Perceived Influence Of Resilience and Social Support on Adjustment to Widowhood among Educated Yoruba Widows in South -Western Part of Nigeria

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Abstract

This study examined perceived influence of resilience and social support on adjustment to widowhood among educated Yoruba widows in the South-Western part of Nigeria. This survey research adopted the purposive research design. A sample of four hundred and sixty-three (463) educated Yoruba widows from the South-Western part of Nigeria were selected from three states: Lagos, Oyo and Ogun, using the simple random sampling technique. The study used structured questionnaires with structured and validated scales to gather data from respondents. Results showed that there was no interaction influence of social support and years spent in bereavement on adjustment to widowhood ($f=.011,(2.435)$; $p > .05$), however, there was significant main influence of social support on adjustment to widowhood ($f=40.53$, (1.435); $p < .01$), but there was no main influence of years spent in bereavement on adjustment to widowhood ($f=2.15$, (3.435); $p > .05$). The result also revealed that there was significant influence of resilience on adjustment to widowhood. ($f=167.96$, $t=12.96$, $\beta = .517$; $p < .01$) with resilience accounted for 27% variance on adjustment to widowhood. The results were discussed and the researcher recommended that widows should be given adequate social support by all stakeholders in the society which include the relatives of the widow, the relatives of the deceased, the widowed friends, the religious groups and the various N.G.O's in the South- Western part of Nigeria.

Keywords: Adjustment to widowhood, Social Support, Resilience, Educated Yoruba Widows

1. Introduction

Background to the Study

Living entails series of challenges, which require every human being to make conscious adjustment in the course of his life. Any difficulty or failure to adjust to life stressors and challenges of life can predispose an individual to experience stress-related disorder such as sadness, hopelessness and apprehension (Olkin, 1998). Widowhood has been described as a tragic and complex life event that involves loss of a spouse, especially older adult (Sanchez, 2019). The sudden loss of a spouse or partner can be a stressful life event often combined with health deterioration, and in addition to the loss, many life changes may occur, often including financial insecurity and loneliness or anxiety about managing household responsibilities (Lee and Demans, 2017). Although, some people experience psychological distress after living a traumatic event, others do not. Recent researches have shown that many people, who have experienced an aversion event, such as the death of a loved one, indicate psychological benefit and increased psychological growth (Bonanno, 2017).

Widowhood is the state of an individual whose spouse has died and who has not remarried. The death of a spouse is rated as among the most stressful life event that human experience and yet it is a common occurrence in the lives of midlife and older women. Almost one half of women over the age of 65 years are widowed (Fields & Casper, 2016). Since a widow is no longer married, but has full responsibility for her upkeep and those of her children, the struggles to care for herself and her children could be challenging, which more often than not makes widowhood stressful for women. Becoming a widow might come along with status loss for the surviving partner because singles in general have a lower status in society than married people (Solomon, 2016). Financial strains are generally a threat to psychological well-being. Persons reporting not being able to make ends meet show elevated levels of depressive symptoms (Mirowsky & Ross, 2018). Therefore, the death of a spouse is potentially a greater financial problem for widowed women than for widowed men, which should result in elevated levels of depression in widows compared with widowers (Utz, 2015).

The experience of widowhood is complex and may vary considerably from person to person, depending on situational factors surrounding the death, access to the resources needed to support

adjustment and individual-level factors, such as gender and age. Circumstances of the death, situational variables, including forewarning, can influence adaptation following bereavement.

The experience of spousal death varies between those who had some forewarning and those whose spouse died suddenly (Carr , 2016). Care work is emotionally and physically challenging, and older adults providing care for a spouse may also experience isolation. Yet, longer terminal illnesses may allow the surviving spouse to discuss and prepare for the death with their spouse and anticipatory grieving may take place. In sudden death situations, on the other hand, there is usually, no opportunity to discuss impending death with the spouse, which may cause poorer health. Research demonstrates that unexpected deaths, violent deaths and suicide are more often associated with psychological distress compared to other types of deaths, especially those which occurred in natural circumstances. Other circumstances of death, such as the relationship between the deceased and the surviving spouse, influence the adjustment to widowhood. A higher level of dependence on a spouse during marriage is associated with a higher level of yearning and anxiety in widowhood. In contrast, marriages which were high in conflict predict better outcomes following the death of a spouse (Carr, 2016).

Research evidences by Moon (2016) have shown that widowhood is associated with increased mortality as married older couple's age the risk that one of them will be left widowed increases. In the South-Western parts of Nigeria, about three times more women than men over 65 are widowed, about 14% of men over 65 are widowers and about 44% of women over 65 are widows. In 2007, the average age at which women were widowed was 71, and men were widowed at on average 72 years of age. While adjusting to widowhood, bereaved older adults face more psychological and social changes than after any other life event (Hatch, 2017).

Survivors may suffer financial strain due to loss of income and face the challenge of daily living on their own after having shared a life as a couple for many years. The normal process of grief is sometimes described as a five-stage process (Maciejewski, 2017), however, it is important to consider, that the spectrum for normal emotional response is wide, and varies on both a cultural as well as individual level (Hardy-Bougere, 2018; Zisook & Shear 2019). Whereas for most people, the distressing symptoms of grief decrease over time, some people experience persisting intense pain and yearning for the loved one, and the normal emotional response becomes disabling, resulting in prolonged or complicated grief disorder (Shear, 2015).

In Nigeria, particularly in the South-Western part, the travail of a widow begins as soon as the death of her husband is announced. The in-laws immediately demand for the list of the man's property and bank accounts, after which she is subjected to series of rites and ritual practices to mourn the death of her husband. This involves torturing and dehumanizing the widow and making her to undergo series of rituals. Okoye (2015) summated that a widow is made to feel miserable, wretched and guilty over her loss. The widow is seen and treated as ill-luck goat to be avoided so that she does not infect other women. Oloko (2015) also reported that in different parts of the country, widowhood is associated with rituals and taboos, which are degrading and inhuman. Part of the ritual includes the initial seven days confinement in a particular room, though where people could have access to her, putting on black or dark cloths and in most cases, having her hairs shaved. The proper mourning could last for three months initially, while the duration of wearing dark clothes ranges from three months to one year, depending on culture, religion and family position on the matter.

Laolu (2020) confirms that a widow goes into confinement for seven days in which she is not allowed to go out, or take her bath or change her clothes, she is expected to sit on bare floor or a mat at best, only few influential and educated widows are being provided with mattress to put on the floor, this according to him is also subject to the kind of relationship existing between the widow and her in-laws. Of a fact, widowhood has not been a pleasant experience, but nature has made it a necessary lifestyle, consequence upon the death of the husband. The way and manner widows adapt to their widowhood state is likely to have lasting effects on their own psychological well-being and that of their children, as most widows with young children do not remarry.

Adjustment to widowhood is closely linked to the type of marriage the widow had experienced when her spouse was still alive and this is also viewed from the challenges the widow experienced in the marriage before the death of her husband. If the relationship was an intimate type; emotional intimacy, closeness and vulnerability would be high and there is total dependence on the man. This type of relationship has been proven to be an essential aspect for a healthy relationship. A woman who had experienced this type of relationship is likely to show a high level of grief. If the relationship she had with her late husband was a shared type; the widow's grief after her husband death would be less and moderate, because both members

describe the relationship similarly and they believe that there is an understanding of what they are trying to build and maintain together. Both of them depend on each other for survival and comfort. But, if the type of relationship she had before her husband was an empty shell type, her grief will be little or she would not even grief at all, because there were no emotional ties and feelings between the widow and her late husband even before the death of the husband (Abrams, 2020). Widows with dependent children face serious readjustments resulting from the death of their husbands. Zisook (2016) pointed out that psychological stresses of widows requiring readjustment include loss of identity as a wife and the need to make herself an independent individual. The presence of young children may make adjustment to widowhood more problematic, as these widows not only need to maintain family income for their children without the help of another adult breadwinner, but they also have the emotional burden of solitary parenthood.

Psychological adjustment to widowhood varies considerably on the basis of the nature of one's marriage because the grief process varies in timing, intensity, and difficulty from one person to the next, what helps one person cope with grief may not be helpful to another. Carr (2015) viewed that for an adjustment to widowhood to be more effective, the widow must always ensure to talk to a qualified counselor; because the complex emotions associated with losing a loved one can be overwhelming and difficult to sort through alone by the widow.

Caserta & Lund (2017) in their studies found that social support received or even perceived as helpful can free up energies which may aid in restoration-oriented coping and the pursuit or rebalance of widowed identity. Kauonen (2015) found that among the bereaved, those that recognized and received social support deemed it "helpful" in their coping because it allowed them to "express their feelings" and temporarily forget the "demands of normal life". In other words, and as was found in other grief related research, when connected socially, widows have been found to have lower levels of grief and better coping when compared to widows who do not have (or do not) access such resources (Gerdtham & Johanneson, 2019; Giaux, 2017). Though the period immediately following conjugal-loss is fraught with intense grief. Carnelley (2018) in his study found that many young widows are surrounded by extraordinary levels of support from the community, their friends, and family. Researchers have indicated that the more difficult period for young widows comes after the outside support fades and the individual is expected to

transition out of the widow role and move on. In past studies, researchers have found that following the first few weeks, young widows felt rejected by friends and ultimately even family.

The importance of social support and intimate attachments in widowhood adjustment and also for mental and physical health has been well-described. From a conceptual perspective, a number of mechanisms have been described to explain how widowhood might lead to impairments in mental health, physical health and health behaviours. The loss of a spouse may result in the loss of a person, who assists in monitoring and supporting attempts to change one's health behaviours.
Major life events such as widowhood are also associated with a disturbance in one's normal routine (including participation in health behaviours) and an increase in stress and anxiety. A recent meta-analysis found that total life events, as well as the death of significant others were associated with higher levels of depressive symptoms and anxiety in older adults. (Kraaij, Arensman and Spinhoven, 2018).

Research suggests that the type of support is related to its effect on distress (Martins, 2018). For example, professional support from clergy and medical and mental health professionals is important, but some widows find it is not nearly as effective as help and companionship from friends and family (Scannell-Desch, 2016). These researchers conducted a review of social support during bereavement and found that widows find support from family members helpful soon after a spouse's death, but support from friends and peers becomes more important with the passage of time; they concluded this is the most important type of support people respond differently to loss and grieve in their own time. Frequently, the hardest time for new widows is after the funeral. Young widows often have no peer group and generally are less prepared emotionally and practically than older widows to cope with the loss. Widowhood is characterized as one of the most distressing of all life events (Martins, 2015). Because the modern nuclear family is expected to be socially and economically autonomous, spouses may have few alternative sources of social, emotional, or instrumental support (Volkart and Michael 2017).

Social support and quality of the marital relationship were significantly associated with adjustment (Raphael, 2017), more recent studies have questioned these global assertions. For instance, findings reported by Carr and colleagues (2017) suggest that characteristics of the marriage such as warmth, conflict, and instrumental dependence have distinct and complex

associations with the adjustment to the loss of one's spouse. Similarly, findings suggest that much of the social support received by widows (particularly from their families) is perceived negatively. This finding is in accord with the general consensus in the literature suggesting that perceptions of quality, availability, and continuity are more germane to well-being than levels of instrumental assistance received (Seeman, 2018).

Kobasa, Maddi, and Kahn (2020) viewed that psychological resilience reflects a pervasive belief that one can respond under stress effectively. This tendency is thought to be comprised three interrelated constructs. First, resilient persons espouse a commitment to living, that is, the tendency to engage fully in daily activities. In addition, resilient persons enjoy challenge and believe that change, rather than stability is normal. From this perspective, life's hurdles provide opportunities to increase one's skills and self-knowledge. Lastly, psychological resilience entails the perceived ability to exercise control over the life's circumstances. This manifests as a sense of personal autonomy and the belief that one is able to directly affect life's destiny (Kobasa 2020).

The Meta-theory of Resilience and Resiliency of Glenn Richardson (2016) noted the emergence of resilience as a theme that has increasingly become prevalent across academic disciplines and helping professions. There are several reasons for the growing popularity and interest in resilience theory. First, rather than adopting an approach that lays emphasis on the problems associated with widowhood practices, many social science researchers now focus more on discovering what factors enable individuals to thrive despite adversity. Second, given the complexity of present-day society, it is no wonder researchers are paying attention to resilience as a sustainable approach to understanding and possibly resolving social problems. Several studies show that a resilience-based approach to persistent social issues such as gender-based violence, rape, incest, and poverty may very well offer long-lasting solutions for overcoming their negative impacts. By focusing on resilience and adopting strength-based approaches, individuals, groups, communities, and even generations can learn how to function well and succeed in spite of adversity. Lastly, studies show that many individuals, who undergo traumatic events - such as some Nigerian widows can overcome these experiences with appropriate support and intervention.

Margaret Wright resilience theory (2018) viewed resilience as a dynamic field that evolves with each study, but the central concern of this theory is to discover the factors that determine resilience in individuals. In her research, Margaret Wright theorizes that resilient women possess the following characteristics: “an active approach to solving life’s problems; an ability to perceive experiences constructively, even if these experiences have caused pain and suffering; an ability to gain other people’s positive attention and support; a network of supportive adults within or outside the family, and a strong reliance on faith to maintain a positive view of a meaningful life.” Similarly, after decades of behavioral research, a group of professors at Harvard University discovered that “the combination of supportive relationships, adaptive skill- building, and positive experiences constitutes what is commonly called resilience. This is not to say that resilient individuals do not struggle with stress or suffer trauma, but rather that the presence of one or more of these characteristics enables them to cope better with hardship.

Furthermore, one or more of these characteristics determine how (and why) some people are able to cope, while others are not.Ungar (2017) defined resilience in the face of trauma as “less a reflection of the individual’s capacity,” as both social and cultural contexts also facilitates positive development. In other words, rather than giving in to despair or hopelessness in the face of stress, adversity and trauma, some individuals respond in positive ways, relying on both personal, as well as environmental factors to sustain their well-being. Although, some resilience scholars, notably Bonnie Bernard, maintain that “we are all born with an innate capacity for resilience by which we can develop social competence, problem-solving skills, a critical consciousness, autonomy, and a sense of purpose,” others insist that “recovery from trauma is not an individual capacity alone, but a function of the individual’s social ecology to facilitate recovery and growth.” Implicit in Ungar’s socio-ecological theory is the idea that resilience is not a stable trajectory or a predictive trait, but rather a dynamic process than Resilience may be broadly understood as an ability to “bounce back”. A person could be classified as resilient, if they viewed their current life positively; they were currently actively participating in life, and felt that their life had meaning and satisfaction (Moore and Stratton, 2017). Older adults are able to adjust in widowhood, but not all who adjust appear to be resilient. Resilience may develop gradually, such as through the exercise of practical skills and maintenance of emotional ties, or following a turning point, such as the receipt of support (Bennett, 2020). Contrary to the

clinical view that the absence of grief symptoms is indicative of unresolved grief or denial, there is no evidence that resilient individuals are mal-adjusted or have a lesser emotional bond with their spouse. The need for resolution and positive appraisal of the situation and focus could be shaped by sense of coherence and grief.

These mediatory variables could assist and guide the widows in their widowhood process, in order to understand and focus on important issues that will move widow and their children forward in life. Given this mindset, psychologically resilient persons make use of more proactive coping strategies and thus respond to stressful life circumstances more effectively (Maddi & Kobasa, 2015).

Educated Yoruba widows in the South-Western part of Nigeria are the widows who have attained the level of education from secondary school certificate to higher degrees who can also read and write English Language fluently. These are the widows who are tutored and lettered.

Adjustment or coping strategies for the management of any kind of grief and stress during widowhood are quite replete in literature. Some of the strategies adopted by widows include: controlling adrenalin arousal, self- talk, attention diversion strategy, insensitivity technique, relaxation, transcendental meditation, bio-feedback, sleeping technique, positive thinking, laughing technique, problem avoidance technique, assertive strategy, faith strategy, group discussion technique, seeking counselor's help and the host of others. Nevertheless, Lazarus and Folkman (1984) had earlier stressed that people attend to or cope with their stress in two different dimensions, namely; problem focused coping and emotion focused coping. According to these researchers, the problem focused coping is the strategy that is directed towards solving the problems that cause grief and stress to the widows, while the emotion focused coping is the strategy that attends to the feelings or emotions of stress, rather than the source (stressor)s

Research findings have shown that a number of factors combine in one way or the other to influence the use and benefit derivable from various adjustment strategies. These factors include: income, attitude towards present living situation, perceived health status, and presence of significant others and confidants. (Tate, 2001).

CONCEPTUAL FRAMEWORK OF VARIABLES

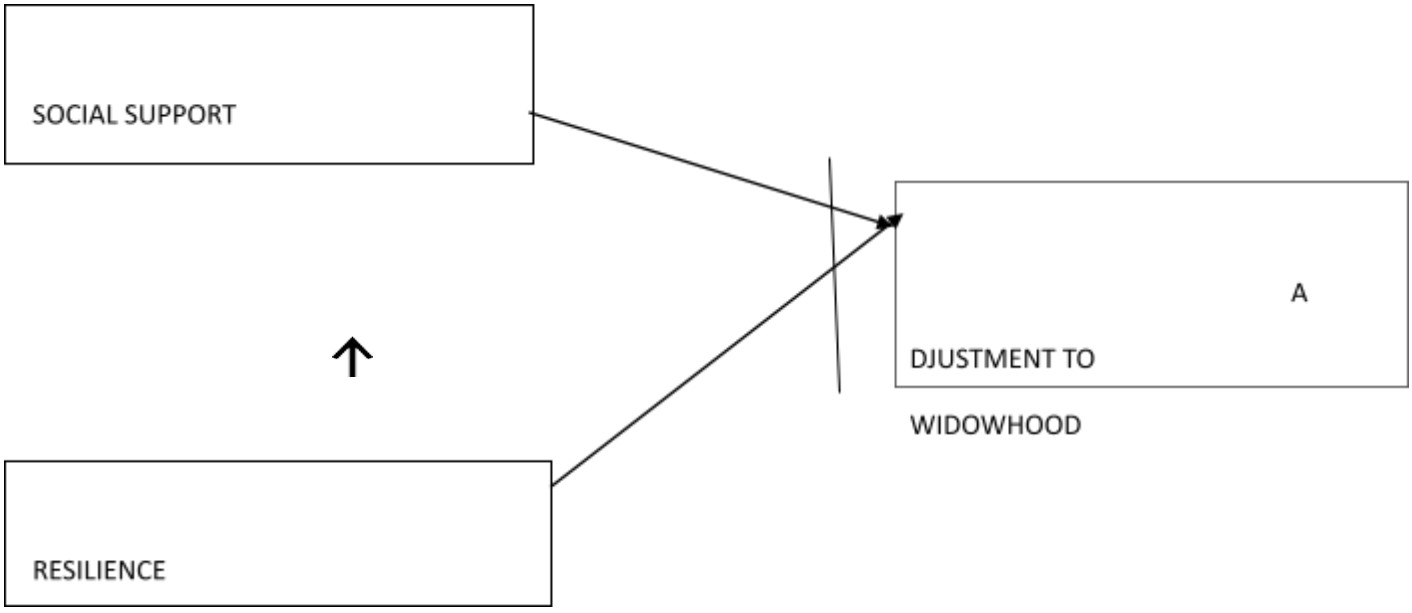


FIGURE 1

INDEPENDENT VARIABLES

DEPENDENT VARIABLE

SOCIAL SUPPORT ADJUSTMENT TO WIDOWHOOD

RESILIENCE

Research Hypotheses

The following hypotheses were tested in the course of the study;

i. There will be main and interaction effect of social support and years spent in bereavement on adjustment to widowhood.

ii. Resilience will significantly predict adjustment to widowhood.

METHOD

Research Design / Participants

This is an ex-post facto survey study which adopted cross-sectional research design as a blueprint for data collection. This enabled the researcher to study the state of adjustment in widowhood in reality of the negative experience that had occurred in the lives of the individuals involved. This study was carried out within three states in the South-Western part of Nigeria. The study took place in fifteen local governments from the three selected states. The local governments used in Lagos State were: Ikeja, Mushin, Agege, Alimosho and Badagry. In Ogun State, the local governments used were: Ifo, Aiyetoro, Ilaro, Abeokuta North and Ado-Odo Ota. The local governments used in Oyo State were: Ibarapa, Ibadan, Saki, Atiba and Igangan.

The research focused on educated widows in Yoruba ethnic group in the South-Western part of Nigeria.

Participants for the study consisted of four hundred and eighty (480) widows. The researcher selected these participants from three randomly selected states (Oyo, Ogun and Lagos) and fifteen randomly selected local government areas from the three selected states in the South-Western part of Nigeria was used for the study. This comprised thirty-two (32) widows from each of the fifteen (15) selected local governments from Oyo, Ogun and Lagos States. The participants were selected by the researcher using purposive sampling technique. Out of this; ages distribution of participants used for the research were as follows: 18-35, (171), 36-50 (180), 51 and above (112). The frequency distribution of educational background was as follows: 187 widows were WASSCE /GCE holders, 138 were NCE/OND holders, 138 were HND / DEGREE holders. The frequency distribution of the years in widowhood was as follows: 203 widows had

been bereaved below five years, 138 had been bereaved within 5-10 years, 107 widows had been bereaved within 11-20 years, 15 widows had been bereaved for 21years and above. 275 widows who participated in the research remained single; 188 widows had remarried after their bereavement. 165 widows were unemployed, 156 widows were self-employed, 110 widows were civil/ public service, 32 widows were retirees. 287 widows who participated in the research were Christian, 163 widows were Muslims, while 13 widows were neither Christian nor Muslim.

Measures/Research Instruments for data collection and their Psychometric properties

The research instrument for this study is called Combined Psychological Test (CPT). It consisted of three scales of resilience, social support and adjustment to bereavement. The questionnaire was structured into four sections;

Section A consists of items relating to demographic characteristics of respondents which include; age, educational attainment, onset of widowhood, religion, employment status. This section also contains information regarding the study, and informed consent request.

Section B consists of 25-item self-report Resilience Scale developed by Wagnild and Young (1993). The scale adopted a 5-point Likert-type scale from 5 (strongly agree) to 1 (strongly disagree). The five characteristics of the resilience core: purpose, perseverance, self-reliance, equanimity, and existential aloneness (authenticity). The author reported a Cronbach alpha of.80 for the scale. To revalidate the use of this scale locally, it was administered to fifty widows, who reside in Lagos metropolis and a Cronbach alpha 0.78 was reported.

Section C consists of 12-item social support scale developed by Sarason and Pierce (1991) to measure perception of widowhood social support. The response format was four-point Likert-type scale with response ranges from SA=Strongly Agree, A= Agree, D= Disagree, SD= Strongly Disagree. The authors reported Cronbach alpha of 0.90 for the scale. To revalidate the use of this scale locally, it was administered to fifty-five women in Lagos metropolis and a Cronbach alpha of 0.88 was reported.

Section D consists of 13-items adjustment to bereavement and Loss Experiences scale developed by Anne (2017) to identify the strategies that bereaved individuals are currently using to cope. The scale adopted a 5-point Likert-type scale from 5 (strongly agree) to 1 (strongly disagree).

The items content was developed, in part, from grief and subsequently, as an intervention tool to inform treatment for grief. The author reported a Cronbach alpha 0 .76 for the scale. To revalidate the use of this scale locally, it was administered to sixty married women, who reside in Agege metropolis and a Cronbach alpha 0.74 was reported.

Procedure for Data Collection

The researcher obtained a letter of introduction from the Department of Psychology, LASU to the Ministries of Women Affairs in each of the selected states to obtain permission that would enable the researcher to carry out the research in the selected states and by extension various women affairs department/units in the selected local governments' areas. The researcher also collected letter of permission from the state ministries of women affairs to the selected women affairs departments and units in the selected local governments' areas, where the research was carried out. The researcher submitted the letter to the office of the Executive Chairman in each of the selected local government areas. The researcher was consequently asked to come on Tuesdays and Thursdays within the working hours of 8a.m to 4p.m which are the two days scheduled for widows to meet at the councils to receive food stuffs, clothes, cash tokens, etc., that various NGO's have donated to them for their support. On these days that widows meet; the researcher met them in the hall where they normally meet and the researcher informed the widows of the importance of the study with the view of obtaining their consent. The researcher ensured that the widows, who participated were comfortable for the research by informing them of the purpose of the research, the benefits and positive contributions it will add to the betterment and positive living of widows. They were later instructed on how to fill the questionnaires, each session usually lasted between one hour to one and half hours respectively. With the help of research assistants, the researcher was able to administer four hundred and eighty (480) questionnaires to the widows, but only four hundred and sixty-three (463) questionnaires were properly filled and these were the questionnaires used for the data analysis.

Statistical Analysis

Data analysis was carried out using statistical software of SPSS. Hypothesis one was tested using 2 by 4 Analysis of variance. Hypothesis two was tested using simple linear-regression.

RESULTS

The hypothesis which stated that there will be main and interaction impact of social support and years spent in bereavement on adjustment to widowhood was tested using 2 x 4 Analysis of variance. The result is presented in the table below:

Table: 1 Summary table of Anova showing the main and interaction influence of social support and years spent in bereavement on adjustment to widowhood

Source	Type III Sum of Squares	Df	Mean Square	F	P
Social Support	2128.961	1	2128.961	40.530	<.01
Years spent in Bereavement	338.235	3	112.745	2.146	>.05
Social support * Years spent in Bereavement	1.121	2	.560	.011	>.05
Error	22534.570	429	52.528		
Total	349837.000	436			

Corrected Total	25098.007	435			

From the table, it could be deduced that there was no interaction influence of social support and

years spent in bereavement on adjustment to widowhood (F=.011, (2, 435); p>.05). However, there was significant main influence of social support on adjustment to widowhood (F=40.53, (1, 435); p<.01) but there was no main influence of years spent in bereavement on adjustment to widowhood (F= 2.15, (3, 435); p>.05). The hypothesis was thereby rejected.

The hypothesis which stated that resilience will predict adjustment to widowhood was tested using simple linear regression. The result is presented below:

Table 2: Summary table of simple linear regression showing the influence of resilience on adjustment to widowhood

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B eta a	Std. Error	Beta		
1	(Constant)	14.924	.963	.	15.503	.000
	Resilience .412		.032	.517	12.960	.000
=.267;R=.517						

From the table, it could be deduced that resilience positively predicted adjustment to widowhood (F= 167.96, t= 12.96, β= .517; p<.01). This implies that the higher the level of resilience of a widow, the greater her adjustment to widowhood. The stated hypothesis is thereby accepted.

Discussion of findings

The hypothesis which stated that there will be main and interaction effect of social support and years spent in bereavement on adjustment to widowhood was rejected. The results showed that there was no significant interaction influence of social support and years spent in bereavement on adjustment to widowhood. However, there was significant main influence of social support on adjustment to widowhood. This finding is partially corroborated by finding of a study conducted by Carnelley (2018) wherein the researcher observed that many widows are surrounded by extraordinary levels of support from the community, their friends, and family. This researcher went further to state that the more difficult period for young widows comes after the outside support fades and the individual is expected to transit out of the widow role and move on. In the same vein, Caserta and Lund (2017) also observed that social support received or even perceived as helpful can free up energies, which may aid in restoration-oriented coping and the pursuit or rebalance of widowed identity. This finding is, however, partially supported by the finding of a study carried out by De Maris (2016) who observed that the levels of depression fall back to the level after the death of the partner after some years in bereavement despite the support from loved ones.

However, the finding is at variance with the outcome of a study conducted by Mendes (2017) wherein the researcher observed that the negative effect of becoming widowed is particularly strong during the first years after the event. The researcher further observed that the course of the psychological strain after becoming widowed follows a crisis model in which case immediately after becoming widowed the effects are strongest, but they diminish with time due to coping processes. In past studies, researchers have found that following the first few weeks, young widows felt rejected by friends and ultimately even family (Parkes, 2016).

The hypothesis which stated that resilience will predict adjustment to widowhood was accepted. From the table results, it could be deduced that resilience positively predicted adjustment to widowhood. This finding corroborates the finding of a study conducted by Ayokunle (2020) wherein the researcher observed that resilience may be broadly understood as a mechanism for personal growth and development. The finding also aligns with the finding of the study conducted by Olaniyi, (2020) wherein the researcher observed that contrary to the clinical view that the absence of grief symptoms is indicative of unresolved grief or denial, there is no

evidence that resilient individuals are mal-adjusted or have a lesser emotional bond with their spouse. This finding is also supported by the finding of the study conducted by Martins, (2018) wherein the researcher viewed that friendships are particularly important for emotional and social well-being in widowhood and research has demonstrated that opportunities for reciprocal emotional and instrumental support are associated with lower levels of depression, greater satisfaction with life, and better coping.

This finding is also corroborated by the finding of the study carried out by Wortman and Umberson, (2016) wherein these researchers examined whether psychological adjustment to widowhood is affected by three dimensions of the marital relationship (warmth–closeness, conflict, and instrumental dependence, assessed at baseline) in a representative community using sample of widows and matched controls using data from the Changing Lives of Older Couples (CLOC) survey and they found a correlation relationship among these samples of study in terms of how resilience significantly plays a role in widowhood adjustment. This finding is also in agreement with the finding of the study conducted by Jacobs (2015) in his work on widowhood adjustment wherein this researcher observed that despite widespread belief that widowhood is the most stressful of all life events, most studies concur that only 15–30% experience clinically significant depression in the year following their spouse's death. The researcher viewed that two explanations are generally offered for the inconsistent link between widowhood and adjustment. First, the mental health effects of widowhood attenuate over time, and studies that focus on relatively long-time horizons may underestimate the short-term emotional consequences, and secondly, different aspects of mental health may follow different trajectories. However, this finding is at variance with the finding of the study of Moore and Stratton (2017) in which these researchers observed that older adults are able to adjust in widowhood, but not all who adjust appear to be resilient. Resilience may develop gradually, such as through the exercise of practical skills and maintenance of emotional ties, or following a turning point, such as the receipt of support. This finding is also at variance with the finding of the study conducted by Holmes (2015) in which the researcher observed that widowhood is characterized as one of the most distressing of all life events. This would not be unconnected to the fact that the modern nuclear family is expected to be socially and economically autonomous; spouses may have few alternative sources of social, emotional, or instrumental support (Holmes, 2015). Consequently, when a spouse dies, the survivor must not only adjust to the loss of a close relationship, but also

manage the daily decisions and responsibilities that were once shared by both spouses.

Finally, based on the behavioural outcome of this study, the following recommendations were made by the researcher:

All stakeholders should embark on programmes that would empower widows through various skills acquisition programmes, for them to become self-reliant and take care of their immediate families, as well as to contribute to the growth and development of the nation.

Also, Governments and all other stake holders should embark on programmes that would enhance periodic information through enlightenment programmes for widows and the generality of women, particularly on the issues of widowhood adjustment.

Although, the results of this study supported most of the initial hypotheses, several methodological factors must be acknowledged, which limit conclusion that can be drawn. For instance, all data were derived from the Yoruba ethnic group in Nigeria. Thus, generalized causal conclusions cannot be made for the non-educated widows and the remaining ethnic group in Nigeria. Finally, it is also suggested that future research in this area should consider a more diverse sample of widows taking into consideration other tribes, ethnic groups and the non- educated widows in Nigeria, making it possible for comparability and a more concise causal influence to be attributed for generalization.

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