Understanding Widowhood Cultural Practices Among Nigerian Americans: A Mini Ethnonursing Study

Prisca Anuforo

Rick Zoucha

Duquesne University

Follow this and additional works at: https://dsc.duq.edu/gsrs

Part of the Nursing Commons


This Paper is brought to you for free and open access by Duquesne Scholarship Collection. It has been accepted for inclusion in Graduate Student Research Symposium by an authorized administrator of Duquesne Scholarship Collection.
Understanding Widowhood Cultural Practices Among Nigerian Americans: A Mini Ethnonursing Study

While widowhood is a common experience globally, some critical health and well-being considerations transcend culture. There is a high rate of morbidity and mortality among the widowed worldwide. The rate is higher in widowhood than in married and single people, with the highest incidence of mortality occurring in the first six months following a spousal loss (Fagundes & Wu, 2020; Lee Han & Boerner, 2021; Östergren Fors & Rehnberg, 2022). This is further evidenced in 2019, when death rates for married and single people declined by 11 and 3 percent, respectively, while the death rate for widowed individuals increased by 4 percent in the United States. (Curtin Tejada-Vera & Anderson, 2021a; Lorenzi & Batalova, 2022).

Widowhood cultural practices among Nigerians are deleterious to health and well-being (Essien, Gibson, Essien, & David, 2020; Ezeh, 2022; Opara, 2021). Studies identified isolation, shaving of hair, wearing black, sitting on the floor, drinking water used to bath the corpse, sitting with the corpse, a levirate marriage which refers to the obligation of the widow to marry the husband’s brother, and disinheritance as some of the widowhood cultural practices (Adeyemo, 2016; Ajayi, Olanrewaju, Olanrewaju, & Nwannebuife, 2019; Amoo, Adekola, Adesina, Adekeye, Onayemi, & Gberevbie, 2022). Widowhood cultural practices are associated with high morbidity and mortality, with the highest incidence of mortality occurring in the first six to eighteen months following a spousal loss (Fagundes & Wu, 2020). Nearly half a million Nigerian immigrants reside in the United States (US) (Glover, Rundgren, Hepi Te Heuheu, & Walters, 2022), of which 3.1 percent are widowed (United States Census Bureau, 2019). It is common for migrants to carry their cultural beliefs and values to the host country (Chattopadhyay, 2022). Therefore, it is pertinent to understand the cultural values, beliefs, and experiences of widowed Nigerian Americans in the US, as well as the role of nurses in providing culturally congruent care to this population. Lessons learned from this study may lead to the development of effective interventions to reduce the risk of morbidity and mortality.
Few studies have focused on the effects of widowhood cultural practices on the health and well-being of those widowed in Nigeria. Those studies show that widowhood cultural practices negatively affect the health and well-being of those widowed in Nigeria (Essien et al., 2020; Fagundes & Wu, 2020; Moses, 2018). There have been no studies on Nigerian Americans widowed in the US. Therefore, it is unknown how widowhood cultural practices affect them. Furthermore, there were no studies on widowhood cultural practices by nurses and healthcare professionals. Since widowhood affects health, it is vital to understand and provide cultural knowledge on this phenomenon to develop culture-specific and culturally appropriate healthcare guides to improve health and well-being in this population.

**Purpose and Aims of the Study**

The purpose and aims of this mini-study were trifold: to understand the cultural values, beliefs, and experiences of widowhood cultural practices in Nigerian Americans; establish the viability and efficacy of a more extensive and full-scale study; and modify research questions and the interview guide as needed for a future study. The research questions for this study were: What are the cultural values, beliefs, and experiences of widowed Nigerian Americans in the United States? Do these experiences affect their health and well-being?

**Theoretical Guide**

Leininger’s Cultural Care Theory (CCT) guided the structure and organization of the study. The theory guided the ethnornursing method in understanding the holistic view of culture related to the phenomena of interest. Application of the theoretical framework advances nursing knowledge by uncovering meanings, patterns, expressions, and practices related to culture care that affects the health and well-being of the widowed to advance nursing care knowledge (Wehbe-Alamah & McFarland, 2020). Culture care refers to care that emanates from the identification and extraction of care from widowhood cultural practices that will help nurses to plan and implement nursing care that fits the needs of the widowed (Leininger, 1995c). The goal of the theory is to identify care values, beliefs, and meanings in order to provide culturally congruent care, which refers to "culturally based care knowledge, acts, and decisions used in sensitive and knowledgeable ways to appropriately and meaningfully fit the cultural…….}
values, beliefs, and practices of clients for their health and well-being, or to prevent illness, disabilities, or death (Leininger, 2006, p. 15).

**Method**

The study utilized a qualitative ethnonursing methodology to collect data from five Nigerian-born informants who resided in the United States (US) and were widowed in the US. The ethnonursing research method (ERM) was chosen to uncover cultural care meanings in the Nigerian American widowed population and was created to work in tandem with the theory. One of the purposes of ERM is to discover unknown or loosely known complex nursing experiences influencing care, well-being, holistic health, disability, illness, death, and related cultural knowledge (Wehbe-Alamah, 2018). The semi-structured interview guide was developed from the theory and Sunrise enabler guide. Leininger's four phases of qualitative data analysis were used to analyze the data. Analysis of the results and recommendations is situated in the Sunrise Enabler to identify which widowhood cultural practices to maintain, repattern, or preserve.

The ethnonursing method prescribes for observational method and semi-structured interview. Participants (n=5) were recruited using a snowball technique with the help of gatekeepers. Gatekeepers provided access to the population, introduced other possible participants to the study, and referred them to the researcher. Following informed consent, participants were interviewed at a setting of their choosing following CDC guidelines or via a password-protected Zoom platform due to the COVID-19 pandemic requirements using semi-structured interview questions. The interview guide questions were developed using Leininger's Cultural Care Theory (CCT) to obtain data about widowhood cultural practices, values, beliefs, lifeways, and health.

The interviews lasted 45 to 90 minutes and were recorded and transcribed verbatim via Zoom. Some participants were called back to clarify comments and obtain additional information that arose out of data analysis. Transcribed data and recordings were stored in a password-protected computer and will remain locked for at least three years following the completion of the study before it is destroyed. Additional data collection was done via participant observation recorded in field notes. Participant
observation was employed to gather field notes from participants in their naturalistic setting, making a note of all observable nonverbal communication. Participants were provided a $20 gift certificate as a token for their appreciation and participation in the study.

**Data Analysis**

Data analysis aims to create a thick description of the findings that will offer an accurate and detailed explanation of the variable from the informants' emic perspective (Richards & Morse, 2012). Data were analyzed using NVivo, a qualitative data manager software guided by Leininger's (1997) four phases of qualitative analysis. Phase one deals with the analysis of raw data, including recorded and transcribed interviews, observations, participatory experiences, and field notes. In the second phase, data are coded and classified as they relate to the inquiry and research question domain using qualitative data management software. The third phase requires the researcher to scrutinize data to discover the saturation of ideas and recurrent patterns of similar and different meanings. In the fourth phase, data analysis includes interpreting and synthesizing findings (McFarland, Mixer, Webhe-Alamah, & Burk, 2012). NVivo software was used for data management and open coding. Analysis began with the first interview, where the data was reviewed and compared to the second interview. Notes were taken regarding emerging categories. Supporting statements for the categories were moved to the categories. Data collected from the demographic form were analyzed using descriptive statistics. Data saturation was not reached due to the limited sample size.

**Results**

The demographic data shows the participants age range of 50 to 62 (n = 5), and the average time of widowhood was 12 years. All participants were employed full-time; one participant had a doctoral degree, three had a master's degree, and one participant had a high school degree. Some participants were employed as nurses (n= 2), two as high school teachers, and one was employed as a cook in a long-term care facility. All the participants are of the Igbo tribe who spoke English fluently, in addition to their native language (Igbo), and identified their religion as Catholic or Anglican. Only one participant had the youngest child living with her, others live alone. Due to the small number of participants in this study,
themes were not identified; instead, three patterns emerged from the data analysis. Those patterns include 1. Pattern of reliance on God for sustenance, 2. Pattern of denial of resulting mental health challenges, and 3. Patterns of harmful widowhood cultural practices.

**Pattern 1. Reliance on God for Sustenance**

The widows expressed a total dependence on God for survival and sustenance based on their experiences with widowhood cultural practices that left them isolated, disposed of their husbands’ properties, and with children to raise with less financial resources. Many of the widows were bereaved when the children were still in high school or college and needed a stable financial resource. They hoped that friends and family would provide support; however, that support fiddled after the burial. All of them turned to prayer and developed a personal relationship with God. Their belief that God will see them through the difficult times was the reason they are surviving widowhood. Most came from religious and spiritual background and relied on that background to develop their faith in God. One participant who said she was not religious before she was bereaved became very prayerful and was able to meet the Pope in Rome. This pattern is supported by the following statements from the participants.

“I remember how my mother used to pray. When she had difficulty, she will pray. You can hear her audibly talking to herself praying. As a child, I will peep and say who is mama talking to. She will say I am talking to God. Who am talking to knows. So, I developed that attitude, when I cry, I ask God questions. Why he brought me here and left me in this, you know, dismay with my children. So, I developed this attitude of prayer and took a few more steps back to my faith. I knew then that it was only with him, God. That's it. It was only then that I thought maybe things will work out for me”.

Another participant said,

“But one day, I kind of struck a deal with him (God), I don’t know why, well father, just help me to raise these four children because I don’t know how to do it but with you. And I make a promise to you. I am not looking back; I am not looking around. You are all I have, and when I made that commitment I kind of felt strong. So, I just took it from there”
Pattern 2. The Pattern of Denial of Resulting Mental Health Challenges

All the participants were asked how widowhood practices has affected their health. Some of the widows reported being in good health. A few participants acknowledged health and social issues associated with widowhood cultural practices such as stress, high blood pressure, insomnia, financial struggles, isolation, and dispossession of property; however, there was a pattern of not acknowledging mental health issues. Those who said they were in good health also reported being depressed, suicidal ideation and attempt, and extreme anxiety. Some participants reported not going out and engaging in activities for a year, mood swings, crying spells, anxiety, self-isolation, and not eating; yet they reported being in good health. Some of the statements from participants that supports this pattern are,

“I would say, I have very good health, yes, I go through a lot of stress, you know life itself. When this happened, yes, the first year, I was very depressed”

Another participant said,

“I was always sitting in my house. I wore the black clothes for one year, and for that one year I did not go out of the house. That's it. And I will sit in one room. Another thing, I stopped the blood pressure medicine. I was having headache all the time. I don't have the desire to take care of my health as I'm supposed to. I was in a long period of anger. I was like a time bomb, for instance, if I’m driving, any car coming in front of me, I am like you better move because I am not moving. I wanted to be hit by the oncoming car. When my kids observed some of the behavior I was doing, they thought I was suicidal”

Another participant stated,

“When that happened to me. I don't care about anything anymore. I don't care about doing anything. Whatever goes, goes. I don't want to care about anything anymore. I don't want to cut the grass. I don't care what it is. I don't want to do anything. At that point, I was just living for the sake of living. But now I know that I was depressed because I was somebody that is up very active, I am up and getting things going.”
Pattern 3. Harmful Widowhood Cultural Practices.

While harmful widowhood cultural practices are well documented among Nigerian widows in Nigeria, this study offers the first documentation of harmful widowhood practices for Nigerian Americans. Like the experiences of Nigerian widows, Nigerian American widows experienced loneliness, wearing black clothes during the period of mourning, shaving of the hair, dispossession of property, ritual bathing, and ritual separation of the living spouse from the deceased. The participants expressed that these practices were demeaning, caused isolation, created fear and anxiety, and wishes that these practices are not enforced. This pattern is supported by the following statements from participants.

“I scraped my head myself over here and got home. Nobody was going to touch my head to scrap it. I scraped it myself. Putting you down and scraping it and talking to you any how including telling you that you killed your husband every humiliation thing”.

Another participant statement that supports this pattern is

“They will start shaving your head, after shaving the hair, and every part of your body that has hair, they shave it and put together all these hairs together, cut your fingernail, toenail, everything and gather them together and wrap it”.

“They will boil traditional herbs/leaves with different sort of things in a pot of water. They will remove your clothes, they will remove everything, sit you down and bath you with the herbs. After bathing you, that is when you start wearing your mourning clothes”.

Another said,

“Those widows will take you inside, and ask all the people there to leave, that the wife is coming to say goodbye to her husband. As she goes in there, they will use your left or right hand touch his face, they will use the same hand to touch your own face, chest, and use it and touch your own, touch his private part and use it and touch your own. And they will be saying, every connection connecting both of you have separated forever. He should not come to you, should not visit you, and you have nothing to do with him, so after saying that, then you can move out and people can come in and view the body”.
**Discussion**

This ethnonursing mini study provided insight to the widowhood cultural practices as experienced by Nigerian Americans. Analysis of the demographic data show the average period of widowhood of 12 years. This finding is congruent with other studies that found the average length of widowhood to be 10 and 15 years respectively (Curtin Tejada-Vera & Anderson, 2021b; Manvelian & Sbarra, 2020). The study unveiled some of the physiological, social, and mental health challenges the widows face. While symptoms of mental health issues were presented by the participants, they failed to recognize or acknowledge those symptoms as health issues. The study results are consistent with the results of previous studies in Nigerian widows living in Nigeria with regards to widowhood cultural practices (Iloka, 2022; Nwadialor & Agunwa, 2021; Ogungbamila & Adeyanju, 2010; Onyekuru, 2011). A new concept that emerged from this study is the detailed process of ritualistic separation of the widow from the deceased spouse through spiritual cleansing baths. The mental health symptoms identified in this study were also shown in previous studies (Nyong, 2017; Okoro, Ojobor, Nzenweaku, Kekeocha-Christopher, & Ishiwu, 2021); however, those mental health symptoms were not contextualized as a health challenge.

**Conclusion**

The patterns identified in the study deserve further exploration with a larger sample size or until data saturation is reached to identify emerging themes. The development of themes may provide cultural knowledge and help healthcare providers understand the population's culture-specific healthcare needs. It may also aid the development of culture specific and culturally congruent care for this population to improve health and well-being.
References


https://www.karger.com/Article/Abstract/251713


