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Humanitarian Leader

**Envisioning empowerment: Mapping the paths of widowhood
in Northern Uganda**

JUMA BOSCO NAMUTEBI



THE HUMANITARIAN LEADER:

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WORKING PAPER 046

JUNE 2024

Author Details

Juma Bosco Namutebi

Juma Bosco Namutebi is a psychologist from Uganda, currently collaborating with Makerere University in Kampala. Drawing from his academic background in psychology, his focus is on women's mental health support services. Notably, he has initiated small support groups for women to share their experiences amid the diverse social pressures they face. He is actively engaged in enhancing the accessibility and inclusiveness of professional mental health support systems, advocating for their expansion to serve a broader population in Uganda.

Editorial Office

The Centre For Humanitarian Leadership
Deakin University
221 Burwood Highway
Burwood 3125 VIC
Australia

Co-editors-in-Chief (English edition): Phoebe Downing, Marian Abouzeid and Joshua Hallwright

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Production Editor: Cara Schultz

Translation: Benoit Glayre and Isaline Doucot

Layout: Diana De León

ISSN: 2653-1011 (Online)

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Cover image: A boy waves goodbye to his grandmother on his way to school in Uganda © Save the Children in Uganda

Abstract

The traumatic experiences of widows in Northern Uganda are in a subtle intersection of cultural practices, social stigma, and the impacts of widowhood on their mental and physical health. Utilising data from local ‘Specialised, In-Depth Information & Newsletters’ (SIDINL), this analysis captures a comprehensive narrative of widowhood through online platforms that serve as micro-humanitarian networks. These networks enable widows to share their stories, access support, and engage in a communal healing process facilitated by local therapists and humanitarian workers. Using Solution-Focused Brief Therapy (SFBT), these interventions aim to foster resilience and positive change among the different types of widows. Culturally sensitive and community-based approaches address the unique challenges of this local context such as the polygamous marriage balance, childlessness, and land grabbing issues. The findings advocate for humanitarian leaders at all levels to tailor strategies to empower all people in crisis, by integrating legal, economic, and psychological support to transform their roles from passive recipients to active participants in their healing and empowerment journeys.

Leadership relevance

This analysis informs humanitarian leadership by highlighting the necessity of tailor-made, culturally sensitive, community-based interventions that address the diverse challenges faced by the different types of people requiring humanitarian assistance around the world, in this case, widows in Northern Uganda. The innovative use of SIDINL newsletters as micro-humanitarian networks in this region showcases the potential of interpersonal digital platforms to bridge gaps between local experiences and global humanitarian efforts, capturing more nuanced, timely, and detailed data, and enabling the design of empowering and effective humanitarian support programs that combine in-situ knowledge with broader humanitarian strategies. This paper also urges humanitarian leaders to consider the unique social environment of each region, ensuring interventions are inclusive and equitable for all, from the most empowered to the most vulnerable.

Ethics Statement

The newsletters used to access the widow’s stories are contained within a private digital space and are not publicly available online. Permission to use this data was obtained from the creators and all participants involved. Consent was explicitly granted by the participants for their stories to be used in this article, ensuring confidentiality and respect for the participants’ privacy. The author has confirmed consent from research participants and confirmed that, in this context, a formal institutional ethics process was not required.

Introduction

In many African communities, patriarchal traditions dictate that women have limited rights and autonomy. Widows, in particular, frequently experience social discrimination and stigma. Vulnerable to isolation, they feel like social burdens and lack support. For instance, widows in rural South Africa perceive themselves as burdens to their extended families and struggle with deep social isolation and humiliating cultural stereotypes, while childless widows in rural Nigeria endure extreme distress and ostracism, with their childlessness intensifying their life hardships (Motsoeneng and Modise, 2020; Ugwu et al., 2020). This isolation is compounded by community perceptions that view them as a bad omen or as individuals who bring bad luck.

Widows are often blamed for their husbands' deaths and subjected to harmful cultural practices such as widow inheritance, where a widow is forced to marry a male relative of her deceased husband to retain her social status and property (Asiimwe, 2001; Karanja, 2003). The experiences of female widowhood in African societies are shaped by factors such as location, social connections, age, status, class, and ethnicity, but are all linked by the theme of social belonging (Fasanmi and Ayivor, 2021). The stress and trauma of losing a spouse, coupled with these challenges, have profound impacts on the mental and physical health of African widows. They often suffer from depression, anxiety, and other health issues due to their precarious living conditions.

Widowhood in Uganda, as in many other African countries, presents a severe source of various humanitarian challenges.¹ This article explores the traumatic experiences of widowed women in Uganda using qualitative data found through a netnographic approach from online reports that act as micro humanitarian networks. These humanitarian networks foster a communal journey from trauma toward healing for widows, who work in collaboration with therapists, humanitarians, and local people within a shared space to share their widowhood experiences and seek support.

Humanitarian workers and independent researchers bolster these efforts by providing necessary resources to enhance the capacity of these networks, ensuring they can offer effective and sustainable support to widows. The micro-networks facilitate a deeper understanding of the issue by connecting local widowhood experiences with external professionals who can investigate the problem in depth, offering insights and solutions that might not

be apparent from a local perspective alone, combining localised knowledge with broader humanitarian strategies.

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The research concept

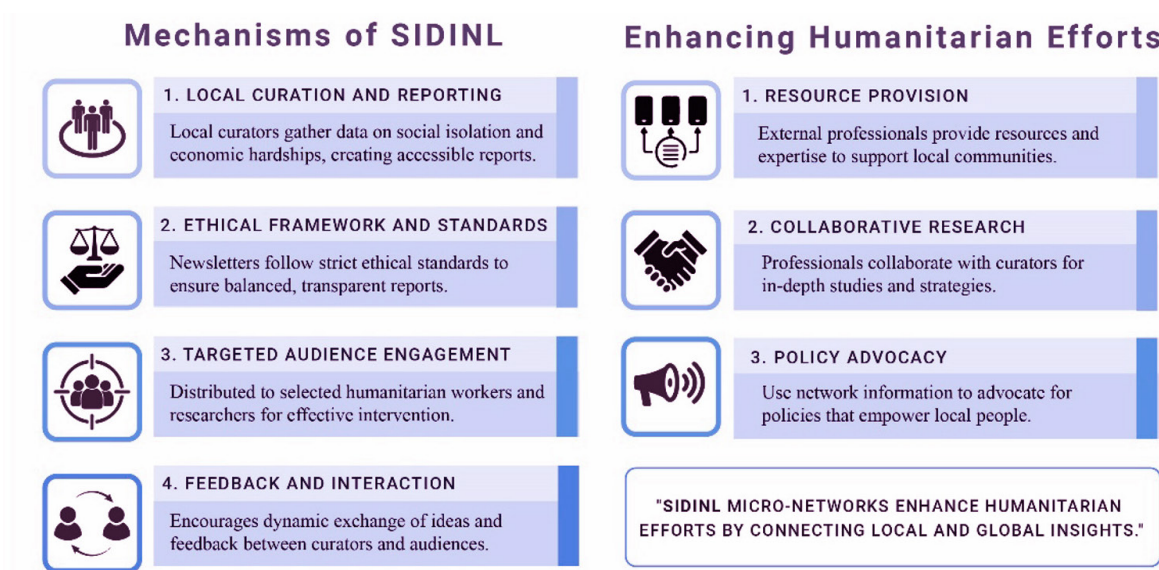
The study leverages Specialised, In-Depth Information & Newsletters (SIDINL) networks as a tool for analysing the trauma and challenges faced by widows in Uganda and the tools being used to support them. SIDINL networks function as micro-humanitarian networks, providing a structured yet flexible platform for gathering, curating, and disseminating localised information and experiences. These networks operate as a series of online newsletters curated by local knowledge holders, specifically designed to address the information needs of researchers and workers mostly in the humanitarian field by presenting a range of firsthand accounts and localised perspectives. The curators, deeply embedded within their communities, collect and present information that reflects the immediate realities and challenges faced by local populations. There is a decentralised vision and minimal central oversight of the newsletters, allowing local curators significant autonomy in selecting topics and narratives. This structure ensures that the newsletters remain relevant and resonate with both local and international audiences, fostering a richer understanding of local contexts (Nsokele and Kika, 2024). A more detailed analysis of the mechanisms of these micro-networks is presented in Figure 1.

For this study, online reports from SIDINL newsletters distributed throughout 2023 were gathered to analyse female widowhood practices in Uganda, focusing primarily on the northern rural region.² In this instance, the newsletters are structured as social media platforms where women share their stories in private digital spaces with each other and a small audience of external foreign professionals, like humanitarian or mental health practitioners.

¹ There are various estimates about the specific characteristics of widows in Uganda, but the latest detailed data from the Uganda National Household Survey 2016–2017 (Table 10.11) reports: i) 86% of widows live as the heads of their households, ii) 74% of widows are economically active, iii) 48% of widows have never been to school, iv) 68% of widows are illiterate, v) a large majority of widows live in rural areas, engaging in subsistence farming. In total, there are over 1 million widows in Uganda, or 12% of the female population aged above 15 years old. See: https://www.ubos.org/wp-content/uploads/publications/03_20182016_UNHS_FINAL_REPORT.pdf.

² The northern region has historically had the highest ratio of widows, and the proportion was highest in the sub-region of Karamoja, with 8% of the total male and female population aged above 15 years old being classified as widow or widower in the latest 2019–2020 Uganda National Household Survey Report. See: https://www.ubos.org/wp-content/uploads/publications/09_2021Uganda-National-Survey-Report-2019-2020.pdf.

Figure 1. SIDINL micro-networks



Source: Nsokele and Kika (2024).

The reports follow the journey of healing of widowed women over several months and offer a dynamic and evolving perspective on their experiences. Unlike most humanitarian reports that capture static snapshots through one-time or short interviews, these reports provide a deeper, more nuanced understanding of the ongoing challenges and resilience of the women, ensuring that the complexities of their healing processes and the influence of various support mechanisms can be better documented³.

Community psychology

An analysis of the reports identifies key themes and narratives that run throughout, including envisioning a preferred future, recognising strengths and positive moments, and fostering a communal journey toward healing in collaboration with local therapists. The latter theme is emphasised and enhanced through the use of the Solution-Focused Brief Therapy (SFBT) intervention model (Joubert and Guse, 2021), which emphasises the individual's

Figure 2. Structure of Solution-Focused Brief Therapy (SFBT) Intervention Model



Source: Adapted from Joubert and Guse (2021)

³ This approach can be supported by the findings presented in humanitarian reports like the 'UN Women Uganda Q4 Newsletter 2023', which profiles activities and voices of program beneficiaries, including those related to women's economic empowerment and ending violence against women.

desired outcomes, strengths, and resources, and focuses on novel solutions, hope, and subjective well-being within the community. This method underscores the therapeutic-community relationship as a cooperative endeavour to foster positive change, aligning with the broader objectives of positive psychology and adapting to various trauma types and individual recovery paths. The structure of the SFBT model, which was implemented in these instances for widows in Uganda, is presented in Figure 2.

The SFBT approach highlights the collaborative nature of community-based positive psychology, and emphasises the significance of cultural context and the development of local social support systems in promoting well-being. African psychology, in particular, underscores the centrality of culture and the inequitable distribution of power in multiracial social spaces. This perspective recognises that local psychosocial support practices are inherently more collective and pragmatic, and capitalises on networks within the cultural contexts of each region (Ebersöhn et al., 2018).

The online interactions in these newsletters, facilitated by local curators who present this community mental health journey of female widowhood in a respectful and private manner, alongside external humanitarian professionals who meticulously examine this collaborative effort, provide valuable insights. These insights elucidate the impact of contextual factors on mental health and well-being within one of the most vulnerable social groups in Uganda and also provide an important insight into effective community-based mental health practices for vulnerable groups in humanitarian crises across the world.

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Illuminating trauma through SFBT

The SFBT interventions focus on current circumstances and future hopes, rather than analysing the past. Although it is often conceived of as a short-term, goal-focused therapeutic approach, emphasising the construction of solutions rather than dwelling on problems, it distinguishes itself from traditional therapies by starting with a vision of life where the issue is resolved and then working backward to identify resources and steps to get there.⁴ In the Ugandan context, this begins with asking widows questions like:

⁴ See: <https://solutionfocused.net/wp-content/uploads/2019/10/SF-Treatment-of-Trauma-revised.pdf>

- What would it look like if you could return to the job market with confidence?
- How would your day change if you felt more welcomed by your community again?
- What would you do differently if you no longer felt isolated?

These questions help establish a positive focus and create a vision that motivates the widows to work towards their goals. The mental health therapist collaborates with the widow to identify existing strengths, coping mechanisms, and social support, resources that become the building blocks for healing. Follow up questions might include:

- How have you managed to take care of your children despite the challenges?
- What community resources, like women's or local groups, have you accessed before?
- What traditional practices or beliefs have given you strength?

Relational questions are crucial to explore connections with others, extending the therapy sessions beyond the widows themselves. This involves discussing supportive family members, friends, and networks in a longer-term scope of community participatory action. Examples of relational questions, tailored to local customs and relationships in Northern Uganda, include:

- How can the elders in your village support your healing journey?
- What role does religion (church, mosque, etc.) play in your support system?
- How can we involve your children in creating a positive environment at home?

In one example, a widow who lost her husband due to bandit violence envisioned a future where she feels safe, connected, and empowered. The widow revealed that she has a group of supportive younger sisters who check on her daily and that she also finds strength in her faith and daily prayers. She describes a life where she lives freely in her village without fear, even taking up leadership roles in local women's groups, but says that this might change when her sisters marry in a few years, and she will not be able to be active in public life.

Another widow grieving the loss of her partner focused on maintaining her cultural rituals and traditions as a way to honour his memory and find solace. She envisioned a future where she regularly participates in cultural rituals that celebrate her husband's life and strong legacy in the community. She was part of a polygamous marriage, but

now she has no communication with the other wives of her husband. She mentioned a local elder who guides her in performing rituals with a community group that participates in these traditional ceremonies, since her husband remains an outstanding and honorable person for the village. In this example, practical steps to foster healing and connection might involve creating a support network among the wives, allowing them to share together as a small group their grief and their life experiences.

This form of collective narrative therapy with social interventions that encourage group-led practical actions, group discussions and activity sessions, showcases the potential of the SFBT model to enhance mental health in impoverished communities across Africa, and foster closer collaboration between vulnerable people, therapists, reporters, humanitarian practitioners, and communities.

Understanding diverse conditions

The application of the SGBT model in Northern Uganda involves integrating this mental health approach into humanitarian efforts and requires leadership and coordination from local and international NGOs working in the region. Therapists and humanitarian workers conduct regular group sessions where widows share their desired outcomes, strengths, and support systems. Community meetings are organised to discuss and enhance social networks, involving local leaders and various practitioners to provide holistic support. This ensures that the therapy is as culturally sensitive as possible and effectively addresses the unique challenges faced by widows in this region.

The narratives of grief that are presented in the therapies and the corresponding wider discussions in the newsletters reveal a rare peculiarity that can be easily misrepresented in humanitarian terms. Polygamous marriages are still very common in the northern regions, and a deceased husband may reflect a loss for many wives and their families.⁵ The power relations within polygamous marriages can significantly affect the different experiences and coping mechanisms of widows. The newsletters show, for example, that older wives, who typically have more children, may possess greater influence within the family and continue to manage household affairs. They may even have the authority to rule over other wives or marry another male relative to maintain their status and security. This arrangement can provide stability for herself and her children, and may partially address the emotional and psychological aspects of her grief. On the contrary, other widows may find themselves completely isolated, especially the younger, childless wives. They might be relegated to a subservient role, remaining unmarried and exposed to economic hardships and social stigma. A young,

childless widow might be seen as a burden and may receive little support from her late husband's family. She could face severe social isolation, making it difficult to secure basic necessities for herself and any dependents.

Younger, childless widows often face the double stigma of being widows and not having children. This dual burden exacerbates their social isolation and reduces their chances of remarrying or being accepted by the community (Ugwu et al., 2020). A young widow without children can be viewed with suspicion and pity and might avoid public life and remain secluded, fearing judgment from both her in-laws and her community in rural Uganda.

The therapy sessions and newsletters reveal this complex social structure of interconnections between widows in polygamous marriages and highlights how certain widows are hidden from humanitarian interventions, excluding them from potential support networks. These women might not seek out or receive aid, as they do not participate in community activities where such support is typically distributed, further entrenching their isolation and hardship. Invisible widows like these women highlight the importance for humanitarian organisations to look beyond what is immediately discernible in crises, and make forming deep connections with local leaders and all types of community members essential to the earliest planning stages of interventions.

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Understanding other regionally specific issues like land grabbing, which threatens many widows' survival across Uganda (International Justice Mission, 2014), are similarly vital to designing effective interventions. For many widows, land is a crucial asset that supports their livelihood through agriculture. When their land is taken away, they lose their primary source of income, plunging them into deeper poverty. Many widows reveal that they often face legal challenges in asserting their rights to land, particularly in regions where customary laws and practices deny them inheritance rights. Land grabbing not only strips widows of their economic resources but also isolates them from their communities. Without land, widows may lose their social standing and connections, further alienating them and limiting their access to community support (Mwaka, 1998). Widows who are forced off their land may move to urban areas in search of work, losing their ties to the rural community that once provided them with social support.

⁵ According to the 2019-2020 Uganda National Household Survey Report, 6% of Ugandans over 15 years old are in polygamous unions. In the northern regions polygamy is much more common, and in Karamoja sub-region over 26% of persons are classified as polygamous. See: https://www.ubos.org/wp-content/uploads/publications/09_2021Uganda-National-Survey-Report-2019-2020.pdf

Humanitarian implications

Understanding these diverse scenarios reveals some key considerations and strategies for humanitarian organisations and leaders, both in this specific Ugandan context, and more generally in crisis situations across the globe.

In Northern Uganda, acknowledging the intra-widow hierarchies in rural societies, especially among widows of polygamous marriages, is essential. Interventions must be tailored to address the specific needs of different types of widows in Uganda, ensuring that those with less power and visibility receive adequate support, and remain at the core of relevant support systems (Tshaka et al., 2023). Implementing targeted outreach programs should involve home visits from local therapists that can help identify and support the most vulnerable widows who are isolated due to stigma. Therapists may also perform the role of an informal humanitarian worker, providing isolated widows with essential food, medical care, and psychological support.

Close analysis of SIDINL reports reveal the unique, situational needs that should be addressed in developing support and humanitarian programs in any crisis. This might include something more than simply counselling services or communication sessions, but also skills training, and economic empowerment initiatives. In the Ugandan case, it could be vocational training programs for widows to gain skills to achieve financial independence, reducing their reliance on family members who might not be supportive.

In Uganda, the community psychology SFBT approach has created small community sensitisation programs aimed at reducing the stigma associated with widowhood or childlessness. These programs involved local leaders, religious figures, and other community groups to foster a more inclusive and supportive environment (Nwaoga et al., 2021). Collaborating with village elders to create safe spaces for all widows to gather, share their experiences, and receive support can enhance the effectiveness of humanitarian interventions (Dube, 2022). These resilient support networks should be open to all widows, without power imbalances, providing emotional support, practical advice, and a sense of community, particularly among themselves. In the wider context, involving local leaders and elders in support processes to ensure interventions are culturally appropriate and widely accepted is key to any effective intervention. Their endorsement can help legitimise the support programs and encourage community participation (Motsoeneng and Modise, 2020).

An effective intervention requires looking at people and their needs from within the local context, rather than imposing external perceptions and solutions, and understanding the specific cultural and social nuances of each community is crucial. In Northern Uganda, widows in polygamous marriages face unique challenges that differ

significantly from those in monogamous marriages, and programs that do not account for these differences may fail to address the root causes of their vulnerabilities.

An effective intervention requires looking at people and their needs from within the local context, rather than imposing external perceptions and solutions, and understanding the specific cultural and social nuances of each community is crucial.

Foreign humanitarian organisations working in Uganda often recognise that social stigma traps widows in poverty. However, they must also consider how this stigma operates on multiple levels, particularly affecting younger or childless widows in polygamous marriages (Kassaw and Shumye, 2021). While foreign NGOs acknowledge the presence of local female support systems, often, they do not investigate how these incorporate all conditions of widowhood.

Additionally, foreign organisations may attribute the poverty of widows to a lack of education or opportunities, failing to see it as a result of pervasive social discrimination and cultural norms, since some widows might possess necessary skills and knowledge but still face economic hardships due to land grabbing, legal discrimination, and social ostracism. Humanitarian program design and planning should ensure that support is accessible to all different instances of people, especially those who are the most vulnerable and overlooked, inclusive of all, and accounting for the diverse conditions they face (Mezzanotte et al., 2022; Wirastrri and Van Huis, 2021). This involves, however, very detailed assessments of local social structures and power.

Newsletters as humanitarian networks

The Northern Ugandan SIDINL micro-networks operate as places to tell shared stories of widowhood, and play a crucial role in shedding light on these complex realities—providing valuable insights that inform humanitarian strategies. Each widow's situation requires a tailored approach that considers her specific context, ensuring that she receives the support she needs to rebuild her life with dignity and hope. Personalised healing strategies involve understanding the trauma experienced by each widow and offering individual and collective care that addresses her specific psychological and emotional needs. This might include one-on-one counselling, group therapy sessions, or community support groups. For instance, a widow who has experienced or still faces violence may benefit from intensive trauma-focused therapy and support from peers who have undergone similar experiences, in and out of the local context (Mahat Shamir and Leichtentritt, 2023). The

diverse scenarios in the SIDINL newsletters illustrate the complexity of widowhood, and the importance of tailoring support and healing strategies with unique attention (Thomas, 2021).

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The SIDINL newsletters also serve as vital humanitarian networks by documenting and disseminating the diverse experiences and survival strategies of widows. They showcase diverse situations of life, capturing a wide range of widowhood experiences, from those who thrive with strong community support to those who struggle in isolation. This diversity is crucial for designing interventions that are inclusive and comprehensive. By sharing stories of widows in polygamous marriages, childless widows, and those who have faced extreme isolation or even violence, the newsletters can provide a holistic view of the varying needs and challenges (Tshaka et al., 2023).

The newsletters also have the potential to inform humanitarian strategies by offering data-driven insights into the real-life situations of widows, which can inform the design and implementation of targeted programs (Nsokele and Kika, 2024). For example, analysis of the newsletters reveals other common themes such as land disputes, social stigma, and economic hardship, which can then be addressed through specific programs and policies. The newsletters perform as networks of interactions and can help ensure that interventions remain responsive and adaptive to changing circumstances by regularly updating the experiences and needs of widows (Huisman and Lemke, 2022). For example, if the newsletters report increases in land grabbing incidents, humanitarian organisations can prioritise legal aid and land rights advocacy in their interventions.

Encouraging the participation of people in crisis in creating and refining support programs helps to ensure that interventions are relevant and effective. Regular feedback through newsletter networks such as the one operating for widows in Uganda can guide the development of community-based initiatives that better meet individual and community needs.

Envisioning empowerment

Across different African cultures, widows are subject to various forms of discrimination and deprivation, often suffering deplorable abuse and powerlessness. In Uganda, the SFBT community psychology approach in relation to widowhood is creating safe spaces where widows can share their experiences, and gain support from local therapists, fostering a sense of community and collective resilience essential for their long-term well-being (Joubert and Guse, 2021).

In humanitarian terms, enabling widows to take control of their lives and situations reflects the framework of empowerment theory (Ude and Njoku, 2017). Empowerment theory focuses on reducing powerlessness created by negative valuations based on membership of a stigmatised group, and involves developing an effective support system for those who have been blocked from achieving individual or collective goals because of the severity of the discrimination they suffer. Applying empowerment theory to humanitarian interventions involves helping vulnerable people attain consciousness of their lack of power and an awareness of the forces that perpetuate their powerlessness. Empowerment signifies developing a capability to increase personal, interpersonal, or political power, allowing vulnerable groups, like Ugandan widows, to have greater control over their life situations. In this context, practical humanitarian applications of empowerment theory have included:

- Consciousness raising and educating widows about their rights and the social, cultural, and economic factors that contribute to their oppression. This can be achieved through community humanitarian programs, and informational campaigns that highlight legal rights and available resources.
- Collective action through encouraging widows to form or join support groups where they can advocate for their rights and support each other. These groups can serve as a humanitarian platform to share experiences, provide mutual support, and engage in collective bargaining for better treatment.
- Economic empowerment by providing business support to help widows achieve financial independence. This includes training in sustainable agriculture, crafts, and small business management to become economically self-sufficient and less vulnerable to exploitation.
- Legal advocacy and support through the establishment of legal aid services to help widows navigate the legal system and assert their rights. This includes providing legal representation, human rights education, and assistance in drafting documents.

Final remarks

This analysis underscores the profound need for local, personally responsive interventions to support different situations of widowhood in Northern Uganda and beyond. The importance of empowering widows through community-based approaches and personalised healing strategies has significant humanitarian applications. True humanitarian support extends beyond immediate aid, since it requires fostering a sense of more direct agency and resilience among vulnerable people, enabling them to reclaim their lives and roles within their communities.

True humanitarian support extends beyond immediate aid, since it requires fostering a sense of more direct agency and resilience among vulnerable people, enabling them to reclaim their lives and roles within their communities.

The use of SIDINL newsletters as micro-humanitarian networks showcases the potential of some interpersonal, digital platforms to bridge gaps between local experiences and global humanitarian efforts. Widows in Uganda can share their stories in safe, private spaces as therapeutic sessions, accessing a spectrum of support that includes mental health professionals and external humanitarian workers. This digital approach enhances the visibility of their struggles for suitable recipients of knowledge, and facilitates the development of tailored solutions that can be practical and sustainable.

This humanitarian approach is empowering, integrating various support systems (legal, economic, and psychological) as part of a holistic strategy to address trauma. The shift towards more inclusive, personally integrated, and supportive efforts can create a robust framework for aiding vulnerable people such as Ugandan widows on a one-on-one basis. This is a very resource-intensive approach, but better addresses immediate needs, building a foundation for long-term resilience and empowerment, and transforming widows from passive recipients of aid to active participants in their journey towards healing and self-sufficiency.

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This publication is made possible with the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the author(s) and do not necessarily reflect the views of USAID or the United States Government.

