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Depression symptoms and suicidal ideation resulting from spousal bereavement among widows in Abi Local Government Area

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ABSTRACT

Background: The experience of losing a spouse can lead to a loss of purpose in life, among women whose social identity and status were strongly tied to their marital roles. This study examined depression symptoms and suicidal ideation among widows in Abi Local Government Area, Nigeria.

Methods: A cross-sectional analytical design with 288 widows selected through multistage sampling and administered semi-structured questionnaires. Descriptive and inferential analysis were conducted using SPSS Version 23.

Results: Findings showed 49.3% had been widowed for 1-5 years, and 44.4% had 2-4 children. While 59.7% experienced normal levels of depression, 40.3% showed varying depressive symptoms. Regarding suicidal ideation, 75.3% reported minimal risk, while 24.7% were at mild to severe risk. The most frequently cited protective factor against suicidal ideation was the presence of a support system (82.1%), followed by access to mental health services (66.1%). Risk factors included hopelessness (62.1%), bullying or discrimination (33.6%), and thoughts of self-harm (22.5%). Depression levels showed statistically significant associations with age ($\chi^2 = 51.663$, $p < 0.001$), number of children ($\chi^2 = 85.049$, $p < 0.001$), hopelessness ($\chi^2 = 68.632$, $p < 0.001$), and self-harm thoughts ($\chi^2 = 150.869$, $p < 0.001$). Other significant predictors included a history of mental illness, lack of social support, discrimination, and substance use.

Conclusion: Many widows face heightened vulnerability to depression and suicidal ideation due to psychosocial and environmental stressors. These findings highlight the urgent need for targeted mental health interventions and community-based support systems to enhance the well-being of widows in Nigeria.

Keywords: determinants, depression, symptoms, suicidal ideation, widows, spousal bereavement

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INTRODUCTION

The experience of losing a spouse is one of the most emotionally challenging events an individual can face.[1] For many widows, this loss marks the beginning of a profound and often enduring period of grief and emotional distress.[2] Spousal bereavement not only disrupts daily routines and social roles but also significantly affects mental health, potentially leading to depression and suicidal ideation.[3] Depression, as a psychological disorder, is characterised by persistent sadness, loss of interest in previously enjoyable activities, feelings of hopelessness, and cognitive and physical impairments.[4] Among widows, these symptoms can be compounded by the sudden change in lifestyle, social disconnection, and the absence of a support system. Prolonged grief, if left unaddressed, may evolve into clinical depression. In extreme cases, feelings of helplessness and despair may lead to suicidal thoughts or attempts.[1,3] Suicidal ideation involves preoccupation with thoughts of self-harm or death and is often regarded as a sign of extreme psychological distress.[5]

The African socio-cultural context significantly influences the experiences of widows.[6] In many Nigerian communities, widows are subjected to harmful widowhood rites and discriminatory practices, such as social isolation, forced mourning rituals, and the loss of inheritance rights.[5] These practices often leave widows financially vulnerable and socially ostracized.[4] The traditional patriarchal structure places widows at a distinct disadvantage, as they are often blamed for their spouse's death or accused of witchcraft.[7] This societal rejection can exacerbate feelings of worthlessness, hopelessness, and depression.[1] Additionally, financial hardship is a major stressor for widows in Nigeria since women's economic roles are often dependent on their spouses. The death of a husband may result in the immediate loss of income, property, and livelihood.[5] The absence of social protection mechanisms or welfare support for widows places them at risk of poverty, homelessness, and food insecurity.[8] These economic pressures contribute to psychological distress and may fuel suicidal ideation.[6]

Several studies have highlighted the high prevalence of depression among widows in Nigeria as research indicates that widows are more likely to exhibit symptoms of depression compared to married or unmarried women.[9] The bereavement process often triggers feelings of intense sadness, loneliness, and despair.[10] Without adequate support from family, friends, or mental health services, widows may experience prolonged periods of grief that develop into clinical depression.[6] The limited availability and accessibility of mental health services in Nigeria exacerbate the problem as many widows lack access to psychological counselling or therapy.[5] Age, educational status, and the number of dependents has been identified as key factors influencing the prevalence of depressive symptoms among widows.[11,12] Younger widows, especially those with dependent children, face additional stress related to caregiving responsibilities and financial obligations. Older widows, on the other hand, may experience social isolation as they lose their role within the family or community.[5,13] The absence of coping mechanisms, such as employment opportunities or social support networks, increases the likelihood of developing depressive symptoms.[11]

Suicidal ideation is a critical mental health concern among widows, particularly in cases where grief is prolonged or accompanied by socio-economic hardship [14] The experience of losing a spouse can lead to a loss of purpose or meaning in life, especially for women whose social identity and status were strongly tied to their marital roles.[1] Studies have shown that widows are at an increased risk of suicidal thoughts and behaviours compared to other segments of the population. In Nigeria, the limited availability of mental health services and the stigma surrounding mental illness hinder widows from seeking help.[15] Suicidal ideation may be further fuelled by experiences of domestic violence, emotional neglect, and community ostracism.[12] Additionally, the cultural practice of widow inheritance (where a widow is "inherited" by a male relative of her late husband) may result in further psychological trauma, thereby increasing the risk of suicidal behaviour.[3] The intersection of these social, cultural, and psychological factors underscores the need to investigate the prevalence of suicidal ideation among widows in Nigeria.[5]

The prevalence of depression symptoms and suicidal ideation among widows in Nigeria is a critical public health issue that requires urgent attention. The socio-cultural, economic, and psychological challenges faced by widows necessitate targeted interventions to prevent mental health deterioration. This study seeks to assess the prevalence of depression symptoms and suicidal ideation resulting from spousal bereavement among widows in Abi Local Government Area, Cross River State, Nigeria.

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METHODOLOGY

Study design: This study employed a cross-sectional design and quantitative methods to collect data. A cross-sectional design was adopted because it allowed for a quick and cost-effective assessment of the depression symptoms and suicidal ideation resulting from spousal bereavement among widows in Abi Local Government Area.

Study population: The study population were widows (18 years and above) residing in Abi LGA, Cross River State, Nigeria.

Sample size determination: A prevalence rate of 20% was utilized. The sample size was determined using Fisher's formula as cited by [16] as follows:

$n = \frac{z^2pq}{d^2}$

Where;

n = Desired sample size

Z = Confidence level

p = Prevalence rate

q = Proportion of non-occurrence (1-p)

d = margin of error

Therefore:

Z = 95% (1.96)

p = 20% = 0.2 – prevalence of depression among widows from a study by [17].

q = 1 – 0.2= 0.8

d^2 = 5% = $(0.05)^2$ = 0.0025

$$n = \frac{1.96^2 x\ 0.2\ x\ 0.8}{0.0025}$$

$$n = \frac{3.841\ x\ 0.2x\ 0.8}{0.0025}$$

n = 245.8

n = 246

$$\frac{n}{1 - NRR}$$

Assuming a nonresponsive rate of 10% (0.1)

$$n = \frac{246}{1-0.10}$$

$$n = \frac{246}{0.90}$$

= 273.3

The total sample was 273, but for the ease of sampling an equal number of respondents from this community, the sample size was increased to 288.

Sampling procedure: The study utilized a multi-stage approach to select participants as follows:

Stage 1: Selection of wards: Abi has 10 wards. Six were chosen using a simple random sampling method. To ensure fairness, the names of all 10 wards were written on separate pieces of paper, folded, and placed in a container. After thoroughly mixing them, six were drawn one at a time without replacement. This method gave every ward an equal chance of being selected.

Stage 2: Selection of communities: From each of the six selected wards, one community was randomly chosen, making a total of six communities for the study.

Stage 3: Selection of clusters: Within each of the selected communities, six clusters were randomly picked, leading to a total of 36 clusters across the study area.

Stage 4: Selection of households: In each selected cluster, households with widows were identified using the snowball sampling method. Since the study required responses from 288 households, eight households per cluster (288 ÷ 36 = 8) were purposively selected.

Stage 5: Selection of respondents: From each chosen household, one eligible respondent was selected to take part in the study.

Instrument for data collection: The data for this study were gathered using a semi-structured interviewer-administered questionnaire designed specifically to achieve the research objectives.

***Method of data collection*:** Three well-trained research assistants assisted the researchers in collecting data using an interviewer-administered questionnaire. The questionnaire, which was in English, included a mix of structured and open-ended questions.

***Method of data analysis*:** After collecting the completed questionnaires, the data were successfully exported from kobo toolbox. Then, it was carefully imported to Microsoft Excel, where the data was cleaned and organised for initial analysis. Once that was done, it was transferred to SPSS Version 23 for more detailed statistical analysis. We used descriptive statistics, such as frequencies and percentages, to present the findings in tables, while numerical data was summarised using mean. Beck Depression Inventory (BDI) was used in assessing depression among respondents; 0–16 points (Mild depression), 17–30 points (Moderate depression), 31–40 points (Severe depression), and above 40 points (Extreme depression).

For the prevalence of suicide, Beck's Scale for Suicide Ideation (BSS) was used: 0-5 Points (Minimal or no risk), 6-9 Points (Mild suicidal ideation), 10-18 Points (Moderate Suicidal ideation), 19-38 Points (Severe suicidal ideation).

***Patient involvement statement*:** Patients were not involved in this study.

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RESULTS

Socio-demographic characteristics of respondents

This study yielded a response rate of 100%. The result showed that the majority of the respondents, 126 (43.8%), were within the ages of 59 years and above, and 3 (1.0%) respondents, within the ages of 18 to 28 years, made up the least number of respondents in the study. Furthermore, the results showed that the majority of respondents 248(86.1%) indicated to be Christians. Regarding the educational attainment of respondents, the result revealed that the majority of the respondents, 106 (36.8%), had attained secondary school education as at the time of the research. Regarding the occupation of respondents, the result showed that close to half, 124 (40.8%) of the respondents indicated to be self-employed as at the time of the research. Additionally, 128 (44.4) respondents indicated having 2 to 4 children. Finally, close to half of the respondents 142 (49.3%) indicated having been widows between 1 to 5 years.

Prevalence of depression symptoms resulting from spousal bereavement among widows

Figure 3 presents the prevalence of depression symptoms resulting from spousal bereavement among widows. The result revealed that more than half of the respondents 172 (59.7%), indicated normal depression towards symptoms resulting from spousal bereavement. Furthermore, about 43 (14.9%) of the respondents showed normal mood disturbance of depression symptoms. Additionally, 20 (6.9%) of the respondents showed borderline clinical depression. About, 18 (6.8%) of the respondents showed extreme depressive symptoms respectively.

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency	Percent
Age (years)		
18 – 28	3	1.0
29 – 38	17	5.9
39 – 48	59	20.5
49 – 58	83	28.8
59 and above	126	43.8
Religion		
Christianity	248	86.1
Islam	9	3.1
Traditional religion	31	10.8
Highest level of education		
No formal education	44	15.3
Primary school	39	13.5
Secondary school	106	36.8
Tertiary	99	34.4
Occupation		
Employed full-time	54	18.8
Self-employed	124	43.1
Unemployed	60	20.8
Student	3	1.0
Retired	36	12.5
Others	11	3.8
Number of children		
None	14	4.9
1–2	55	19.1
3–4	128	44.4
5 or more	91	31.6
Duration of widowhood		
Less than 1 year	44	15.3
1–5 years	142	49.3
6–10 years	69	24.0
More than 10 years	33	11.5

Prevalence of suicidal ideation resulting from spousal bereavement among widows

Figure 4 showed the prevalence of suicidal ideation resulting from spousal bereavement among widows and the result revealed that majority of the respondents 217 (75.3%) indicated minimal or no risk of suicidal ideation. Furthermore, 26 (9.0%) of the respondents showed moderate suicidal ideation. About 25 (8.7%) of the respondents showed mild suicidal ideation. Finally, 20 (6.9%) of the respondents showed severe suicidal ideation.

Factors influencing the prevalence of suicidal ideation among widows in Abi LGA

Table 2 presents the factors influencing the prevalence of suicidal ideation among widows. The results reveal that the support system, picked by 230 (82.1%) respondents, was the highest reported factor influencing the prevalence of suicidal ideation, followed by mental health services (therapy, counseling) picked by 185 (66.1%) respondents. Additionally, another factor influencing the prevalence of suicidal ideation was 'felt hopelessness about the future', which 174 (62.1%) respondents chose. Furthermore, 94 (33.6%) of the respondents reported victim of bullying or discrimination to be a factor influencing the prevalence of suicidal ideation, and about 63 (22.5%) of the respondents indicated thoughts of harming themselves to be a factor influencing the prevalence of suicidal ideation.

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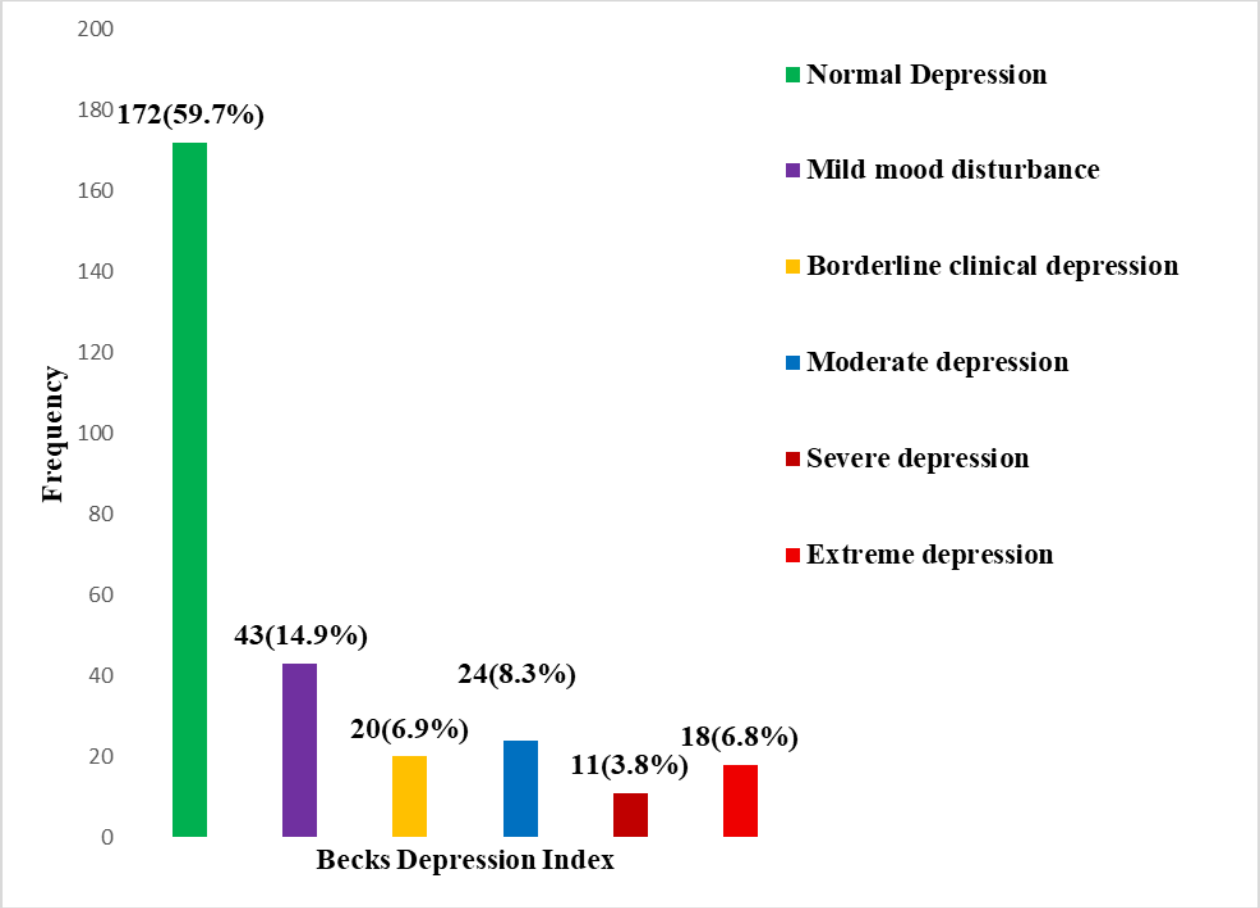

Figure 3: Prevalence of depression symptoms resulting from spousal bereavement among widows in Abi LGA

Table 2: Factors influencing the prevalence of suicidal ideation among widows in Abi LGA.

*Variables	Frequency (n=288)	Percent (%)
Felt hopeless about the future	174	62.1
Thoughts of harming yourself	63	22.5
Mental illness	53	18.9
Support system	230	82.1
Victim of bullying or discrimination	94	33.6
Drugs to cope with emotional distress	45	16.1
mental health services (therapy, counselling)	185	66.1

*Multiple responses allowed, percentages not equal to 100%

Statistically significant association between depression levels (measured by the Beck Depression Inventory) and selected socio-demographic variables

Chi-square analysis was conducted to examine the association between depression levels (measured by the Beck Depression Inventory) and selected socio-demographic variables including age, religion, educational level, occupation, number of children, and duration of widowhood among respondents (N = 288). The results revealed a statistically significant association between age and depression level, χ^2 (20) = 51.663, $p < .001$, indicating that depression varied significantly across different age groups, with older adults (particularly those aged 59 and above) exhibiting higher rates of moderate to severe depression. A strong significant relationship was also found between the number of children and depression levels, $\chi^2(15) = 85.049$, $p < .001$, with individuals having no children or five or more children showing higher

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proportions of extreme depression. Conversely, no statistically significant associations were found between depression level and religion, $\chi^2(10) = 6.173$, $p = .801$; educational attainment, $\chi^2(15) = 17.897$, $p = .268$; or occupational status, $\chi^2(25) = 31.086$, $p = .186$. These findings suggest that while certain socio-demographic factors such as age and number of children may play a significant role in influencing depression levels among the study population, other factors like religion, education, and employment status may not have a substantial impact.

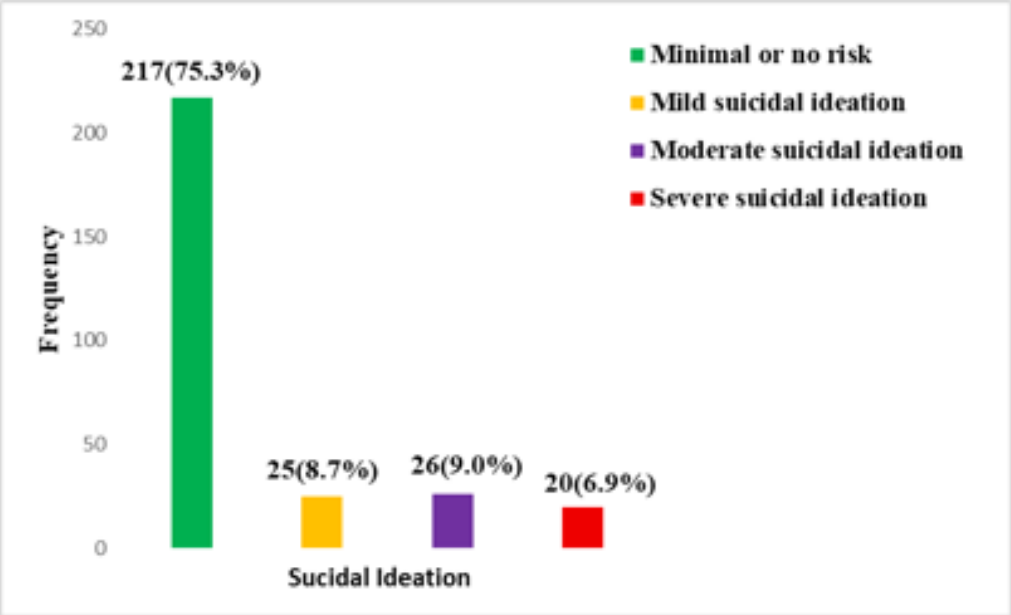

Figure 4: Prevalence of suicidal ideation resulting from spousal bereavement among widows in Abi **LGA**

Table 3: Statistically significant association between depression levels (measured by the Beck Depression Inventory) and selected socio-demographic variables

Variable	Beck index							
	Normal Depression	Mild mood disturbance	Borderline clinical depression	Moderate depression	Severe depression	Extreme depression	X2	p-value
Age								
18 – 28	2(66.7%)	1(33.3%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	51.663	0.001*
29 – 38	3(17.6%)	3(17.6%)	2(11.8%)	3(17.6%)	0(0.0%)	6(35.3%)		
39 – 48	39(66.1%)	4(6.8%)	3(5.1%)	8(13.6%)	1(1.7%)	4(6.8%)		
49 – 58	57(68.7%)	10(12.0%)	5(6.0%)	2(2.4%)	3(3.6%)	6(7.2%)		
59 and above	71(56.3%)	25(19.8%)	10(7.9%)	11(8.7%)	7(5.6%)	2(1.6%)		
Religion								
Christianity	139(60.7%)	32(14.0%)	15(6.6%)	20(8.7%)	7(3.1%)	16(7.0%)		
Islam	6(66.7%)	1(11.1%)	1(11.1%)	0(0.0%)	1(11.1%)	0(0.0%)	6.818	0.743
Traditional religion	15(48.4%)	7(22.6%)	2(6.5%)	3(9.7%)	2(6.5%)	2(6.5%)		
Highest level of education								
None	21(47.7%)	8(18.2%)	6(13.6%)	5(11.4%)	1(2.3%)	3(6.8%)		
Primary	31(79.5%)	3(7.7%)	1(2.6%)	1(2.6%)	3(7.7%)	0(0.0%)	20.457	0.155
Secondar	65(61.3%)	16(15.1%)	5(4.7%)	8(7.5%)	4(3.8%)	8(7.5%)		
Tertiary	55(55.6%)	16(16.2%)	8(8.1%)	10(10.1%)	3(3.0%)	7(7.1%)		
Occupation								
Employed full-time	35(64.8%)	7(13.0%)	2(3.7%)	6(11.1%)	1(1.9%)	3(5.6%)		
Self-employed	78(62.9%)	16(12.9%)	8(6.5%)	9(7.3%)	7(5.6%)	6(4.8%)		
Unemployed	25(41.7%)	11(18.3%)	7(11.7%)	7(11.7%)	3(5.0%)	7(11.7%)		
Student	0(0.0%)	1(33.3%)	1(33.3%)	0(0.0%)	0(0.0%)	1(33.3%)	33.418	0.121
Retired	26(72.2%)	5(13.9%)	2(5.6%)	2(5.6%)	0(0.0%)	1(2.8%)		
Others	8(72.7%)	3(27.3%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)		
Number of children								
None	2(14.3%)	0(0.0%)	1(7.1%)	3(21.4%)	0(0.0%)	8(57.1%)		
1–2	34(61.8%)	8(14.5%)	2(3.6%)	6(10.9%)	1(1.8%)	4(7.3%)	54.405	0.001*
3–4	88(68.8%)	17(13.3%)	7(5.5%)	6(4.7%)	5(3.9%)	5(3.9%)		
5 or more	48(52.7%)	18(19.8%)	10(11.0%)	9(9.9%)	5(5.5%)	1(1.1%)		

** Statistical significance based on p-value < 0.001; *p*-value= Probability value; χ2= Observed Chi-square statistics

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Statistically significant association between levels of depression (as measured by the Beck Depression Inventory) and several psychosocial factors among respondents

Chi-square analyses were conducted to determine the relationship between levels of depression (as measured by the Beck Depression Inventory) and several psychosocial factors among respondents. There was a statistically significant association between feelings of hopelessness about the future and depression levels ($\chi^2 = 68.632$, $p < 0.001$, Cramer's V = 0.488, indicating that individuals who reported hopelessness were more likely to experience higher levels of depression. A strong and significant relationship was observed between having thoughts of self-harm and depression severity ($\chi^2 = 150.869$, $p < 0.001$, Cramer's V = 0.724) showing that participants who reported suicidal ideation were considerably more likely to be in the higher categories of depression. Also, there was a significant association found between a history of mental illness (e.g., depression, anxiety, schizophrenia) and levels of depression ($\chi^2 = 33.100$, $p < .001$, Cramer's V = 0.339), suggesting that those with prior mental health diagnoses tend to experience higher depression scores.

The availability of a strong support system was significantly related to depression levels ($\chi^2 = 32.293$, $p < .001$, Cramer's V = .335). Respondents with weaker support systems were more likely to have moderate to extreme depression. A significant association was found between experiences of bullying or discrimination and depression severity ($\chi^2 = 61.621$, $p < 0.001$, Cramer's V = .463), indicating that victimized individuals are more prone to higher depression levels. Using substances to manage emotional distress was significantly associated with depression ($\chi^2 = 116.651$, $p < 0.001$, Cramer's V = 0.636). Substance users were disproportionately represented in the higher depression categories. There was no statistically significant association between perceived accessibility of mental health services and levels of depression ($\chi^2 = 5.023$, $p = 0.413$, Cramer's V = 0.132). This suggests that access alone may not be a differentiating factor in the severity of depression experienced by respondents.

Statistically significant association between the level of depression (measured using the Beck Depression Inventory) and the prevalence of suicidal ideation resulting from spousal relationships.

A Chi-Square test of independence was conducted to examine the association between the level of depression (measured using the Beck Depression Inventory) and the prevalence of suicidal ideation resulting from spousal bereavement. The result was statistically significant, $\chi^2(15, N = 288) = 237.86$, $p < .001$, indicating that the prevalence of suicidal ideation significantly differs across various levels of depression.

Table 4: Statistically significant association between levels of depression (as measured by the Beck Depression Inventory) and several psychosocial factors among respondents

Variable	Normal Depression	Mild mood disturbance	Borderline clinical depression	Moderate depression	Severe depression	Extreme depression	X2	p-value
Felt hopeless about the future								
No	101(88.6%)	9(7.9%)	2(1.8%)	0(0.0%)	1(0.9%)	1(0.9%)		
Yes	71(40.8%)	34(19.5%)	18(10.3%)	24(13.8%)	10(5.7%)	17(9.8%)	68.632	0.001*
Thoughts of harming yourself								
No	163(72.4%)	35(15.6%)	18(8.0%)	7(3.1%)	2(0.9%)	0(0.0%)	150.869	0.001*
Yes	9(14.3%)	8(12.7%)	2(3.2%)	17(27.0%)	9(14.3%)	18(28.6%)		
History of mental illness								
No	155(66.0%)	34(14.5%)	16(6.8%)	13(5.5%)	8(3.4%)	9(3.8%)	33.100	0.001*
Yes	17(32.1%)	9(17.0%)	4(7.5%)	11(20.8%)	3(5.7%)	9(17.0%)		
Support system								
No	25(43.1%)	6(10.3%)	2(3.4%)	9(15.5%)	6(10.3%)	10(17.2%)	27.329	0.001*
Yes	147(63.9%)	37(16.1%)	18(7.8%)	15(6.5%)	5(2.2%)	8(3.5%)		
Victim of bullying or discrimination								
No	140(72.2%)	27(13.9%)	14(7.2%)	7(3.6%)	1(0.5%)	5(2.6%)	61.621	0.001*
Yes	32(34.0%)	16(17.0%)	6(6.4%)	17(18.1%)	10(10.6%)	13(13.8%)		
Drugs to cope with emotional distress								
No	168(69.1%)	36(14.8%)	19(7.8%)	11(4.5%)	2(0.8%)	7(2.9%)	116.651	0.001*
Yes	4(8.9%)	7(15.6%)	1(2.2%)	13(28.9%)	9(20.0%)	11(24.4%)		

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Mental health services								
No	69(67.0%)	12(11.7%)	6(5.8%)	6(5.8%)	5(4.9%)	5(4.9%)		
Yes	103(55.7%)	31(16.8%)	14(7.6%)	18(9.7%)	6(3.2%)	13(7.0%)	5.023	0.413

****** Statistical significance based on p-value < 0.001; *p*-value= Probability value; χ2= Observed Chi Square statistic

Table 5: Statistically significant association between the level of depression (measured using the Beck Depression Inventory) and the prevalence of suicidal ideation resulting from spousal bereavement.

Variable	Normal Depression	Mild mood disturbance	Borderline clinical depression	Moderate depression	Severe depression	Extreme depression	X2	p-value
Prevalence of suicidal ideation								
Minimal or no risk	162(94.2%)	32(74.4%)	15(75.0%)	6(25.0%)	0(0.0%)	2(11.1%)		
Mild suicidal ideation	7(4.1%)	7(16.3%)	3(15.0%)	5(20.8%)	1(9.1%)	2(11.1%)	172.834	0.001*
Moderate suicidal ideation	3(1.7%)	3(7.0%)	2(10.0%)	8(33.3%)	8(72.7%)	2(11.1%)		
Severe suicidal ideation	0(0.0%)	1(2.3%)	0(0.0%)	5(20.8%)	2(18.2%)	12(66.7%)		

** Statistical significance based on p-value < 0.001; *p*-value= Probability value; χ2= Observed Chi Square statistics

DISCUSSION

The present study assessed the prevalence of depression symptoms and suicidal ideation resulting from spousal bereavement among widows in Abi Local Government Area, Cross River State, Nigeria. This cross-sectional descriptive study utilized an interviewer-administered questionnaire as the primary data collection tool. A total of 288 respondents provided responses to the research instruments out of the proposed 288 respondents for the study.

Prevalence of depression symptoms resulting from spousal bereavement among widows

Spousal bereavement remains one of the most emotionally disruptive experiences, particularly among older women who have often shared long-term intimate bonds with their spouses. The present study revealed that over half of the widows (59.7%) experienced normal emotional functioning in response to bereavement. These findings suggest that while the majority of widows may cope adaptively, a notable minority suffer from significant depressive symptoms requiring clinical attention. In a similar study by [17], at the JIIUs Indian Institute of Medical Science and Research, 76 widowed women were assessed, revealing that less than 10% had severe depressive symptoms, while approximately 30% experienced mild depression and 42% reported moderate levels. This finding aligns in part with the current study, in that both document a substantial segment of widows presenting normal or mild depressive symptoms. However, [17] reported a higher proportion of moderate to severe depression (approximately 62%) compared to the present study, where less than 15% fell into such categories.

The discrepancy could be attributed to differences in cultural context, grief support systems, psychological resilience, or even methodological approaches such as the diagnostic tools used and the time since bereavement. Further, Srivastava *et al.* (2021) in a large-scale Indian study of over 30,000 older adults reported that 13.8% of widowed individuals living alone experienced depression compared to 9.7% of those co-residing with others. Their findings echo the conclusion that widowhood, especially when combined with social isolation, significantly increases the risk of depression. The 10.3% prevalence rate of depression among widowed adults in their study closely mirrors the current study's borderline and extreme depression rates combined (13.7%). The alignment underscores the potential buffering role of cohabitation and social support against psychological distress in bereaved individuals. In contrast, [18] conducted a study in rural China and found that nearly half (44.0%) of elderly widows reported symptoms of depression, a prevalence notably higher than that observed in this present study (which recorded less than 15% clinical or borderline cases). Several contextual differences might account for this disparity. Firstly, [18] study focused exclusively on elderly widows in remote, rural areas, where access to emotional and social support services may be limited, and where traditional familial structures may be declining.

Prevalence of suicidal ideation resulting from spousal bereavement

The findings of this study revealed that a majority of the respondents, 217 (75.3%), indicated minimal or no risk of suicidal ideation. These findings suggest that although a substantial number of participants do not currently exhibit high levels of suicidal thoughts, a notable

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minority experience varying degree of suicidal ideation, which raises important public health concerns regarding early detection and mental health intervention strategies. When compared with previous studies conducted in different sociocultural contexts, both similarities and differences are evident. For instance, [19] reported a significantly higher prevalence of suicidal ideation (46%) and suicidal attempts (17.9%) among North Korean refugees in South Korea. The elevated prevalence in [19] study may be attributed to the unique psychosocial stressors faced by refugee populations, such as displacement, acculturative stress, trauma from past experiences, and systemic barriers in host countries.

These factors are less likely to be present or as pronounced in the current study population, possibly explaining the lower reported rates of suicidal ideation in this present study. Similarly, [20] found a 23% prevalence of suicidal thoughts among elderly individuals in Bangladesh, with the rate being higher among the oldest female participants. Compared to the current study, this figure is considerably higher. This difference may be associated with age-related factors, such as social isolation, chronic illness, and functional decline, which are known contributors to suicidal ideation among the elderly.

Factors influencing the prevalence of suicidal ideation among widows

The current study revealed that a range of psychosocial and mental health-related factors significantly influenced the prevalence of suicidal ideation among respondents. Most notably, the availability or lack of a support system (230; 82.1%) was the highest reported influence, followed closely by access to mental health services such as therapy and counselling (185; 66.1%), feelings of hopelessness (174; 62.1%), experiences of bullying or discrimination (94; 33.6%), and self-harm thoughts (63; 22.5%). These findings underscore the multifaceted nature of suicidal ideation and align with global research pointing to both individual-level psychological distress and structural or social factors as key drivers. [21]. in their study of elderly individuals living alone in rural China, highlighted severe depression (25%) and anxiety as primary mental health risk factors following the loss of a spouse. Similarly, the current study underscores hopelessness often a symptom of depression and limited access to mental health services, supporting the notion that unresolved grief, depression, and isolation play crucial roles in fostering suicidal thoughts. In line with the findings of [22], who reported reduced social support (14.54%) and depression symptoms (14.54%) as prominent risk factors among elderly nursing home residents, the current study also affirms the significance of social support systems. In both contexts, individuals with limited interpersonal connections or access to psychological support were at increased risk of suicidal ideation.

CONCLUSION

This study provides critical insights into the prevalence and determinants of depression symptoms and suicidal ideation among widows experiencing spousal bereavement in Abi Local Government Area, Cross River State, Nigeria. The findings highlight that while a majority of respondents exhibited normal levels of depression and minimal suicidal ideation, significant psychosocial and mental health-related factors, such as lack of social support, limited access to mental health services, feelings of hopelessness, and self-harm thoughts, strongly influenced mental health outcomes. Statistically significant associations were also observed between depression and variables such as age, number of children, history of mental illness, and substance use. These results underscore the urgent need for targeted mental health interventions, psychosocial support systems, and community-based strategies to address the mental health challenges of bereaved widows.

Declarations

***Author contributions*:** Authors ISA, EBJ and UFE conceived the study and were involved in all processes of data acquisition, analysis, and interpretation of the results. OJN, EJE and NNS were involved in the collection of data and analysis. ISA, UMU and ABC analysed and interpreted the results. ISA, OJN and UFE prepared the manuscript. ISA was involved in the critical review of the research content. All authors reviewed the results and final version of the manuscript.

***Ethics*:** Ethical clearance was obtained from the Department of Public Health Ethical Clearance Committee.

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Data availability: The dataset supporting the findings of this study to determine depression symptoms and suicidal ideation among widows in Abi Local Government Area, Cross River State, Nigeria, was collected through questionnaires, entered, and analysed using SPSS Version 23. The data is available upon reasonable request from the corresponding author,

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subject to ethical and institutional guidelines. No secondary data was used in this study.

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