

(JAPSY)

Widows in the Saboba District, Ghana



Psychological Distress and Life Satisfaction of Konkomba Widows in the Saboba District, Ghana

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Abstract

Purpose: The study sought to explore the influence of psychological distress and the life satisfaction among Konkomba widows who underwent widowhood rituals in the Saboba District in the Northern Region of Ghana. Specifically, the study sought to determine common widowhood rite practices that widows in the Saboba District undergo and to assess the level of life satisfaction among the Konkomba widows who have undergone widowhood rites in the Saboba district.

Methodology: The purposive sampling technique stratified sampling technique, snowball sampling technique, and convenience sampling techniques were used to select one hundred and twenty (120) widows from the Saboba District. Data were analyzed using frequency distributions, means, standard deviations, regression analysis, and one-way analysis of variance (ANOVA).

Results: Analyses of data revealed that generally, Konkomba widows in the Saboba District have significantly low satisfaction with life. Findings also disclosed that psychological distress had significantly negative relation with satisfaction with life of widows. Again, specific psychological distress predictors of satisfaction with life were Hostility, Paranoid Ideation, and Anxiety.

Contribution to practice, theory and policy: The findings of the study will guide counsellors, clinical psychologists and health practitioners to formulate policies and treatment procedures aimed at helping widows to overcome the psychological consequences associated with bereavement and the practices of the outmoded widowhood rites. It will also provide a framework for government institutions, NGOs, counsellors and health practitioners to incorporate a more comprehensive approach where the attention is given to widows' physical needs, psychological needs and social wellbeing.

Keywords: widowhood rites, widow, psychological distress, life satisfaction, cultural practices, Konkomba.

1.0 INTRODUCTION

Widowhood rites are culturally defined as ceremonies that a spouse undertakes as an honour for the deceased partner (Ayagiba, as cited in Atindanbila, Bamford, Adatara, & Kwakye-Nuako, 2014). Culturally, widowhood rites are meant for both men and women, however, women seem to be the only ones going through the ordeal of this rites in most cultures (Yu, Kahana, Kahana, & Han, 2019). Owen (2001) discovered that widows are seen as the devils that cause evil situations, including the death of their husbands. Based on this, widows are subjected to hostile treatment, including forced marriage, harassment, rejection, loneliness, poverty, loss of status, restriction on social activities, fear of the unknown and alienation which are far more than one can imagine (Azumah & Nachinaab, 2018; Manyedi, Keon, & Greff, 2003; Gunga, 2009; Sossou 2002). Such treatment is traumatising for widows and they get psychologically derailed on account of the harrowing experiences that await them during their widowhood rite performances (Chuku-Okoronkwo, 2015).

1.1 Common Widowhood Practices

Though there may be some similarities, depending on the cultural norms and practices of the widow's culture, the rituals performed during widowhood may greatly differ across cultures (Korang-Okrah & Haight, 2014; Merry, 2006; Manyedi, et al., 2003). Atindanbila et al (2014) indicated that during widowhood rites, widows among the people of Nadowli district of the Upper West region of Ghana are required to be taken to a crossroad at dawn for their hair to be shaved. Atindanbila et al. (2014) also report that among the Nadowli people, the widow neither baths nor changes her clothes for 40 days. This is however not the same for the Akans (Korang-Okrah & Haight, 2015). Nyongkah (2018) also reported that in Cameroon, the widow is given a pair of split calabash in which she has to eat and drink from and is not allowed to wash hands before or after meals. She is also restricted, secluded and excluded and must not indulge in certain conversations, not to laugh and to cry at the top of her voice for eight days. Also, a report in 2005 by the United Nations (UN) Division for the Advancement of Women indicates that widowhood rites in Ghana include detaining the widow in a room, shaving her hair, tying a rope around the neck and undergoing a ritual bath (United Nations, 2005).

1.2 Psychological Distress and Satisfaction of Life of Widows with Widowhood Rites Experiences

The death of a marital partner is viewed as one of the most stressful events in human life (Wilcox, Evenson, Aragaki, Wassertheil-Smoller, Mouton, & Loevinger, 2003) and it is in such period that the other spouse needs the comfort and support from friends and lovely ones. However, widowhood rites in some parts of Ghana burdens widows and add to their stress which later affects their wellbeing. Manala (2015) examined the impact of widowhood rites and their benefits or how detrimental these rites are to widows in the contexts of African Christianity. The researcher pointed out that most of these practices such as forcing widows to drink water from the bath of the husband corpse are detrimental to the health of widows. A study by Atindanbilla et al. (2014) reveals that widows during and after performing the widowhood rites go through financial stress that burdens their lives. Korang-Okra and Haight (2015) pointed out that right after burial, family members of the dead husband seize all properties from the widow, and the widow and the children are left to fend for themselves. These widowhood practices are dehumanizing and cause psychological stress among widows which in the long run affect their life satisfaction. Less light has been shed on the practices of widowhood rites despite the negative effects (United Nations, 2014). In Ghana, some researchers have studied widowhood rites as practised by Akans (Korang-Okrah & Haight,

2015), the Gbi Northern Ewe of Ghana (Amlor & Owusu, 2016), the Talensi people of Upper East Region (Dery 2016), the Gas of James Town in Accra (Potočnik, 2017) and many others.

The views about widowhood rites among Konkombas in Northern Ghana are dichotomous. Although natives and stakeholders discuss the pros and cons of widowhood rites among Konkombas there is no empirical data to support their claim. The study sought to explore the psychological distress and the life satisfaction among Konkomba widows in the Saboba District in the Northern Region of Ghana.

1.3 Statement of the Problem

Widowhood rites have been described as dehumanizing and denigrating, compelling researchers to call for its abolition (Atindanbila et al., 2014; Korang-Okrah & Haight, 2015; Sossou, 2002 & Tasie, 2013). The whole process of widowhood brings pain and discomfort to the victims (Azumah & Nachinaab, 2018; Kotzé et al., 2012; Kalu, 1989). Most of the treatments are geared towards dehumanizing their victims which is always a painful and have negative psychological experience that can bring long-term adverse effects over a lifetime (Ojo, 2019). The very social support network intended to cushion the traumatic impact of widowhood practices have rather turned to bring harrowing and sadistic experiences upon the widows and widows are blamed and accused of being the cause of their husbands' death. It is, however, worrying to note that despite the problems posed by widowhood rites, very little research has been done globally on this topic compared to its consequences on the widows (Limann, 2003; Owen, 2011).

Notably, the death of a husband has adverse effects on the wellbeing of the wife and children. Any additional practises that detrimentally affect the woman significantly increase their woes and can result in serious physical, psychological, social and economic problems. For instance, the Ghana News Agency (2008) revealed that many widows attempted or commit suicide due to the harsh and inhumane treatment they endured after the death of their husband. In a related study, Rendall et al (2011) found that widowhood is significantly associated with physical health decline, depression, and an increased mortality level in both men and women. Yu, Kahana, Kahana, and Han (2019) reported that compared with men, women experienced significantly higher levels of depression during the loss of a spouse. According to Atindanbila et al (2014), the most common psychological effects of widowhood rites on widows is depression and that young widow experienced extreme psychological effects than older widows.

Widows are also subjected to hostile treatment, including forced marriage, harassment, rejection, loneliness, poverty, loss of status, restriction on social activities, fear of the unknown and alienation from society which are far more than one can imagine (Azumah & Nachinaab, 2018; Manyedi et al., 2003; Gunga, 2009; Sossou 2002). Consistently, Peterman (2012) noted that after the demise of a husband, most women (widows) are discriminated, deprived of the property they toiled and acquired with their husband, dehumanising abuse and are often exploited by their in-laws. Sossou (2002) also mourns that aside the psychological trauma that widows experienced, they are also deprived of certain privileges such denial of the husband's property, ejection from homes and forced married to the late husband's relatives. For instance, Kalmijn (2017) found from a longitudinal study that the experiences of traumatic and stressful events (divorce or bereavement) are associated with episodes of depression and less satisfying life. Generally, it takes about 5 – 7 years before people with traumatic experiences live a normal life.

Judging from the mishaps that befall widows, particularly, it is hypothesized that the quality of life of widows will be greatly impacted. In Ghana, some researchers have studied widowhood

rites as practised by Akans (Korang-Okrah & Haight, 2015), the Gbi Northern Ewe of Ghana (Amlor & Owusu, 2016), the Talensi people of Upper East Region (Dery 2016), the Gas of James Town in Accra (Potočnik, 2017) and many others. However, to our knowledge, there has not been such a study on the Konkomba people. Studies on different cultures and how they perform widowhood rites is important because it reveals the details of what widows go through and hence the magnitude of the consequences. According to Potash (1986), researchers must avoid generalising African widowhood rites because of their cultural differences. Since Konkombas are a distinct ethnic group with different cultural practices, it would be interesting to assess the experiences of widows during widowhood rites and some accompanying psychological consequences. Against this backdrop, the study explored the effects of widowhood rites on the psychological health and life satisfaction of Konkomba widows in the Saboba District of Northern Ghana.

1.4 Research Questions

- i. What are the common widowhood rites that Konkomba widows in the Soboba District undergo?
- ii. What is the satisfaction with life of Konkomba widows who underwent widowhood rites?

1.5 Research Hypothesis

- i. Psychological distress levels of widows in the Soboba District will influence their satisfaction with life.
- ii. Duration of widowhood would differ in terms of psychological distress of Saboba widows
- iii. There exists a significant difference between employment status of Saboba widows in terms of psychological distress.

2.0 LITRATURE REVIEW

2.1 THEORETICAL REVIEW

The self-discrepancy theory by Edward Tory Higgins, (1987) served as the theoretical foundation for this study. The theory posits that inconsistencies of an individual's current state and that of previous circumstances will lead to serious emotional trauma. Invariably, discrepancies between an individual's actual self and ideal or internalized self (created from experiences) are associated with emotional discomforts. The theory also describes how people are likely to experience discomfort when their current life experiences become incompatible with their beliefs about themselves. Such unrealistic beliefs have the potential to result in negative consequences on the person's well-being since the individual will end up belittling themselves and their capabilities. The self-discrepancy theory was the first to assign specific emotions and affects to the disparity. Self-discrepancy is the gap between two of these self-representations (ideal and actual self) that leads to negative emotions.

The self-discrepancies theory was built on three ideas:

- a) different forms of discomfort experienced by those holding the conflicting ideas,
- b) the various types of emotional discomforts that accompany the different types of discrepancies, and
- c) the role of the different discrepancies in influencing the type of discomfort individuals are most likely to experience.

Furthermore, the theory describes three basic domains of the self namely: *actual self* (the actual attributes of an individual and what that a person believes he/she possesses), *ideal self* (this is a representation of what the person wishes to possess or someone or wish you possess), and the *ought self* (this is a representation of what the person believes or someone believes they should possess). The occurrence of discrepancies in the life of an individual causes two major types of outcome. The first is the absence of positive outcomes and associated with dejection-related emotions. The other is the presence of negative outcomes which is associated with agitation-related emotions. According to Tangney, Niedenthal, Covert, and Barlow (1998), the theory has been extensively used in the treatment of people with many psychological disorders as a result of undesired self-image and to researches and understanding of shame and guilt.

This theory has been extended by Large and Marcussen (2003) as the Identity-discrepancies theory (IDT). The theory explains the extent of the relationship between role identities obtained from our social environment and their contribution to psychological distress. It combines ideologies from sociological and psychological theories to understand the relationship between self-concept and mental health. The IDT also asserts that mismatch in social feedbacks and self-guides will leads to psychological disturbances. In essence when an individual have a better self-concept (High self-esteem), the person will be able to adequately deal with pressures from the social environment and would not experience an emotional disorders. With regards to this study, it is assumed that widows would be affected by the rituals they are subjected to only when their self-concept is overshadowed by the practices.

In the study, it is believed that dissimilarity between widows' experiences from widowhood rituals and the loss of their husband would affect their self-concept and thus the unrealistic expectation of family and the society may affect self-esteem and lead to negative emotions such as hopelessness, depression and suicidal ideation. According to Bahrami and Bahrami (2015) having high self-esteem is the core of human's psychological structure and can lead to positive outcomes. In contrast, a lack of self-esteem (low self-esteem) can lead to poor outcomes in the life of an individual. This theory provides an understanding of how widowhood and associated rites could ruin the self-concept of widows and cause psychological distresses.

2.2 Empirical review

Widowhood rites in Africa, according to Tasie (2013) were not meant to take away the rights of the widow and to impoverish the African woman. Instead, it was meant to separate the ghost of the husband from the living wife, to enable the widow to become self-reliant to face life challenges in the absence of the husband, to accord the deceased a peaceful send-off to the unknown world and to serve as a link between the deceased and those alive. Another advantage of the rites is to prevent adultery by a widow or widower. Traditionally, it is believed that a man who engages in sexual activity with a widow who has not completed her rites will die (Amlor & Owusu, 2016). This also deters men from raping or abusing the widows.

In the Konkomba culture, widowhood rites expose and punish any previous adultery committed by women during the lifetime of their husbands and therefore serves as deterrents for all other women to remain faithful to their husbands. A time of widowhood rite is also seen as a way of protecting widows from falling prey to men with insatiable sexual desires who could take advantage of their vulnerable conditions to abuse them. On these accounts, one would expect widowhood rites to be a celebration and a support system for a grieving widow. On the contrary, the process of widowhood rites is without respect and dignity (Kotzé, Lishje, & Rajuili-Masilo, 2012) and cruel for a widow who is going through the painful loss of her husband.

Across many African cultures, some barbaric rituals widows go through include; shaving the widow's hair, applying pepper to the widow's shaved hair, using a stone as a pillow, stripping the widow naked and carrying her through the town to a river to be cleansed. Others include sleeping on the bare floor and giving the widow the dirty water used to bathe the corpse to drink, including other concoctions (Atindanbila et al., 2014; Idialu, 2012; Kuenyehia, 1998). In some cultures, widows are conceptualised as defiled individuals who can defile others through a handshake or touch, may have to be in a particular attire up to about a year and restricted from going to social gatherings (Atindanbila et al., 2014). Among the Gas of Greater Accra Region of Ghana, for instance, Dery (2016) reports that widowhood rites involve confinement, cleansing and the out-dooring of the widow into her new status.

In most traditional African societies, the extended family takes complete control over the corpse. The widow and her children must oblige by the directives of her husband's family. In such instances, the family of the deceased seize this as an opportunity to punish the widow or retaliate if they were aggrieved by the widow in the past (Edemikpong, 2005). Keck and Sikkink (1998) noted that cultural practices including female genital mutilation, violence against refugee women, sexual harassment, and widowhood rituals are regarded as a form of Gender-Based violence. Violence against women is closely connected to both structural and cultural factors that are intentionally or unintentionally calved to relegate women to the background in the society (Abraham & Tastsoglou, 2016). Some studies have reported similarities between the responses of men and women to the widowhood experience (Sasson & Umberson, 2013). These arguments are possible because in-depth studies from various cultural backgrounds have not been studied on the effects of widowhood rites concerning women and men.

Several studies (Ojo, 2019; Azumah & Nachinaab, 2018; Kotzé et al., 2012; Kalu, 1989) have documented that the negative effects of widowhood and widowhood rites far outweigh the positive outcomes. In these surveys, findings revealed that widowhood rites impose inhumane treatment on widows. The practice exposes the widow to health risks. Starvation, use of an unsterilized razor, brutality and untidiness that characterize the practice may cause malnutrition, anaemia, rashes, HIV/AIDS transmission, heart disease, Mellitus, digestive disorders and even death (Edemikpong, 2005). The insults, psychological trauma, frustration and hopelessness may lead to suicide. The most disturbing part of this cultural practise is that men are not similarly subjected to such indignities when their wives die. It is due to the cruel nature of widowhood rites that researchers and non-governmental organisations have advocated for the end to its practice and observance

Sources report that widowhood rites are prohibited under Ghana's penal code (Mba, 2006). However, many widows are not aware of this legislation and those who know are not likely to proceed to trial because of lengthy delays and because they could face more and increase abuse (Ayagiba, 2005). Many who are conversant with the law may not pursue their case because of lack of money. The very purpose of widowhood rite as being necessary for healing is defeated when they have to go through all the rituals leaving long-lasting physical and psychological effects on them. The extensive studies on each culture's widowhood practice will expose the hilarious nature of the practice globally so that more supportive resources can be made available for the widows.

2.3 Research Gaps

Widowhood rites and practices have remained unexposed, unchallenged and not sufficiently reflected upon despite the pain they inflict on the widows (United Nations, 2014). Consequently, the issues of widowhood rites have not been tackled aggressively and with much

seriousness globally. According to Manala (2015), the challenge presented by the neglect and maltreatment of widows does not receive sufficient attention as contemporary scholars seem reluctant to reflect on African widowhood rites and their consequences. Similarly, the perpetrators have not received the right amount of punishment, even if there is any (Ajayi, 2018; Mathias, 2015). This assertion is valid for the Konkomba tribe. They have been left to their plight especially that their culture does not allow women to voice out their opinions and be part of decision making.

The views about the effects of widowhood rites among Konkombas in Northern Ghana are dichotomous just as views are divided in the world about widowhood rites. While some believe the rites have merits and are beneficial to women, others perceive them as marginalization, isolation, loss of social life, discrimination, disinheritance, stigmatization, abuse of dignity and human rights violation (Korang-Okrah & Haight, 2015). In a typical Konkomba culture, a widow may remarry but before she qualifies to do so, she must first go through widowhood rites. These rites are often characterised by witchcraft accusations (with some widows ending up in witch camps), blame games, impoverishment and physical abuse (Action Aid, 2013; Manala, 2015; Manyedi et al., 2003). Due to the increase in conflicts, violence, and natural disasters in the Northern part of the country, many men are losing their lives leading to an increase in several widows (Action Aid, 2013).

Although similar works have been done among other ethnic groups in Ghana, they are not generalizable and amenable to Konkombas because of substantial differences in culture and details of the rites (Atindanbila et al., 2014; Korang-Okrah & Haight, 2015). Some widows have suffered extreme consequences of widowhood rites which led them into depression and anxiety disorders (Yu et al., 2019) yet it appears no research has been done to ascertain the effects of widowhood rites among the Konkomba widows. The physical, psychological and economic effects of widowhood rites on widows potentially decreased their quality of life. In the light of these evidences, the study sought to understand the practices of widowhood rites among the Konkomba tribe, its contributions to psychological distresses and life dissatisfaction among widows who are subjected to the rites.

3.0 METHODOLOGY

3.1 Participants: Based on the statistics from the District Gender Office, 217 participants were estimated given a population of 500 widows who have gone through widowhood rites, in line with the Krejcie and Morgan (1970) sample size determination. A total of 120 participants were obtained.

3.2 Inclusion and exclusion Criteria: The target group is comprised of widows above 18 years. Although other tribes reside in the area, they were excluded from the study because the focus was on the Konkomba. Only widows married to males from the Konkomba tribe and also being residents of the Saboba District were included in the study.

3.3 Research Design and sampling Procedure: This study is a quantitative study which made use of the cross-sectional descriptive survey. The stratified, purposive, snowball and convenience sampling techniques were used for the study. First, the sample of participants was drawn from the five zones (Saboba, Kpalba, Sanboli, Wapuli and Sanguli) using stratified random sampling. A further proportionate stratification was done to determine the number of widows to be used in each zone and communities. Subsequently, Snowballing was used to identify eligible participants. Lastly, the convenience sampling technique was used to engage individuals who were willing to participate in the study.

3.4 Measures

3.4.1 Widowhood Practices: Some items were outlined to assess some common widowhood practices performed by the Konkomba tribe. The statements were also discussed with the District Gender officer to verify their relatedness to the Konkomba culture. This was because of her experience as a gender officer working in the Saboba District for over a decade. The measure consisted of 10 items that measured some common widowhood practices performed by the Konkomba tribe. Some items include “*I was made to stay with my husband’s corpse for hours alone or together with others*”, “*I walked barefooted during the widowhood rites*”, “and “*I was given some concoctions to drink*”. The items were measured on a dichotomous scale where 1 = Yes and 2 = No. The idea was to find in terms of distributions the number of participants who experienced each of the practices as identified in the literature review. The results indicated a good reliability coefficient (Cronbach alpha = 0.70)

3.4.2 The Brief Distress Inventory (TBDI): The self-reporting scale is made up of 24-item questions and measures global psychological distress of persons with traumatic experiences (Ritsner, Rabinowitz, & Slyuzberg, 1995). It has six subscales namely obsessiveness (item 1, 9, 23), hostility (item, 2, 5, 10), sensitiveness (item 7, 8, 12, 13), depression (item 15, 17, 19, 20, 21, 22, 24), anxiety (item 14, 16, 18), and paranoid ideation (item 4, 6, 11). The first 13 items are ranked on a 5-point, Likert-type scale ranging from 0 (not at all) to 4 (extremely). The next 10 items which measure the experiences of psychological distress over the past month is also ranked on a 5-point, Likert-type scale and ranges from 0 (never) to 4 (Very often). Lastly, item 24 is graded on a 5-point Likert-type scale where 0=very satisfied and 4 = very dissatisfied. To find the overall level of psychological distress, a criterion mean of 48.0 was determined. This was done by multiplying the number of items (n=24) by the item mean (M=2). An obtained mean greater than the overall criterion mean indicates that a significant level of psychological distress was experienced while a score below the criterion mean shows that significantly less psychological distress was experienced. In this study the TBDI instrument yielded a good reliability coefficient (Cronbach’s alpha = 0.74)

3.4.3 The Satisfaction with Life Scale: The Satisfaction with Life Scale (SWLS) contains five (5) items that assess the general satisfaction of people with their life (Diener et al. 1985). It is rated on a 7-point Likert-type scale type ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). The sums of scores give an individual’s total satisfaction or dissatisfaction with life. The highest score is 35 and the lowest score is 5 with the following interpretation: The 30–35 score range: Very high score (highly satisfied) persons in the range are regarded as having optimum happiness with their lives. The 25-29 score range (High score): individuals who score in this range believe their lives are not perfect, but they feel that things are mostly good. The 20–24 score range (Average score): individuals are generally satisfied, but would like some improvement. The 15–19 score range are below average in life satisfaction. Individuals usually have small but significant problems in several areas of their lives. Participants who score 10 – 14 are seen to be dissatisfied and experience a significant defect in several areas of their lives. Extremely dissatisfied individuals score 5–9 which indicates that a person is tremendously affected and unhappy with the course of his life. Diener et al. (1985) found that the scale had a Cronbach’s alpha coefficient of 0.87. In this study the SWL resulted in a good reliability coefficient (Cronbach’s alpha = 0.72).

3.4.4 Pre-Testing of the Instrument: A pilot testing of the instrument on thirty (30) widows in the Tatale/Sanguli District of the Northern region was conducted. This district was chosen because it has similar socio-economic and cultural characteristics to that of the study area. They

also have similar ways of performing most socio-cultural practices such as widowhood rites, marriage rites, funeral rites and festivals.

3.5 Ethical Consideration: An Ethical clearance letter for the study was issued by the Institutional Review Board of the University of Cape Coast. Additionally, an introductory letter from the Department of Guidance and Counselling was given to the “Bitindam” (Landlords) of the various communities to introduce ourselves and the purpose of our visit to their communities. The privacy and anonymity of each participant were strictly taken into account. Informed consent was sought from each participant.

3.6 Data Collection and Analysis

The instruments were administered with the help of three (3) trained research assistants (teachers of the local language). Approximately, participants used 30 minutes to 45 minutes to complete the questionnaire. Data were collected within a space of three months. The data were tabulated and processed using SPSS version 25. Demographic variables were analysed using frequency and percentages. Research questions 1 and 2 were analysed using frequencies and percentages and One-sample t test respectively. Hypothesis 1 was tested using standard multiple regression analysis and hypothesis 2 was tested using a one-way analysis of variance (ANOVA).

4.0 PRESENTATION OF FINDINGS

This section presents the results of the data analyses of the study. Demographic characteristics of participants were analysed using frequencies and percentages. Research question 1 and 2 were analysed using frequencies and percentages and One-sample t test respectively. Lastly, the hypotheses 1 and 2 were tested using Regression analysis and a one-way analysis of variance (ANOVA) respectively.

4.1 Demographic of Respondents

Table 1 presents the results of demographic characteristics of Konkomba widows who participated in the study. Data were gathered from participants in the following areas age, length of widowhood, employment status and religious affiliation. From the table, it could be seen that the majority of the study participants were between 40 to 59 years representing 55(45.8%). 49 (40.8%) had more than 2 years’ experience as a widow whilst 20(16.7%) had less than 1-year experience. Moreover, 72(60.0%) were unemployed whilst 48(40.0%) were self-employed. It is worth noting that the majority of study participants were unemployed 72(60.0%). 59(49.2%), representing the majority of participants, were Traditionalist whilst 3(2.5%) were Moslems.

Table 1: Demographic of Respondents

Category	Frequency	Percentage (%)
Age (Years)		
18 - 29	5	4.2
30 - 39	19	15.8
40 - 49	55	45.8
50 - 59	25	20.8
60 – 65	16	13.4
Total	120	100.0
Length of Widowhood		
Less than 1 year	20	16.7
1 year	27	22.5
2 years	24	20.0
More than 2 years	49	40.8
Total	120	100.0
Employment Status		
Self-employed	48	40.0
Unemployed	72	60.0
Total	120	100.0
Religion		
Christian	58	48.3
Moslem	3	2.5
Traditionalist	59	49.2
Total	120	100.0

4.2 Common Widowhood Practices

The study sought to identify some common widowhood practices that the Konkomba tribe subject their widows to. The findings are presented in Table 2. The results revealed that 120(100%) of the participants indicated that their head was shaved during the widowhood rites. It was revealed that 117(97.5%) mentioned that they were made to stay with the corpse for hours alone or together with others. Also, 111(92.5%) indicated that they always carried calabash wherever they went. Moreover, 110(91.7%) opined that they were not allowed to eat for several hours when their husband died. Additionally, it was found that 90(75.0%) walked barefooted during the widowhood rites. Furthermore, 86(71.7%) indicated that they were neither allowed to bath nor 86 change pant (kiyook) throughout the widowhood rite. It was also found that 80(66.7%) were forced to marry their husband's brother/relatives. It is evident from the findings of the study that widows in the Saboba District undergo so many widowhood ritual practices.

Table 2: Distribution of Common Widowhood Rites Practices

Item	Yes		Rank
	Freq	(%)	
1. I was made to stay with the corpse for hours alone or together with others.	117	97.5	2 nd
2. I walked barefooted during the widowhood rites.	90	75.0	5 th
3. I was not allowed to eat for several hours when my husband died.	110	91.7	4 th
4. My head was shaved during the widowhood rites.	120	100	1 st
5. I was not allowed to bathe for three days.	60	50.0	9 th
6. I always carry calabash wherever I go.	111	92.5	3 rd
7. I was given some concoctions to drink	72	60.0	8 th
8. I was assaulted physically by men as instructed by oracles.	21	17.5	10 th
9. I was forced to marry my husband's brother/relatives.	80	66.7	7 th
10. I was not allowed to bath nor change pant (kiyook) throughout the widowhood rite.	86	71.7	6 th

4.3 Satisfaction with life among Konkomba widows with Widowhood rites experiences

Another objective of the study was to estimate the level of satisfaction with life among the Konkomba widows who underwent widowhood rites in the Saboba district. The findings from the analyses is presented in Table 3. The results obtained indicates that Konkomba widows in the Saboba District have a significantly low level of satisfaction with life. Evident from the one sample t test, the overall (obtained mean) ($M = 11.50$, $SD = 6.63$) is statistically lower than the criterion mean ($M = 20.0$) (refer to Table 3). According to Diener et al (1985), a mean score between 10 and 14 is said to be dissatisfied with life. This is because participants in this classification have several areas of life that is not going the way they expected. From the table, it was obvious that participants' mean score on all the domains (items) were below the criterion mean (4.0). The results of the study imply that the quality of life of Konkomba widows was affected due to the death of their spouse and the severe widowhood rites they underwent.

Table 3: One Sample t-Test for satisfaction with life among widows.

Items	M	SD	t-value	df	Sig.
1. In most ways my life is close to my ideal.	2.21	1.27	19.055	119	.000
2. The conditions of my life are excellent.	1.88	1.18	17.449	119	.000
3. I am satisfied with my life.	2.08	1.24	18.295	119	.000
4. So far, I have gotten the important things in my life.	2.15	1.07	21.757	119	.000
5. If I could live my life over, I would change almost nothing.	3.13	1.87	18.258	119	.000
General Satisfaction with life	11.50	6.63	24.198	119	.000

Significant at $p < .05$

4.4 Influence of psychological distress on the satisfaction with life of Konkomba widows.

The study also sought to explore the influence of psychological distress experiences on the satisfaction with life of widows. Before running regression analysis test, some assumptions were checked. These assumptions were normality (scatter plot) and multicollinearity.

4.5 Scatter plot of Normality

Figure 1 shows a graphical presentation of the test of normality among the variables. As seen in Figure 1, most of the scores are reasonably close and quite concentrated in the centre. This observation points to the fact that the data is normally distributed. Pallant (2016) asserts that observation is normal when most of the scores are concentrated in the centre.

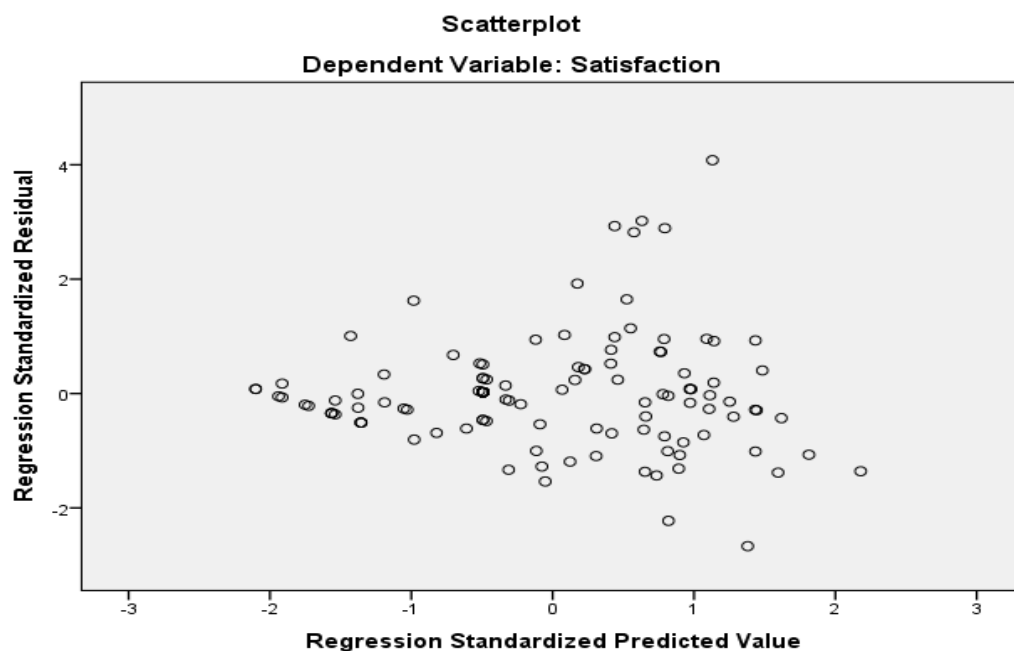


Figure 1: Scatter plot of normality

4.6 Multicollinearity Test

Table 4 shows a graphical presentation of the test of linearity among the variables. According to the results, multicollinearity test revealed low correlations between the independent variables and dependent variable that was less than 0.3, suggesting the independent variables did not correlate substantially with the dependent variables. However, the results from tolerance figures were not less than 0.10, which according to Pallant (2016) was appropriate. Furthermore, the variance inflation factor (VIF) results met the acceptable standard which stipulates that VIF values must be less than .10. From Table 4, it is evident that there is no problem of multicollinearity since both the tolerance and variance inflation factor results met the acceptable cut-off points. Standard multiple regression analysis was therefore conducted to ascertain the unique contributions of independent variables.

Table 4: Multicollinearity Test for the influence of Psychological Distress on Satisfaction with Life

Variables	Correlations	Multicollinearity	
	Life satisfaction	Tolerance	VIF
Obsessiveness	.01	.55	1.81
Hostility	.25	.67	1.47
Sensitiveness	-.08	.37	2.63
Depression	.06	.35	2.79
Anxiety	.09	.40	2.50
Paranoid ideation	-.17	.41	2.38

4. 7 Regression of Coefficients

Table 5 presents the results of analysis of the extent of impact of psychological distress among Konkomba widows. The results presented in Table 5 indicates that with the exception of hostility and paranoid ideation, the rest of the six subscales (independent) are not statistically significance at 0.05 level of confidence. This is because the sig. value for all the factors is greater than 0.05. As regards the standardized beta values, (correlation) among the factors, it was revealed that the significant predictor upon the dependent variable are hostility (beta=.308, $p = .001$) and paranoid ideation (beta=-2.395, $p = .018$). Anxiety was a predictor of satisfaction with life of widows but was not significant (beta=.146, $p = .207$), sensitiveness (beta=-.133, $p = .261$), depression (beta=.110, $p = .368$) and obsessiveness (beta=-.015, $p = .875$).

Table 5: Regression Analysis of Psychological Distress Influence on Satisfaction with Life

Model	Unstandardized Coefficients		Standardize d Coefficients	t-value	Sig.
	β	Std. Error	Beta		
(Constant)	12.573	1.473		8.537	.000
Obsessiveness	.035	.224	.015	.158	.875
Hostility	.612	.175	.308	3.495	.001
Sensitiveness	-.225	.199	-.133	-1.129	.261
Depression	.104	.115	.110	.904	.368
Anxiety	.303	.239	.146	1.269	.207
Paranoid ideation	-.467	.195	-.269	-2.395	.018

Significant at $p < .05$

Dependent variable = Satisfaction with life

4.8 Model of Fitness

Table 6 contains how each of the predictors contributed to satisfaction with life. The hostility R^2 result of .23 representing 23% contributed the highest to satisfaction with life. Paranoid ideation contributed R^2 results of .08 representing 8% indicating the second contributor and Anxiety contributed R^2 value of .07 representing 7% showing the third contributor. The result of this research hypothesis is that hostility was identified as the best predictor of satisfaction with life. The composite correlation between psychological distress and satisfaction with life was 0.832 which is a positive and a strong correlation. Overall, it was identified that psychological distress among widows explained 38% variance of satisfaction with life. Hence, the Alternative hypothesis (H_1) which states that there will be a significant influence of

Psychological Distress on the Satisfaction with the life of widows in the Saboba District is supported against the null hypothesis (H_0).

Table 6: Analysis of Results of Contributions of Each Independent Variable

Variable	R	R ²	Percent (%)
1. Hostility	.31	.23	23.0
2. Paranoid ideation	-.22	.08	8.0
3. Anxiety	.11	.07	7.0
4. Sensitiveness	-.10	-	-
5. Depression	.08	-	-
6. Obsessiveness	.01	-	-
7. Overall	0.83	.38	38.0

4.9 Difference among Duration of Widowhood in Terms of Psychological Distress.

The purpose of this objective was to find whether duration of widowhood determine the experiences of psychological distress. Before the analyses, some assumptions were tested to justify the use of *ANOVA*. Table 7 and 8 shows the test of normality and homogeneity among the variables. The results from the tables showed that the sig. values for the Shapiro-Wilk test and the Levene test were above 0.05, indicating that the items are normally distributed and that equal variances are assumed.

Table 7: Normality Test

	Duration (Years)	Shapiro-Wilk		
		Statistic	df	Sig.
Psychological distress	Less than 1	.825	20	.072
	1 year	.951	27	.225
	2 years	.943	24	.190
	More than 2	.780	49	.121

Table 8: Homogeneity Test

Levene Statistic	df1	df2	Sig.
.636	3	116	.593

The results of the analyses are presented in Table 9. The results shows that there is no significant difference within the duration categories of widowhood rites in terms of psychological distress ($F(3, 116) = 1.227$, $p = .303$). This is because the sig. value is greater than 0.05. The results therefore imply that the length of widowhood does not determine the experience of psychological distress among widows. Thus, the experience of high psychological distress among Konkomba widows is not determined by the number of years of being a widow.

Table 9: ANOVA results for Duration of Widowhood Rites in Psychological Distress

	Sum of Squares	df	Mean Square	F	p-value
Between Groups	1218.665	3	406.222	1.227	.303
Within Groups	38412.802	116	331.145		
Total	39631.467	119			

4. 10 Differences in Psychological Distress in terms of Employment Status

Table 12 presents the analyses of the psychological distress experiences of widows with regards to their employment status. The Kruskal-Wallis H test was used to test this research objective. This was because the sig. of the Shapiro-Wilk test was lesser than 0.05 indicating the variables were not normally distributed (refer to Table 10). Also, the sig. value for the Levene Statistic test was lesser than 0.05 (refer to Table 11), an indication that equal variances are not assumed. The results showed that there was no statistically significant difference in psychological distress between the different employment status, $\chi^2(1) = 2.269$, $p = .132$, with a mean rank, psychological distress result of 66.34 for Self-employed and 56.60 for unemployed. The results reveal that both the self-employed and the unemployed widows in the Saboba District experienced a similar level of psychological distress

Table 10: Normality Test

	Employment status	Shapiro-Wilk		
		Statistic	df	Sig.
Psychological distress	Self-employed	.942	48	.019
	Unemployed	.814	72	.000

Table 11: Homogeneity Test

Levene Statistic	df1	df2	Sig.
26.780	1	118	.000

Table 12: Kruskal Wallis H-Test of Employment Status in Psychological Distress

	Employment Status	N	Mean Rank	Chi-square	df	p-value
Psychological distress	Self-employed	48	66.34	2.269	1	.132
	Unemployed	72	56.60			
	Total	120				

5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussions

Our research question was to find out some common widowhood rites practices that widows in the Saboba District experienced. Results revealed that during widowhood observances, Konkomba widows experienced hair shavings, staying with corpses for many hours, carry calabash wherever they went, fasting for hours, denial of basic personal hygiene for days, forced marriages with deceased relatives among others. The findings from the analyses suggest that widowhood rites as practised by the Konkomba tribe in the Northern part of Ghana shares many similarities with practices in Ghana and the African sub-region. From the findings, chief among the widowhood practices in this area include the shaving of the widow's hair (all widows in the study experienced this), stay with the husband's corpse for hours, and carrying calabash where ever the widow goes. Others include fasting for hours, denial of personal hygiene, forceful marriage to husband's relative, walking barefooted, and drinking concoctions. Consistent with our findings, Atindanbila et al (2014) revealed that among the Nadowli District in the northern part of Ghana, a widow's hair is shaved at a crossroad, also she is required to tie a rope around her waist and marrying the husband's brothers or relatives. In their study, it was shown that refusal to oblige will lead to being disowned by in-laws and family as well as denial of inheritance from the spouse property. Atindanbila et al. (2014) also reported that among the Nadowli people, the widow neither baths nor changes her clothes for 40 days.

Among the Ga tribe of Ghana, widows are confined in separate rooms, they are cleansed by taking a bath at a refuse dump and the seashore. They are forbidden to talk to other individuals during the period of seclusion (Tei-Ahontu, 2008, Atinga, 2006). Ansotinge (2002) discovered that in the Dagaaba tribe widows undergo fidelity testing to their husband when he was alive. They are also required to cover some parts of their body with clay or ashes, wearing a rope for identification and having their hair shaved. Atinga (2006) and Anafo (2010) observed similar practices among the Frafra clan in Ghana. Konkomba widows also wear a rope (*Nkpopiigmin*) around their neck and wrist. Similarly, Idialu (2012) studied the treatment of widows undergo during widowhood rites in Africa. In the study, varied practices were observed across the African continent. These include swearing innocence on the husband's corpse, chewing cola nut, eating with left hands from a broken plate, marrying a relative of the deceased husband, exposing her nakedness, going into the bush in the middle of the night, drinking water used for washing the corpse, staying with the body of her late husband, dispossession of properties, hair shaving, being deprived of basic personal hygiene, and forcing to wail continuously. In the study, Idialu observed that the practices may differ depending on the beliefs of the community or tribe.

Nonetheless, it must be noted that as observed from the Konkomba tribe, the widowhood rites share many similarities. In the same way, Ajayi et al (2019) evaluated the association of widowhood rites with gender violence and human rights of widows in Nigeria. In the literature review, the authors found that widows were subjected to harmful practises such as consumption of water used for bathing the corpse, staying with the corpse in a room, forced marriage to the deceased brothers or relatives, isolation in a room for days, wailing aloud, and prohibition to have a conversation with others. Similar observations were made by (Ohiage, 2017; Pemunta & Alubafi, 2016; Merry, 2006). It could be observed from this study and the discussion based on the literature reviewed that similarities exist in the practices of widowhood rites among the various tribes in Africa and Ghana. However, the beliefs and notion behind each culture, the intensity and the procedure may differ. The findings of this study provide an insight into widowhood rites as practised by the Konkomba tribe.

As regards the level of satisfaction with life among the Konkomba widows who underwent widowhood rites in the Saboba district, analyses of data revealed that generally, Konkomba widows in the Saboba District have a significantly low satisfaction with life. The results of the study imply that the quality of life of Konkomba widows was affected due to the death of their spouse and the severe widowhood rites they underwent. Diener et al (1985) cautioned that if the responses are related to a current event such as bereavement, individuals are more likely to return to his/her previous level of quality of life. This is because the unhappiness to the ensuing event serves a distraction to life.

Ranjan (2001) investigated the factors that determine the well-being of widows. The exploratory study identifies that cultural practises, social and economic deprivations affect widows' psychological and physical health. Gunga (2009) also revealed that the restraints from social activities and the treatment of widows are often dehumanising. Such activities lead to loss of their dignity as women and thus their quality of life is decreased substantially. Jamadar, Melkeri and Holkar (2015) reported that the impact of widowhood transcends financial and emotional distresses that limits widows' quality of life. Several studies (Ajayi et al., 2019; Ohiaegbe, 2017; Pemunta & Alubafi, 2016; Korang-Okrah & Haight, 2014) found that widowhood rites in Africa lead to economic hardship especially when the property of the man is forcibly taken from the widow and she is left with nothing to take care of herself and children. Widowhood rites also restrict and limit women's access and control over resources (Korang-Okrah & Haight, 2014).

Consistently, Peterman (2012) observed that after the death of a husband, most women (widows) are discriminated, deprived of the property they toil and acquired with their husbands, dehumanized, abuse and are often exploited by their in-laws. Kalmijin (2017) opined that bereavement causes psychological disorders and it takes a long period for an individual to overcome the loss of a partner. This he posits greatly impact the quality of life. The United Nations report in 2001 indicated that globally widows form a substantial part of poorest people.

Although, empirical studies related to the assessment of the quality of life (satisfaction with life) of widows exist, the pieces of evidence discussed sheds light on the extent to which the quality of life of widows are affected after the demise of their husbands. For instance, Kang and Ahn (2018) established that when widows are supported by family and relatives with genuine engagements they experience higher levels of satisfaction with life. Based on this it can be argued that because widows are mostly ostracised and exploited by their in-laws, coerced to observe inhumane cultural rituals and deprived of their deceased husbands' property, their quality of life is significantly affected.

The study also examined the extent to which psychological distress of widows in Saboba District was related to their satisfaction with life. Findings disclosed psychological distress was significantly related to satisfaction with life of widows. Again, specific predictors of satisfaction with life were Hostility, Paranoid Ideation, and Anxiety. The findings of the study provides support for the notion that psychological health impacts the quality of life among individuals. For instance, Arango-Lasprilla et al (2018) found that psychological disorders adversely impact the quality of life of children. In the study, children with high scores of anxiety, depression and low social functioning had lower quality of life. The authors recommended that social and clinical interventions that improve psychological health could improve the quality of life of children. Similarly, Sharpe et al (2016) explored the association between quality of life and mental health problems. Findings revealed that quality of life was optimum in individuals without any psychological disorders. Persons with mental health challenges experienced significantly reduced quality of life. Although the study of Arango-Lasprilla et al and Sharp et al were not conducted on widows with widowhood rites experiences, their findings help to understand that there is an association between psychological health and satisfaction with life. As already noted, the loss of a husband causes severe grief and becomes very traumatic to widows in Africa (Amlor and Owusu, 2016; Azumah & Nachinaab, 2018). This is because apart from grieving for the departed spouse, widows in this part of the world are also required to undergo cultural rituals. These rituals are often without respect and dignity (Kotzé, Lishje, & Rajuili-Masilo, 2012), cause pain and discomfort with its associated long term psychological ramifications (Ojo, 2019) and dehumanizing (Edemikpong, 2005; Atindanbila et al., 2014; Dery, 2016). Rendall et al (2011) found that widows experience declines in physical health, psychological problems and increased level of mortality.

Aside from the harsh treatment meted out to widows in this part of the world, widows are also deprived of their rights to inherit the possession of the departed husband (Peterman, 2012). Several studies have found that widows are harassed, rejected, felt lonely, predisposed to poverty, loss social status and are restricted from social activities (Azumah & Nachinaab, 2018; Manyedi et al., 2003; Gunga, 2009; Sossou 2002). According to Hooyman, Kawamoto and Kiyak (2015), social support can help improve the life satisfaction of widows during the loss of their spouse. Schafer and Fisher (2011) found that traumatic experiences are associated with mental health problems. In this regard, the demands of widowhood rites which often devalue widows contribute to psychological disorders and thus can reduce the perceived low satisfaction with life. In this study, it was found that Konkomba widows are subjected to rites

such as hair shaving, denial of basic personal hygiene, force marriages as well as confinement. Likewise, the findings revealed that Konkomba widows experienced significantly high psychological distress and low life satisfaction. Judging from the findings of the study and from empirical studies, it can be asserted that psychological distress of widows who underwent widowhood rites adversely influence their wellbeing. The relationship between psychological distress and satisfaction with life of widows as identified under this hypothesis help to highlight the need for proper intervention to help widows in the Saboba District.

We also attempted to find out the differences that exist in the length of exposure to widowhood rites among Saboba widows in terms of psychological distress. Findings indicate that the length of widowhood does not determine the experience of psychological distress among widows. Thus, the experience of high psychological distress among Konkomba widows is not determined by the number of years of being a widow. This findings support Perkins, Lee, James, Oh, Krishna, Heo, Lee and Subramanian (2016) who found out that widowed 5–9 years were less likely to experience psychological distress, worse self-rated health, and hypertension, even after adjusting for other explanatory variables. The results are in contrast to a panel study based in Hong Kong (Chou & Chi, 2000) which revealed that, within 3 years of widowhood, women aged 70 and older experienced a greater increase in depressive symptoms compared with men. These results are also inconsistent with those of Harlow et al. (1991), who also reported a 1-year period of elevated levels of depression following widowhood. It is assumed that in such instances the experience of psychological distress will differ depending on the duration of widow rites. In this study, no association was found in the length of experience of being a widow and the experience of psychological distress.

Our hypothesis also tested the Differences that exist in the psychological distress associated with widowhood rites among Saboba widows in terms of employment status. According to Ajayi et al (2019), employment status, and financial stands of a widow can affect the requirement and engagement in widowhood rites. In related studies, it was reported that economic status mediates and regulates the observance of cultural practices especially, widowhood rites (Nwogu, 2015; Genyi & George-Genyi, 2013). It is assumed that in such instances the experience of psychological distress will differ depending on the status of the individual. In this study, no association was found in the employment status of widows and the experience of psychological distress. Further studies are required to bridge this gap.

5.2 Conclusions

The study highlighted the fact that the psychological health and wellbeing of Konkomba widows are significantly affected as they mourn the death of their husbands and observe widowhood rites. Results revealed that during widowhood observances, Konkomba widows experienced hair shavings, staying with corpses for many hours, carry calabash wherever they went, fasting for hours, denial of basic personal hygiene for days, forced marriages with deceased relatives among others. Also, analyses of data revealed that generally, Konkomba widows in the Saboba District who underwent widowhood rites have significantly low satisfaction with life. In other words, their quality of life are affected by the death of their husband and the harsh rituals they underwent. Findings also disclosed psychological distress was significantly related to satisfaction with life of widows. Our findings of the study provide support for the notion that mental health wellbeing has a strong relationship with the quality of life of widows. Again, specific predictors of satisfaction with life were Hostility, Paranoid Ideation, and Anxiety. Findings indicate that the length of widowhood and employment status does not determine the experience of psychological distress among widows.

5.3 Contribution to Practice, Theory and Policy

The findings of the study will guide counsellors, clinical psychologist and health practitioners to formulate policies and treatment procedures aimed at helping widows to overcome the psychological consequences associated with bereavement and the practices of the outmoded widowhood rites. It will also help government institutions, NGOs, counsellors and health practitioners to incorporate a more comprehensive approach where the attention is given to widows' physical needs, psychological needs and social wellbeing which are all affected by widowhood practices. This will optimize the services and aid what widows receive. We recommend that the widows should form an association where they can meet periodically to share ideas or received counselling on how to manage the psychological trauma of widowhood rites.

5.4 Limitations

We limited our study to Konkomba people in the Saboba district located in the Northern part of Ghana. Participants of the study were widows who have undergone widowhood rites. This included women above 18 who have lost their husbands through death within the last twelve months. The quantitative research method specifically the cross-sectional survey adopted for the study poses a causal inference that cannot be established because the population is influenced by the time frame of the study.

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