, 2003). Young widows often have no peer group. Compared to older widows, they are generally less prepared emotionally and practically to cope with the loss. Widowhood often causes financial stress because a major income source is lost with the death of a husband.

There has been considerable controversy as to whether widowhood is a more difficult experience psychologically for men or for women. Widowhood is generally a greater problem financially for women than men, and economic difficulties can lead to lower psychological well-being. Several studies (e.g., Schuster and Butler, 1989; Thompson et al., 1989; Davar, 1999; Reddy, 2004) have indeed found that widowhood has a greater adverse impact on the psychological well-being of women. Other studies, however (e.g., Lee et al., 2001; Umberson et al., 1992; Jason et al., 2002), have reported stronger effects on men. Still others have found no gender differences at all (Li et al., 2005).

Thousands of widows are disowned by their relatives and thrown out of their homes in the context of land and inheritance disputes. Their options, given a lack of education and training, are mostly limited to becoming exploited, unregulated, domestic labourers (often as house slaves within the husband's family), or turning to begging or prostitution (Bill 2006).

Widows, through poor nutrition, inadequate shelter, lack of access to health care and vulnerability to violence, are very likely to suffer not only physical ill health but stress and chronic depression as well (UN Division for the Advancement of Women, 2000). Widows may be victims of rape. This is further compounded by the fact that widows, in common with many women, are very often unaware of their rights, and encounter insuperable barriers to accessing justice systems, such as illiteracy, expenses and threats of violence.

Psychiatric Aspects of Widowhood

A large number of studies have been done focusing on the psychiatric aspects after death of the spouse. Niaz & Hassan (2006) concluded that depressive episodes were common after the death of a spouse. A high index of suspicion should be maintained by clinicians for the possibility of depression, particularly in cases of the young widows and widowers with such a history. Those who experience full depressive syndrome soon after the loss may better be considered to be suffering from depression than bereavement. Zisook et al. (1994) noted the existence of subsyndromal symptomatic depression contributing significantly to morbidity in widows and widowers during the first two years of bereavement. Hence, it is very important that the existence of such entities be kept in mind; and rather than viewing altered behaviour among the bereaved as socially or culturally acceptable, psychological aspects too should be considered. The predisposition to develop anxiety as well as substance abuse disorders also increases (Collins, 1999; Barrett, 2000).

The problem is further increased by dismal rates of remarriage among women in developing states (Lee, 2002). Remarriage rates are mostly lower for women because there are very few available men in the appropriate age ranges. This is exacerbated by the fact that older widowed men who remarry frequently marry younger women, while marriages of older women to younger men are much less common. Nonetheless, remarriage is uncommon among widowed individuals, particularly when they are widowed late in life. In rural communities widows are treated by various traditional practices which are capable of constituting stress in them. The present study is unique in two ways; first it deals with middle aged widows whereas other studies have been carried out research on widows who are aged. Again the participants of this study are from locations which researchers are always overlooked. Based on the gap observed in the past studies this study therefore intends to fill the foil by making empirical inquiry into psychological variables constituting stress among middle aged widows in rural communities of Oyo state in Nigeria.

Rationale, Objectives, Methods and Design for the Study

The main objective of this study is to: (1) assess the psychological variables constituting stress among middle aged widows in rural communities, (2) see the extent which psychological variables constitute stress among widows in rural communities, and (3) to assess the extent to which independent variables (anxiety, frustration, anger and memory loss) will constitute to stress among the widows in rural communities. Hence, our research questions are: to what extent will the psychological variables constitute stress among the widows in rural communities, and to what extent will each of the independent variables (anxiety, frustration, anger and memory loss) constitute to stress among the widows in rural communities. And our the design is descriptive with no manipulation of participants or treatments with the intent to investigate the contribution of psychological variables (anxiety, frustration, anger, memory loss) to stress among the widows in rural communities.

Sample and Sampling Techniques

The techniques adopted for this study was multi-stage sampling techniques. First, the Local Government Areas of study were randomly selected from among the Local Government Areas in Oyo North of Oyo State. The participants of this study were 128 purposively selected widows from the rural communities of Kajola, Saki west, Atisbo and Itesiwaju Local Government Areas in Oyo North, of Oyo State. The participants had earlier being screened with Widowhood Stress Inventory (WSI). This inventory had 27 items with 5 point likert ratings with anchors of 5- Very much like me, 4- Like me, 3 – Not sure, 2- Unlike me, 1- Very much unlike me. The total score of the inventory is 135. Participants with a score of 100 and above in the WSI constitute the participants of this study. The researcher carried out this study in collaboration with an NGO working on widowhood in these communities. The sample thus consists of participants with age ranging between 32 and 57 with an average of 44.5 years. Out of the participants 80 (62.55%) became widow 5 years ago while 48(37.5%) became widow over 10years ago. Concerning their educational background 40 (31.3%) had ordinary National Diploma (OND) and above while 88(68.7%) had below OND certificate.

Instrumentation

The research instrument used for this study was Widowhood Stress Scale (WSS) developed by the researcher while Widowhood Stress Inventory (WSI) was used as screening device. This scale consists of section on demographic data and one other section. Section A provides information on demographic data of the respondents while section B assesses the respondents' stress experience after the demise of their husbands. It consists of 25-item structured scale designed to measure widowhood stress. It was a 5-point likert rating scale. When pretested on participants different from the research participants, the test-retest reliability yielded 0.69.

Procedure

The research instrument was administered personally by the researcher on the selected respondents and was collected immediately after completion. Though, 170 questionnaires were distributed, only 128 were returned. The participants were instructed through the questionnaire to rate each of the item on the questionnaire. The items were rated from 5 to 1, using words like Strongly Agree (SA) Agree (A) Undecided (U) Disagree (D), and Strongly Disagree (SD) which has the lowest point of 1.

Data Analysis

The data generated from this study were analyzed using Multiple Regression Analysis.

Results

Table 1:- Descriptive Statistics and Correlation among the Variables

Variables	Mean	Std. Dev.	1	2	3	4	5
Widows' Stress	58.27	11.02	1.000				
Memory Loss	53.13	6.53	.913**	1.000			
Frustration	4.07	1.51	.513**	.399**	1.000		
Anxiety	59.03	11.07	.719**	.527**	.315**	1.000	
Anger	27.10	6.22	.615**	.343**	.603	.511**	1.000

** Significant at 0.01 level

Source: Field Survey 2013

Table 1 shows the mean, standard deviation and correlation among the variables. It was observed that there was significant relationship between Memory Loss and Widow Stress. ($r = 0.913$), Frustration ($r = 0.513$, $P < .05$), Anxiety ($r = 0.719$, $P < 0.05$), Anger ($r = 0.615$, $P < 0.05$).

Table 2:- Joint Effect of the Independent Variables on the Criterion Variable

R= .813

R= .621

Adj.R= 617

Std. Error = 8.129

ANOVA

Source of Variation	SS	DF	MS	F-ratio	P
Regression	17817.55	5	3563.51		
Residual	7125.39	123	57.93	76.133	<.05
Total	24942.94	128			

Source; from field survey 2013

Table 2 shows that there was joint contribution of the independent variables (Memory Loss, Frustration, Anxiety and Anger) on widows' stress. $R= 0.813P<0 .05$. The table further shows that 61.7% (Adjusted $R^2 = 0.617$) variance constitute of psychological variables of stress among widows in rural communities. The ANOVA results from the regression analysis also attests to the causal relationship of the independent variables on the dependent variables; $F (5,123) = 76.133, P< 0.05$.

Table 3:- Relative Effect of the Independent Variables on the Dependent Variable

Variables	B	Std. Error	Beta	F – ratio	P
Anxiety	.87	.713	.14	7.12	<.05
Frustration	.73	.510	.21	4.31	<.05
Anger	.51	.071	.46	8.11	<.05
Memory Loss	.56	.117	.29	5.15	<.05

Source; from field survey 2013

From table 3, it was revealed that all the four independent variables made relative contribution to widows' stress; Frustration ($B=0.14, t= 7.12, P<0.05$); Anger ($B = 0.46, t = 8.11, P<0.05$) and Memory Loss ($B=0.29, t= 5.15, P< 0.05$). The table further indicates that Anxiety ($B= 0.14, t= 7.12, P< 0.05$) appeared as the most potent contributor to widows' stress while memory loss ($B= 0.29, t= 5.15, P< 0.05$) was the least contributor to widows' stress.

Discussion

The result of the findings clearly shows that the composite effect of psychological variables (anxiety, frustration, anger and memory loss) on widows' stress was significant. This result reveals that the predictors have potent effect on widows' stress. This result corroborates the work of Avison, Ali & Walter (2007) which found that the mental health of the widows are greatly affected which includes anxiety, anger, depression, irritability, frustration, over reaction, to everyday problem, memory loss and lack of concentration (Avison, Ali & Walter 2007). This finding is not surprising considering the fact that widowhood is a significantly distressing event in the life of an individual with its associated psychological implications.

Again, this study revealed that anxiety was the most potent of all the psychological variables constituting widows' stress. This result is in line with those of Gahler (2006), Goldsein (2008) which concluded in various studies that stressors could be harbingers of psychiatric illnesses (depression, anxiety, substance dependence), and hence should be taken into account by treating physicians, psychologists, counselors, social workers and others who come to the aid of such women. It was observed that widows' experience anxiety especially in the first three months of the loss of their husbands however, people respond differently to loss and overcome the intensity of the loss of someone to which a bond was formed in their own time. Frequently, the most difficult time for new widows is after the funeral (Scannell, 2003). Young widows often have no peer group. Compared to older widows, they are generally less prepared emotionally and practically to cope with the loss. Widowhood often causes financial stress because a major income source is lost with the death of a husband. This in addition with some other stressors could constitute sources of anxiety for middle aged widows.

It follows therefore that through poor nutrition, inadequate shelter, lack of access to health care and vulnerability to violence, widows are very likely to suffer not only physical ill health but stress and chronic depression as well (UN Division for the Advancement of Women, 2000). Widows may be victims of rape. This is further compounded by the fact that widows, in common with many women, are very often unaware of their rights, and encounter insuperable barriers to accessing justice systems, such as illiteracy, expenses and threats of violence. These aforementioned psychological variables and some other ones not listed in this paper could serve as stressor to the young widows.

This study lends credence to many earlier studies, Amoran et al., (2005); Abdallah & Ogbeide (2002) who concluded that a higher rate of mental illness exists among the widowed than their married counterparts. Even a study conducted by Chen et al., (1999) concluded that widows had higher mean levels of traumatic responses to the loss of someone to which a bond was formed (grief), depressive and anxiety symptoms.

Widowhood among middle aged women in the northern part of Oyo state is further compounded owing to particular social and cultural aspects, which lead to increased feelings of guilt, remorse and aloofness. There is also a tendency to reject depressive symptoms as something socially and culturally acceptable, whereas significant distress associated with these events could be harbingers of psychiatric illness often requiring attention (medical or otherwise). The need of the moment is to create awareness among public in general through various means of mass media. An increasing need is being felt for more strict implementation of existing laws regarding women's right to the deceased husband's property and other belongings, pension benefits, alimony to divorced women, visitation rights (for women who do not have custody of their children) and laws regarding custody of children after remarriage of a widow.

Conclusions

Behavioural changes are often observed in women after divorce or bereavement. These changes are often overlooked and assumed to be a normal reaction to an adverse life event. It is now known that the changes may be due to underlying psychological trauma being experience (anxiety, frustration, anger, loss of memory). Attention should therefore be paid to such psychological variables capable of creating stress in widows early enough to forestall double tragedy on the part of the affected individuals.

References

- Abdallah D., Ogbeide D.O. (2002) Prevalence of mental illness among Saudi adult primarycare patients in Central Saudi Arabia. *Saudi Medical Journal*. ;23(6):721–724. [PubMed]
- Amoran O.E., Lawoyin T.O., Oni O.O.(2005) Risk factors associated with mental illness in Oyo State, Nigeria: A Community based study, *Annals of General Psychiatry*. [Accessed 25 March, 2008] 4(19) doi:10.1186/1744-859X-4-19. Available at: <http://www.annals-general-psychiatry.com/content/4/1/19> . [PMC free article] [PubMed]
- Avison W.R., Ali J., Walters D. (2007) Family Structure, Stress, and Psychological Distress: A Demonstration of the Impact of Differential Exposure. *Journal of Health and Social Behaviour*. :301–317. [PubMed]
- Barrett A.E. (2000) Marital Trajectories and Mental Health. *Journal of Health and Social Behaviour*. ;41(4):451–464. [PubMed]
- Bennet K.M., Smith P.T., Hughes G.M(2005). Coping, depressive feelings and gender differences in late life widowhood. *Aging and Mental Health*. ;9(4):348–353. [PubMed]

Bernhardt E. (1995) Re-partnering in contemporary Sweden: A study of the transition to second partnership. Paper presented at the 1995 Conference of the Scandinavian Sociological Association, Helsinki, Finland.

Bill No. I. 2008];The Neglected and Suffering Widows (Protection and Welfare) Bill, 2006. 2006 Introduced in the Rajya Sabha on 17 Feb 2006 Available at: http://rajyasabha.nic.in/bills/2006/I_2006.PDF.

Booth A., Amato P. (1991) Divorce and psychological stress. *Journal of Health and Social Behaviour.* ;32:396–407. [PubMed]

Bruce A (2005). Widows on the river. *The Washington Post.* 2005. Oct 11, [Accessed 25 March, 2008]. Available at: http://www.washingtonpost.com/wp-dyn/content/article/2005/10/07/AR2005100700471_pf.html.

Chen J.H., Bierhals A.J., Prigerson H.G., Kasl S.V., Mazure C.M., Jacobs S. (1999) Gender differences in the effects of bereavement-related psychological distress in health outcomes. *Psychol Med.* ;29(2):367–80. [PubMed]

Cherlin A. J. Cambridge, MA: Harvard University Press; 1992. *Marriage, divorce, remarriage.*

Cohen P., Johnson J., Lewis S. A., Brook J. S. (1990) Single parenthood and employment. Double jeopardy. In: Eckenrode J., Gore S., editors. *Stress between work and family.* New York: Plenum; pp. 117–132.

Fasoranti O.O., Aruna J.O. (2007) A Cross-Cultural Comparison of Practices Relating to Widowhood and Widow-Inheritance among the Igbo and Yoruba in Nigeria. *Journal of World Anthropology: Occasional Papers.* ;III(1):53–73.

Gahler M. (2006) “To Divorce Is to Die a Bit ...”: A Longitudinal Study of Marital Disruption and Psychological Distress Among Swedish Women and Men. *The Family Journal: Counseling And Therapy For Couples And Families.*;14:372–382.

Goldstein M. (2008) Domestic Violence Stalks in Many Guises. *Pahrump Valley Times.* , [Accessed 20 March, 2008]. dated Available at: <http://www.pahrumpvalleytimes.com/2008/Mar-21-Fri-2008/news/20475016.html>.

Gove W. R (1972). The relationship between sex roles, marital status, and mental illness. *Social Forces.* ;51:34–44.

Hung S.L., Kung W.W., Chan C.L. (2004) Women Coping with Divorce in the Unique Sociocultural Context of Hong Kong. *Journal of Family Social Work.*;7(3):p1–22.

Li L., Liang J., Toler A., Shengzu Gu.(2005) Widowhood and depressive symptoms among older Chinese: Do gender and source of support make a difference? *Social Science and Medicine.* ;60(3):637–647. [PubMed]

Trivedi J.K., Sareen H., Dhyani M., (2009), Psychological Aspects of Widowhood and Divorce. In: *Some Issues in Women's Studies, and Other Essays* (A.R. Singh and S.A. Singh eds.), MSM, 7, Jan - Dec 2009, p37.