***Review Article***

**The Impact of Widowhood on Mental Health and Social Isolation Among Elderly Women in Nigeria: A Narrative Review**

**Abstract**

As Nigeria’s population continues to age, widowhood among elderly women is becoming increasingly common with serious implications for public health and social policy. Due to the feminization of aging and the high rate of spousal loss among older women, this narrative review examines how widowhood affects mental health and social isolation within Nigeria’s sociocultural landscape. Drawing on literature from 2000 to 2025, including peer-reviewed studies, policy documents, and grey literature sourced from databases such as PubMed, Scopus, AJOL, and Google Scholar, the review synthesizes key findings using a thematic approach. The analysis reveals that widowhood contributes significantly to psychological distress, including grief, depression, and anxiety, while also deepening social isolation through stigma, cultural exclusion, and the weakening of traditional family support systems. It explores major contributing factors such as harmful widowhood rites, gender-based poverty, and the decline of intergenerational caregiving alongside protective elements like religious faith and grassroots support networks. The review highlights critical gaps in Nigeria’s health and social welfare systems, particularly the absence of widow-sensitive mental health services and formal social protection programs. Concluding with actionable recommendations, the paper calls for culturally grounded, gender-sensitive policy reforms and community-based interventions. By positioning widowhood as a key social determinant of health, the review advocates for a more inclusive and equitable approach to aging across sub-Saharan Africa.

KEYWORD:

**1. INTRODUCTION**

Nigeria, like many low- and middle-income countries, is undergoing a significant demographic shift. Although the nation remains predominantly youthful, there has been a steady and noticeable increase in the proportion of older adults due to improvements in healthcare services, declining fertility rates, and rising life expectancy [1,2]. This demographic transformation has far-reaching implications for social policy, healthcare provision, and family structures. One striking feature of Nigeria’s aging trend is the gendered nature of longevity. Women tend to live longer than men, a pattern influenced by both biological and social factors [3]. Consequently, the older population in Nigeria is increasingly female-dominated, a trend commonly described in gerontology as the “feminization of aging.” This phenomenon becomes especially pronounced among women aged 60 and above, where widowhood is a frequent and often prolonged condition due to higher female life expectancy and traditional marriage patterns in which men typically marry younger women [4].

However, widowhood in Nigeria is far more than a private or individual bereavement. It is a life transition with deep structural and sociocultural consequences [5]. While widowhood is a near-universal experience for many older women globally, its significance in Nigeria is heightened by systemic and cultural conditions that exacerbate vulnerability [6]. Widowed women often encounter severe economic and social dislocations. They may lose access to property, inheritance, or marital homes due to customary laws or patriarchal family structures [6]. Furthermore, in many communities, widows are excluded from decision-making, denied leadership opportunities, and subjected to traditional mourning rituals that can be physically and emotionally harmful [7]. These practices, which sometimes include ritual cleansing, prolonged seclusion, or public displays of grief, may be enforced regardless of the widow’s consent and are often underpinned by deep-rooted gender inequality [7].

These overlapping forms of disadvantage reveal widowhood as a critical social determinant of health, particularly in later life. The intersection of bereavement, economic instability, diminished social status, and institutional neglect places many older widowed women at heightened risk for mental health challenges, including depression, anxiety, grief-related disorders, and chronic psychological distress [8]. Simultaneously, these women often experience a gradual erosion of social ties, further exacerbating isolation and loneliness. The traditional extended family system, which once offered some buffer against widowhood-related adversity, is weakening under the pressures of urbanization, labor migration, and modern economic demands [9]. As family members become less available or able to offer support, widows may find themselves navigating old age with little to no formal or informal assistance [10].

Despite the visibility of widowhood in Nigerian society and the disproportionate impact it has on elderly women, there remains a lack of consolidated research on its multidimensional effects. Academic and policy literature has often treated widowhood as a cultural phenomenon, focusing on rites and customs without sufficiently addressing its psychological, emotional, or structural consequences [11]. This fragmentation across disciplines such as anthropology, sociology, public health, and gender studies has limited the development of integrated strategies to support widowed older women [11].

This narrative review aims to bridge this gap by synthesizing current evidence on the mental health and social implications of widowhood for elderly women in Nigeria. It explores the cultural practices, economic constraints, psychological risks, and potential sources of resilience that shape the widowhood experience. Drawing on peer-reviewed literature, policy documents, and grey literature from 2000 to 2025, the review offers a comprehensive and context-sensitive examination of how widowhood influences late-life well-being in Nigeria. By centering the lived experiences of widowed women and identifying both risks and opportunities for support, this review seeks to inform future research, influence health and social policy, and promote the development of culturally grounded interventions to improve the quality of life for this often-overlooked and marginalized population.

**2. METHODOLOGY OF THE REVIEW**

Although this study adopts a narrative review design, a structured and transparent approach was applied to ensure methodological rigor and relevance in the selection of literature. The review process involved an extensive and purposive search across multiple reputable academic databases, including PubMed, Scopus, African Journals Online (AJOL), and Google Scholar. To capture a wide range of relevant literature, search terms were carefully selected and combined using Boolean operators (AND/OR) to refine results. Keywords included “widowhood,” “elderly women,” “Nigeria,” “mental health,” “social isolation,” “grief,” and “aging,” reflecting the intersectional focus of the study. This strategy allowed for the retrieval of studies addressing both the psychological and social dimensions of widowhood within the Nigerian or comparable Sub-Saharan African context. Additionally, to ensure a holistic and inclusive understanding of the topic, the review considered both peer-reviewed academic publications and credible grey literature. The latter included policy briefs, non-governmental organization (NGO) reports, governmental white papers, and advocacy documents that provided insight into real-world practices, community-level interventions, and policy gaps. Only literature published in English between 2000 and 2025 was included, with the selected time frame reflecting contemporary perspectives and recent shifts in aging, gender, and health policy in Nigeria.

Inclusion criteria required that studies focus on elderly women who were widowed and address their lived experiences, mental health outcomes, or patterns of social integration and exclusion. Preference was given to studies that provided culturally or structurally relevant findings applicable to the Nigerian setting. In contrast, studies were excluded if they focused solely on younger widows, addressed mental health conditions unrelated to widowhood, or were situated in non-African contexts without sufficient cultural relevance or comparative value. A two-stage screening process was implemented. First, titles and abstracts were examined to assess relevance, followed by a full-text review of those materials that met the initial criteria to confirm their eligibility. Additionally, by employing this methodological strategy, the review was able to identify cross-cutting themes, patterns, and knowledge gaps across disciplines such as sociology, public health, gerontology, psychology, and gender studies. This approach enhanced the breadth and depth of the analysis, allowing for a richer synthesis of widowhood as a complex social and public health issue affecting elderly women in Nigeria.

**3. CONCEPTUAL FRAMEWORK**

This review is anchored in a set of interrelated theoretical frameworks that help explain the multifaceted connections between widowhood, mental health, and social isolation among elderly women in Nigeria. Central to this discussion is Role Loss Theory, which posits that individuals derive their sense of identity, self-worth, and social purpose from the roles they occupy throughout life—such as spouse, caregiver, homemaker, or community leader [12]. The loss of a spouse, therefore, is not merely the loss of a companion but the loss of an entire social role that once conferred meaning and belonging [13]. For elderly women in Nigeria, whose social recognition is often deeply tied to their marital status, widowhood can disrupt this identity structure. This disruption frequently results in psychological consequences such as feelings of purposelessness, diminished self-esteem, and emotional distress [8]. The social vacuum left behind is often compounded by limited institutional and familial recognition of their ongoing needs and roles [11].

From a gerontological perspective, both Disengagement Theory and Activity Theory offer contrasting interpretations of later life experiences, each providing insight into how widowhood may shape social integration and emotional well-being. Disengagement Theory suggests that it is both natural and functional for older adults to gradually withdraw from social roles and relationships as they age [14]. However, within the Nigerian context, where widowhood may involve involuntary seclusion due to cultural expectations or stigma, such withdrawal is more likely to be imposed than chosen. This distinction is critical, as imposed disengagement may heighten feelings of rejection, isolation, and depression [7]. Equally, Activity Theory asserts that active engagement in social, recreational, and communal roles is vital to maintaining health and happiness in old age [15]. From this viewpoint, widowhood becomes problematic when it restricts a woman’s ability to remain socially and civically involved, particularly when cultural norms or socioeconomic constraints limit opportunities for continued participation.

To deepen this analysis, the review draws on the concept of intersectionality, a theoretical framework that examines how multiple axes of identity and structural disadvantage intersect to produce layered forms of exclusion or vulnerability [16]. In the case of widowed elderly women in Nigeria, age, gender, marital status, economic insecurity, and cultural expectations converge to create a compounded form of marginalization [17]. These women are often doubly disadvantaged—first by virtue of being older adults in a society that undervalues aging, and second by being women without the perceived protection or status conferred by a living husband [18]. Intersectionality allows for a more nuanced understanding of how widowhood cannot be separated from the broader social hierarchies and cultural scripts that define whose voices are heard and whose needs are prioritized [16].

**4. SOCIOCULTURAL DIMENSIONS OF WIDOWHOOD IN NIGERIA**

Widowhood in Nigeria is a deeply social and cultural event, embedded in the broader fabric of tradition, religion, and communal expectations [19]. It is far more than the personal experience of losing a spouse. Rather, it is a public transition marked by symbolic practices, collective interpretations, and institutionalized responses, particularly when it involves older women [20]. In many Nigerian communities, widowhood carries a variety of meanings—moral, spiritual, and social—which reflect long-standing patriarchal structures and norms. These meanings often dictate how widows are treated, how they must behave, and what roles they are allowed to assume in society after their husband’s death [20]. As a result, widowhood becomes a site of vulnerability, especially for elderly women who are already marginalized due to age, gender, and economic dependence.

**4.1. Cultural Practices Around Widowhood**

Traditional mourning rites form a central aspect of widowhood in Nigeria and are deeply intertwined with ethnic customs and communal identity [21]. Upon the death of a husband, many widows are required to undergo ritual practices that vary across cultural groups but share common elements such as the wearing of mourning attire, physical confinement, ritual cleansing, public displays of sorrow, and symbolic gestures of separation from the deceased [22]. Among the Igbo, widows may be required to dress in black or white mourning cloth for up to a year, symbolizing grief and purity, while also being prohibited from participating in social events [23]. Among the Yoruba, some widows are expected to engage in a period of seclusion, known locally as “sitting,” where they remain indoors, avoid visitors, and are sometimes forbidden from engaging in daily activities [24]. In Hausa/Fulani communities, Islamic mourning prescriptions such as the iddah period—a four-month and ten-day waiting period—are typically observed, though additional cultural customs may be superimposed [25].

While some of these practices may offer structure to the grieving process, they can also become sources of psychological trauma, especially when they are enforced through coercion or when they perpetuate stigma [26]. In many cases, these rites are applied rigidly, without regard for the widow’s wishes or mental health. Shaving of the widow’s head, forced isolation, and the symbolic “cleansing” rites meant to rid her of her husband’s spirit can be deeply humiliating and disempowering [14]. These practices, often justified as tradition, tend to reinforce the perception that widows are spiritually polluted or socially diminished.

**4.2. Widowhood Stigma and Marginalization**

The social status of widows in Nigeria is often diminished due to widespread stigma rooted in cultural myths and suspicion. In some communities, widows are viewed with mistrust, particularly if the husband’s death was sudden or occurred under unclear circumstances [27]. It is not uncommon for widows to be accused of witchcraft, negligence, or spiritual complicity in their spouse’s death. These allegations may result in ostracism, verbal abuse, or exclusion from mourning ceremonies and inheritance discussions. Such stigma is not only emotionally damaging but can also have real consequences for a widow’s access to property, social capital, and communal standing [28].

Older widows bear an especially heavy burden. Already facing the ageism that often marginalizes older adults in public and familial life, they experience a double layer of invisibility and vulnerability [29]. They are often excluded from decision-making processes in the community, denied opportunities for leadership, and pushed to the fringes of religious or cultural life [29]. Even within places of worship, where solace and community might be expected, widows may face shaming or restricted participation [30]. These experiences contribute to a cycle of social withdrawal, loneliness, and emotional suffering.

**4.3. Erosion of Traditional Support Systems**

Historically, the extended family served as a critical support system for widows in Nigeria, offering emotional comfort, economic assistance, and caregiving help [31]. In many cultures, widowed women were taken in by their children, siblings, or other relatives, with the expectation that family would care for the aging widow in return for her lifelong investment in domestic and community life [32]. However, this traditional system of reciprocity is increasingly fragile. Urbanization, labor migration, changing gender roles, and the pressures of the modern economy have significantly weakened intergenerational ties and the reliability of kin-based support [32].

Many younger family members now live far from their natal homes, often in urban centers or outside the country, limiting their ability to provide consistent care or emotional presence [33]. In some cases, adult children may face economic hardship themselves and be unable—or unwilling—to take on the burden of an aging widow. The result is a growing population of elderly widows who are left behind in rural areas, living in poverty, and lacking regular interaction or support from family [4]. In the absence of dependable kin networks, many widows must rely on neighbors, faith-based groups, or informal community structures, which may be inconsistent or inadequate [4].

**4.4. Religious and Community Influences**

Religion plays a complex and dual role in shaping the widowhood experience in Nigeria. On one hand, faith-based communities—churches, mosques, and traditional spiritual centers—often serve as key sources of comfort, belonging, and assistance [4]. Many religious institutions run women’s ministries, widow support fellowships, or charity outreach programs that offer widows material aid, spiritual counseling, and social interaction [34]. For many elderly women, especially those abandoned by family, these faith-based networks become vital lifelines for survival and emotional resilience [34].

On the other hand, religion can also serve to reinforce restrictive gender roles and harmful widowhood norms. When religious teachings are filtered through patriarchal lenses, widows may be subjected to doctrinal expectations that limit their freedom [35]. For instance, widows may be discouraged from remarrying, regardless of their age or desire for companionship, based on beliefs about fidelity to the deceased or notions of spiritual purity [36]. In some cases, widows are pressured to remain celibate, refrain from public leadership, or conform to moral standards not equally applied to widowers. These religious interpretations, while often seen as culturally sacred, can limit widows’ autonomy, reinforce social exclusion, and hinder their emotional recovery [37].

## ****5. MENTAL HEALTH OUTCOMES OF WIDOWHOOD****

## Widowhood is widely recognized as a significant life stressor with deep psychological consequences, especially among older women. In the Nigerian context, where social identity and respect are closely tied to marital status, the loss of a spouse represents more than emotional bereavement—it often initiates a cascade of mental health challenges exacerbated by socioeconomic instability, entrenched cultural expectations, and limited access to professional care [38]. The psychological impact of spousal loss frequently extends beyond what is considered normative grief. Research has shown that elderly Nigerian widows are at increased risk of chronic loneliness, persistent sadness, and clinical depression. Many also experience anxiety, particularly when facing uncertain futures regarding shelter, financial resources, or daily caregiving [39]. These mental health challenges can manifest in sleep disturbances such as insomnia and may even contribute to cognitive decline when widows lack regular social interaction or meaningful daily engagement. The compounding effects of emotional pain, social withdrawal, and economic precarity often reinforce and intensify psychological deterioration [40].

## Several factors shape the level of psychological vulnerability experienced by widowed elderly women in Nigeria. Age at the time of widowhood plays a crucial role, with younger widows often subject to social pressure to remarry, while older widows are more likely to experience prolonged withdrawal from community life [7]. Time since the loss of a spouse also influences psychological outcomes; those who have remained widowed for extended periods without emotional or material support frequently show cumulative signs of emotional fatigue and mental distress [17]. Additional risk factors include low levels of education, restricted personal autonomy, and economic dependence, all of which limit widows’ ability to seek help, express their needs, or access support systems [8]. One of the most significant structural obstacles is the general inadequacy of mental health care in Nigeria. Mental health services remain chronically underfunded and deprioritized within the broader national health agenda [8[. There is a severe shortage of trained mental health professionals, particularly in rural areas, and minimal outreach to older populations. As a result, many widows’ emotional needs go unrecognized, undiagnosed, and untreated [21].

## Cultural and religious beliefs present additional barriers to the diagnosis and management of mental health conditions among widows. In many Nigerian communities, psychological symptoms such as depression, anxiety, or confusion are not readily identified as medical or psychological issues [14]. Instead, they may be interpreted through spiritual lenses, attributed to ancestral punishment, witchcraft, or demonic influence [37]. This worldview often leads widows to seek resolution through faith-based means—prayers, deliverance sessions, or spiritual counseling—rather than through clinical mental healthcare. Moreover, the broader societal stigma surrounding mental illness inhibits open dialogue, both in families and communities, further isolating widows and silencing their suffering [35].

## Yet, despite these formidable challenges, many widows exhibit substantial psychological resilience. Religious faith serves as a powerful coping mechanism, offering widows not only existential meaning but also a source of hope and inner strength. Participation in peer networks, widow support groups, and community-based organizations also provides emotional support and helps to re-establish a sense of belonging [17]. Widows who remain active in their families—such as by caring for grandchildren or engage in religious or civic groups are better able to maintain emotional equilibrium and avoid the psychological pitfalls of isolation [15].

## 6. SOCIAL ISOLATION AND EXCLUSION

## Social isolation is a serious issue affecting the well-being of older adults, particularly widowed women. It involves both the physical reality of being alone and the emotional experience of loneliness [41]. While being alone can be neutral or even positive, chronic loneliness has been linked to negative health outcomes such as depression, memory loss, and increased mortality [42]. In Nigeria, the experience of widowhood often makes both forms of isolation worse. Additionally, Widowhood often leads to a loss of identity tied to marriage. Many women in Nigeria are seen socially through their relationships with their husbands [9]. After their husband’s death, widows may be excluded from social events, especially those involving couples. In some communities, widows face harmful beliefs and taboos that push them to withdraw or result in them being pushed away by others [21]. This withdrawal can be worse for older women who have health issues, limited mobility, or lack of access to transport, making community participation even harder.

## Traditionally, extended families provided support, giving widows a role in caregiving or household decision-making. Today, that support is declining. Economic hardship, urban migration, and changes in family life mean many children live far from home and have little contact with their aging mothers. In some cases, widows are neglected or left out of family matters [32]. Those without male children are more vulnerable and may lose inheritance rights or be treated as burdens. Despite these challenges, some widows find support in informal networks. Women’s groups, faith-based fellowships, and community associations can offer emotional and financial help [21]. Churches and mosques often have women’s groups that act like surrogate families, providing a space for prayer, conversation, and mutual aid. However, not all widows can access these networks. Barriers like poor health, stigma, or lack of information may prevent participation, keeping many isolated even when support exists [17].

**7. POLICY AND PRACTICE IMPLICATIONS**

The experiences of widowed elderly women in Nigeria expose major shortcomings in current policies and practical support systems. These gaps are visible across the health sector, social protection programs, and community-level responses, reflecting the wider neglect of older women’s rights, needs, and dignity. Nigeria’s health system is not well-equipped to serve the complex needs of aging women, particularly those dealing with the emotional and physical toll of widowhood [11]. There are few integrated services that combine geriatric care with mental health support. Mental health care in general remains underfunded and lacks trained personnel. Conditions like depression, grief, and anxiety are rarely diagnosed or treated, often due to limited awareness, stigma, and the absence of targeted outreach to older women [39]. Moreover, national health plans tend to overlook the specific vulnerabilities of widows by failing to disaggregate older adult data by gender or marital status, which means that widowed women are often invisible in policy discussions.

On the social protection front, there is no national safety net designed specifically for widowed older women. Although a few regions have tested cash transfer programs for the elderly, these efforts are small-scale, inconsistent, and not tailored to the unique challenges widows face. Widows often have no access to pensions, housing support, or legal protection, leaving them at risk of homelessness or financial exploitation [12]. Legal reforms are urgently needed to secure widows’ inheritance rights, ensure they can claim social benefits, and protect them from economic neglect and abuse. Moreover, community-based and faith-based responses have provided some relief where the state has failed. Religious groups and local women’s organizations often run widow support programs that offer material aid, emotional counseling, and social inclusion [17]. These grassroots efforts, though promising, are often fragmented, poorly funded, and unable to meet widespread need. Non-governmental organizations working in gender justice and aging care can help strengthen these local systems by offering training, coordinating resources, and amplifying advocacy[43].

Beyond institutional reform, there is a need for cultural change. Harmful widowhood customs and exclusionary beliefs must be addressed through targeted public education. Campaigns that challenge widow stigma, promote positive aging, and highlight the contributions of older women can shift societal attitudes. Schools, religious institutions, and the media have key roles to play in changing how widowhood is understood and discussed. National and local policies should also reflect widows’ lived experiences and prioritize their inclusion in social development plans[44].

**8.0. RECOMMENDATIONS FOR FUTURE RESEARCH**

Despite growing recognition of the challenges facing widowed elderly women in Nigeria, several critical knowledge gaps remain. There is a pressing need for longitudinal studies that follow widows over time to understand how grief, depression, and social isolation evolve and potentially resolve. Tracking mental health outcomes over months and years can help identify ,./ risk periods, protective factors, and patterns of psychological recovery or decline, offering insight into when and how interventions should be introduced. Moreover, future studies should also emphasize disaggregated data collection[45]. Research must go beyond general categories and examine how widowhood experiences differ by age, ethnicity, geographic location, socioeconomic status, and education level. Nigeria’s population is diverse, and widows’ needs cannot be understood or addressed through one-size-fits-all solutions. By capturing this variation, research can better inform targeted, culturally appropriate interventions that reflect the realities of different communities.

Equally important is the adoption of mixed-methods and participatory research approaches. While quantitative data is essential for establishing trends and prevalence, it must be complemented by qualitative narratives that capture the lived realities of widows. Personal testimonies, focus group discussions, and ethnographic interviews provide deep insight into the emotional, spiritual, and cultural layers of widowhood—dimensions often missed in numerical analyses. Participatory methods, which actively involve widows in shaping the research process, can also ensure that studies reflect their priorities and perspectives, not just those of external researchers[46].

Lastly, there is an urgent need for evaluative research that focuses on community-based responses to widowhood. Many NGOs, religious institutions, and women’s associations in Nigeria run support programs for widows, yet few of these initiatives have been systematically assessed. Research should examine which programs work, why they are effective, and for whom. Such evaluations will be critical for identifying best practices, scaling up successful models, and ensuring that interventions are both evidence-based and culturally grounded.

**9. CONCLUSION**

Widowhood among elderly women in Nigeria is not simply a private loss but a public health and social justice concern with wide-reaching consequences. As this review has shown, the experience of widowhood is shaped by intersecting forces such as cultural norms, gender expectations, economic hardship, and institutional neglect that combine to create significant mental health burdens and social exclusion. Many widows face prolonged grief, depression, anxiety, and loneliness, all of which are intensified by poverty, stigma, and the breakdown of traditional family support systems. The transition to widowhood often marks a turning point in a woman’s life course, disrupting her identity, diminishing her status, and severing her social connections. Yet despite these challenges, widowhood remains poorly addressed in national health and social policies. Services for older adults are fragmented and the specific vulnerabilities of widowed women are rarely acknowledged or prioritized[47].

Moving forward, addressing the complex realities of widowhood in Nigeria requires a comprehensive and multisectoral response. Health systems must be restructured to include accessible geriatric and mental health care that meets the emotional and psychological needs of widows. Social protection programs must provide legal safeguards, income support, and housing security tailored to elderly women. Community-based initiatives, including faith-based support groups and women’s associations, should be strengthened and scaled up while public campaigns must challenge harmful widowhood customs and promote dignity in aging. Most importantly, the voices of widows themselves must be central in shaping policy and program design. Recognizing widowhood as both a gendered and public health issue is essential to building a more inclusive, compassionate, and age-friendly Nigeria[48].

**References**

1. Lukman AU, Folorunsho S, Taofeeq AO. Social determinants of health and aging in Africa: Structural inequality, vulnerability, and the future of care [Internet]. Lincoln (NE): Department of Sociology: Faculty Publications; 2025. Report No.: 867. Available from: <https://digitalcommons.unl.edu/sociologyfacpub/867>
2. Folorunsho S, Sanmori M, Suleiman M. The role of formal social networks in mitigating age-related mental stress among older Nigerians living in poverty: Insights from social capital theory. Glob Ment Health (Camb). 2025 May 30;12:e56. doi: 10.1017/gmh.2025.10012
3. United Nations, Department of Economic and Social Affairs, Population Division. World Population Ageing 2020 Highlights: Living Arrangements of Older Persons [Internet]. New York: United Nations; 2020 [cited 2025 Jul 19]. Available from: <https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd-2020_world_population_ageing_highlights.pdf>
4. Aboderin I. Understanding and advancing the health of older populations in sub-Saharan Africa: policy perspectives and evidence needs. Public Health Rev. 2010;32(2):357–76
5. Nwaoga CT, Uroko FC, Okoli AB, Okwuosa L. Widowhood practices and the church in south-east Nigeria. *HTS Teol Stud*. 2021;77(1):a6528. doi:10.4102/hts.v77i1.6528
6. Dube M. The challenges facing widows in African contexts: A literature review. *Int J Res Bus Soc Sci*. 2023 Oct;12(7):452–9. doi:10.20525/ijrbs.v12i7.2775
7. Achimugu-Opaluwa AD. Widowhood practices and human rights in Nigeria. In: Durojaye E, Nabaneh S, Bond J, editors. *Harmful practices and human rights: An international perspective*. Cham: Palgrave Macmillan; 2025. p. [Chapter 3]. (Human Rights Interventions). doi:10.1007/978-3-031-90333-5\_3
8. Ude PU, Njoku OC. Widowhood practices and impacts on women in Sub-Saharan Africa: An empowerment perspective. *Int Soc Work*. 2017 Apr;60(3):494–506. doi:10.1177/0020872817695384
9. Dube M. Isolation and its impact on widows: Insights from low-resourced communities in Binga District, Zimbabwe. *Social Sciences*. 2022 Jul;11(7):298. doi:10.3390/socsci11070298
10. Abdullateef R, Folorunsho S, Olawale A, Adeyemi R. Ageing: A sin in Nigerian society? [thesis]. Lincoln (NE): Department of Sociology, University of Nebraska–Lincoln; 2018. Report No.: 88. Available from: <https://digitalcommons.unl.edu/sociologydiss/88>
11. Anugwom NK. The socio-psychological impact of widowhood on elderly women in Nigeria. *OIDA Int J Sustain Dev*. 2011;2(6):89–96. Available from: <https://ssrn.com/abstract=1857708>
12. Gbenusola A. A review of the psychosocial effects of widowhood among older women in nigeria. Journal of African Philosophy and Indigenous Knowledge System. 2025 Feb 21;1(1):42-9
13. Ugwu DI, Orjiakor CT, Ugwu LI, Ezedum CE, Ngwoke OR, Ezebuilo C. Narratives of childless widows: exploring the lived experiences and well-being of childless widows in rural Nigeria. Int J Qual Stud Health Well-being. 2020 Dec;15(1):1713657. doi: 10.1080/17482631.2020.1713657
14. Aldridge GJ. Growing old: The process of disengagement. By Elaine Cumming and William E. Henry. New York: Basic Books, 1961. 293 pp. $6.75. *Soc Work*. 1962 Jul;7(3):122. doi:10.1093/sw/7.3.122
15. Winstead V, Yost EA, Cotten SR, Berkowsky RW, Anderson WA. The impact of activity interventions on the well-being of older adults in continuing care communities. J Appl Gerontol. 2014 Oct;33(7):888-911. doi: 10.1177/0733464814537701
16. Collins PH, da Silva ECG, Ergun E, Furseth I, Bond KD, Martínez-Palacios J. Intersectionality as Critical Social Theory: Intersectionality as Critical Social Theory, Patricia Hill Collins, Duke University Press, 2019. Contemp Polit Theory. 2021;20(3):690–725. doi: 10.1057/s41296-021-00490-0
17. Djuikom, M. A., & van de Walle, D. (2022). Marital status and women’s nutrition in Africa. World Development, 158, 106005. <https://doi.org/10.1016/j.worlddev.2022.106005>
18. Akinwale GA. A review of the psychosocial effects of widowhood among older women in Nigeria. J Afr Philos Indig Knowl Syst. 2025;1(1):42-9. <https://doi.org/10.69778/3007-7192/2025/1.1/a5>
19. Trivedi JK, Sareen H, Dhyani M. Psychological aspects of widowhood and divorce. Mens Sana Monogr. 2009 Jan;7(1):37-49. doi: 10.4103/0973-1229.40648
20. Idialu EE. The inhuman treatment of widows in African communities. *Curr Res J Soc Sci.* 2012;4(1):6–11
21. Ayodele JO. Gender victimization: A study of widowhood practices among Ogu people of Lagos. *SAGE Open*. 2014;4(3):1–7. doi:10.1177/2158244014544290
22. Aransiola JO, Ige A. Widowhood practices among the Yorubas of South-West Nigeria: Are differences in what women experience due to their status? *Gender Behav*. 2010;8(2):3186–3199. doi:10.4314/gab.v8i2.61939
23. Ossai A. Mourning rituals: Case study of widows in Ezimo community. *Sapientia Found J Educ Sci Gender Stud*. 2020 Dec;2(4):325–42
24. Modish Project. Widowhood practices in Ukana clan of Essien Udim Local Government Area, Akwa Ibom State. *Modish Project* [Internet].
25. Ikpeme NJ. Widowhood rites and social stigma: Examining the process of re-integration and attitude of community members. *Int J Soc Sci Humanit Rev*. 2020;10(3):274–96. Available from: <https://www.ijsshr.com/journal/index.php/IJSSHR/article/view/658>
26. Folorunsho S, Okyere M. The impact of neglect, physical, and financial abuse on mental health among older adults: a systematic review. Aging Ment Health. 2025 Apr;29(4):567-577. doi: 10.1080/13607863.2024.2436468
27. Eboiyehi FA. Convicted without evidence: Elderly women and witchcraft accusations in contemporary Nigeria. *J Int Women's Stud*. 2017;18(4):1–15. Available from: <https://vc.bridgew.edu/jiws/vol18/iss4/18>
28. Ikpeme NJ. Widowhood rites and social stigma: Examining the process of re-integration and attitude of community members. *Int J Soc Sci Humanit Rev*. 2020;10(3):274–96. Available from: <https://www.ijsshr.com/journal/index.php/IJSSHR/article/view/658>
29. Powers SM, Bisconti TL, Bergeman CS. Trajectories of social support and well-being across the first two years of widowhood. Death Stud. 2014 Jul-Dec;38(6-10):499-509. doi: 10.1080/07481187.2013.846436
30. Moore LM. Widow as the altar of God: Retrieving ancient sources for contemporary discussions on Christian discipleship [dissertation]. Milwaukee (WI): Marquette University; 2019. Available from: <https://epublications.marquette.edu/dissertations_mu/876>
31. Folorunsho S. Sociological analysis of stress management among farmers and rural development in selected communities in Kwara State [preprint]. 2024 Jan 5 [cited 2025 Jul 19]. Available from: <https://doi.org/10.21203/rs.3.rs-3833658/v1>
32. Isiugo-Abanihe UC. Child fosterage in West Africa. *Popul Dev Rev*. 1985;11(1):53–73. doi:10.2307/1973378
33. Okumagba PO. Family support for the elderly in Delta State of Nigeria. *Stud Home Community Sci*. 2011 Apr;5(1):29–34. doi:10.1080/09737189.2011.11885325
34. Ukeachusim CP, Okwor CO, Eze E, Okoli AB, Ugwu CI, Ebimgbo SO. The Impacts of Spirituality and Religious Participation on the Emotional Well-Being of Widowed Older Adults in Southeast Nigeria. Innov Aging. 2023 Nov 15;8(4):igad128. doi: 10.1093/geroni/igad128
35. World Bank. Religion and widowhood in Nigeria [Internet]. 2020 [cited 2025 Jul 19]. Available from: <https://blogs.worldbank.org/en/developmenttalk/religion-and-widowhood-nigeria>
36. Ajayi LA, Olanrewaju FO, Olanrewaju A, Nwannebuife O. Gendered violence and human rights: An evaluation of widowhood rites in Nigeria. Cogent Arts Humanit. 2019;6(1). Available from: <https://doi.org/10.1080/23311983.2019.1676569>
37. Ojo OE. Nigerian women and cultural violence: The trajectory of gender inequality. Presented at: Nigerian Women and Cultural Violence: The Trajectory of Gender Inequality; 2021 Nov; International Centre of the University in collaboration with UNESCO Club, University of Abuja.
38. Sydney‑Agbor NN, Ebeh RE, Madukwe AU. Prevalence and predictors of psychache among widows in Imo State, Nigeria. *Nig J Soc Psychol*. 2021;4(1):1–12
39. Baiyewu O, Yusuf AJ, Ogundele A. Depression in elderly people living in rural Nigeria and its association with perceived health, poverty, and social network. Int Psychogeriatr. 2015 Dec;27(12):2009-15. doi: 10.1017/S1041610215001088
40. Amoo G, Ogundele AT, Olajide AO, Ighoroje MG, Oluwaranti AO, Onunka GC, Ladeinde AA, Folaji OG. Prevalence and Pattern of Psychiatric Morbidity Among Community-Dwelling Elderly Populations in Abeokuta, Nigeria. J Geriatr Psychiatry Neurol. 2020 Nov;33(6):353-362. doi: 10.1177/0891988719892327
41. Folorunsho S. The Role of Social Determinants of Health in Shaping Racial and Disability Disparities Among Older Adults in the United States. J Aging Soc Policy. 2025 Jul 2:1-17. doi: 10.1080/08959420.2025.2528584
42. Folorunsho S, Ajayi V, Sanmori M, Suleiman M, Abdullateef R, Abdulganiyu A. Access to and Utilization of Dental Care Services by Older Adults in Nigeria: Barriers and Facilitators. Spec Care Dentist. 2025 May-Jun;45(3):e70040. doi: 10.1111/scd.70040
43. Ayomide IT, Promise LO, Christopher AA, Okikiola PP, Esther AD, Favour AC, et al. The impact of antimicrobial resistance on co-infections: Management strategies for HIV, TB and malaria. Int J Pathog Res. 2024;13(6):117–28. <https://doi.org/10.9734/ijpr/2024/v13i6326>
44. Lawal OP, Igwe EP, Olosunde A, Chisom EP, Okeh DU, Olowookere AK, et al. Integrating real-time data and machine learning in predicting infectious disease outbreaks: Enhancing response strategies in Sub-Saharan Africa. Asian J Microbiol Biotechnol. 2025;10(1):147–63. <https://doi.org/10.56557/ajmab/2025/v10i19371>
45. Obi LI, Otabil C, Lawal OP, Motilewa OO, Agbaje GO, et al. Optimizing diabetes treatment in aging populations: A focus on longevity, life quality, and innovation. Asian J Res Rep Endocrinol. 2025;8(1):118–26. <https://doi.org/10.9734/ajrre/2025/v8i1112>
46. Ndubueze DO, Lawal OP, Fatawu RT, Oyedemi DT, Orobator ET, Abah MA, et al. CD4 profile of positive HIV/AIDS patients undergoing antiretroviral drug therapy attending General Hospital Alkaleri, Bauchi State, Nigeria. J Hum Virol Retrovirol. 2025;12(1):16–21. <https://doi.org/10.15406/jhvrv.2025.12.00282>
47. Elechi K, Igboaka C, Tiamiyu B, Ugbor M, Arthur C, Ezeh O, et al. Phytochemical screening of Ficus globosa latex (Moraceae) as a source of novel antimicrobial compounds. Path Sci. 2025;11(3):9001–10. <http://dx.doi.org/10.22178/pos.115-28>
48. Oseghale ID, Lawal OP, Ubebe DO, Orjiewulu VC, Igunma AA, Odey OP, et al. Ethnomedicinal and phytopharmacological aspects of Vernonia amygdalina (bitter leaf) utilized as a traditional medicinal herb. Asian J Res Biochem. 2024;14(6):41–57. <https://doi.org/10.9734/ajrb/2024/v14i6326>