

EXPLORING INTERVENTION FOR WIDOWS IN BINGA DISTRICT, ZIMBABWE: A SOCIAL WORK INTEGRATIVE MODEL

Misheck Dube

Dr Misheck Dube, North-West University, Faculty of Health Sciences, Mafikeng Campus, South Africa.

Misheck Dube: DubeMisheck.Dube@nwu.ac.za/misheckdube@gmail.com

This article discusses a social work intervention model that addresses the psychosocial plight of widows in Zimbabwe. The ARTICLE uses a qualitative approach and a phenomenological research design as a basis for one-on-one interviews, focus group discussions, and key informant interviews that provided the information needed for the formulation of a social work basic care integrative model. The findings of the research indicate that there are gaps in social work interventions that suggest the need for an integrative intervention model to guide social workers in practice in meeting the welfare needs of the widows in Binga District.

Keywords: Binga District, integrative model, intervention model, social work ,welfare, widows

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INTRODUCTION

The worldwide suffering of women is well documented and is of great concern to humanitarian agencies and professionals. Women in many societies have faced a host of challenges under different kinds of oppression and exclusion from socio-economic, political and welfare activities since time immemorial with little recourse to address their welfare needs (Lomba, 2014). The challenges women confront cut across demographics such as racial and ethnic groupings, religion, age and socio-economic status – implying the heterogeneity and diversity of the myriad challenges that women encounter. This means that individual challenges cannot be isolated, as women universally experience patriarchal, economic and political oppression, marginalisation, and discrimination (Makama, 2013; Wood, 2019).

The research findings show that the most severe suffering and challenges endured in society involve the category of women who are widows (Dube, 2011). Widowhood is a worldwide phenomenon and widow's make up approximately 16% of the adult women population and the figure could be higher in some parts of the world (Dube, 2016). In the developed world the phenomenon of widowhood is mostly experienced by women older than 60 years, while in contrast developing nations have seen an increase in the number of young widows, from 15 years of age (Peterman, 2010), due to child marriages resulting from poverty and oppressive cultural values (Centre for Human Rights, 2018), making such cases of widowhood a human rights and intervention issue for humanitarian organisations, including the United Nations (Mashiri, 2013). Humanitarian agencies argue that this is a violation of the rights of girls, including their proper development, health and education (Human Rights Watch, 2015; Mwandayi & Chirongoma, 2020). The implications are that young women in most developing countries who have not reached maturity tend to experience welfare stresses associated with widowhood at an early age; specifically they struggle with raising children single-handedly while having to confront their own challenges of maturation.

Despite the available data that one in ten African women aged 15 years and older are widows, have their own homes and 72% are heads of the family, and have the lowest social status, professional interventions for widowed women have been ignored (Van De Walle, 2016). The surprising incidence of widowhood highlights the need for and development of a social work integrated model for intervention that guides professional interventions to curb the injustices experienced by widows, such as being stereotyped, isolated, oppressed and abused. For instance, in Nigeria other women subject the widow to cultural practices such as separating her from others and limiting her movements before the burial has taken place. The widow would be forced to remain barefoot and would not bathe nor change clothes as long as she was in confinement during the period of mourning. This was done in the belief that the widow was not yet separated from the dead husband, but the widow's health was disregarded. This punitive practice for the widow was extended until it was believed there was "total separation with the dead" (Idialu, 2012:6). This experience of widowhood cannot be described only as discriminatory, but also as abusive, inhumane, unjust, and unfair. This article thus examines the psychosocial plight of widows specifically located in Binga District in Zimbabwe and develops a relevant social work intervention model.

RATIONALE FOR STUDY

In 2010 in Sub-Saharan Africa there were approximately 44% of widows above 60 years of age and about 16% of widows were between 45 and 56 years (Peterman, 2010), with a prediction that this figure would rise as a result of the HIV/AIDS pandemic. Peterman (2012) established that widows were discriminated against and their property was confiscated, leading to incipient poverty and social welfare problems,

aggravating the widows' inability to support themselves and their orphaned children. Data were based on a Demographic Health Survey (DHS) conducted in countries such as Tanzania, Rwanda, Sierra Leone, Benin, Congo/ Brazzaville, Democratic Republic of Congo, Guinea, Mali, Namibia, Niger, Nigeria, Senegal, Uganda, and Zambia in 2010. Peterman (2012) further indicates the proportion of widows who could not inherit property, bearing in mind that property inheritance has implications for and significance in household income and long-term welfare. The research revealed that widows were also left with no financial resources or the nutrition needed to fight and mitigate the impact of HIV and AIDS, aggravating their health, socioeconomic and psychosocial vulnerability (Dube, 2011; Peterman, 2012; Zastrow & Kirst-Ashman, 2013).

In Zimbabwe, a Demographic Health Survey (DHS) conducted in 2010 established that approximately 9.06% of women between the ages of 15 and 49 years were widows (Peterman, 2010). Compounded by the economic meltdown in Zimbabwe, this scenario of the young widows in particular placed extreme stress on the bereaved, accompanied by direct loss of income emanating from the death of breadwinners, stigma, interpersonal problems, depression and oppression, limiting their contributions to decision-making processes (Dube, 2011; Mwandayi & Chirongoma, 2020; Peterman, 2012; Zastrow & Kirst-Ashman, 2013). These negative life experiences had to be faced without support, either familial or from professionally sanctioned interventions. Mostly, widowhood is a lonely experience, often accompanied by untold psychosocial challenges that destabilise the welfare of the widowed woman. In Zimbabwe the community members in Binga District have been found to isolate widows, seeing them as unclean on the basis that they are associated with the spirit of the dead husband (Dube, 2011). Furthermore, relatives of the deceased husband rarely involve the widows in decision-making processes related to the division of the estate and commonly take advantage of the fact that some of the customary unions with the deceased husband were not legally recognised (Ndlovu-Bhebhe, 2012). Despite the problematic nature of such unregistered customary marriages for women in Zimbabwe, recourse for many widows was inaccessible; customary marriages increasing from a staggering figure of 82% in 1997 (Dube, 2011) to 84% in 2013 (Share, 2013). Widows were also often blamed by their in-laws for having infected their intimate partners, especially when the death was on account of HIV and AIDS-related symptoms.

Despite all the challenges facing widows in Zimbabwe, particularly in Binga, interventions for their welfare are limited, fragmented and lacking models to guide interventions, such as the social work integrative model discussed in this article. Such a lack of intervention models to guide professional interventions in Binga District is disturbing, given the findings of many social work and welfare authorities who argue that professional social work intervention is essential to safeguard the individual worthiness and self-respect of the widow (Cummins, Sevel & Pedrick, 2012; Dube, 2011; Zastrow & Kirst-Ashman, 2013).

This article thus explores the social work integrative model that may be used for interventions in addressing the psychosocial plight of widows in Binga District in Zimbabwe. The model centres on the core belief system of the social work profession that widows share similar rights and should have equal access to the available welfare resources as other members of society. Given the view that widows are oppressed and marginalised in Binga District, professional social workers are duty bound and mandated to ensure the equitable distribution of social justice to the marginalised and these disenfranchised populations and their orphaned children (DuBois & Miley, 2014; Zimbabwe, 2013; Zimbabwe, 1997). These complex experiences expose widows to secondary victimisation, trauma and helplessness, which results in powerlessness (DuBois & Miley, 2014; Idialu, 2012; Peterman, 2012). This research significantly enables the development of an integrative model that draws on the experiences of the widows, social service providers and the literature to ensure that the model developed is inclusive of the affected widows and those who provide services to the widows as well as addressing the empowerment of women/widows. Inclusivity and participation of the widows and social service providers ensured that the model discussed in this article is based on empowerment principles endorsed by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) in 2014 as important in social work interventions (Kam, 2021).

The plight of widows in non-African states

In Western countries, such as the United States of America and the United Kingdom, the widowhood phenomenon tends to be concentrated in the populations above 65 years of age. The challenges faced by widows in the developed world are individualistic and take the form of loneliness and loss of esteem related to living alone (The Loomba Foundation, 2021). Additionally, high levels of depression and generalised psychological problems are common challenges for first-world widows. (Dube, 2016) argues that this condition is aggravated by the financial difficulties that can overwhelm these widows. Devi and Rotti (2012:1) described widows in Asia as "physically alive and socially dead" in that they are secluded from many social circles and are barely visible in claiming their rights, including custody of their children. The Women for Human Rights, Single Women Group (2010:21) revealed that the plight of widows includes "socio-cultural discrimination, economic deprivation, and emotional crisis" and in Nepal the worse situation experienced is that widowhood is seen as a curse.

The plight of widows in Sub-Saharan Africa

The countries in the Sub-Saharan African region expose the widows to a host of cultural practices that dehumanise them. For instance, in Malawi widows are expected to have unprotected sex with the deceased husband's relative as a means of exorcising the spirit of the dead husband (Lomba, 2014). In Zambia disinheritance of property is a major problem facing widows recently, with many of the problems ending in legal interventions. With the depressive nature of disinheritance, widows in Zambia lose everything, including land, clothes, furniture and houses despite the existence of inheritance laws intended to protect the widows (Sinkala, 2021).

Widowhood in Zimbabwe

In Zimbabwe, widowhood is a serious phenomenon, especially among young women. The Zimbabwe National Statistics Agency (2012) indicated a higher mortality rate among men than women. Matabeleland North in Zimbabwe, where the Binga District is located, has a total population of 749,017 with widows making up 15% and widowers 2% of the total population. The Zimbabwe National Statistics Agency (2012:4) report highlighted that the majority of the population in the province live in Binga District. Here, the total population as of the 2012 census stood at 139,092, with 63,736 males, whilst the majority 75,356 were females (Zimbabwe National Statistics Agency, 2012). The district has been affected by unprecedented deaths among the male population. Zimbabwe National Statistics Agency (2012:22) reports that widows make up 8.3% of the total population of the area. Taking into account that the majority of the population in Matabeleland North Province is young, with 44% being aged 15 years, it follows that the majority of the widows in the district are young, facing a host of social problems that adversely affect their lives – a situation that called for the investigation and then the development of the integrative social work model discussed in this article.

To meet the welfare needs of the widows in Binga District, this article argues that a social work intervention model for the psychosocial plight of widows is not only long overdue, but also necessary to meet the welfare needs of widows of all age groups in Zimbabwe.

RESEARCH AIM AND OBJECTIVES

The study is aimed at examining the psychosocial plight of widows in Binga District in Zimbabwe and then developing a relevant social work intervention model.

To accomplish this aim, some specific objectives were set. These objectives sought to:

- Analyse the psychosocial problems faced by widows in their communities;
- Appraise the intervention measures available and in use for addressing the challenges faced by the widows;
- Determine the gaps that exist in intervention measures used;

- Develop a social work intervention model that can be used to address the plight of widows in the Binga district in Zimbabwe.

THEORIES AND APPROACHES GUIDING INTERVENTIONS TO ADDRESS THE PSYCHOSOCIAL PLIGHT OF THE WIDOWS

Social work intervention to address the psychosocial plight of the widows is essential. The profession of social work is guided by specific theories for guiding interventions. The discussion below provides and centres on rights theory and the empowerment approach in building the Social Work Integrative Basic Care Model for interventions to meet the psychosocial challenges faced by the widows.

The rights theory

The question of human rights in the African social context is critical. The dominance of harmful cultures in the region and rejection of Western philosophies in the handling of African issues has always been of political interest in African states and, if not carefully handled, can influence professional interventions. Even though there is no universally accepted definition of human rights, this article adopts Mbondenyi's (2011:17) understanding that human rights are:

the demands or claims individuals or groups make that are essential for individual wellbeing, dignity and fulfilment, the deprivation of which may lead to a great affront to justice.

Despite the importance of human rights for the welfare of the people in Africa, the fact that they originate in the West, normally viewed as colonisers in Africa, leads to them being scrutinised with suspicion in some countries. Many countries have also ratified international human rights instruments such as the Beijing Platform for Action (1995), Commission on Human Rights Resolution 2002/49 and the Protocol of the African Charter on Human and People's Rights on the Rights of Women in Africa (2003), amongst many others (Dube, 2016). This was to ensure that the rights of vulnerable populations such as widows are protected. The importance of human rights instruments for widows in Zimbabwe is critical as the community needs to embrace human rights approaches that accord widows their rights and desist from oppressing them as they naturally have rights that need to be respected. The fact that women become widows automatically subjects them to cultural abuse by communities, which militates against the equality rule of human rights. As human rights and social justice are universal and global mandates and values of social work, human rights theory has been fundamental in building the model for intervention into the psychosocial plight of the widows. This model then is built upon the global social work values so that it can have global applicability (DuBois & Miley, 2014).

The empowerment approach for the psychosocial plight of widows

The empowerment approach to the psychosocial problems of the widows is critical in intervening to address their problems. This approach is central to social work practice and has been widely utilised in the profession and considers clients' innate inner strengths rather than adopting the deficit approach to their problems (Saleeby, 2009). This method is usually called the strengths-based perspective. A salient concept in the strengths of people is the concept of empowerment. This is the basis for the interventions to deal with the psychosocial problems confronting the widows. According to Saleeby (2009:11), empowerment refers to "the intent to, the processes of, assisting individuals, groups, families, and communities to discover and expend the resources and tools within and around them". In interventions into the psychosocial problems of the widows, social workers need to understand that for the widows to be empowered there is a need to provide them with the necessary resources and options to deal with their challenges.

These resources need to be explored within their environment and widows should be assisted to understand the possibility and availability of these resources and options. For this to be realised, essential principles such as serving clients by collaborating with them and working with the view that their very environment is full of resources and hence the participation of widows in providing information has been an essential feature in building the Social Work Basic Care Model (Kam, 2021; Segal, Gerdes & Steiner,

2019). This was the basis upon which the Social Work Integrative Basic Care model was built to ensure that widows themselves contribute to the interventions needed and to ensure that comprehensive services at various levels of interventions are made available to the widows.

Methods and instruments

To elicit the information needed for the development of the social work integrative model, a qualitative approach was adopted (Hennink, Hutter & Bailey, 2011). This approach aided in gathering first-hand information from the widows who experienced psychosocial challenges emanating from the deaths of their husbands. Moreover, the approach was useful and appropriate in gathering information from the social service providers who interacted with the widows to meet their welfare needs. This provided a subjective account consistent with the experiences of the widows (Padgett, 2017). The model for the interventions into the plight of the widows was built with a component indicating their subjective experiences, which makes it more responsive to their welfare needs.

The study employed a phenomenological research design in which participants gave accounts of their subjective experiences of widowhood (Creswell & Poth, 2018). A phenomenological research design has been described as “concentrating its efforts on the kind of human experiences that are pure, basic and raw in the sense that they have not yet been subjected to processes of analysis and theorising” (Denscombe, 2014:95). This design enabled the researcher to gain first-hand information from the widows who experienced abuse, and also information from the social service providers who assisted the widows when they experienced various challenges related to widowhood.

The population of the study

The targeted population of the study included widows and social service providers in Binga District in Matabeleland North Province in Zimbabwe. The 2012 census results indicated a total female population of 75,356 (Zimbabwe National Statistics Agency, 2012:4). Of this total female population in Binga District, 8.3% were widows, which translated into an approximate number of 6,255 widows (Dube, 2016). This constituted a significant figure for the study of widows in the district. A non-probability homogeneous purposive sampling strategy was employed to capture the subjective lived experiences of the participants. In the view of Denscombe (2014) and Gray (2014), such selection criteria were a result of credible eligibility criteria.

A total of 33 participants were interviewed, of which 24 were widows and 9 key informants. From a total of 24 widows, 10 widows participated in individual in-depth interviews, while 14 widows participated in two separate focus group interviews (Dube, 2016). Questions asked in the study centred on two broad areas of the participants’ experiences of widowhood and the interventions (Creswell & Poth, 2018). Follow-up questions were asked during the interviews to gain insight into the participants’ experiences. The widows who participated in the study were from Binga North (BN), which is peri-urban, and Binga South (BS), which is predominantly rural, to ensure representation from the two geographically dissimilar sides of the district (Dube, & Phethlo-Thekisho, 2019). These were recruited through Ntengwe for Community Development Trust, a non-governmental organisation (NGO) dealing with gender matters. All widowed women who volunteered to participate were eligible for the study. The key informants in the study were social service providers to widows who needed assistance with welfare matters. In determining eligibility for social service providers, professionally trained social service providers, including the District Social Welfare Officer, Police Community Relations Liaison Officers and the District Development Officer, were interviewed (Dube, 2016). Other categories of the key informants were indigenous, traditional and non-professional social service providers who included chiefs and village heads.

Data collection and analysis

One-on-one interviews were utilised in the first phase of the study to gather data from the widows. The second phase of the study used focus group interviews (Hennink *et al.*, 2011) to build on the one-on-one interviews with the widows (Dube, 2011). Social service providers who were based in the communities, including the chiefs, village heads and professionals such as social welfare officers, district development

officer, magistrate, police community liaison officers were key informants in the interviews. The interview schedules which were used to collect data in each of the three categories of the interviewees centred on two broad areas: the experiences of the widows and the interventions available, with follow-up questions as the interviews progressed (Creswell & Poth, 2018). With the consent of the participants, a recorder was used in all the interviews to ensure that important information was not missed as well as to enhance the trustworthiness of the data collected (Anney, 2014). The researcher used various strategies to ensure credibility, dependability, confirmability and transferability to enhance the reliability and validity of the data sample.

Thematic data analysis was also used to analyse data for the interviews (Whittaker, 2012). Processes of data reduction and filtering the information (Hennink *et al.*, 2011) were followed to ensure succinctness and accuracy. The data obtained from the participants were then compared with the literature to confirm or contradict certain findings among authors. The data were categorised into themes that emerged from the data extracts, which aided the presentation of the findings used in the formulation of the social work integrative model.

Trustworthiness

Trustworthiness refers to the fact that the results of the study are believable and worth “paying attention to” (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2014:2). To ensure trustworthiness, this study followed Guba’s (1981) four trustworthiness concerns as described by Moon, Brewer, Januchowski-Hartley, Adams & Blackman, and (2016:2):

- **Credibility:** How can one establish confidence in the “truth” of the findings of a particular inquiry for the subjects (respondents) with which, and the context within which, the inquiry was carried out?
- **Dependability:** How can one determine whether the findings of an inquiry would be consistently repeated if the inquiry were to be replicated with the same (or similar) subjects (respondents) in the same (or similar) context?
- **Confirmability:** How can one establish the degree to which the findings of an inquiry are a function solely of the subjects (respondents) and conditions of the inquiry and not of the biases, motivations, interests, perspectives and so on of the inquirer?
- **Transferability:** How can one determine the degree to which the findings of a particular inquiry may have applicability in other contexts or with other subjects (respondents)?

The researcher implemented the following strategies shown in Table 1 in enhancing trustworthiness in the study.

TABLE1
STRATEGIES TO ENHANCE TRUSTWORTHINESS

Strategy for enhancing trustworthiness	Description of procedures
Credibility	The researcher used different data sources such as individual one-on-one interviews and the focus group interviews with the widows as well as key informant interviews.
Dependability	The researcher created an audit trail that can be followed. Member checking was used to enable the participants to confirm the data that were captured and remove possible researcher bias.
Confirmability	The researcher created an audit trail of the research process, following traceable events from the writing of the research the proposal up to its approval, including the last stage which entailed data interpretation, presentation, conclusions and recommendations based on the information the researcher obtained from the participants.
Transferability	The researcher triangulated the participants from different socio-economic classes which included widows from rural communities, key informants both at a professional level and those from traditional indigenous groups.

Source: Dube & Phethlo-Thekisho, 2019.

Ethical considerations

Before the study could commence, ethical approval was obtained from the Ethics Committee of the North-West University (NWU-004S91-11S-491). In Zimbabwe, ethical clearance was obtained from the authoritative structures of the district, which included local government offices, the District Council and the Ministry of Women's Affairs. In the communities, permission was sought from the chiefs and village heads before interviews could be conducted with the participants.

All the information was provided to the participants regarding the study. This included the objectives of the study, procedures to be followed and the duration of each interview session. The briefing sessions were followed by the completion of consent forms, which emphasised voluntary participation in the study. Confidentiality was assured and questions that could evoke emotional responses were used sparingly in the interviews, given the sensitive nature of the study (Dube & Phlethlo-Thekisho, 2019).

To ensure the anonymity of the participants, some widows who participated in the one-on-one interviews used pseudonyms in both Binga North and Binga South. For those who participated in the focus group interviews in Binga North, alphabetical letters were used to identify the participants, while numerals were used to identify those who participated in focus group interviews in Binga South to ensure anonymity.

Development of the Social Work Integrative Basic Care Model

At the end of the research, the social work integrative basic care model for intervention to address the psychosocial plight of widows was developed to inform practice. This model was developed from the following three main pillars:

- The literature control that was compared with the findings of the study; this indicated what interventions existed or were lacking to deal with the psychosocial plight of the widows and the extent of the challenges widows faced after the death of their husbands, including their needs for proper functioning;
- The information given by the participants. They explained the kind of help they got from social service providers, what they could not get, and suggested improvements for existing interventions. Social service providers also provided input on what interventions existed in Binga District and what needs to be improved for the widows to cope with the psychosocial challenges they experienced;
- The researcher's comprehension and interpretation of the problems experienced by the widows drawn from both the literature and fieldwork, which provided first-hand information from the widows themselves and the key informants who participated in the study, and also documented evidence from the literature.

In developing this model, the researcher had both a theoretical comprehension as well as an empathetic understanding of the widows' challenges and welfare needs. This was crucial in developing helpful interventions by the model, as discussed in the succeeding sections of this article.

DISCUSSION OF FINDINGS INFORMING THE INTERVENTION MODEL

The findings emanated from the one-on-one interviews as well as the two separate focus group interviews with the twenty-four widows. Key informants were also part of the individual interviews, which consolidated data source triangulation for the trustworthiness of the findings. The findings were compared with the literature to support and contextualise the intervention model. Next the demographic details of the participants in the study are provided.

Demographic information of the widows

The tables below present the demographic information of the widows that participated in the individual one-on-one interviews and those that participated in the focus group interviews, Table 2 and Table 3 respectively.

TABLE 2
PERSONAL DETAILS OF PARTICIPANTS FROM INDIVIDUAL INTERVIEWS

Name of participant	Age in years	Area of residence	No. of children	Gender of children	No. of people in household	Level of education	Mode of sustenance
Anna (BN)	43	Sikalenge	5	3 girls 2 boys	9	Grade 7	subsistence farming, piece jobs, small business
Maria (BN)	48	Kelamenda	1	1 girl	4	Grade 2	selling Busika, subsistence farming
Kumbayile (BN)	54	Kelamenda	1	1 boy	3	Grade 1	Nothing specified, used to grow crops but now had a broken hand
Julia (BN)	37	Sikalenge	3	2 girls 1 boy	5	Form 2	subsistence farming, keeping chickens for sale, ECD teacher
Choolwe (BN)	56	Sikalenge	7	5 girls 2 boys	4	Never went to school	subsistence farming, selling Busika
Siphiwe (BS)	52	Simbala	1	1 boy	5	Grade 5	piece jobs like bricklaying, fetching building stones and thatch grass
Esnathi (BS)	Not known (lost ID)	Simbala	2	1 boy 1 girl	4	Never went to school	subsistence farming, piece jobs
Chipo (BS)	68	Simbala	5	4 girls 1 boy	5	Never went to school	piece jobs, subsistence farming
Bina Chi (BS)	58	Simbala	1	1 girl	2	Never went to school	subsistence farming, gardening, selling vegetables
Esy (BS)	27	Simbala	3	1 girl	5	Form 2	subsistence farming

TABLE 3|
PERSONAL DETAILS OF PARTICIPANTS FROM FOCUS GROUP INTERVIEWS

Name of participant	Age in years	Area of residence	No. of children	Gender of children	Size of household	Level of education	Mode of sustenance
Participant A (BN)	54	Kelamenda	2	1 boy 1 girl	3	Grade 1	fending for myself in any way possible
Participant B (BN)	56	Sikalenge	4	all boys	4	Grade 1	Gardening, selling Busika
Participant C (BN)	48	Kelamenda	1	boy	4	Grade 2	subsistence farming
Participant D (BN)	40	Sikalenge	3	1 boy 2 girls	5	Form 2	small business, works at ECD but has not been paid
Participant E (BN)	42	Sikalenge	5	2 boys 3 girls	9	Grade 7	small business, gardening, selling any commodity like fish
Participant F (BN)	43	Sikalenge	3	2 boys 1 girl	6	Grade 7	Gardening, selling vegetables
Participant G (BN)	Unknown	Sikalenge	3	1 boy 2 girls	5	Grade 1	gardening
Participant 1 (BS)	55	Simbala Centre	5	4 boys 1 girl	7	Grade 7	subsistence farming
Participant 2 (BS)	53	Simbala	1	girl	5	Grade 4	piece jobs
Participant 3 (BS)	28	Simbala Chisawu	3	all girls	6	Form 2	subsistence farming
Participant 4 (BS)	68	Simbala	5	1 boy 4 girls	6	Never attended school	subsistence farming
Participant 5 (BS)	58	Simbala	1	girl	2	Never went to school	subsistence farming
Participant 6 (BS)	Unknown	Simbala	2	1 boy 1 girl	4	Never went to school	subsistence farming
Participant 7 (BS)	56	Simbala	5	2 girls 3 boys	5	Never went to school	subsistence farming

To provide a full descriptive ‘biographical image’ of the widows who participated in the study, personal details that included names, ages, areas of residence, number of children they had and their gender, the sizes of household, levels of education and mode of sustenance were documented. At the time of the study, the ages of the participants ranged from 20 to 68 years old. Two participants were between 20 and 29 years old, one participant between 30 and 39 years, six participants between 40 to 49 years, ten

participants between 50 to 59 years, two widows between 60 to 69 years, and three widows did not know their ages. This brought the number of widows who participated in the study to 24. The widows were between the ages of 18 and 50 years when their husbands died. This implies that young widows in Binga District are exposed to multiple psychosocial challenges related to widowhood with minimal interventions, as professional intervention models are lacking, hence the need for the social work integrative model discussed in this article.

The widows resided in the communities in the Binga District, both from Binga North (BN) and Binga South (BS). Binga North is predominantly peri-urban and Binga South is predominantly rural. Most of the widows who resided in Binga North (BN) were mostly surviving on small businesses and farming, whilst those who resided in Binga South (BS) survived on subsistence farming. The residential areas of the widows influenced their mode of sustenance, as closer to the urban centre there was a market for the widows in Binga North, whilst in the deep rural areas there was enough land for farming for the widows in Binga South, for whom subsistence farming is a major source of food, as for many women in Zimbabwe (Human Rights Watch, 2021). The rural areas are poverty-stricken and widows had also depended mainly on their husbands for financial support.

All the widows who participated in the study had children, who ranged in age from one to seven years old, whilst the number of dependants ranged from one to nine within their families. This indicated that besides their own children, widows had responsibilities for caring and providing for other dependants as well, therefore further stretching their meagre resources for providing for their families. The gender of their children was predominantly girls, which culturally disadvantages them from inheriting property when their husbands die (Nkomo, 2014).

The study established that the participants had little to no formal education. Their educational status ranged from those that never went to school with the highest learned widow having managed to attend school up to Form Two, the equivalent of Grade 9 in the South African educational system. This exacerbated their inability to understand and navigate their rights upon the deaths of their husbands. Furthermore, it lessened their ability to access formal employment and even engage in commercial farming activities.

Demographic information of the social service providers

In the study, each of the nine social service providers to the widows furnished their personal work information, including positions held, the experience of the social service providers in helping the widows, the area serviced and its size. This information helped in understanding the capacities of people providing social services to the widows and the extent of social service provision in the district, including their mandates.

TABLE 4
PERSONAL WORK INFORMATION OF PARTICIPANTS IN KEY INFORMANT INTERVIEWS

Position of the social service provider	Length of service	Areas serviced
District Development Officer	9 years experience	25 Wards in Binga District
District Social Welfare Officer	14 years experience	Whole Binga District
District Magistrate	15 years as a Magistrate and 6 months in Binga District	Whole Binga District
Community Relations Liaison Officer (BN)	4 months experience	Binga Centre, Manjolo to Siabuwa
Community Relations Liaison Officer (BS)	2 years experience	Kamativi, Simbala, Tinde, Pashu, and Katete
Chief Sikalenge (BN)	24 years experience	Binga Centre to Kariangwe (radius of about 90 km)
Chief Saba (BS)	3 years experience	Sibbungwe to Gwayi (radius of about 70 km)
Village Head (BN)	9 years experience	Sikalenge and Manjolo areas
Village Head (BS)	10 years experience	18 wards covered from Simbala, Mudila, Mpati to Kabwe

DATA ANALYSIS AND DISCUSSION

The social service providers were classified into two main categories: social service providers who were professionally trained such as the District Development Officer, District Social Welfare Officer, District Magistrate, the Community Relations Liaison Officers, and the traditional local social services providers such as the chiefs and village heads. The professional social service providers are mainly office bearers and the traditional local social service providers are located in the communities where the widows lived.

The study found that many of the traditional social service providers had vast experience ranging from 3 years to 24 years of service in assisting widows with their problems. Among the professionally trained service providers, the least experienced social service provider was a police officer in Binga North, who had only four months' experience whilst others had more years of experience ranging from 3 years to 14 years.

The area serviced was also significant in understanding the coverage of social service providers and to understand the extent of service uptake by the widows and also making judgments on the availability and extent of assistance in the district. The District Welfare Officer and the District Magistrate covered the whole district as their offices were at the district centre, while the District Development Officer serviced 25 out of 52 wards in the district; other wards had no services. The Community Relations Liaison Officer for Binga North serviced all areas in Binga North, while the Community Relations Liaison Officer for Binga South covered areas within Binga South.

The traditional leaders had demarcated areas of service in the district. For example, Chief Sikalenge serviced areas in Binga North, together with the village head of Binga North, who participated in the study, whilst Chief Saba covered various areas in Binga South, alongside the village head of Binga South. There were extensive areas to cover in providing the services to the widows who faced challenges and sought help.

The District Social Welfare Officer, the District Magistrate, the District Development Officer, the Community Relations Liaison Officer (BN), Chief Sikalenge, and the village head (BN) serviced some of the urban areas and rural areas in the District. The social service providers from Binga South, which included Chief Saba, the village head (BS), and the community relations liaison officer (BS), all serviced areas that were predominantly rural. In the urban areas people are closer to most service providers and their uptake of professional services is likely to be higher than in the rural areas. The widows in the deep rural areas mainly depended on the services of the traditional local leaders because of the cost and distances involved in travelling to seek professional services in urban areas. Most widows residing in rural areas are likely to be illiterate and unreachable by professional social service providers: this affects their knowledge of the social services available to them. In analysing how rural people utilise social services in rural areas in Zimbabwe, Muchacha and Mthetwa (2015) found that rural women under-utilised the wellbeing-enhancing services which affected their health and psychosocial wellbeing as well as that of their children, resulting in higher mortality rates for their children.

Theme 1: Help and help-seeking

The findings from the interviews with the widows were merged; those who participated in the individual one-on-one interviews from Binga North (BN) and Binga South (BS) and those who took part in the two separate focus group discussions in the study areas. The study produced interesting findings concerning the experiences of the widows and their welfare needs.

Subtheme 1.1: Help received by widows

In exploring the type of help the widows received from the social service providers, it emerged that 11 of 24 widows could not seek help from the social service providers to mitigate their psychosocial suffering and meet their welfare needs. Some of the participants (less than 50%) did not receive any services from the service providers. These were some of the participants' responses:

I did not receive any help with my problems. (Anna - BN)

No help was given to me. (Kumbayile - BN)

While 11 widows did not receive help in their plight, two widows did obtain financial help from the chief in the village. One widow received mediation services from the magistrate on property inheritance matters which rightfully belonged to her. The two others received advice from the chief on property matters, while two received food donations to cope with the food shortages that the widows suffered and experienced. This is what the two widows revealed in the study:

Except for the little help with food I got from my brother when I cried with hunger, I didn't receive real help. (Choolwe - BN)

I received food donations and prayers from my church members. (Esnathi - BS)

In separate studies Chenube and Omumu (2011) and Cohen (2014) found that in addition to socioeconomic support, psychosocial support for the widows plays a significant role in helping them cope with and mitigate the effects of widowhood. It is argued that whilst some aspects of socioeconomic support were provided to some extent as indicated by the widows, psychological support was missing in the package of basic care that is critical to mitigating the felt psychological effects of widowhood (Dube, 2011). In some instances, spiritual support was an integral part of the healing process for widows when faced with adversity in Zimbabwe (Mujuru & Masiyiwa, 2017).

Despite the widows' need for food, NGOs have devised stringent criteria for widows qualifying for food aid programmes in Binga District, which saw many widows being unable to get food aid and faced with persistent poverty. One frustrated widow vented her frustrations during the interviews in a focus group interview and pointed out the following:

*As for the other forms of help like food aid from Save the Children, I didn't get any help. I don't even know now whether I should date someone's husband now at my age. This is why older people can go into prostitution even if it is embarrassing. You will end up in a fight and losing your teeth because of poverty. Save the Children always says that we are young and can fend for ourselves. So they don't consider us for food aid. **THEY WANT OLDER WOMEN WITH WALKING STICKS!** (original emphasis) (Participant 2 - BS).*

Similarly, in Mali, Van De Walle (2011) found that the safety nets of the government and the NGO sector were unlikely to reach widows and their children. The plight of widows in West Africa and Southern Africa has revealed the scenario of a lack of help from humanitarian agencies. The findings of the study implied that if relatives and church members could not assist a widow, chances were very slim that a widow would get food aid from the NGO sector, because the criteria applied privilege to very old women. To support this contention, Ncube (2016:1) reported that in the drought of 2016 the government of Zimbabwe imported grain to aid "the elderly, disabled, chronically ill and child-headed households" in Matabeleland North, where Binga District is located. Sadly, the widows depended on and put their hopes in the Department of Social Welfare who indicated eligible beneficiaries but excluded the widows. In Binga District, widowhood is characterised by the young age of the widows. It is clear that the young widows do not meet the criteria used for food aid distribution and are technically (administratively) excluded.

Subtheme 1.2: Factors that contributed to widows' failure to obtain help

For those participants (11 of 24) who did not seek help, the study sought to identify factors that contributed to their failure to seek help from social service providers. Responses from the participants highlighted the lack of specific knowledge on where to seek help to resolve their challenges. These are verbatim responses from the widows:

I never thought of getting any help and I was not aware that there is help that I can get. (Maria - BN)

I did not know where to find help in this ward where I am. (Kumbayile - BN)

I didn't know where to get help this is why I started a garden to help myself. (Participant G - BN)

I did know where to get help. I did know that we have such services in Binga. If you are widowed, you just live like that. There is nothing you can do. (Participant 4 - BS)

The above comments reflect the unawareness of participants about help-seeking options available for them. Additionally, what emerged was their resignation to fate and the wretchedness of being a widow in Zimbabwe:

I didn't know where to get help and whom to ask it from. I don't even know that there can be help given to us. As a widow, what I know is that I should just stay home and think of the best way to live. (Participant 5 - BS).

The widows' inability to seek help revealed a glaring gap in service provision for the widows in Binga District. Human Rights Watch (2017) confirms that gaps are found in interventions to deal with the plight of widows' this exacerbated the widows' inability to seek interventions for their property grabbed by in-laws and they would generally be unaware that they can had any recourse for their problems. Professional service providers in Binga District, for example, were reportedly not visible enough in communities where people live, making it difficult for widows to know what services they could get from them when they faced challenges.

Some widows did not seek help because of the secondary traumatization they experienced during their previous endeavours to seek help and, as such, they avoided re-experiencing the pain; Cohen (2014) refers to this as "pain-avoiding-mechanisms." This pain experienced forces widows into remaining subordinate to the social system to avoid further pain associated with widowhood. Widows then continuously experience oppression and discrimination, thus they are unable to seek help because they feel powerless (DuBois & Miley, 2014). This study posits that powerlessness on the part of the widows is involuntary but induced by traumatic experiences the widows have suffered after the death of their husbands, and there are no professional attempts to mitigate their difficult experiences.

Subtheme 1.3: Gaps in interventions

One critical gap that was revealed during the interviews with the widows was the lamentable inadequacy of interventions provided to them when they experienced poverty and psychosocial trauma after the death of their husbands.

There were various reasons the participants cited for the interventions not being adequate: they were inadequate, unsustainable and had little impact, leaving the widows poor and stressed. The interventions were meagre and not holistic enough to cater for the host of problems experienced when women are widowed. This is what participants revealed with regard to the interventions offered:

For the disappearance of the cattle that we owned with my husband and the lack of explanation of where the cattle are, I am not satisfied with the help offered to me. My child could not get anything. This didn't satisfy me. (Julia - BN)

It is not enough. I am already suffering after the [little] help I got. (Participant E - BN)

The help I received was not enough. I just got help to sign the papers for the property to be in my name and to get the pension funds. As for the hardships I am facing and stress, I didn't receive any help. (Participant 2 - BS)

The findings indicate that interventions for the plight of widows lack a professional approach and models to ensure that interventions meet the needs of the affected widows. Furthermore, this article argues that the inadequacy and piecemeal interventions for widows' plight plunged them into exacerbated poverty, psychosocial vulnerability and complicated their abilities to deal with the entire complexity of their welfare needs. From a broader critical perspective, the inadequacy of required interventions for the plight

of widows has been seen by the Human Rights Watch (2017) as entrenching discrimination against women based on gender.

Subtheme 1.4: Improvements for interventions for the widows

Crucial to the empowerment approach in social work interventions was to seek the views of the participants on what they thought needed to improve to meet their welfare needs in terms of interventions. This was crucial to ensure that the suggested model for interventions is built on solid empowerment approaches synonymous with professional social work practice (Heslop & Meredith, 2019; Lee & Hudson, 2017; Segal, *et al.*, 2019; Teater, 2014; Zastrow, 2017). A constellation of suggested improvements was provided, especially financial support to meet the ever-growing demand for financial resources for food supplies, school fees for their children, and improving their living conditions such as renovating the houses they lived in. The widows suggested that their lives would improve if these needs could be met.

Improvements in financial support were also echoed in many of the widows' responses in the interviews:

I was just wondering how [about] if they can support us financially for our children to be able to attend school? This can give our children a better future. (Participant F - BN)

In my thinking, financial support needs to be considered. We can even renovate [our] huts with it. (Participant 2 - BS)

I suggest that they should improve [by] assisting us with finance and food. (Participant 3 - BS)

They should improve financial support for us to be able to educate our children. (Participant 4 - BS)

Consistent with these findings, other studies have also found that widows were not satisfied with their financial situation (Chenube & Omumu, 2011; Holden, Kim & Novak, 2010). The implications are that many of the widows struggle to adjust to the challenges of widowhood due to a lack of financial resources to mitigate the impact of widowhood, thereby compounding the adverse effects of widowhood on the widows' lives. Whilst widows suggested financial support as an improvement in interventions, they seemed aware that such financial support needed to be sustainable. In that light, they suggested income-generating projects such as animal rearing and small businesses as ways to sustain their income. Having sustainable income-generating projects could see the widows meeting many of their long-standing financial needs such as educating their children and renovating their huts as well as meeting other health and nutritional requirements for their wellbeing (Roberts, 2014). Writing about the sustainability of poverty alleviation programmes, Zvobgo (2009) described dissatisfaction with food aid programmes common in Binga District, particularly spearheaded by the NGO sector. Zvobgo (2009) criticised the food aid programmes as disempowering, making widows entirely dependent on food aid interventions, which made their circumstances even worse.

Some widows who were aware of their psychological pain shifted the focus from physically tangible improvements to focusing on a psychological approach and indicated that they needed counselling in addition to the other interventions. Idialu (2012) also found that the psychological pain that the widows experience need special attention, especially within African communities where they are subjected to unbearable stresses deriving from cultural norms and traditions. This was evident also when the widows pointed out that they were relieved after sharing their problems with the researcher and other widows in the focus group interviews. The participants suggested that professional social service providers needed to improve their visibility in the communities:

This is why I say maybe if those people who keep the law can be present to oversee property sharing or take over sharing of property themselves, maybe things will be better. (Julia - BN)

As for social welfare people, I do not understand what they do and they have never come to us for us to know how they work. (Esnathi - BS)

This lack of visibility by professional social services providers in the communities is not new. The Social Institutions and Gender Index (2014) found that in the communal lands of Zimbabwe women were not aware of their land rights because they lived in remote areas where little knowledge is disseminated on the land rights of women. This non-visibility of the social service providers has a negative impact on service uptake by the widows and reduces significantly their ability to meet their welfare needs.

Theme 2: Professional service rendering to widows

To consolidate the formulation of the intervention model to meet the social welfare needs of the widows, the views of professional social service providers became central to understanding the socioeconomic and psychosocial interventions.

Subtheme 2.1: Social service providers' views on assistance needed by widows

The social service providers in Binga District were asked about their views on assistance that might be necessary for widows to enable them to cope with their situation. This question allowed the participants to add any thoughts from their practice experience which could be helpful for widows. The participants noted the lack of education among the community members in the Binga District and hence suggested that more effort needed to be put to educating the community on laws that pertain specifically to girls, for example, early marriages, and social welfare needs of women and widows. Educating the community could also sensitise them to matters affecting women, with awareness campaigns being a possible medium (Community Relations Liaison Officer (BN), Community Relations Liaison Officer (BS)).

In the views of the social service providers, it was suggested that the support system for the widows needed to improve and there was a need to empower the community structures such as the community leaders to provide the necessary support for the widows. Additionally, interventive programmes needed to be put in place that target the widows because the programmes that existed excluded the widows, and hence there was a lack of support from the welfare programmes. This is what the District Welfare Officer suggested in the interviews:

Yes, if there can be some support groups where other widows can get some information or some women lobby groups in the district... We do not have community-driven support systems for the widows. We need locally-based community support systems that can support those widows... For social work services, I feel that widows are generally under-targeted and are deliberately left out in the whole system of the vulnerable groups and yet they are vulnerable groups from a social welfare point of view. When we look at programming, it mainly deals with the elderly, the disabled, the children, the orphans and we hardly have a programme that is targeting the widows... They have always been an afterthought.

In emphasizing and envisioning the importance of such programming, Widows for Peace Through Democracy (2017) and United Nations Women (2020) argue that there is a need to include the widows in decision making as recipients of the services. When widows in rural areas are involved in community programmes aimed at protecting their rights, they are empowered and can be instrumental in advancing intervention efforts (United Nations Women, 2018). The lack of programming and interventions in meeting the psychosocial needs of the widows renders them more vulnerable to opportunistic abuses and without recourse (Human Rights Watch, 2017). The Zimbabwean government made commitments to gender equality by ratifying and signing various international human rights instruments and protocols intended to protect women and ensure the development and implementation of programmes and projects that are gender-sensitive and human rights-centred. These include the Universal Declaration on Human Rights (1948), Convention on the Elimination of All Forms of Discrimination against Women (1979), African Union Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) (2000) and the Southern Africa Development Community's Protocol on Gender and Development (2008) (Human Rights Watch, 2017).

Subtheme 2.2: The role of culture and religion

A culturally conservative and controversial opinion was expressed by Chief Saba (BS), who said that widows needed to stick to their traditional cultures and avoid control of the church pastors who dominated funeral services and cleansing ceremonies in Binga. The pastors have been known to cause controversy and fights between the widows and their in-laws. This is what Chief Saba (BS) had to say:

I just want to add a few things that if someone dies, people should follow their culture. Most widows follow Christianity and they do not cooperate with the in-laws in following the culture. The pastors are now controlling deaths and funerals. This has become a very strong source of controversy if the in-laws do not believe in that. People should take care of that one.

Chief Saba's suggestions directly echoed the findings of Maririmba (2015), who emphasised that church leaders play a pivotal role in the lives of widows. The suggestions of Chief Saba (BS) that people should stick to traditional practices may be followed rigorously only by strong adherents to customs and traditions and may be disregarded and face antagonism from those who have abandoned them to follow Christian beliefs. However, Ntombana (2015) found that traditional practices and rituals remain cardinal to church members and may not be completely abandoned as they can still be practised secretly. Similarly, Nkomazana and Seteume (2016) found that the Batswana people refused to abandon their cultural practices in favour of the Christian doctrines which were forced upon them by the missionaries in Bechuanaland Protectorate presently known as Botswana. This denotes the value that people attach to their traditions and practices despite the pressure and need to also follow Christian values.

IMPLICATIONS OF FINDINGS: THE DEVELOPMENT OF THE MODEL

From the findings of the study, various conclusions were drawn from the psychosocial plight of the widows in the Binga District. The conclusions cover the available intervention measures for widows the efficacy of social work interventions. They culminated in the development of the social work basic care model. It was concluded that widows were affected by widowhood on two substantial levels: the individual and the immediate environmental levels. At the individual level, the widows experience intrapersonal and psychological challenges that include intense mental stress and loss of dignity. Furthermore, the widows feel stressed, isolated and lonely as they have lost intimate companions they were close to.

At the immediate environmental level, widows experience a series of psychosocial challenges that are brought about by people around them. There is a lack of support during the time of bereavement even though the widows need it desperately. The widows are exposed to cultural practices such as widow cleansing to exorcise the spirits of the dead from them. Additionally, widows are subjected to levirate marriages and property grabbing, leaving them without the necessary resources and a diminished income base to meet their needs. The interventions available for the widows had significant gaps that need to be filled as they were mainly *ad hoc* interventions and usually afterthoughts. The service providers (Department of Social Welfare) confirmed this by indicating that the widows were an afterthought and mainly left out in the programming of the interventions. Due to the lack of specific programmes for the widows in the District, interventions were minimal and not prioritised. This strongly suggests the need for the social work basic care model discussed in the succeeding sections.

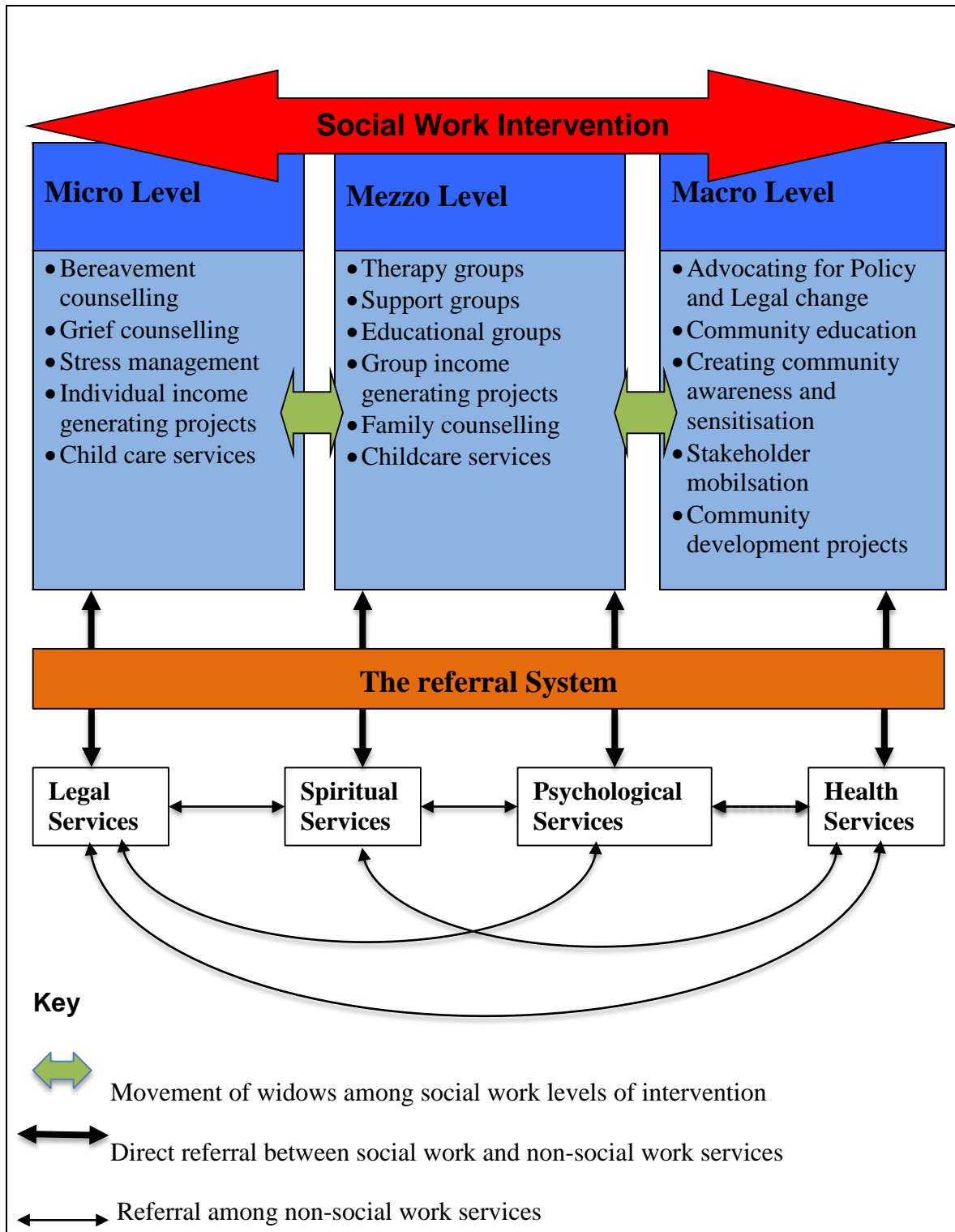
It was also concluded that social work interventions were indispensable for addressing the psychosocial problems faced by the widows. This was admitted by the widows themselves when they felt understood, listened to during the interviews, and given the chance to have their views listened to sensitively. This also implies and demonstrates the empowering nature of the intervention approaches and techniques of the profession of social work for people who have faced adversity.

The conclusions drawn imply the need for the social work intervention model that emphasises a multidisciplinary and interdisciplinary focus to address the socioeconomic and psychosocial wellbeing of the widows. From the conclusions drawn, an integrative model for intervention is recommended.

The Social Work Integrative Basic Care Model

The research gathered information from both the widows and the social service providers that led to the proposal of an intervention model to deal with the psychosocial challenges experienced by the widows. The recommended model sensitively addresses the psychosocial problems of the widows and is called the *Social Work Integrative Basic Care Model for Widows* (Figure 1).

**FIGURE 1:
SOCIAL WORK INTEGRATIVE BASIC CARE MODEL FOR WIDOWS**



Source: Dube, 2016.

The Social Work Integrative Basic Care Model for widows explained

This proposed model was built on information derived from the study and built on the concept of empowerment (Saleeby, 2009), where the widows' and the social service providers' ideas on suggested improvements to the needs and interventions into the social welfare needs of the widows were taken into account. The reviewed literature aided in determining what interventions were necessary for the widows to cope with the circumstances they confronted after the death of their husbands.

The salient features and concepts of the Social Work Integrative Basic Care Model

- The proposed model was called Social Work Integrative Basic Care Model as the main field was social work. The model can be said to be integrative in two ways: it was built on the amalgamation of useful information from different sources: theoretical and scholarly sources, practice experience of the social service providers, and lived experiences of the widows; and secondly, the model has a holistic approach entailing the unification and integration of different services. Some of the services might not be provided directly by social workers, but through referral services or teamwork approaches to practice and building alliances with other professionals. The social worker can also play the critical role of a broker by linking the widows to the services they need (Kondrat, 2010). This is consistent with the empowerment approach to social work practice.
- The model builds on the fundamental themes and subthemes that emerged during the study which provided pertinent information on the coping needs of the widows as suggested by the widows themselves and the suggestions of the social service providers. The widows had problems at a personal level and needed micro-level interventions as shown in the model. Some professional service providers explained that group intervention would be essential for the widows; hence group work at meso-level intervention was seen as an important component with various types of groups emphasised. In the study it emerged that some widows could not seek help as they did not know where to find help, denoting the need for community education and creating community awareness, which are components of the macro-level interventions depicted in the model. Some widows received help that was not adequate to deal with their problems comprehensively from a single service provider and hence the need for referral was seen as critical to meet the needs of the widows. This was an essential element that the model emphasizes as the widows' needs demand a multidisciplinary approach.
- The model also was built on the inclusion of the widows and service providers and the information they provided. This is consistent with the positive liberty of the rights theory (Fagan, 2011) where people actively get involved in issues that affect their lives.
- The notion of care in the model denotes the fundamental empathetic responses that social workers need to embrace in assisting widows. The care needed relates directly to the three levels of intervention for social work, namely micro-, meso- and macro-level interventions. These levels of intervention are indicated on the model in Figure 1.
- For the Social Work Integrative Basic Care Model, referral services are very important. To meet the social welfare needs of the widows, social work practitioners can refer them for legal services and the legal practitioners can equally refer widows for social work interventions. Similarly, social workers can refer the widows to meet their other needs such as spiritual, psychological, and health services as shown in Figure 1. The widows can also be assisted by practitioners from spiritual, psychological, and health services to access social work interventions. In this proposed model, the referral of widows can also take place between the legal, spiritual, psychological and health services. The social workers need to coordinate these services for accessibility.

THE LIMITATIONS OF THE STUDY

This study was conducted on the psychosocial aspect of widowhood. The study would have gathered more comprehensive information on widowhood if widowers had also been part of the focus of the study.

Such information is needed for gaining comprehensive information on people who are widowed and the psychosocial challenges they experience.

Further, this study was conducted in only one part of Zimbabwe: Binga District, which is predominantly rural. More data from other parts of Zimbabwe, especially those that are predominantly urban, would have been valuable

CONCLUSION AND RECOMMENDATIONS

The researcher concluded that the psychosocial problems experienced by widows are immense and pervade their bio-psychosocial and socioeconomic spheres. These problems presented themselves at personal, familial and community levels.

It was concluded that the interventions to address the plight of the widows were not effective to meet their needs since they were piecemeal and generally without programming and models to inform and guide them. The interventions happened at two levels: the traditional level where chiefs and village heads render needed interventions, and at a professional level where social workers, magistrates, police officers and gender officers provided services. The engagement of traditional leaders for intervention in rural areas was seen by Muwaniri (2014) as central to meet the needs of rural people. Other trained social service providers are usually far away from the villages and rural widows can hardly access their services in the urban centres with the limited resources they have.

The policies and legal frameworks that existed were poorly enforced in rural areas where traditional interventions were the norm and implementers in the rural areas lacked proper guidance on how to apply the policies. Where professional legal advice was available, normally in urban areas, including Binga District Centre, the distances were great and so not geographically accessible for the widows.

From the findings of the study, various recommendations can be made. It is recommended that the social service providers devise intensive marketing mechanisms to target the communities spelling out the services they offer to the widows. Service providers must also increase their visibility in the communities for people to know about the services they provide.

Social workers need to prevent the abuse of widows at micro, mezzo and macro levels of interventions. Social work practitioners should play a part in the rehabilitation of the widows who have been affected psychosocially after the death of their husbands. This is possible through the employment and application of various social work methods and skills as well as roles.

The Social Work Integrative Basic Care Model takes into account the psychosocial needs of the widows and includes the referral system as part of a holistic approach to the widows as human beings. This makes the model applicable to many social contexts in Binga District, in Zimbabwe and other African countries and beyond. This model also recommends the analysis of the bio-psychosocial and socio-economic needs of widows, making it relevant in most social contexts globally.

The available policies and legal frameworks for the prevention of abuse of women follow the top-down approach in addressing the psychosocial problems encountered by women and widows. A bottom-up approach is needed in enacting the policies and laws that include the views and inputs from the grassroots level. The current top-down approach is cold and insensitive to the needs and cultural aspects of the communities and hence not sufficiently functional in the prevention of the abuse of widows. Therefore, a sensitive approach is recommended that takes into account the needs of the beneficiaries and the unique nature of the sources of abuse, as the current approaches are ineffective. The implementers of the policies and legal frameworks, especially in rural areas, need to educate themselves on how best to implement the policies.

The UN Convention on the Rights of the Child of 1989 and the African Charter on the Rights and Welfare of the Child of 1999 brought about changes in legislation on children in Zimbabwe, specifically influencing the Children's Act of 2013, Article 19. This urges the state and society to protect children from all abuses and harmful practices, including early marriages (United Nations Children's Fund

(UNICEF), 2011). These documents should be disseminated at the community level, where chiefs and village heads need to be educated on the Children's Act as a mechanism against early marriages that is common among girls in Binga District and as a measure to prevent the scourge of young widowhood.

Further research is also recommended. While the focus of this article was on the psychosocial challenges of the widows in the Binga District, further research may focus on the psychosocial challenges experienced by widowers not only in Binga District but across the country and beyond. This would assist in creating an integrated and holistic understanding of the phenomenon of widowhood among the genders. The article recommended the Social Work Integrative Basic Care Model for social work practice, a model developed and informed by the needs and experiences of the widows and the social service providers and the reviewed literature. It is recommended that the model be tested through further research to determine its applicability and possible improvement for enhanced social work interventions in addressing the psychosocial plight of the widows in Binga District and other social contexts.

In conclusion, social work education institutions need to establish ways in which the curriculum for training social workers could be modified and be inclusive to incorporate gender-sensitive approaches to social justice that eventually help change positively the perspectives of society on widowhood and to emphasise widows' vulnerability and interventions to support them. It is recommended that the theoretical perspectives on widowhood also be adjusted. Most theoretical approaches and discourses on widowhood take a developmental perspective, which sees widowhood as a normal human development where at some point in the woman's life a husband will die and leave her widowed. This is especially ascribed to the fact that men marry young women. The emergency of young widows introduces a new dimension that theoretical perspectives need to address and incorporate into the relevant discourses in addition to the older perspectives.

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