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# TRIPLE CHALLENGES OF OLD AGE, WIDOWHOOD AND VISUAL IMPAIRMENT AMONG TWO ELDERLY IN OSUN STATE, NIGERIA: A CASE STUDY

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## ABSTRACT

Old age in most people is associated with quite a number of challenges in terms of dwindling income, poor social support, low quality of life and declining health status. The journey of old age could be more challenging if there is any major bitter life experience such as widowhood or permanent physical disability. This study examined the peculiar old age experiences of two visually impaired, widowed old persons (a male and a female) in Osun state Nigeria. A descriptive case study design was adopted, using interpretivism approach which is based on naturalistic approach of data collection. Through this, the challenges, needs and survival strategies of the victims are portrayed.

**Keywords:** old age; widowhood; Visual Impairment; vulnerability, life experience

## INTRODUCTION

Old age is a difficult time for many people; it is potentially a time of declining health, reduced income, loss of a meaningful role, or the death of loved ones. Old age is also characterised by decrease in physical ability, limit in social interactions, emergence of a series of health challenges and gradual loss of independence. Some of the common health challenges in old age could include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia (WHO, 2022).

According to Southern African Catholic Bishops' 'Conference Parliamentary Liaison Office (CPL0)' briefing Paper 302 (2012), older people may also suffer from health condition like cancer and neurodegenerative disorder such as Parkinson's disease; they may equally experience strokes and heart attacks; mobility could be increasingly difficult for them and sometimes leading to falls which could result in further complications; they could also be experiencing joint pains, diminishing bone density, escalating dental problems and deteriorating eye-sight. Invariably, as people age, they are more likely to experience several conditions at the same time. These old age challenges, depending on their severity, can create great discomfort, anxiety as well as unhappiness and worry. Continuous experience of such emotions may result in depression for the elderly people and this could strain their relationships with spouses and children which could lead to isolation and Loneliness. In extreme cases, any bitter experience in old age could lead to mental illness or feeling of stress, thereby reducing the quality of life. Many elderly people live lives marked by progressive ailment and limited financial resources, and are all too often the victim of physical abuse and financial exploitation

With advancing age, the normal function of eye tissues decreases and there is an increased incidence of ocular pathology (Loh & Ogle, 2004). Older adults with age-related macular degeneration may psychologically adjust to the challenges of vision loss which may result in a decrease of certain challenges over time (Cimarolli, Boerner, Brennan-Ing, Reinhardt & Horowitz, 2011). Visual impairment among the elderly is a major health problem. It restricts one's movement and activities of daily living. It could further engender loneliness and isolation in old age. This could be a major source of depression and low quality of life.

In health care settings, an association between visual impairment and depression has been consistently reported (Rovner & Shmuel-Dulitzki, 1997). Greater prevalence of depressive

symptoms in those with visual impairment has also been reported (Zimdars, Nazroo & Gjonça, 2012; Flynn & Lord, 2015). In a cross-sectional study of 13,900 older adults in Britain, those with visual impairment were three times more likely to experience depression than those with good vision (Evans, Fletcher & Wormald, 2007).

Most of the evidence linking depression and visual impairment has been cross-sectional (Rovner & Shmueli-Dulitzki, 1997). However, other evidence suggests that vision loss may also be associated with new-onset depression (Choi, Lee & Lee, 2018). Furthermore, visual impairment has also been linked with poorer outcomes in other domains of well-being. Heightened levels of loneliness in those with visual impairment compared with those with good sight has been reported in Dutch and the US, but no significant increase in levels of loneliness was reported in a German study and no known study has assessed loneliness specifically in the United Kingdom but several surveys indicate that social exclusion and reduced social contact may be experienced after sight loss (Slade & Edwards, 2015; Flynn & Lord, 2015). Similarly, no such data were readily available in most African countries particularly Nigeria where there are now dwindling communal living and no organised welfare provisions for the old ones. Associations between visual impairment and lower life satisfaction have equally been reported, (McManus, Lord, 2012; Crews, Chou, Zhang, Zack & Saaddine, 2014) with UK data suggesting that those with sight loss were three times more likely to be dissatisfied than those with no impairment (McManus & Lord, 2012). Similarly, a link between visual impairment and reduced quality of life (QOL) has been documented by a review of qualitative studies by Senra, Barbosa, Ferreira, et al. (2015). Quantitative studies by Lamoureux and Pesudovs (2011); Liljas, Wannamethee, Whincup, et al. (2016), and Matthews, Nazroo and Whillans (2017) have also found evidence of an association cross-sectionally, and longitudinally suggesting that improvements in vision may lead to a corresponding increase in QOL. However, most of these research activities were carried out outside Africa; there seems to be paucity of research evidence on the challenges faced and different dimensions of vulnerability experienced by older people with visual impairment in Nigeria. Thus, there is therefore the need to pay more attention on this area of study in Nigeria.

Meanwhile, widowhood is also among the most stressful of all life events and requires more psychological and behavioural adjustment than any other life transition. The losses and grieving suffered particularly during late adulthood, predisposes the older people to stress and the effects of such stress on the older people undoubtedly compromises their quality of life further (Kozier et al. 2004). Srivastava, Debnath, Shri, and Muhammad (2021) stressed that widowhood is a catastrophic event at any stage of life for the surviving partner with serious repercussions on their physical, economic, and emotional well-being, particularly in the first year of the loss or for a longer term in some cases. Invariably, widowhood often places individuals at a greater risk of deteriorating health and depressive symptoms. Burns, Browning and Kendig (2015) opined that widowhood alone may not lead to depression in older adults. But those who are widowed and socially isolated have an increased risk of depression across studies, prevalence rates of depressive symptoms are estimated to be high as 15-30 percent within the first year of widowhood (Wilcox, 2003). Also, at old age, loss of spouse has more implications due to the fact that older adults have built lifetime habits with the spouse over the years and this could make adjustment to new life a major challenge after the death of the spouse (Atchley, 1989). Apart from the psychological and emotional effects on the widow (Stroebe, Hansson, Stroebe & Schut, 2001), the social and economic effects cannot be overemphasised. So, widowhood could bring serious economic challenges, because loss of a spouse could be loss of major source of finance, and studies have found wealth status to be a strong predictor of health outcomes among older adults (Gillen, M. & Kim, 2009; Muhammad & Srivastava, 2020). Generally, the effects of marital death at old age are often accompanied with different challenges, such as economic hardship out of the labour market, social exclusion (depending on the nature of widowhood rites practices in their community), loneliness, health challenges, poor nutrition/ feeding, and so on. In some communities, women do not inherit anything after the death of their husbands while in the case of men, the strength to continue their economic activities might have gone. The nature of financial burden suffered by widows and widowers could also depend on their economic status.

In Nigeria, there are no functional national policies on the care and welfare of older persons amidst increasing ageing demographics in Nigeria. In addition, the breakdown of the family structure and absence of a social security system, present more challenges to the care of elderly in Nigeria. The ageing population is on the increase almost all over the world (Zubiashvili & Zubiashvili, 2021). People are living longer because of better nutrition, sanitation, health care, education, and economic well-being, yet there seem to be no visible provisions to take care of the aged population particularly in this part of the world. Such an ageing population therefore presents numerous social and economic challenges to the nation.

Arising from the foregoing, this case study was designed to assess and describe in-depth the peculiar challenges experienced by older adults with significant vision loss and loss of spouses with a view to critically study their different areas of vulnerabilities and how they have been navigating these precarious situations. The study also examined their bitter and sweet experiences of life, the social support available to them and other factors that keep them afloat of the challenges. The outcome of this study provides valuable information for policy formulation of care for the ageing population particularly those that may be passing through some precarious situations among them.

### **Theoretical Framework**

The study is hinged on the theory of bereavement of Colin Murray Parkes (1972) that focus on grief in adult life. This becomes relevant as the two subjects under review both have cases of loss of significant people as well as loss of their sights. and they are old. By applying this theory to this context, the study foregrounds the idea that although grieving the loss of a loved one is painful, it is a natural phenomenon in human experience. It also opens up critical space to reflect on how individuals adapt to major life changes after the loss. Colin Murray Parkes' psycho-social elaborations' view bereavement as a psychosocial transition that focus on how individuals adapt to major life changes. This theory explained by Colin Murray Parkes include stages of shock and numbness; yearning and searching; disorganization and despair; reorganisation and recovery. This theoretical framework is not only intellectually aligned with the study but is also practically significant to study long-term effects of the loss of loved ones.

### **Ethical considerations**

Ethical approval for the study was sought from the Research Ethics Unit of Obafemi Awolowo University, Nigeria. Written consent of individual respondents was sought and obtained before participation in the study. Although the two respondents had the right to withdraw from the study at any stage without any penalty, they participated enthusiastically in the study.

## **METHODOLOGY**

### **Research Design**

The study adopted a descriptive case study design using interpretivism approach which is based on naturalistic approach of data collection. This design involve the use of interviews and observations. In an interpretivism approach, focus of interest is mostly specific, unique and deviant. Interpretive research employs a theoretical sampling strategy, where study sites, respondents, or cases are selected, based on theoretical considerations such as whether they fit the phenomenon being studied or whether they possess certain characteristics that make them uniquely suited for the study. Convenience samples and small samples are considered acceptable in interpretive research as long as they fit the nature and purpose of the study. Also, rigour in interpretive research is viewed in terms of systematic and transparent approaches for data collection and analysis rather than statistical benchmarks for construct validity or significance testing. Old age is a normal development process that has some common characteristics and challenges such as loss of physical strength, possible loss of loved ones among others. Each of these experiences could be depressing and make one vulnerable. However, adding another debilitating challenge at old age could worsen one's quality of life at that period of life. In this

study, the two main respondents were not only old, they have both lost their sight as well as their spouses. These two precarious experiences at old age are peculiar, therefore interpretivism approach could be used to describe their circumstances and the way they have been able to cope with the situations. Qualitative descriptive design adopted would help to study the life experiences of the bereaved participants.

### **Participants Selection**

This study, carried out in Obafemi Awolowo University, Ile-Ife, was part of a TETFund sponsored project on the Vulnerability of Elderly Population in Nigeria. The main study involved collection of data from elderly population in three states across the three major regions of Nigeria. Experience and observations on the field while collecting data for the main study drew our attention to the precarious circumstances of the two respondents in these two cases. The need to pay closer look at the vulnerabilities and coping strategies of these two subjects as a case study became a matter of interest.

In this study, two elderly persons who are visually impaired and have lost their spouses were selected and interviewed alongside their caregivers. For the purpose of this study, the male respondent is named Baba Pastor while the female respondent is named Iya Agba (the names given them are Pseudo-names for the sake of confidentiality). The two respondents were selected from two rural areas in Osun State, Southwestern Nigeria. Their culture bestows on the children the responsibility of caring for their aged. The participants were therefore expected to benefit from such cultural practices

### **Demographic Characteristics of Participant**

**Participant 1:** Baba Pastor was a 77-year-old clergyman, selected from Ayedaade Local government of Osun State. He started his primary education in 1952 but dropped out of school in the third year due to lack of funds. He later went into carpentry in 1956. Not long after he entered into apprenticeship, he began to lose his sight until he could no longer see. He ventured into farming even in his state of blindness. He entered into petty trading with the assistance of people around him. All these ventures seemed not yielding until he found himself in clergy work. He got married in the early 1960s and had a child through his first wife. That marriage did not last, the wife got separated from him and later died shortly after the separation. He later got married to another woman who had four children with him. He lost the second wife at age 67 and has ever since then remained single. He lived on support of neighbours and church members.

**Participant 2:** Iya Agba was a 85-year-old widow selected from Atakunmosa West local government area of Osun State. She was in a polygamous marriage with five children. She had no formal education but was into selling food until lost her sight about ten years before the interview. She lost her husband at age 60 and her sight at age 78. She had equally lost one of her children some years back. She lived on the financial support of her children and also depended on the care of one of her grandchildren and other neighbours around.

### **Collection of Data**

After identifying the two respondents for this study, they were contacted to seek their verbal consent. They both agreed to participate in the study and dates for interviews were fixed with them. Also, each of them presented a significant other that could be interviewed to get more information about them: Iya Agba presented her 25-year-old granddaughter that served as her caregiver while Baba Pastor presented the researchers with his 34-year-old first son, who was his close confidant. There was direct interaction with the respondents in the two cases studied. This afforded us the opportunity of rich data from them in their own words, revealing their perspective about their situations. The caregivers' account collaborated the detailed account of the respondents. The use of the qualitative data collection techniques enabled the researchers access to a detailed account of each participant's experiences. This also allowed for an in-depth insight into the views about how vulnerable they are with their disability and widowhood status at old age.

An interview guide designed to understand the life experience of the older people was used to answer the research questions. The interview guide was developed in English language but interpreted into Yoruba language during the interview. Participants' perception of ageing was explored focusing on individual life experiences on disability, widowhood and ageing. Narrative technique was employed to gather information from the participants. Being male and female in the same situation of life at old age, cross- gender comparison was also made possible with this approach along with the living situation and coping strategy of the participants.

The interview took place in participants' homes. On the appointed days for the interview, the purpose of the study was reiterated to the respondents and the consent to go ahead with the interview and to tape record the interview was sought and granted. The interview was conducted in two days putting the respondents ages and challenges into consideration and all interviews were tape recorded. The interview for each of the two main respondents lasted 40 to 65 minutes each day while those of their significant persons lasted for 35 to 45 minutes. All the interviews were conducted in Yoruba language – the language the respondents speak fluently.

### **Data Analysis**

All the interviews were transcribed to English language and loaded on AtlasTi software for analysis. Code books were developed and codes generated by the researchers individually. The codes were thereafter reviewed and agreed upon by the researchers with the view to ensuring intercoder reliability. Themes and sub themes were developed to guide the discussion. Reports were generated based on the themes and sub-themes in which similar quotes and responses to the questions were aggregated and pooled together under the same themes. The results of the findings were therefore described and discussed extensively, based on the themes and sub-themes generated

### **RESULTS**

The findings of the study are discussed under different sub-themes. With this, the life trajectories of the two participants were traced to understand how events and happenings in their lives contributed to their vulnerabilities and to also have a better understanding of the coping strategies they have adopted so far.

#### **Education and Schooling**

Education in its different forms is a tool for empowerment and liberation from ignorance; its importance in one's life cannot be over-emphasized. According to one Chinese proverb, education is the best legacy to give a child *because giving a child a skill is better than giving him or her a thousand pieces of gold*. As important as education is, the two respondents in this study were, to a very large extent, denied opportunity to formal education and its benefits. Baba Pastor, our male respondent, had minimal formal education. He was enrolled into formal education in 1952 but dropped out of school at Standard 1 in 1955 due to less importance attached to education by the parents, coupled with paucity of funds. However, he was enrolled in carpentry in the year 1956 until he started developing sight problems. Iya Agba had no formal education at all as her parents refused to enroll her in school. According to her, the parents never believed in training a girl child in formal education because of the native traditional philosophy that a woman's place is in her husband's kitchen and her primary role centres in her home. This belief was a significant obstacle in accessing proper education and has kept many girls away from education, thereby creating a serious gap between the boy-child education and that of the girl-child. The two respondents lamented on the negative impact of lack of formal education in their lives; the following are some of the excerpts from their responses.

My father did not have the means and he was not too informed about the importance of education. That was how I stopped school then. I stopped at standard I. ... I stopped school not because I was failing but because of lack of funds. I thought it would be better to learn handwork. This brought me to Gbongan as an apprentice to a carpenter.

I sat for and passed Modern School Examination but I couldn't go because of lack of funds. **Baba Pastor**

That is why female children were not sent to school in the olden days because they felt they would be too chauvinistic, ... My immediate younger sister did not go to school but she would not allow us to take her for a ride. She never stepped her foot into a classroom, .**Baba Pastor**

Inability to have education is still very painful to me. It wasn't intentional for me but I was not enrolled in school, because education was less valued here then, and there was no chance of enrolling me, no one did. Probably, if I had been enrolled, I would have furthered my education a bit. I really wished to be educated, but no one enrolled me. So, it is painful to me not to have had education, because I would have been a better person if I was enrolled. - **Iya Agba**

From their conversations, one would see that parental ignorance and poverty were the major causes of lack of formal education on the part of the respondents. They both believed that their lives could have been better if they had some education. Lack of education could deny one so many opportunities in life and this to a large extent is a source of vulnerability and poor quality of life. If our two participants had got the opportunity to access formal education early in their lives, they might have chosen a better career path that would have improved their quality of life and invariably reduced their vulnerabilities. Possibly they might have been gainfully employed from their youthful age and be financially buoyant enough to access good health facilities to prevent their sight problem.

### **Vulnerability Experience**

One of the major areas of vulnerability of our two respondents was poverty. The two of them were from poor and polygamous homes. The poverty in their homes was a major source of vulnerability. To start with, they could not afford formal education, neither could they afford some basic needs of life right from their childhood. The respondents' level of poverty had affected their life significantly and to a large extent, it was becoming transgenerational in reducing their quality of life and that of their children. The male respondent had these to say on that:

I am living in my father's house. I don't have my own personal house. My father died just four years after building this house... You can see that the entrance to this building is not smooth (meaning the house is uncompleted) You can slip and fall if you are not careful. I also don't have money to cater for the needs of my last child. These are things and many more that I need money for... **Baba Pastor**

Our female respondent also has this to say about some of her vulnerabilities:

There are so many things that make one, as elderly, worry; lack of money, when the clothes are dirty and no one is available to help with laundry and maybe we have to do the laundry ourselves, when there is no one to run errands for them and they have to run around by themselves, eating what they don't ordinarily want to eat because of lack of money... even the little proceeds I was able to gather while working have been expended on my health. .... **Iya Agba**

From the foregoing, it was clear that the two respondents, particularly the male respondent, were living poorly on no income and reliant on donations from relatives. This translated to a very low quality of life exacerbated by mobility restrictions caused by their eye problems. Though the female respondent appeared to be in a better position because, while she was younger, she was engaged in the petty business of food selling; through this, she was able to get some of her children to be fairly educated, who are now giving her little support in old age. However, some of

the areas in which she appeared vulnerable included inability to get food of her choice in time, not receiving help as at when due, the need to be assisted with activities such as laundry, and not receiving assistance to run errands on time. Even though she has her granddaughter to look after her, the girl may not always be available.

Expectedly, their health condition was a source of vulnerability and this affected almost all areas of their lives including their locus of control. In fact, one of them even attributed his precarious health condition to poverty and his polygamous background. He associated his loss of sight to metaphysical, unhealthy competition and rivalry in African polygamous homes. Though this could not be proven scientifically, the belief that there are spiritual enemies somewhere could have some psychological effect on one and could also restrict one's interaction with people around, invariably leading to isolation and low level of social support. He had this to say;

Ah! It (polygamy) impacted my life negatively. If you look at that picture, you would see my eyes are in perfect condition but if I remove my glasses, you would notice the difference. So, polygamy contributed immensely to my present condition. And that is evident and glaring - **Baba Pastor**

Meanwhile, old age coupled with deteriorating condition of health also subjected the two respondents to some form of social exclusion. Obviously, they could not attend social gatherings and neither could they visit friends for interaction. They were vulnerable to loneliness and this, according to them, brought about depression once in a while.

I grew up with few friends and we're still friends because we belong to the same age cohort. Meanwhile, old age ridden with sickness has impeded our usual relationship. - Iya Agba

The little respite they had was the good relationship they had built over the years while they were still agile and this made some relatives and neighbours to pay them a visit once in a while and to give them some support when they needed such. This of course could not replace having a permanent companionship in their spouses. Unfortunately, they were unable to return the visits because of their condition, so, their interaction with people was not at their will but at the will of their guests.

Just like when I was much younger, I related well with others, I would visit them when they had functions, and they would also come around me whenever they missed me. My relatives would also come around when they missed me, and I used to give them whatever I had as refreshment, we would wine and dine together, then, I would also visit them, and we used to rub minds. This relationship has created the bond that we now enjoy at old age, though I can no longer visit them. **Iya Agba**

Report from our findings also revealed that our male respondent skipped meals sometimes as a result of non-availability of what to eat. Most often too, he ate whatever he could afford or what was available, not necessarily what he desired or wanted. This is still a sign of poverty. Below are some excerpts from him.

My diet is not balanced. Let me not deceive you. I stopped eating eba because I was having challenges in my stomach, I only eat amala, fufu, and solid pap. Fruits are most times not included in my diet... **Baba Pastor**

Iya Agba reported that she didn't really skip meals, though there are instances when she could not afford what she really wanted but she had her meals regularly most of the time. The support she received from her children went a long way in making this possible to alleviate her sufferings. Meanwhile, other areas of vulnerabilities identified by our respondents included unfair treatment and being taken advantage of. Our respondents reported a few cases of unfair treatment and abuse from neighbours and close acquaintances.

A man duped me. I reported this to one of my friends. This particular man usually travelled to Ode-Omu but would take another route in order to avoid meeting me in life. - **Baba Pastor**

There have been instances where I have been treated with disdain but I have to accept them with joy as a child of God. Jesus Christ was treated with disdain too- **Baba Pastor**

There is no way you can be in a community without experiencing verbal abuses There would always be exchange of words and name calling during confrontations or conflicts. And once it is settled, life continues as we used to do. Name calling is common when there is misunderstanding, even your biological children can call you names if they feel they are unfairly treated.  
**Iya Agba**

From the foregoing, our respondents seemed to experience unfair treatment and verbal abuse once a while within their community, though they counted such as part of the inevitables of life and moved on with life.

### **Bitter Life Experiences**

The two respondents have bitter tales to share in their life experiences. They have had significant moments of sadness and grief in life, one of which made them subject of interest in this case study. They had both lost significant people in their lives, in addition to their spouses. For a variety of reasons, the male respondent found the experience of spouse loss more debilitating than the female respondent. First, he had lost his sight early in life, and he desperately needed the companionship of an able-bodied spouse who could be of assistance in all ways, especially in caring for the family. Unfortunately, he married twice, he suffered loss of spouse twice. He had been through spouse bereavement and grief twice, and it was still having an impact on him at the time of our interview Secondly, his state of widowhood made him unable to cater adequately for his children, consequently, the children could not be educated as they ought to. The children had to struggle mostly on their own to have little education.

The widower discussed the pain he went through during the first and the second time of bereavement, he was particularly more pained by the death of the second wife due to the long and intimate relationship they had established and the condition of his health at the time of her departure. He was depending on her for support to a very large extent and the support was cut short. The following is an excerpt from him:

The woman I later married (the second wife) made a great impact in my life. We didn't fight. We understood each other very well. There was no time she gave any problem except when she fell ill and we thought things would go back to normal after she had been healed but she didn't make it. She is dead now. **Baba Pastor**

Similarly, our female respondent has the following to share about her painful life experiences

My husband's death really got at me. Imagine someone you have children with; someone you have been wining and dining with, someone you 've been raising your children with, you can caution a child with the presence of him. But at a point he is no more there. Imagine the security you have when your husband was alive and no one could harass or fight you because of him. That can be painful, and I was particularly affected. I was a bit old when he died; I have stopped giving birth that time. At that time the responsibility of two persons turned on one person. It caused me emotional pressure. He died about 20 years ago - **Iya Agba**

Our female respondent did not only lose her husband, she had lost her first child and a niece. These were equally devastating experiences for her and her family. She got this to say on that.

When my first child died, it was a sad experience. And my younger sister also lost a child. These experiences were very sad and painful, because these (children) should be taking care of/us now that we are old... **Iya Agba**

The two respondents narrated their experiences about their journey to blindness - they are really pathetic stories to tell.

I started having sight problems about five years ago. And I went to the health centre where I was directed to the General hospital but all to no avail, I also went to see someone at Ipetu, I learnt there is someone there who is into eye care, but he said he could not handle it and asked me to go back home. I bought drugs that I was using but it later turned to what I have now. **Iya Agba**

The year 1967 was the last time I ever saw sunlight. My eye problem actually started in 1965, the same year that we built this house. I went to different places for solutions all to no avail. - **Baba Pastor**

Similarly, as at the time of the interview, Iya Agba has started losing her hearing. This was attributed to old age

### **Sweet Life Experiences**

What were regarded as remarkable and joyous experiences differ for our two respondents. For Iya Agba, the joy of being a grandmother was one of her sweetest experiences whereas for Baba Pastor, one of his joyous moments was the day his first wife accepted his proposal to marry him. Prior to that, the day he was declared his own boss on his carpentry apprenticeship still went on in his memory. The following were extracted from their conversations.

having grandchildren is a joyful experience (to me). **Iya Agba**

There are (sweet) experiences. One of such was the day my boss told me I am now my own boss. I was very happy that day. The second time was when my first wife... (Laughs) agreed to marry me. I couldn't sleep that day ... (Laughs again) because I had been pestering her for a while. We lived in the same neighbourhood. I met her at the entrance of a place where I went to watch a film around a Church.

**Baba Pastor**

Another thing that was a source of fulfilment to Baba Pastor was that he remained a christian and a pastor. This was one of the major drives that kept him going in the midst of his challenges.

### **Social Support**

Our two respondents enjoyed social support to a large extent from family and neighbours, particularly those that they had established good relationships with over the years. This has really helped them in their later years. However, the female respondent seems to enjoy more support than our male respondent. There are a number of reasons one could adduce to this. Commencement of her blindness was more recent than that of her male counterpart, so, she has been in close interaction with people until the loss of her sight. Secondly, she has grown up children that are fairly well to do whom she had invested on while she was still very active. Furthermore, she has some grown up grandchildren that were sent to live with her from time to time, some of these were not applicable to Baba Pastor who had been blind for over five decades He solely depended on the support from few immediate neighbours and a few church members. Below are some excerpts from our interactions with them.

People in the neighbourhood love me, everybody answers me when I call for help. They come around to play with me, we gist, and if there is anything they need to give me, they do it without holding back especially the people with who I live, they are very caring and supportive. - **Iya Agba**

Just like when I was much younger, I related well with others, I would visit them when they had functions, and they would also come around me whenever they missed me. My relations would also come around when they missed me, and I used to give them whatever I had as refreshment, we would wine and dine together, I would also visit them, and we used to rub minds. This relationship has created the bond that we now enjoy at old age - **Iya Agba**

I get the support of the people, like those who give me money, food, especially my children,

they give me money, buy me food, and drugs if need be. And other people also give what they have, like food stuffs, the farmers among them may bring yam or plantain for me. My church pastor used to check up on me and individuals in the church may also come around and give what they have, but in the name of the church - **Iya Agba**

There has not been any (organised regular) support from the church really except those that God ministered unto, to render help to me. They give cash which I use to meet my immediate needs. - **Baba Pastor**

The Church has not really grown and we don't depend on the church for survival. If they bring it, we accept but if not, no problem. Only God provides for me - **Baba Pastor**

The person God has placed with me; this sister's husband is a good advisor. Although he is a young man, he has never forsaken me. God has given him the spirit of an elder because he is a priest too. We share ideas - **Baba Pastor**

### **Coping strategies and adjustment to life**

In this study we also pay particular attention to how these visually impaired widow and widower cope with late-life widowhood, in terms of loss of spouse, limited access to friends and social participation, their community engagement, their health, loneliness, and so on. On mobility, our female respondent has the assistance of her granddaughter who could help her navigate her way most of the time. However, Baba Pastor had no such support but has mastered his environment over the years and he has learned how to help himself not only within the house but also to his church which is some kilometers away.

My children (grandchildren) aid my movement around to where I use the toilet or have my bath. When my children are not around, our neighbour also aid my movement and help me with other things I want to do. Although I walk around the house, but it has not been easy doing that, I do not use walking stick, but I still find way around the house using my hand to trace the walls to wherever I'm going within the building-and it's working for me, So, I don't feel the need for walking stick. **Iya Agba**

I move around by myself, I even go to the mountain by myself. Until recently, I used to travel all alone from here to Ore (in Ondo State) and come back, I will just need someone to lead me to the road and help me into the public transport. The bus would drop me at the junction and i will find my way home - **Baba Pastor**

Baba Pastor has grown to develop a high sense of smell, feelings and good insight to detect and perceive things around him. Iya Agba has her granddaughter with her as caregiver who could lead her around most times but Baba Pastor has none with him. However, he has trained himself to be independent of others by learning to do a lot of things for himself. He did most of his chores

by himself - he went to the toilet, sometimes did his laundry and even cook for himself. Before he grew older, he was into farming even with his state of blindness.

Ah! I cook very well. (Laughs), I cook yam, I can cook beans, I can make eba. I don't like stressing people to cook for me - **Baba Pastor**

On the issue of abuse and insult, the two respondents seemed to have taken that as part of life. They have both developed thick skin towards such attitudes. Though it was not what they experience often but when such came once in a while, they seem not to get bothered much about it. This is a form of defence mechanism against unnecessary brooding or depression.

Also, the two of them have resigned to fate, hoping for the best. What they now hope for was to see their children succeeding. Our male respondent claimed he put his hope in God as the only one that gives thorough joy. The two respondents also believed that the moral support they receive from people around them, particularly leaders and members of their faith, was a strong motivation to keep them moving in life.

## **Conclusion**

In this study death of a spouse has been narrated as a major loss which may raise different health issues such as depression, poor well-being, and psychological issues. It was also established that bereavement at old age is more difficult as the victim may experience more social isolation at this stage, due to different factors such as physical and health issues. In the study, the pain of bereavement was compounded by the visual impairment of the two respondents which limited their social involvement, restricted their movement as well as their interaction with others. In fact, the visual impairment made adjustment time of widowhood at old age more difficult than at younger stages of their life. Worse still, the situation is further compounded by their children not living with them at home to assist. In the case of the widow the granddaughter was left with her as caregiver while the widower has none with him. However, he has trained himself over the years to be less dependent on others by learning to know his ways at home and to cook for himself.

### **Declarations:**

#### **Competing interests**

*The authors declare that they have no competing interests.*

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### **Availability of data**

*The dataset used and/or analysed during the current study are available from the corresponding author on reasonable request.*

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