Cultural Stigmas and Mental Health: The Plight of Widows in the Sotho Community of Zimbabwe

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ABSTRACT

This qualitative study analyzes the nexus between cultural stigmas and mental health outcomes among the Sotho widows in Zimbabwe. To accomplish the main objective of the study, 15 Sotho widows were interviewed to understand how cultural beliefs and societal perceptions contribute to discrimination and mental health disorders. Our paper utilizes the social stigma theory as our theoretical framework since it allows researchers to examine how culture and societal norms influence the stigmatization of widows. Thus, findings from the study divulged that some of the challenges encountered by widows reflect how cultural norms negatively impact their experiences of grief, isolation, and mental distress. Therefore, the research underlines the importance of developing interventions that are culturally sensitive for supporting the mental health and well-being of Sotho widows and other African societies across the continent.

Key Words: (Cultural stigmas; Mental health; Experiences of widows; Sotho Community in Zimbabwe)

INTRODUCTION

Without any doubt, the cultural stigmas experienced by widows in the Sotho community of Zimbabwe directly affect their mental well-being. Most studies alluding to widowhood stigma discussed the extreme social isolation widows face in their families and communities (Matlabe Danke, 2024; Moses, 2018). Hence, this study explores the experiences of widows by showing how social beliefs and discriminatory practices worsen their grief and social isolation. By employing qualitative interviews and social stigma theory as our conceptual framework, we hope to appreciate the relationship between the cultural stigmas and mental health challenges among the Sotho widows in Zimbabwe. The research shows how cultural stigmas prevent natural grieving while simultaneously creating diverse mental health conditions. Thus, this study sheds light on the experiences of Sotho widows and highlights the need for culturally sensitive mental health intervention that addresses the challenges of Sotho widows to promote their mental health and well-being in the community.

METHODOLOGY

This research adopted a qualitative methodological approach to examine the relations between cultural stigmas and mental health disorders among Sotho widows in Zimbabwe. Qualitative inquiry was considered most suitable as it enables the researchers to generate rich, contextualized insights directly from participants through in-depth interviews, focus group discussions, and observation (Creswell, 2016).

Participant Recruitment and Sampling Strategy

The total number of widows recruited was 15 using purposive and snowball sampling. The initial participants were identified through church networks and community leaders, while subsequent participants were referred by those already engaged in the study. Inclusion criteria required that participants self-identify as widows from the Sotho community, reside in Zimbabwe, and be willing to discuss experiences of cultural stigma and mental health challenges.

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Data Collection Procedures

Semi-structured interviews were conducted using an interview guide developed from existing literature on widowhood, stigma, and mental health. The guide was piloted with two widows outside the study sample to refine clarity and cultural sensitivity. Interviews were conducted in isiNdebele, the language most familiar to participants, and were audio-recorded with consent. Transcriptions were produced verbatim in isiNdebele and later translated into English by the research team to ensure accuracy and accessibility for analysis.

Data Analysis

Thematic analysis was employed following Whittaker's (2012) framework. Transcripts were read repeatedly to ensure immersion, codes were generated inductively, and themes were developed through iterative comparison across cases. Coding was managed manually, with analytic memos used to track emerging insights.

Trustworthiness Measures

Credibility was enhanced through member checking, where participants reviewed summaries of their interviews for accuracy. Peer debriefing sessions with fellow researchers ensured reflexivity and minimized bias. An audit trail documenting recruitment, data collection, and analytic decisions was maintained to strengthen dependability and confirmability.

Ethical Considerations

Informed consent was secured from all participants, with procedures explained orally and in writing to accommodate varying literacy levels. Given the vulnerability of widows, confidentiality was strictly maintained, pseudonyms were used in transcripts, and participants were reminded of their right to withdraw at any stage without consequence. Thus, direct verbatim quotations from participants will be presented using anonymized identifiers (Participant 1 through Participant 15) to substantiate the empirical claims while preserving the authenticity of participants' voices.

Theoretical Framework

This study deploys the social stigma theory as its conceptual framework with an endeavor to examine the experiences of Sotho widows in Zimbabwe. Social stigma theory posits that societal perceptions and cultural norms can lead to the marginalization of certain groups, resulting in discrimination and adverse mental health outcomes (Goffman, 1963). Accordingly, the approach enabled us to explore the cultural beliefs associated with widowhood that lead to social stigmatization, hence intensifying mental trauma and social isolation for these women (Vogel and Wade, 2022). Therefore, the social stigma theory is very relevant in this study because it provides a firm foundation for advocating for culturally sensitive mental health services and support structures that specifically respond to the challenges of Sotho widows and provide an appreciation for related stigma concerns in other African communities.

LITERATURE REVIEW

Widowhood is a deeply impactful event in a woman's life, significantly affecting her physical and mental well-being (Sarker, 2024). It is a significant life experience that is often neglected in research and development (The Loomba Foundation, 2015). Despite the evidence on the influence of stigma on health behaviors and outcomes, the relationship between widowhood stigma and health among widows is under-investigated (Odhiambo, et al., 2025). Generally, the life of a widow has been associated with painful experiences in many African communities. Some of these unbearable narratives include negative labeling and stereotypes, lack of social support, and material needs insecurities that increase the likelihood of depression, anxiety, stress, and suicidal ideation (Banford Witting et al., 2020; Chapoto et al., 2011).

It is unthinkable that in many African communities, widows undergo rituals that are designed to control their sexuality (Boaheng, 2022). Many are forced into unsanitary practices such as sleeping with the corpse, drinking

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water used to wash the body of the corpse, and sitting next to the decaying corpse. (Odhiambo, et al., 2025). Currently, in many countries, widows lose rights to marital property such as land when male in-laws disinherit them, claiming customary law (Kodiyo, 2022; Moloi, 2022). Additionally, apart from *rituals and norms regarding sexuality*, widows endure *negative labeling and stereotyping*. The term for 'widow' in some cultures, such as "chi liel" among the Luo in Kenya literally translates to "wives of the grave" to signify the continuity of marriage after the death (Potash, 1986). Among the Chewa people of Malawi, "mai wa masiye" literally means "orphaned woman" (Odhiambo, et al., 2025). Hence, Sarker (2024) argues that widowhood introduces a series of emotional, social, and economic changes that contribute to health decline.

More so, the United Nations refers to the stigma widows face as one of the triple burdens of widowhood, alongside sexual vulnerabilities and economic deprivations (UN Women, 2014). It is common for widows to report a loss of social connection during widowhood (Fasanmi and Ayivor, 2019; Manyedi et al., 2003; Moloi, 2022; Shoko and Danke, 2024). For example, widows may experience a substantial reduction in their social networks when friends of their husbands cease to be their friends and their female friends fear they might "snatch" their husbands (The Loomba Foundation, 2015). This is reinforced by Sarker (2024), who maintains that widowhood significantly reduces social capital, negatively impacting mental health. Most widows find it difficult to connect with family and friends the same way they did when their husbands lived (Manyedi et al., 2003; Moses, 2018). It is sad to imagine that in some African contexts, they are often avoided, shunned, ostracized, banished or abandoned by their family and friends, and sometimes required to sit at the back of buses and church pews, especially those perceived as a curse, ill omen or social burden (Amlor and Owusu, 2016).

Furthermore, Odhiambo et al. (2025) claim that while there is insufficient research that has investigated the relationship between widowhood stigma and mental health, widowhood has been associated with poor mental health. Thus, this area of study calls for more attention. Sarker (2024) upholds that mental challenges among widows continue to increase due to cultural and contextual factors. Widows often contend with numerous societal taboos and restrictions, further exacerbating their physical and, notably, their mental anguish (Sarker, 2024). On the other hand, studies that mentioned widowhood stigma and experiences also mention different kinds of mental health disorders such as trauma, loneliness, stress, severe grief, sleep disorders, as well as suicide, and depression (Akujobi, 2009; Durojaye, 2013; Ewelukwa, 2002). This is a clear sign that there is a link between widowhood, social stigma, and mental health outcomes. Therefore, in unison with these important contributions in the field, we hope that the outcomes of this research will contribute to the growing body of literature, emphasizing the exigent need to develop mental health interventions that are culturally sensitive in order to support widows in the Sotho community and beyond.

Data Presentation and Analysis: Cultural Stigmas and Mental Health Outcomes

Life Denying Rituals

Findings from the research revealed that after the death of their husbands, women are forced to undergo harmful rituals that affect their mental health among the Sotho community in Zimbabwe. This was confirmed by three widows who noted that,

"*When your husband dies, you are not supposed to take a bath until your deceased spouse is buried.*" Participant 2

"*After the death of the husband, widows are forced to wear a black dress for a year.* Participant 7

"In certain cases, widows may be compelled to undergo cleansing rituals, such as bathing with the water used to wash the deceased husband, symbolically marking a final act of connection with him." Participant 12

This is buttressed by Odhiambo et al. (2025), who uphold that widows undergo unsafe widowhood rituals/rites/practices leading to marginalization such as drinking water used to wash the body of the corpse and unprotected sexual cleansing. Mwandayi and Chirongoma (2020) reiterate that some African cultures have harmful traditional practices that affect widows, such as widow cleansing, where a widow is expected to have sex with a male relative or stranger to cleanse her of her husband's spirit. It is argued that widows who fail to

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follow traditions face hostility, rejection, and limited communication, often only with other widows (Amlor and Owusu, 2016; Orabueze and Ogbazi, 2013). As if this is not enough, other widows experience isolation for a certain period. Particularly, they are not allowed to talk to men outside of their family to avoid being seen as seductress (Newton-levinson et al., 2014). They are also restricted from taking part in social activities such as funerals, parties, weddings, or even church (Manyedi et al., 2003; Orabueze and Ogbazi, 2013). Some are not allowed to walk unaccompanied (Izumi, 2007). These practices are often rooted in cultural beliefs and have detrimental effects on the mental health and well-being of widows in the Sotho community. Thus, such rituals and practices associated with emotional burdens hinder the healing process, leading to depression, trauma, and psychological distress among the Sotho widows.

Isolation and Discriminatory Practices

Widows are viewed and treated as unequal and inferior/less than in society (Odhiambo, et al., 2025). Soon after the death of the husband, many widows experience life changes. Most widows find it difficult to connect with family and friends the same way they did when their husbands lived (Manyedi et al., 2003; Moses, 2018). They are often avoided, shunned, ostracized, banished or abandoned by their family and friends, and sometimes required to sit at the back of buses and church pews, especially those perceived as a curse or social burden (Amlor and Owusu, 2016; Moloi, 2022; Moses, 2018; Munala et al., 2022). Outcomes from the study disclosed that once a woman becomes a widow, she begins to experience isolation and discrimination even from those who were close to her before the death of her husband. For instance, two widows noted that,

"*Widowhood makes you lose many friends and relatives. It is said that once one becomes a widow, they are sometimes excluded from family meetings and other decision-making platforms.*" Participant 9

While one widow noted that they would say:

"*What can she tell us?*" Participant 11

Odhiamba et al. (2025) lament that widows are often disrespected and treated as property rather than a person, halfway between a person and thing. Such painful experiences of isolation and discrimination are mainly perpetuated by Sotho cultural practices, which give less value to women who lose their husbands through death. This has led women in the Sotho community to regard widowhood as an evil state. Widows are not expected to have an attractive appearance (Ndiaye, 2015; Orabueze and Ogbazi, 2013). They are humiliated and treated with hostility, often vulnerable to exploitation and needing protection (Gunga, 2009; Izumi, 2007; Mwenda, 2007; Nakanyete et al., 2020). The moment one becomes a widow, she begins to experience mental health disorders because widowhood is associated with unhealthy cultural stigmas. The unfortunate part is that women are given worth based on their marital status; thus, such an understanding needs to be challenged to the core because widows also carry the image of God, *Imago Dei* just like any other human being. Unfortunately, within patriarchal communities, power, respect, and honor for women is tied to having a male guardian, a situation that makes widows lose social status upon the loss of their husbands (Boaheng, 2022; Matlabe-Danke, 2024; Shofi, 2022; The Loomba Foundation, 2015). Hence, our research sees the urgent need to address discriminatory practices in an endeavor to promote the dignity and mental health of Sotho widows.

Negative Labelling

In the transition to widowhood, widows find themselves disrespected, distrusted, blamed, suspected, and voiceless (Orabueze and Ogbazi, 2013; The Loomba Foundation, 2015). Findings from the research highlighted that widows are viewed as people who take away other women's husbands. Others accuse them of being witches who kill their husbands to possess all the property. Isilow (2017) holds that in Zimbabwe, widows are often blamed for the death of their husbands and are subject to abuse and harassment. Itsweni and Thifhumulo (2018) add that widows are associated with other labels such as 'husband snatchers', 'promiscuous women', 'social burdens', 'financial burdens', 'helpless', and 'unwanted insiders.' Accordingly, the study shows that widows are second class citizens. This negative labelling has psychological and social implications. One participant indicated that,

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"*It is unfortunate that widows in the church also experience negative labelling*." Participant 11

Undeniably, cultural stigmas play a decisive role in shaping how widows are perceived and treated within African communities. As a result, many widows emphasized that the negative labelling they encounter from society and in religious spaces greatly contributes to their mental health challenges. The painful part is that they further lamented that widows do not know where to run too because the treatment they receive from the community is not different from the one they experience from their churches. Therefore, the challenges Sotho widows face reflect how societal beliefs shape their experiences.

Loss of property

The study's findings revealed that upon the death of the husband, widows lose their homes and assets. Currently, in many countries, widows lose rights to marital property such as land when male in-laws disinherit them, claiming customary law (Kodiyo, 2022; Moloi, 2022). Participants noted that Sotho widows are often taken advantage of by their close relatives. For example, two participants highlighted that,

"*Several widows are said to have lost houses, farms, and cattle to their in-laws*." Participant 3

"*Widows often lack advocates to defend their rights, as cultural norms frequently empower the wider community to exploit their vulnerability*." Participant 14

As a result, the loss of property has become one of the major causes of mental health disorders among the Sotho widows. These painful narratives that surround widows must be addressed. In this paper, we therefore argue that widows deserve to be respected and to enjoy life even after the death of their spouses.

Financial Challenges

Due to cultural norms that limit women to domestic duties, women have often found themselves failing to support their livelihood after the death of their spouses. Women in patriarchal societies face serious financial and economic challenges (Henna and Himanshi, 2023), which become exacerbated by widowhood. Wojtczak (2009) upholds that after the death of a spouse, the widow often experiences severe socio-economic challenges. Outcomes from the study indicated that many widows usually experience financial challenges. Widows in the African continent are even more prone to insurmountable economic challenges (Dube, 2023). Additionally, Dube (2022) maintains that widows in Africa frequently experience poverty and financial insecurity, which significantly impacts their overall well-being. Such challenges are connected to how society has groomed and socialized men to be breadwinners yet confining women to the kitchen. This was reiterated by one participant who emphasized that,

"*Many widows struggle to sustain their families after the loss of their husbands. For example, some are unable to keep their children in school, while their daily living conditions deteriorate significantly. Such circumstances place immense pressure on the widow, compounding both her emotional and economic burdens.*" Participant 8

Consequently, the findings reveal that Sotho widows frequently experience severe stress arising from persistent economic hardships, which in turn contribute to significant mental health challenges. These realities underscore the urgent need for tailored programs designed to economically empower widows, thereby alleviating their financial burdens and reducing the associated psychological distress.

Supporting Systems and Mental Health

Emphasizing Ubuntu

Outcomes from the study emphasized the utilization of the ubuntu philosophy as a support system for Sotho widows. One participant stressed that,

"*The deployment of the ubuntu concept can reduce mental health challenges faced by widows because it calls for the respect of every human being regardless of their social class.*" Participant 15

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According to Mbiti (1990), ubuntu says that "*I am because we are, and since we are, therefore I am*" symbolizing that we need one another and the need to treat each other with love and respect. Grounded on this understanding, the ubuntu ethic can, therefore, be deployed to advocate for the proper treatment of widows in the Sotho community. For instance, the stigmatization and isolation of widows can be challenged by the values of ubuntu philosophy, such as communal life, compassion, and respect for one another. Hence, it is very proper to emphasize on ubuntu because it can serve as a support system that promotes justice and dignity for Sotho widows. Ultimately, the dignified treatment of Sotho widows will foster an environment that promotes mental health and well-being.

Establishing Traditional Legal Frameworks

The study gathered that there is a need to establish traditional legal frameworks that protect the rights of Sotho widows. Odhiambo, et al. (2025) view the lack of working legal policies to protect the human rights of widows as a major challenge that must be looked into. In the same vein, Bond (2019) postulates that in lieu of widows' problems in Africa, it may be useful if African countries enact and enforce laws that protect the rights of widows (Bond, 2019). Hence, indigenous leaders such as chiefs and kraal herder heads are key in this process because they are the custodians of the Sotho culture, and they are in strategic positions of power and influence. One widow emphasized that,

"*Community leaders must be persuaded to come up with legal frameworks that condemn all the injustices that happen to Sotho widows, especially in rural areas. For example, widows continue to lose their assets to relatives, and no one advocates for them.*" Participant 6

Findings indicated that such unjust practices have led to trauma and mental health disorders among Sotho widows. As a result, local or traditional legal frameworks become helpful because they can further accompany widows to the courts. Therefore, the establishment of such a culturally sensitive legal system is critical in safeguarding the rights and mental health of Sotho widows.

Awareness and Community Engagement

African countries can also raise widowhood awareness and change practices and cultural attitudes towards widows (2023). Countries can work to raise awareness about the challenges faced by widows and change cultural attitudes and practices that stigmatize and exclude them (Dube, 2023). This can involve targeted public education campaigns, media outreach, and engaging with local leaders and community members to promote more inclusive and supportive attitudes (Adekile, 2013; Pemunta and Alubafi, 2016). Accordingly, findings from the research revealed that awareness and community engagement are crucial in supporting the mental health and well-being of Sotho widows. One participant noted that,

"*Education and community dialogues can foster awareness, challenge harmful stereotypes, and promote just and inclusive environments where widows are treated with dignity and supported in rebuilding their lives.*" Participant 12

Accordingly, awareness and community engagements can help people appreciate and understand the experiences of widowhood, hence cultivating the spirit of empathy and justice in the community. For instance, many people might not be aware that in this day and age, widows still undergo traumatizing rituals, which affect their mental health. Additionally, through community engagements, widows can also feel comfortable seeking help or sharing their painful narratives. Therefore, awareness programs and community engagement are crucial and can change people's perspectives regarding widowhood.

Support Groups

The study's findings revealed that most widows feel more comfortable when they are around each other. This is common among individuals who share similar struggles in life. Participants stressed that support groups could be helpful for Sotho widows because such spaces allow widows to share their stories and experiences. It is argued that sharing personal experiences with others who share similar stories is therapeutic. This was confirmed by one widow who indicated that,

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"*Socializing with other widows helped me to heal*." Participant 1

Hence, social support acts as one of the interpersonal predictors of mental health and can help individuals recover from traumatic circumstances. Lack of social support can increase the risk of negative mental health outcomes in bereaved people (Hawkley and Cacioppo, 2010; Cao et al., 2020). Consequently, support group networks provide a platform for widows to celebrate each other's resilience, pray together, and at the same time learning from one another. This on its own, is believed to reduce mental health disorders. Furthermore, support groups can be utilized as a space for empowering widows through handwork skills and other entrepreneurial programs. These income-generating projects can improve their livelihood and keep them occupied, which is good for their mental health. Over and above, support groups promise to be a profound support system for Sotho widows and beyond.

Counseling Services and Mental Health

Rooks (1987) believes that any support given to a widow can restore her confidence and increase her sense of belonging to society. Awaliah et al. (2023) maintain that emotional support as a component of social support has a positive impact on mental health, physical health, life satisfaction, motivation, and well-being. As such, research disclosed that Sotho communities need locally trained counselors in their area(s) to provide proper assistance/counseling for widows who experience multiple mental health complications. One participant noted that,

"*Widows face multiple challenges-including grief, social isolation, financial instability, and the stigma attached to widowhood, which collectively underscore the need for accessible and culturally sensitive counseling services.*" Participant 10

Thus, findings divulged that counseling plays a vital role in recovery since it delivers emotional healing and can be utilized as a support system for the widow's mental health and well-being. Social support helps them recover from grief and improves their psychological well-being. (Awaliah et al., 2023. Therefore, a well-structured counseling program can foster resilience, helping widows navigate their grief and reintegrate into the community. Hence, establishing supportive networks will empower widows in their struggles and at the same time promoting their mental health.

DISCUSSION OF FINDINGS

Stigma components in the Sotho widowhood experience

The findings map closely onto the components of social stigma theory. Negative labelling ("husband snatcher", witch) corresponds to labelling and stereotyping, and is consistent with labels reported in other contexts (Isilow, 2017; Itsweni and Thifhumulo, 2018). Exclusion from gatherings, decisions, and friendships corresponds to separation, echoing reports of shunning and ostracism by family and friends (Amlor and Owusu, 2016; Manyedi et al., 2003; Moses, 2018). Loss of voice and standing corresponds to status loss, which is consistent with patriarchal arrangements where women's honour depends on a male guardian (Boaheng, 2022; Matlabe-Danke, 2024; The Loomba Foundation, 2015). Finally, dispossession and economic exclusion are the discrimination component, in line with accounts of in-laws claiming customary law to take land and assets (Kodiyo, 2022; Moloi, 2022).

Mechanisms Linking Stigma to Psychological Distress

The data point to at least four pathways.

1. **Disrupted grieving:** Rituals and restrictions regulate how widows may mourn, and may prevent natural expression of grief. Participants linked this to trauma and depression.

2. **Social disconnection:** Loss of friends and family reduces social capital and support, a known risk factor for poor mental health in bereaved people (Hawkley and Cacioppo, 2010; Cao et al., 2020; Sarker, 2024).

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3. **Internalized shame and degraded identity:** Being labelled a witch or seductress, or treated as inferior, can be internalized, undermining self-worth.

4. **Material deprivation and chronic stress:** Loss of property and income places sustained pressure on widows, compounding distress (Dube, 2022; Wojtczak, 2009).

These pathways reinforce one another. For example, property loss reduces a widow's capacity to meet children's needs, and in turn deepens her stress and her dependence on hostile relatives.

Extending Goffman's Formulation

Three extensions follow. First, stigma here is institutionalized rather than simply interactional: cultural rules, rituals, and customary inheritance prescribe the stigmatizing treatment, so widows are not able to "manage" or "pass" as Goffman's individuals do. Second, stigma is intersectional and gendered, because widowhood is a discrediting status only in relation to patriarchal norms about women's dependence on men. Third, stigma is material as well as symbolic: it determines access to land, housing, and income, so psychological distress is partly the consequence of structural deprivation. Fourth, the church emerges as a site that can reproduce stigma rather than offer refuge, complicating the assumption that religious spaces are inherently supportive. Finally, participants' turn to ubuntu suggests that cultural resources can also counter stigma, an angle Goffman's theory does not address.

Implications for Intervention

Participants' proposals are consistent with the literature calling for protective legal frameworks (Bond, 2019; Odhiambo et al., 2025), public awareness (Adekile, 2013; Dube, 2023; Pemunta and Alubafi, 2016), and social and emotional support (Awaliah et al., 2023; Rooks, 1987). Each addresses a distinct pathway: traditional legal frameworks respond to material deprivation; awareness and ubuntu-based dialogue address labelling and status loss; support groups restore social connection; and counselling addresses grief and trauma directly. Income-generating activity in support groups bridges the economic and psychological pathways. Because chiefs and kraal heads are custodians of Sotho culture, engaging them is likely essential for any intervention to be accepted. Hence, Table 1 and the framework below summarizes these links.

Conceptual Framework

Cultural stigma	Stigma component	Mental health pathway	Likely outcomes	Proposed intervention
Widowhood rituals	Status loss, separation	Disrupted grieving	Trauma, depression	Awareness campaigns; ubuntu dialogue; counselling
Isolation and exclusion	Separation, discrimination	Social disconnection	Loneliness, distress	Support groups; community engagement
Negative labelling	Labelling, stereotyping	Internalized shame	Low self-worth, anxiety	Awareness; church engagement; counselling
Property loss	Discrimination	Material deprivation	Trauma, chronic stress	Traditional legal frameworks
Financial hardship	Status loss, discrimination	Chronic stress	Stress, depressive symptoms	Income-generating projects in support groups

Table 1. Conceptual framework linking cultural stigma, mental health outcomes, and interventions.

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Figure 1. Conceptual Framework: 5 Stigmas, 4 Pathways, Outcomes, 5 Interventions.

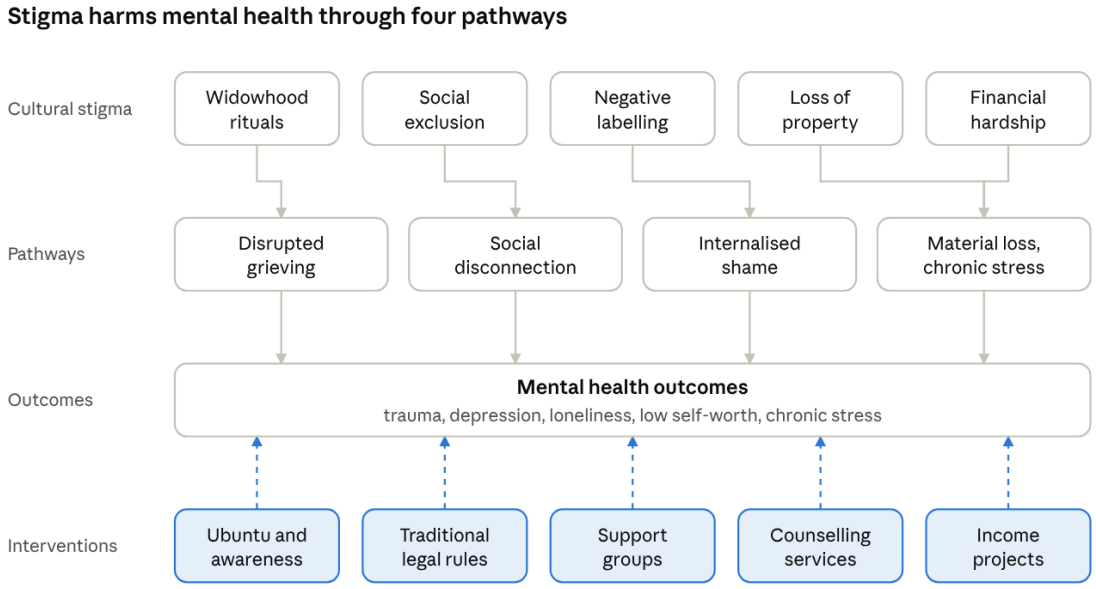


Figure 1. Conceptual framework linking cultural stigma, mental health pathways and outcomes, and the interventions participants proposed. Solid arrows show how stigma leads to distress; dashed arrows show supports that buffer outcomes (see Table 1 for which intervention addresses which stigma).

Limitations

This study has limitations. The sample of 15 widows from a single community limits transferability, and the findings should be read as an in-depth account of this context rather than as generalizable. The data rely on self-report and retrospective recall, which may be shaped by memory and by the participants' current circumstances. Social desirability bias may have affected disclosure, particularly on sensitive topics such as cleansing rituals and relationships with in-laws and church leaders. Mental health outcomes were reported by participants and were not measured using clinical instruments, so conclusions concern perceived links between stigma and distress rather than diagnosed conditions. Again, the absence of the perspectives of in-laws, community leaders, or men might be regarded as limitations as well. Thus, future research could include other Sotho and African communities, comparisons between rural and urban widows, perspectives of community leaders, and mixed-methods or longitudinal designs.

CONCLUSION

This qualitative study illuminates the profound impact of cultural stigmas on the mental health of Sotho widows in Zimbabwe. In relation to the first objective, five stigma-related themes were identified: life-denying rituals, isolation and discrimination, negative labelling, property loss, and financial hardship. These themes demonstrate how cultural practices and societal perceptions embed stigma into everyday life, shaping widows' experiences in multiple domains. In relation to the second objective, participants associated these stigma experiences with disrupted grieving, loneliness, shame, chronic stress, trauma, and depressive symptoms. The discussion organized these into four interacting pathways; social exclusion, economic dispossession, symbolic degradation, and psychological distress, showing how stigma operates as a multidimensional force that undermines mental health. Additionally, in relation to the third objective, widows themselves proposed culturally resonant strategies for resilience and recovery. These included ubuntu-based dignity frameworks, traditional legal protections, community awareness initiatives, support groups, and locally accessible counselling services. Such proposals highlight the importance of interventions that are not only culturally sensitive but also community-led and grounded in indigenous knowledge systems. Accordingly, the study contributes to the literature in three significant ways. Empirically, it provides in-depth evidence from an under-researched community, amplifying the voices of Sotho widows in Zimbabwe. Theoretically, it extends Goffman's social stigma theory by

demonstrating how stigma can be institutionalised, gendered, and materially entrenched, thereby broadening its applicability to African contexts. Practically, it offers a culturally grounded framework in which interventions are matched to specific stigma pathways and implemented through trusted community structures. Although the findings are context-specific, they resonate with challenges faced by widows and marginalized women across African societies. They underline the urgent need for inclusive mental health strategies that honor cultural contexts, foster dignity, and build resilience. Finally, by integrating cultural awareness into mental health practice, this study paves the way for more effective, equitable, and sustainable support systems for vulnerable populations.

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