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Challenges and Coping Strategies of Widowhood among Widows and Widowers in Enugu State, Nigeria: A Cross-Sectional Study

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ABSTRACT

Background: Widowhood constitutes a significant life transition associated with emotional distress, socio-economic vulnerability, and health risks, particularly in patriarchal societies. In Nigeria, widowhood experiences are determined by cultural norms, gender inequality, and limited social protection.

Methods: This study examined the challenges and coping strategies of widowhood among widows and widowers in Enugu State, Nigeria. A cross-sectional descriptive survey design was adopted. Using multi-stage sampling, 201 respondents (133 widows and 68 widowers) were selected from three Local Government Areas representing urban, semi-urban, and rural settings. Data were collected using a structured questionnaire and using IBM Statistical Product and Service Solution (SPSS) version 25. Data were summarised using descriptive statistics mean, frequency and proportion) and inferential statistics (independent t-test) at a 0.05 significance level.

Results: Financial burden, increased stress, and childcare responsibilities were the major challenges. Widows reported significantly higher levels of stigmatisation, discrimination, cultural subjection, and dehumanisation compared to widowers ($p < .05$). Positive thinking, social support, and religious engagement were predominant coping strategies, with no notable gender difference in overall coping mechanisms. Loneliness, depression, anxiety, and stress emerged as critical unmet needs.

Conclusion: The study finds that widowhood remains a major public health concern in Southeastern Nigeria and recommends culturally sensitive, nursing-led interventions focused on economic empowerment, psychosocial support, and legal advocacy.

Keywords: widowhood, challenges, coping strategies, widows, widowers

How to cite this article

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INTRODUCTION

Widowhood is a major life event that often results in acute emotional, social, and economic changes for surviving spouses. Following the death of a spouse, individuals are frequently confronted with grief, loneliness, psychological distress, reduced social support, and heightened financial responsibilities. Studies have shown that widowhood is associated with adverse mental health outcomes, including depression, anxiety, reduced psychological well-being, and poorer overall health, particularly among older adults and in settings where social support systems are weak or inadequate.[1,2]

Globally, widowhood is still a significant social and public health concern. The United Nations and UN Women have stressed the constant challenges faced by widows worldwide, including poverty, discrimination, social exclusion, and insufficient access to economic opportunities.[3,4] Women are frequently disproportionately affected because gender inequalities in inheritance rights, employment opportunities, property ownership, and social protection systems place them at greater risk of economic vulnerability following the loss of a spouse.[4,5]

In Sub-Saharan Africa, widowhood is further complicated by firmly established customary norms and patriarchal traditions. Widows in many communities are subjected to harmful traditional practices, including prolonged mourning rituals, social isolation, ritual cleansing, restrictions on social participation, and denial of inheritance rights.[6] These practices may contribute to economic deprivation, psychological distress, and diminished well-being of widowed women.[6,7]

In Nigeria, widowhood continues to be characterised by substantial gender disparities. Widows frequently experience stigmatisation, discrimination, social exclusion, property dispossession, and economic insecurity following the death of a spouse.[6,8] Harmful widowhood practices and disparate access to social and economic resources continue despite legal and policy attempts aimed at protecting women's rights.[3,8] These experiences not only affect the well-being of widows but also have wider implications for family welfare, mental health, and community development.

In Enugu State, widowhood is a visible social reality, particularly among middle-aged and older adults. Although widowed individuals are likely to experience monetary difficulties, psychological challenges, social isolation, and cultural pressures, there is limited empirical evidence comparing the challenges and coping methods of widows and widowers within the sociocultural context of the state. Furthermore, most existing studies in Nigeria have focused predominantly on widows, with comparatively little attention given to widowers. Consequently, there is insufficient evidence regarding whether widows and widowers experience widowhood differently and whether they employ similar coping mechanisms in managing the effects of spousal loss.

The lack of context-specific and comparative data on widowhood experiences in Enugu State creates a significant knowledge gap that may hinder the development of effective programs and assistance services for widowed individuals. Understanding the challenges widows and widowers face, as well as the strategies they adopt to cope with them, is essential for informing evidence-based nursing practice, social welfare programmes, mental health interventions, and policy formulation.

Therefore, this study was undertaken to examine the challenges and coping strategies associated with widowhood among widows and widowers in Enugu State, Nigeria. The findings are projected to contribute to the current body of knowledge on widowhood, provide evidence to inform the design of culturally appropriate interventions, and support efforts to improve the psychosocial, economic, and general well-being of widowed individuals.

METHODOLOGY

Setting of the Study: This study was carried out in Enugu State, South-East Nigeria. Created in 1991 from the old Anambra State, Enugu is predominantly inhabited by the Igbo ethnic group and is famous for its cultural richness, educational prominence, and significant socio-political influence within the South East. It is bounded by Benue State to the north, Ebonyi State to the east, Abia and Imo States to the south, and Anambra State to the west. The Geopolitical Structure of Enugu State Enugu State is divided into three senatorial zones, which further encompass 17 Local Government Areas (LGAs). Each LGA consists of several political wards and communities. The senatorial zones include: Enugu East Senatorial Zone. This zone is largely urban, with a high concentration of educational institutions, administrative establishments, and residential settlements. It includes: Local Government Areas: Enugu North, Enugu South, Enugu East, Isi-

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Uzo, Nkanu East, Nkanu West. Enugu North LGA, in particular, comprises several urban wards such as Independence Layout, G.R.A, New Haven, and Ogui Town, which have a mixed population of educated elites, civil servants, and widows who may experience unique urban socio-economic widowhood challenges. Enugu North Senatorial Zone: This zone is semi-urban and rural, with a strong agricultural base and traditional Igbo culture still in practice. It includes: Local Government Areas: Nsukka, Igbo-Etiti, Uzo-Uwani, Udenu, Igbo-Eze North, Igbo-Eze South. Nsukka LGA is home to the University of Nigeria, Nsukka (UNN) and has a population composed of students, civil servants, market women, and widows. The socio-cultural dynamics in this area enable a comparative exploration of traditional and modern coping strategies among widows. Enugu West Senatorial Zone: This zone is predominantly rural and agricultural, with strong cultural practices including traditional widowhood rites. It includes the Local Government Areas of Awgu, Aninri, Ezeagu, Oji River, and Udi. Awgu LGA, one of the study sites, is noted for its firmly established traditional values and patriarchal family systems. Widows in this area commonly face intense socio-cultural constraints such as property denial, isolation, and dehumanising rites. The area has a scattered rural settlement structure and comprises wards such as Mgbidi, Ihe, Mmaku, and Agbogugu.

Study Design: A descriptive survey design was adopted.

Study duration: The study was conducted over a period of approximately 6 months, from September 2025 to February 2026

Population of the Study: The target population for this study comprised widows and widowers residing in Enugu North, Nsukka, and Awgu Local Government areas. Since no existing database on the number of widows and widowers in the local government areas exists, the target population was estimated at 1000 based on available local community records obtained through community leaders, church groups, and women's associations, where available.

Eligibility Criteria: Participants were qualified to be selected for the research once they were residents of the communities in Enugu North, Nsukka, and Awgu Local Government Areas of Enugu State, had experienced the death of a spouse at least one year prior to the study, were also aged 18 years and above, and willing to participate in the study after been provided with the necessary information to give their informed consent and finally were physically and mentally capable of responding to the questionnaire. participants were Excluded if they had lost a spouse less than one year before the commencement of the study, or seriously ill or unable to communicate effectively at the time of data collection and declined to provide informed consent.

Sample Size determination

The sample size for the study was determined using the Taro Yamane formula for a finite population:

Substituting the values into the formula: $n = 1000 / [1 + 1000(0.05)^2]$

$n = 285.7 \approx 286$

Where: n = sample size, N = estimated total population of widows and widowers in the selected study areas, e = level of significance or margin of error (0.05). Using a 95% confidence level and a 5% margin of error, the calculated sample size was 286.

Sampling Technique: A multistage sampling technique was employed. In the first stage, the LGAs in Enugu State were stratified into urban, semi-urban, and rural categories. One LGA was then selected from each stratum using simple random sampling. In the second stage, wards within the LGAs were selected through simple random sampling. In the third stage, communities and households within the selected wards were selected using simple random sampling. Finally, eligible widowed women/men within the selected households were recruited for the study.

Study Variables

Dependable variables: Coping strategies, income-generating activities, obtaining help, social interaction, joining groups, etc

Independent variables: Challenges, financial hardship, loneliness, social stigma, grief and emotional distress, etc

Tools and validation: The instrument used for data collection in this study was a structured questionnaire developed by the researcher, titled the *Challenges and Coping Strategies of Widowhood Questionnaire (CCSWQ)*. The development of the instrument was guided by relevant theoretical frameworks and existing standardised instruments used in social and health research. Specifically, the items measuring family and community support were conceptually informed by the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al (1988), which assesses perceived support from family, friends, and significant others. Similarly, the section measuring coping strategies adopted by widows and widowers was informed by constructs from the Brief COPE Inventory, developed

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by Carver, which assesses the coping mechanisms individuals employ when confronted with stressful life events.

The questionnaire was therefore designed to reflect the specific context of widowhood experiences in Enugu State while drawing conceptual guidance from these recognised instruments. This approach guaranteed that the instrument captured the socio-cultural realities of widowhood. The CCSWQ consisted of four sections. Section A obtained information on the demographic characteristics of respondents. Section B focused on the challenges associated with widowhood. Section C examined the coping strategies adopted by widows and widowers in managing widowhood experiences. Section D assessed the level of community and family support available to widows and widowers in Enugu State.

The questionnaire items were structured using a four-point Likert scale format ranging from *Strongly Agree (4)* to *Strongly Disagree (1)* to enable respondents to express the extent of their agreement with each statement.

Validity of the Instrument: The questionnaire was reviewed by the researcher's project supervisors for face and content validity. The researcher's supervisors made the necessary corrections to the questionnaire before the instrument's final distribution.

Reliability of the Instrument: The instrument's reliability was established through a pilot test conducted by the researcher. The validated questionnaire was administered to 20 widows and widowers in Umudim Nkume, Njaba LGA, Imo State, which is not part of the study. The instrument's reliability was calculated using Cronbach's alpha, which was 0.817.

Data collection procedure: Data were collected through face-to-face administration of questionnaires, assisted by trained research assistants who were fluent in the local dialects.

Method of Data Analysis: Quantitative data were analysed using Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequency tables, percentages, means, and standard deviations were used to summarise the data. Inferential statistics, including chi-square tests and multiple regression analysis, were applied to test hypotheses and identify relationships between variables.

Ethical consideration: This study was reviewed and approved by the University of Port Harcourt Research Ethics Committee (UPH/CEREMAD/REC/MM114/016 Approved: September 30, 2025). Ethical considerations such as informed consent, confidentiality, and voluntary participation were strictly observed.

RESULTS

Table 1: Distribution of the demographic variables of the study

Characteristics	Category	N	%	$\bar{x}$	SD
Gender	Male	68	33.83		
	Female	133	66.17		
Age	21-30years	4	1.99		
	31-40years	38	18.91	44.9	8.6
	41years and above	159	79.10		
Education	No formal education	6	2.99		
	Primary education	32	15.92		
	Secondary education	130	64.68		
	Tertiary education	33	16.42		
Religion	Christianity	164	81.59		
	Islam	15	7.46		
	African Tradition	9	4.48		
	Others	13	6.47		
	1-5 years	7	3.48		
How long were you married?	6-10 years	22	10.95	14.2	5.1
	11-15 years	56	27.86		
	16 years and above	116	57.71		
How long have you been widowed?	1-5 years	64	31.84		
	6-10 years	54	26.87	8.9	5.4
	11-15 years	35	17.41		
	16 years and above	48	23.88		

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Characteristics	Category	N	%	$\bar{x}$	SD
No. of children	1-2	49	24.38		
	3-5	117	58.21	3.6	1.8
	More than 5	25	12.44		
	None	10	4.98		
Do you work?	Yes	171	85.07		
	No	30	14.93		
Work experience	1-5 years	15	7.46		
	6-10 years	12	5.97	13.8	6.2
	11-15 years	64	31.84		
	16 years and above	110	54.73		

Table 2: Challenges of widowhood among widows and widowers in the communities under study

Challenges of widowhood	Widows (n=133) Mean	Widowers (n=68) Mean
Increased financial burden (money for house keep, school fees, among others)	3.85	3.74
Inability to look after or care for myself and children	3.71	3.63
Friends have distanced themselves from me	1.98	1.87
There is little or no support from my spousal family	3.41	3.59
Increased stress, physical, emotional, mental and social stress	3.87	3.51
Stigmatization and victimization from my spousal family	2.62	2.21
Subjection to cultural practices	3.17	2.90
Constant insults, abuse and undermine from friends and siblings	2.23	2.03
Torture and dehumanization	2.41	1.19
Discrimination from the members of the community	2.16	1.35
Grand mean	**2.94**	**2.60**

Table 3: Coping strategies adopted by widows and widowers in the study area

Coping strategies of widowhood	Widows (n=133) Mean	Widowers (n=68) Mean
Support from friends, family and neighbour	3.08	3.63
Attention diversion (increased social life, engaging in pleasurable activities, spending more time with my children)	3.37	3.66
Positive thinking (acceptance of loss and focusing on the way forward)	3.42	3.82
Engaging in church activities	3.33	2.54
Seeking professional help from a counsellor	2.01	1.84
Grand mean	**3.04**	**3.10**

Table 4: Assess the level of support available to widows and widowers in the area under study.

Assess the level of support available	Widows (n=133) Mean	Widower (n=68) Mean
Family members provide emotional support after the death of a spouse	3.74	3.88
Relatives provide financial assistance when needed	3.44	3.79
Friends and neighbours offer encouragement and companionship	3.17	3.68
Community members show concern for the wellbeing of widows and widowers	3.27	1.88
Religious organizations provide support to widowed individuals	3.62	3.06
Community associations assist widows and widowers in times of need	3.58	3.18
Family members assist in making important life decisions	3.35	2.00

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Assess the level of support available	Widows (n=133) Mean	Widower (n=68) Mean
Extended family members provide adequate social support	3.06	1.88
Community leaders show concern for widows and widowers	3.74	3.91
Widows and widowers feel socially accepted in their communities	2.70	2.78
Grand mean	**3.37**	**3.00**

Table 5: Summary of independent sample t-test on difference in the challenges of widowhood among widows and widowers in the communities under study

Challenges of widowhood	Widows (n=133) Mean	Widowers (n=68) Mean	T	p-value
Increased financial burden (money for house keep, school fees, among others)	3.85	3.74	1.56	.121
Inability to look after or care for myself and children.	3.71	3.63	0.79	.430
Friends have distanced themselves from me.	1.98	1.87	1.40	.162
There is little or no support from my spousal family.	3.41	3.59	-1.58	.115
Increased stress, Physical, emotional, mental and social stress	3.87	3.51	6.00	.000
Stigmatization and victimization from my spousal family	2.62	2.21	3.65	.000
Subjection to cultural practices	3.17	2.90	3.45	.001
Constant insults, abuse and undermine from friends and siblings	2.23	2.03	3.22	.001
Torture and dehumanization	2.41	1.19	13.88	.000
Discrimination from the members of the community	2.16	1.35	9.90	.000
Grand mean	**2.94**	**2.60**	10.52	.000

Table 6: Differences in the coping strategies adopted by widows and widowers in the study area

Coping Strategies of widowhood	Widows (n=133) Mean	Widowers (n=68) Mean	T	p-value
Support from friends, family and neighbor	3.08	3.63	-5.65	.000
Attention diversion (increased social life, engaging in pleasurable activities, spending more time with my children)	3.37	3.66	-3.41	.001
Positive thinking (acceptance of loss and focusing on the way forward)	3.42	3.82	-5.86	.000
Engaging in church activities	3.33	2.54	8.41	.000
Seeking professional help from a counselor	2.01	1.84	2.53	.012
Grand mean	**3.04**	**3.10**	**-0.96**	**.338**

Table 7: Level of support available to widows and widowers in the area under study.

Respondents	Widows (n=133) Mean	Widowers (n=68) Mean	T	p-value
Family members provide emotional support after the death of a spouse	3.74	3.88	-2.30	.023
Relatives provide financial assistance when needed	3.44	3.79	-3.89	.000
Friends and neighbours offer encouragement and companionship	3.17	3.68	-5.54	.000
Community members show concern for the wellbeing of widows and widowers	3.27	1.88	16.78	.000

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Religious organizations provide support to widowed individuals	3.62	3.06	6.64	.000
Community associations assist widows and widowers in times of need	3.58	3.18	3.48	.000
Family members assist in making important life decisions	3.35	2.00	12.14	.000
Extended family members provide adequate social support	3.06	1.88	11.58	.000
Community leaders show concern for widows and widowers	3.74	3.91	-2.96	.003
Widows and widowers feel socially accepted in their communities	2.70	2.78	-0.86	.390
Grand mean	**3.37**	**3.00**	**7.58**	**.000**

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DISCUSSION

The study found that increased financial burden was the most prominent challenge associated with widowhood, positive thinking, particularly acceptance of the loss and focusing on the future, was the most commonly adopted coping strategy among both widows and widowers, statistically significant differences exist in the challenges experienced by widows and but no statistically significant difference in the coping strategies adopted by widows and widowers.

The first objective of the study was to identify the challenges faced by widows and widowers in Enugu State. The results showed that increased financial burden was the most prominent challenge experienced by both widows and widowers, with widows reporting slightly higher levels of financial difficulty than widowers. This finding emphasises the economic consequences of losing a spouse, particularly in settings where household income and financial responsibilities are often shared or concentrated in one partner. The loss of a spouse may result in reduced household income, increased caregiving responsibilities, and difficulties meeting essential needs such as food, housing, healthcare, and children's education. This finding is consistent with previous studies, which identified economic vulnerability as one of the most significant consequences of widowhood, especially among women who often undergo reduced access to financial resources, inheritance rights, and social protection following the death of a spouse.[3,4,7]

The study further revealed that respondents experienced substantial psychological challenges, including increased stress, loneliness, and emotional distress. Widowhood is widely recognised as a major life stressor that may negatively affect mental health and general well-being. This finding agrees with previous studies, which reported higher levels of depression, anxiety, grief, and reduced psychological well-being in widowed individuals compared with their married counterparts.[1,2,10] The emotional impact of losing a spouse may be intensified by social isolation, disruption of family routines, and adjustment to new social roles.

The findings also showed that widows reported significantly higher levels of stigmatisation, discrimination, cultural subjection, and dehumanisation than widowers. This observation supports existing evidence that widows in many African societies continue to face harmful cultural practices, social exclusion, and discriminatory inheritance practices following the death of a spouse.[5,6] In some communities, widows may be subjected to restrictive mourning rites, property dispossession, and accusations relating to the death of their husbands, thereby increasing their vulnerability and reducing their quality of life.[4,6]

Furthermore, the study found a statistically significant difference in the challenges experienced by widows and widowers ($t = 10.517$, $p < 0.001$). This suggests that although widowhood affects both genders, women tend to experience more severe social, economic, and cultural consequences. This finding is consistent with reports by UN Women and other studies which indicate that widows are more likely to experience poverty, social exclusion, and discrimination than widowers due to existing gender inequalities and patriarchal social structures.[4,8,9] The finding stresses the need for interventions intended to reduce the gender specific burdens associated with widowhood and promote the well-being of widowed individuals.

The second objective of the study was to determine the coping strategies adopted by widows and widowers in managing widowhood experiences in Enugu State. The findings showed that positive thinking, particularly acceptance of the loss and focusing on the future, was the most commonly adopted coping strategy among both widows and widowers. This finding indicates that many widowed individuals rely on psychological adjustment as well as resilience to manage the emotional challenges associated with the loss of a spouse.

The finding is consistent with the work of Stroebe and Schut, who emphasised that positive adaptation to bereavement involves accepting the reality of loss while gradually adjusting to new life circumstances[13]. Similarly, Carver reported that positive reframing and acceptance are among the most effective coping mechanisms for managing stressful life events, as they enable individuals to focus on problem-solving and emotional recovery rather than remain overwhelmed by grief.[14]

The study further revealed that social support from family members, friends, and neighbours was an important coping strategy among respondents. This finding agrees with previous studies, which reported that strong social networks play a significant role in reducing emotional distress and promoting resilience among bereaved individuals.[1,7] Social support provides emotional encouragement, practical assistance, and a feeling of acceptance, all of which aid in better psychological adjustment following the loss of a spouse. Religious involvement also appeared as a prominent coping strategy among respondents. Many widowed individuals reported engaging in prayer, church

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activities, and other spiritual practices to help them cope with grief and loneliness. This finding is consistent with previous studies, which found that religion and spirituality serve as important sources of hope, comfort, and emotional stability among bereaved individuals, particularly in African societies in which religious beliefs are deeply embedded in everyday life.[15,16] Religious institutions may also provide opportunities for social contact and emotional support, thereby helping widowed individuals adjust to their new circumstances.

The findings further showed no statistically significant difference in the coping strategies adopted by widows and widowers ($t = -0.961$, $p = 0.338$). This suggests that although experiencing different levels of challenges, both groups tend to utilise similar coping mechanisms in dealing with widowhood. The finding may be explained by the fact that grief, loss, and adjustment are universal experiences that often require similar psychological and social responses regardless of gender. This observation supports previous studies, which reported that although men and women may differ in the intensity of challenges experienced following widowhood, they frequently rely on comparable coping resources such as social support, religion, acceptance, and personal resilience to facilitate adjustment after spousal loss.[2,13]

The third objective of the study was to assess the level of support available to widows and widowers in Enugu State. The findings showed that family support, religious support, and assistance from community members were the major sources of support available to respondents. However, the findings also indicated variations in the level of support received by widows and widowers.

Family support emerged as one of the most important sources of assistance available to respondents following the loss of a spouse. Many participants reported receiving emotional encouragement, financial assistance, and practical help from children, relatives, and other family members. This finding is consistent with previous studies, which identified family support as an essential element in supporting resilience, psychological well-being, and successful adjustment among widowed individuals[1,7]. Family members often provide companionship, caregiving support, and financial assistance that help mitigate the negative consequences of widowhood.

Religious organisations also had a significant role in supporting widowed individuals. Respondents reported receiving emotional support, spiritual guidance, and occasional financial assistance through religious activities and church-based programmes. This finding agrees with reports from UN Women and other studies, which highlight the role of faith-based organisations in providing social support and community integration for vulnerable groups, including widows[4,15]. Religious institutions frequently act as important social networks that help reduce loneliness and facilitate emotional recovery following bereavement.

Despite the availability of support from family members and religious organisations, some respondents reported deficient support from community structures. This result suggests that formal and informal support systems may not always be sufficient to meet the long-term social, emotional, and economic needs of widowed individuals. Similar observations have been reported in previous studies, which found that widows and widowers in many low and middle-income countries frequently experience social isolation and little access to organised support services.[7,17]

The study further showed a statistically significant difference in the level of support available to widows and widowers ($t = 7.576$, $p < 0.001$). This finding indicates that support is not equally distributed between the two groups. The difference may be attributable to prevailing gender norms and societal expectations regarding widowhood. While widows may receive greater emotional support through family networks, religious groups, and women's associations, they may simultaneously experience greater economic hardship and social discrimination. Conversely, widowers may receive less emotional support because societal expectations often portray men as self-reliant and emotionally resilient[8,9].

The finding underscores the need for community-based support programmes, counselling services, widow support groups, and social welfare interventions aimed at improving the well-being of widows and widowers. Strengthening existing family and community support structures may help reduce the emotional, social, and economic challenges associated with widowhood and promote healthier adjustment following the loss of a spouse.

Strengths and Limitations of the Study

Strengths of the Study

One of the major strengths of this study is the use of a cross-sectional descriptive survey design, which enabled the collection of data from a relatively large number of widows and widowers in a short period. The design provided a practical and cost-effective approach to

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assessing widowhood-related challenges, coping strategies, and levels of support among respondents across different communities in Enugu State.

Another strength of the study is the inclusion of both widows and widowers. While many previous studies have focused mainly on widows, the inclusion of widowers enabled comparison of experiences between the two groups and provided a broader understanding of widowhood within the study area.

The study also included participants from urban, semi-urban, and rural settings, thereby capturing diverse perspectives and experiences of widowhood across different sociocultural environments. Furthermore, the use of a structured questionnaire ensured uniformity in data collection and enhanced the comparability of responses among participants.

In addition, the questionnaire was developed using concepts derived from established instruments, such as the Multidimensional Scale of Perceived Social Support (MSPSS) and the Brief COPE Inventory, thereby strengthening its content and improving its ability to measure the variables of interest.

Limitations of the Study

Despite these strengths, the study had some limitations. The cross-sectional descriptive survey design involved collecting data at a single point in time and therefore did not allow assessment of changes in experiences, coping strategies, or support levels over time. Consequently, causal relationships between the variables studied could not be established.

The final sample size of 201 respondents was lower than the calculated minimum sample size due to non-response, inability to reach some eligible participants during data collection, and incomplete questionnaire responses. This may have affected the generalizability of the findings.

The study relied on self-reported information obtained through questionnaires. As a result, some respondents may have provided socially desirable responses or may not have accurately recalled certain experiences, which could have introduced response bias.

Finally, the study was conducted in selected communities within Enugu State. Therefore, the findings should be interpreted within the context of the study area and may not be fully generalizable to all widows and widowers in other parts of Nigeria.

Implications of the Findings of the Study

The findings of this study have important implications for nursing practice, public health practice, research, and policy development.

Practice Implications

The study revealed that financial burden was the most prominent challenge experienced by both widows and widowers, with widows reporting higher levels of hardship. This finding suggests that healthcare professionals, particularly community and public health nurses, should adopt a more holistic approach to widowhood care that extends beyond physical health needs. Nurses should routinely assess the emotional, social, and economic challenges faced by widowed individuals during community outreach activities and clinic visits. Early identification of vulnerable widows and widowers may facilitate timely referral to appropriate support services and social welfare programmes.

The findings also showed that respondents experienced psychological challenges such as stress, loneliness, grief, and emotional distress. This highlights the need for the integration of grief counselling, bereavement support services, and mental health interventions into community health programmes. Community health nurses are strategically positioned to provide emotional support, health education, counselling, and referrals to mental health professionals where necessary.

Furthermore, positive thinking, acceptance of loss, religious involvement, and social support emerged as major coping strategies among respondents. This suggests that healthcare providers should recognise and strengthen existing coping mechanisms while providing psychosocial support. Faith-based organisations, community groups, and family networks should be engaged as partners in supporting widowed individuals, particularly during the early stages of bereavement.

Policy Implications

The finding that widows experienced significantly greater challenges than widowers has important policy implications. It highlights the continuing influence of gender inequalities and harmful sociocultural practices that disproportionately affect women following the death of a spouse. Government agencies and policymakers should strengthen the implementation and enforcement of laws that protect widows from property dispossession, inheritance discrimination, and other forms of exploitation.

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The study also revealed significant differences in the level of support available to widows and widowers. This finding indicates gaps in existing social support systems and underscores the need for targeted social protection policies for vulnerable widowed individuals. Policymakers should consider expanding social welfare programmes, financial assistance schemes, and community-based support initiatives to reduce the economic and social consequences of widowhood.

In addition, the findings support establishing community-based widow support programmes at the local government and state levels. Such programmes could provide counselling services, vocational training, economic empowerment opportunities, legal aid services, and social support networks to improve the well-being of widowed individuals.

Research Implications

The findings of this study contribute to the limited body of knowledge on widowhood experiences among both widows and widowers in Enugu State. The significant differences observed in the challenges and support available to widows and widowers suggest the need for further research to explore the factors responsible for these disparities.

The use of a cross-sectional descriptive survey design provided valuable information regarding the current experiences of widowed individuals; however, it did not permit the assessment of changes over time. Future researchers should consider longitudinal studies to examine how challenges, coping strategies, and support systems evolve throughout the bereavement process.

Furthermore, while this study relied on quantitative data, future studies may employ qualitative or mixed methods approaches to gain deeper insights into the lived experiences of widows and widowers, particularly regarding cultural practices, family relationships, social support, and coping processes. Such studies would provide a richer understanding of widowhood and inform the development of culturally appropriate interventions.

Finally, additional studies involving larger, more diverse populations across different regions of Nigeria are recommended to enhance the generalizability of the findings and facilitate comparisons of widowhood experiences across cultural and socioeconomic contexts.

CONCLUSION

Widowhood remains a significant social, psychological, and economic challenge among widows and widowers in Enugu State, Nigeria. The findings of this study demonstrated that the loss of a spouse is often accompanied by increased financial burden, emotional distress, social challenges, and reduced support, with widows experiencing significantly greater hardship than widowers. This suggests that widowhood continues to be influenced by gender inequalities and sociocultural factors that disproportionately affect women.

Despite these challenges, both widows and widowers demonstrated resilience through the adoption of positive coping strategies, particularly acceptance of loss, positive thinking, social support, and religious involvement. The absence of a significant difference in coping strategies between the two groups indicates that widowed individuals tend to rely on similar mechanisms to adjust to the realities of spousal loss. However, the significant differences observed in the level of support available to widows and widowers highlight existing gaps in family, community, and institutional support systems.

The study, therefore, concludes that widowhood is not merely a personal experience of loss but also a public health and social welfare concern that requires coordinated interventions. Addressing the challenges associated with widowhood will require the combined efforts of healthcare professionals, policymakers, community leaders, religious organisations, and families. Strengthening social support systems, promoting economic empowerment, protecting the rights of widows and widowers, and providing accessible psychosocial support services are essential steps toward improving the well-being and quality of life of widowed individuals in Enugu State and similar settings.

Declarations

Authors' contribution: This study was conceived by the authors Ike CO and Nwiwu TA, who also participated in every step of data collection, analysis, result interpretation, and manuscript writing. Enuagwuna FC contributed to the conceptualization and supervision of the work. Oko CC contributed to methodology, design, and discussion.

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