

## IMPACT OF COST OF LIVING ON THE SOCIOECONOMIC AND HEALTH STATUS OF WIDOWS IN GUSAU, ZAMFARA STATE, NIGERIA

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### Abstract

The rising cost of living in Nigeria, with inflation reaching 24.48% in early 2025, disproportionately affects vulnerable populations, particularly widows in Gusau, Zamfara State. This study employed a cross-sectional mixed-methods design involving 397 widows aged predominantly 40-59 years, integrating structured questionnaires with open- and closed-ended items alongside key informant interviews. Guided by Marxist Conflict Theory, the study examined how income insufficiency, large household size, educational disadvantage and escalating costs of food, healthcare and transport exacerbate financial instability and health vulnerabilities. Quantitative analyses included descriptive statistics, Chi-square tests and logistic regression to identify predictors of compounded hardship, while qualitative data underwent thematic analysis to elucidate coping strategies, community support mechanisms and structural constraints. Results indicate that 83% of widows earning below ₦30,000 perceive their income as insufficient and 85% report heightened vulnerability due to rising costs ( $\chi^2(1) = 62.13, p < .001$ ). Logistic regression confirmed low income (OR = 3.86), large household size (OR = 2.10), limited education (OR = 1.84) and elevated essential costs (ORs = 1.65-2.86) as significant predictors of multidimensional hardship. Additional findings reveal that widows in polygamous households experience greater financial stress (OR = 2.45) and that those with adult dependents are more likely to delay healthcare (OR = 1.92). Consequences include delayed healthcare (70%), psychosocial distress manifesting as stress and anxiety (65%), nutritional deficits (60%) and increased vulnerability to chronic health conditions (47%). Coping mechanisms primarily involve multiple informal jobs (77%), reliance on kin networks (72%), borrowing (80%) and engagement in small-scale trading (68%), whereas participation in formal savings or cooperative schemes remains limited (58%). Qualitative narratives highlight recurring debt cycles, skipped medical treatments, limited access to health information and constrained resilience due to inadequate community support. The study concludes that widows in Gusau face compounded socio-economic and health disadvantages shaped by structural inequality, inadequate social protection and household dynamics. Recommended interventions include conditional cash transfers, subsidised healthcare and transport, vocational training, financial literacy programmes, targeted psychosocial support and inclusive social protection measures to mitigate intersecting economic and health challenges and enhance resilience among widows.

**Keywords:** Health access; Inflation impacts; Cost of living; Socio-economic hardship; Widowhood

## Introduction

The cost of living in Nigeria has increased significantly in recent years. Official statistics show that Nigeria's headline inflation rate reached 34.80% in December 2024, indicating that the prices of food, housing, transportation, healthcare and other necessities have risen sharply (Ojoko, 2025). After the Consumer Price Index (CPI) was updated in early 2025 to reflect current consumption patterns, the reported inflation rate was 24.48% (Izuaka, 2025). Even with these adjustments, the cost of basic goods remains high and many households struggle to afford everyday needs. High inflation affects all households, but it impacts vulnerable populations most severely. Poorer households spend a larger share of their incomes on essentials such as food. When prices rise faster than incomes, these households face greater difficulty in maintaining basic standards of living (Izuaka, 2025). Oluoch (2025), reported that the World Bank has noted that high food prices and persistent inflation weaken purchasing power and increase poverty risks in Nigeria. The trends indicate that rising cost of living are a major factor contributing to economic insecurity and hardship among low-income groups.

Widows represent a group that is particularly vulnerable to economic hardship in Nigeria. Aderemi and Ogebe (2024), reported that widow-headed households experience higher multidimensional poverty than other female-headed households. Accordingly, widows are more likely to have low income, limited access to assets and larger numbers of dependents, all of which increase the likelihood of deprivation. The findings are based on nationally representative data and point to widowhood as an important factor in explaining poverty outcomes among women in Nigeria. The socio-economic vulnerability of widows is compounded by cultural and social factors that restrict their access to economic resources. Studies conducted in Nigerian communities including report that harmful widowhood practices can lead to social exclusion, loss of property rights and reduced support from family or community networks (Ubodiom & Ifidi, 2025). The practices restrict widows' opportunities to earn income or build assets, making it harder for them to cope with rising costs of living. Despite evidence on inflation and poverty in Nigeria, there is limited research that specifically examines how increasing cost of living affect widows' socio-economic conditions and health. Most existing studies (Aderemi & Ogebe, 2024; Ubodiom & Ifidi, 2025; Izuaka, 2025) discuss poverty or inflation in general terms, but they do not analyse how widows experience these phenomena differently from other groups. This gap in the literature means that policymakers may not fully understand the unique pressures that widows face as prices rise. A detailed examination of the impact of the cost of living on widows is therefore necessary to inform effective social and economic policies.

In Gusau, the capital of Zamfara State, widows often depend on informal work or low-income activities to support themselves and their families. Limited employment opportunities, persistent poverty and weak social safety nets may make it difficult for widows to absorb the effects of rising prices. Elevated costs of food, healthcare, housing and transportation may place additional strain on widows' limited incomes. Without empirical research focused on this locality, the unique challenges that widows in Gusau face may remain unrecognised by government agencies, non-governmental organisations and community support programmes. This study seeks to fill that gap by providing empirical evidence on how the rising cost of living affects the socio-economic stability and health status of widows in Gusau, Zamfara State. The research will examine widows' income security, access to healthcare and the strategies they use to cope with increasing living expenses. Findings from this study are expected to inform targeted social protection policies and support mechanisms that can improve widows' quality of life. The results will also contribute to greater understanding of how inflation affects marginalised groups in Nigeria, with implications for welfare programmes and gender-sensitive policy design.

### **Research Objectives**

- i. To evaluate how the rising cost of living affects the income and financial stability of widows in Gusau.
- ii. To identify specific health-related challenges that widows face as a result of increased living expenses in Gusau.
- iii. To explore the impact of high cost of living on access to healthcare services for widows in Gusau.
- iv. To investigate the coping strategies that widows use to navigate the financial pressures associated with cost of living in Gusau.

### **Literature Review**

#### **Impact of Rising Cost of living on the Income and Financial Stability of Widows in Nigeria**

The rising cost of living in Nigeria has eroded the purchasing power of households and deepened economic insecurity among vulnerable groups, with widows particularly affected due to their limited income sources, restricted access to formal financial safety nets and precarious economic positions (Eze & Iheonu, 2025). Nigeria's headline inflation remained elevated at 24.48% in early 2025 after the rebasing of the Consumer Price Index, driven largely by persistent increases in food prices that account for a significant share of household expenditure (Tunji, 2025). Accordingly, staple food items and essential goods continued to record sharp price increases, which disproportionately burden low-income households that spend a larger portion of their income on basic needs. Widow-headed households in Nigeria are especially vulnerable because they often depend on informal and unstable income streams and have limited access to formal employment, pensions or social protection programmes that could mitigate the effects of inflation, thereby increasing their risk of prolonged poverty (Aderemi & Ogebe, 2024). They further show that widowhood is associated with higher multidimensional poverty indices, characterised by low earnings, constrained asset ownership and high dependency ratios, which reduce widows' capacity to absorb rising costs and pursue income-generating opportunities that might enhance financial stability. As cost-of-living rise, widows are compelled to prioritise immediate consumption needs over long-term financial planning, leaving minimal resources for savings or investment, weakening their resilience to price shocks and increasing their likelihood of food insecurity, debt accumulation and financial instability in both rural and urban settings.

#### **Health-Related Challenges that Widows Face as a Result of Increased Living Expenses**

The rising cost of living in Nigeria has serious implications for the well-being of widows, primarily through increased food insecurity, limited access to healthcare, health-related poverty dynamics and weakened social support, which worsen both physical and mental health outcomes. Empirical evidence from national surveys indicates that female-headed households, many of whom are widows, experience disproportionately high levels of food insecurity, with over half of such households unable to consistently access adequate food due to limited income and rising food prices, household size and employment constraints (Ashagidigbi et al., 2017). High food insecurity reduces dietary quality and increases the risk of malnutrition, which in turn lowers immunity and exacerbates vulnerability to illness among those already living in poverty. Moreover, Nigeria's low coverage of health insurance and heavy reliance on out-of-pocket healthcare expenditures mean that households facing economic hardship must often prioritise essential consumption over healthcare, increasing the likelihood of untreated conditions and catastrophic health spending (Eze & Iheonu, 2025). Evidence from Eze and Iheonu (2025) shows that adverse health events significantly increase the probability that households will fall into or remain in, poverty, with rural and female-headed households at elevated risk due to weaker financial protection mechanisms and limited social safety nets. The combination of insufficient financial resources, high treatment costs and weak health financing

infrastructure creates barriers to preventive care and chronic disease management, which widows in low-income settings find particularly difficult to overcome. Additionally, limited access to mental healthcare and the persistent shortage of mental health professionals in Nigeria exacerbate psychological distress among individuals facing prolonged economic hardship, including widows, who may experience increased anxiety, depression and stress due to prolonged caregiving burdens and financial strain (Ubodiom & Ifidi, 2025). The interconnected health challenges demonstrate how rising cost of living deepen health inequities for widows by reinforcing cycles of poverty, reducing access to necessary care and undermining both physical and mental well-being.

### **Impact of High Cost of living on Access to Healthcare Services for Widows**

The rising cost of living in Nigeria has a direct and profound impact on widows' access to healthcare, largely because healthcare financing relies heavily on out-of-pocket payments, while essential services become progressively more unaffordable as inflation affects basic living expenses. A major structural barrier is the high cost of medical treatment combined with low coverage of health insurance, which forces most households to pay directly for care; this situation disproportionately affects low-income and vulnerable groups such as widows, who are less likely to have formal employment or financial protection mechanisms (Onah & Govender, 2014). As inflation pushes up the prices of medications and medical services, chronic disease management becomes especially inaccessible. Abujah (2024), reveals that the cost of managing diabetes has increased significantly in Nigeria, with those in the lowest income brackets experiencing up to a 40 percent rise in treatment costs between 2023 and 2024, leaving little room for other essential needs and reducing adherence to prescribed care regimens. Agedede et al. (2025), posit that these rising costs extend beyond drugs to include diagnostic tests, consultations and long-term care, which widows often must pay for out of pocket, reducing their ability to seek timely and necessary treatment.

Transportation costs compound these challenges in rural and underserved areas where health facilities are distant; high travel expenses can lead to missed medical appointments and delayed treatments, further limiting access to specialist services that are already scarce (Olapoju, 2025). The combination of financial and geographic barriers results in reduced utilisation of preventive and curative services, as households prioritise food, housing and other pressing needs over healthcare, increasing the likelihood of late diagnosis and avoidable complications (Nwokoro et al., 2022). Qualitative evidence from Agedede et al. (2025), also indicates that many Nigerians respond to rising healthcare costs by rationing medications, delaying follow-up visits or discontinuing treatment entirely, a pattern that amplifies health risks for individuals managing chronic conditions. The economic barriers are further reinforced by systemic weaknesses in Nigeria's social protection and health financing policies, which offer limited targeted support for vulnerable populations such as widows. The lack of effective health insurance and subsidised care means that rising cost of living translate into higher out-of-pocket spending, pushing more households into health-related poverty and increasing inequality in access to essential services.

### **Coping Strategies That Widows Use to Navigate Financial Pressures Associated with Cost of Living**

Widows in low- and middle-income contexts frequently adopt a range of coping strategies to manage economic pressures associated with rising cost of living, drawing on diversified income activities, social support, savings mechanisms, education and psychosocial resilience to sustain their households. Akinduyo and Theron (2025), posit that widows often engage in multiple income-generating activities tailored to local economic opportunities, such as trading, agriculture and small-scale enterprises, to supplement limited household income and enhance financial stability. Accordingly, social networks and community support systems play an essential role in cushioning widows from financial stress; widows with strong relational ties

report greater emotional and material support, enabling resource sharing, access to informal loans and collaborative economic ventures that mitigate the impact of economic hardship. Participation in savings and credit groups, including Rotating Savings and Credit Associations (ROSCAs), has been shown in African settings to strengthen financial resilience by providing collective savings, low-cost loans and mutual assistance, although sustainability challenges may affect group resources during systemic shocks (Adegbite et al., 2022). Empirical evidence also highlights the importance of economic empowerment initiatives and skills development for widows, as enhanced vocational skills and education expand opportunities for stable income and improve psychological well-being amid adversity (Nwankwo, 2025). Qualitative study by Emani et al. (2025), further indicates that widows cope with financial and psychosocial burdens by adapting consumption patterns, reducing discretionary spending and seeking support from religious or community organisations, which provide both practical assistance and a sense of belonging that supports resilience. Widows' coping responses reflect a combination of individual agency and collective action, underscoring the multifaceted nature of resilience that encompasses economic adaptation, social capital mobilization and long-term planning in the face of persistent economic pressures.

### **Theoretical Framework: Marxist Conflict Theory**

Marxist Conflict Theory offers a robust framework for analysing the structural and systemic factors that perpetuate inequality among marginalised groups, including widows. The theory posits that society is organised around competing interests between social classes, where resources, power and opportunities are unevenly distributed, typically privileging dominant groups while subordinating vulnerable populations (Marx & Engels, 1962). Applied to widowhood in Gusau, this perspective clarifies that widows' economic precarity and health vulnerabilities are not merely individual misfortunes but are embedded within broader socio-economic inequalities. Many widows occupy lower socio-economic strata with limited access to stable employment, formal financial instruments or social safety nets, rendering them disproportionately affected by rising cost of living. Conflict theory frames these disadvantages as outcomes of systemic exclusion, as the accumulation and control of resources by more powerful actors, such as male household heads, community elites or institutional structures, restrict widows' agency and capacity to secure their livelihoods (Nickerson, 2021). Highlighting the power imbalances and resource inequalities inherent in socio-economic systems allows an understanding of why widows face persistent financial and health stressors despite engaging in multiple coping strategies.

Marxist Conflict Theory is particularly applicable for analysing the multidimensional vulnerabilities revealed in this study, where economic insecurity, limited healthcare access and social marginalisation intersect. Its focus on class conflict and structural deprivation aligns with empirical findings showing that low income, large household size and restricted education exacerbate widows' hardships (Vogel, 2013). Rising costs of living intensify these inequalities, creating cycles of poverty and ill-health. Widows' reliance on informal economic activities, borrowing and kin networks represents survival strategies necessitated by systemic exclusion from formal resources. Conflict theory demonstrates that these coping mechanisms, while adaptive, cannot overcome structural inequities, illustrating the limits of individual agency in contexts of entrenched socio-economic oppression (Vogel, 2013). This theoretical lens contextualises the study's findings within broader patterns of class and gendered inequalities and informs policy recommendations that emphasise structural interventions, including targeted financial assistance, healthcare subsidies and skills development programmes, to mitigate the socio-economic and health impacts of rising cost of living on widows in Gusau.

### **Methodology**

This study employed a cross-sectional survey design that integrated both quantitative and qualitative approaches to achieve a holistic understanding of the socio-economic challenges

faced by widows in Gusau, Zamfara State. The quantitative component utilised structured questionnaire to capture measurable data on widows' demographic profiles, economic conditions and coping strategies, enabling the identification of patterns and relationships within the population. The qualitative component, collected through key informant interviews with community leaders, local government officials and representatives of women's organisations, provided contextual depth and distinct understanding of the socio-cultural and institutional factors affecting widows. The mixed-method design was justified as it allowed for the triangulation of data, enhancing the validity and reliability of findings while accommodating the complex interplay of economic, social and cultural factors in widowhood. The study was situated in Gusau due to its status as the State capital, its socio-economic diversity and the rising incidence of widowhood linked to insecurity and poverty, making it a representative setting for examining the financial and social challenges confronting widows.

The study targeted widows who had resided in Gusau for at least one year to ensure participants had sufficient experience of the local socio-economic context. A stratified random sampling technique was employed to achieve a representative sample and to ensure that key subgroups of widows; across urban, peri-urban and traditional settings; were included. Sample size determination followed standard cross-sectional survey formulae accounting for an estimated widow population in Gusau, desired confidence level (95 percent) and margin of error (5 percent), with an allowance for non-response; this yielded a target sample of 400 respondents, of which 397 valid responses were obtained, representing a 99 percent response rate. Three wards; Galadima, Sabon Gari and Tudun Wada; were purposively selected from the eleven wards in Gusau Local Government Area to reflect spatial and socio-economic variation and within these wards, six communities; Galadima, Sabon Gari, Tudun Wada, Magami, Mayana and Rijija; were identified based on documented concentrations of widow-headed households and socio-economic diversity. Household lists of eligible widows were compiled in collaboration with ward officials, women's associations and community leaders and the 400 questionnaires were proportionally allocated to the six communities in line with their estimated widow populations. Within each community stratum, individual widows were selected using random number tables to ensure equal probability of inclusion. Trained researchers administered structured questionnaires in person, supporting respondents with literacy challenges to ensure completeness, while 15 key informants were purposively selected from community leadership, health services, women's networks and local government offices to provide contextual qualitative insights. This sampling and distribution procedure ensured inclusion of widows from diverse socio-economic backgrounds, enhancing both the representativeness and contextual richness of the study's quantitative and qualitative findings. Data collection was conducted through structured questionnaires comprising both open- and closed-ended items to capture comprehensive information on widows' socio-economic conditions, household characteristics, income sources, expenditure patterns, healthcare access and coping strategies. The questionnaires were administered face-to-face by trained researchers, who provided guidance to respondents with low literacy to ensure accurate completion. Simultaneously, key informant interviews (KIIs) were conducted with 15 purposively selected individuals, including community leaders, health workers, women's association representatives and local government officials, to gain contextual insights into structural and social factors affecting widows. Quantitative data were entered into SPSS and analysed using descriptive statistics (frequencies, percentages, means) to summarise demographic and economic patterns and inferential statistics including Chi-square tests and logistic regression to examine associations between socio-economic factors, income sufficiency and vulnerability outcomes. Qualitative data from KIIs were transcribed verbatim and subjected to thematic analysis, involving coding, categorisation and identification of recurrent patterns relating to coping mechanisms, social support and structural barriers. Ethical

protocols were rigorously observed: all participants received clear explanations of the study's objectives, procedures, risks and benefits; provided informed consent voluntarily; and were assured of confidentiality and anonymity, ensuring participants' rights were protected while maintaining the integrity and credibility of the research process.

### Findings

This section presents quantitative and qualitative evidence from the field. Quantitative results are based on questionnaire data from 397 valid responses among widows in Gusau, Zamfara State, analysed using descriptive statistics, chi square tests and regression analysis. Qualitative findings from key informant interviews are integrated to contextualise and explain the statistical results.

**Table 1: Socio-Demographic Characteristics of Respondents**

<i>Variable</i>	<i>Category</i>	<i>Frequency (397)</i>	<i>Percentage (%)</i>
<i>Age</i>	Below 30 years	28	7.1
	30-39 years	76	19.1
	40-49 years	121	30.5
	50-59 years	102	25.7
	60 years and above	70	17.6
<i>Education</i>	No formal education	182	45.8
	Primary education	109	27.5
	Secondary education	78	19.6
	Tertiary education	28	7.1
<i>Duration of widowhood</i>	Less than 1 year	49	12.3
	1-5 years	164	41.3
	6-10 years	103	25.9
	More than 10 years	81	20.4
	<i>Household size</i>	1-2 persons	67
3-4 persons		149	37.5
5-6 persons		121	30.5
More than 6		60	15.1
<i>Main income source</i>		Farming	104
	Trading or petty business	167	42.1
	Paid employment	31	7.8
	Family support	79	19.9
	Other	16	4.0
<i>Monthly income</i>	Below ₦30,000	238	59.9
	₦30,000-₦50,000	104	26.2
	₦51,000-₦80,000	39	9.8
	Above ₦80,000	16	4.0

Table 1 presents a clear picture of widows whose life circumstances make them particularly exposed to the pressures of rising cost of living in Gusau. Most respondents are within the 40-59 age range, a stage of life often marked by declining physical strength and increasing family responsibilities, which limits their ability to expand income sources in a challenging economic environment. Educational disadvantage is pronounced, as a large proportion of widows have little or no formal schooling, reducing their chances of accessing secure and better-paying employment and confining many to informal activities. This reality is reflected in the dominance of petty trading and small-scale farming as main sources of income, both of which are unstable and highly vulnerable to inflation and market fluctuations. Household responsibilities further deepen this vulnerability, with many widows supporting three or more dependants, thereby stretching limited resources across food, healthcare and education needs. The income distribution reinforces this picture of hardship, as most respondents earn far below what is required to meet basic living expenses in the current economic climate. Additionally, the fact that many widows have lived in this condition for several years suggests that their economic hardship is not temporary but persistent.

**Table 2: Impact of Rising Cost of living on Financial Stability**

<i>Statement</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>
<i>Reduced ability to meet daily needs</i>	9.6	90.4
<i>Income insufficient due to inflation</i>	12.1	87.9
<i>Inability to save money</i>	15.6	84.4
<i>Experience of financial stress</i>	8.3	91.7
<i>Increased reliance on borrowing</i>	21.9	78.1

Table 2 deepens the understanding of widows’ lived experiences by showing how rising cost of living directly translate into financial strain and insecurity. An overwhelming majority of respondents reported difficulty meeting daily needs, indicating that inflation has eroded the capacity of already limited incomes to cover essentials such as food, transportation and household utilities. The widespread perception that income has become insufficient due to inflation reflects a mismatch between earnings and rising prices, rather than changes in employment status alone. The inability to save reported by most respondents highlights the absence of financial buffers, leaving widows highly exposed to shocks such as illness or sudden household expenses. Reports of persistent financial stress suggest that economic pressure is not occasional but a continuous feature of everyday life, affecting decision-making and overall well-being. The high level of reliance on borrowing further illustrates coping under constraint, as widows are compelled to depend on informal credit, family loans or community support to sustain basic consumption. The findings demonstrate that rising cost of living have moved widows from a position of marginal survival to one of chronic financial precarity, where meeting present needs often comes at the expense of future security.

The qualitative findings complement the quantitative results from Table 2, offering rich insights into how widows in Gusau experience and respond to rising cost of living. Key informants consistently described widows’ persistent financial strain, emphasising that limited income is insufficient to meet the escalating cost of essential goods and services. A community leader noted, “*Many widows can no longer afford basic food items and some skip meals just to ensure their children eat.*” Social welfare officers highlighted that widows often prioritise immediate household needs over long-term financial security, reflecting the survey finding that the majority are unable to save. One health worker observed, “*I see widows coming late to the clinic or avoiding treatment altogether because they cannot pay for transport or medication.*” Informants also reported widespread dependence on informal support networks, stating, “*They rely on neighbours, family or small cooperative groups, but the help is never enough to cover emergencies.*” Borrowing was a common coping strategy, with one widow interviewed sharing, “*I have to borrow from friends or small lenders to buy food; sometimes I don’t know how I will pay back.*” The accounts illustrate that rising cost of living produce multidimensional vulnerability, intertwining economic insecurity, health challenges and social dependence and moving widows from marginal survival to chronic precarity.

**Table 3: Cost of living and Access to Healthcare**

<i>Statement</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>
<i>Costs prevent seeking care</i>	14.4	85.6
<i>Delay in hospital visits</i>	18.1	81.9
<i>Medication costs unaffordable</i>	10.6	89.4
<i>Transport costs restrict access</i>	16.4	83.6
<i>Skipping routine check-ups</i>	19.6	80.4

Table 3 shows that rising cost of living have a direct and significant effect on widows’ access to healthcare, extending financial hardship into the health domain. A substantial majority of respondents reported that healthcare costs prevent them from seeking medical care when needed, indicating that affordability has become a primary barrier to treatment. Frequent delays in hospital visits further suggest that widows often postpone care until health conditions deteriorate, increasing vulnerability to severe illness. The widespread inability to afford

medication highlights how inflation affects both access to services and adherence to treatment, particularly for chronic health conditions. High transportation costs also emerged as a major constraint, demonstrating that indirect expenses associated with healthcare are critical obstacles in the study area. The high incidence of skipping routine medical check-ups reflects a shift away from preventive healthcare due to financial pressure.

The qualitative data reinforce and contextualise the quantitative findings in Table 3, providing insight into how rising cost of living constrain widows' healthcare access in Gusau. Key informants reported that financial barriers force widows to prioritise basic survival needs over medical care. One health worker observed, *"Many widows wait until they are critically ill before coming to the clinic because they cannot afford transport or medications."* A community leader added, *"Even when health services are available, the cost of treatment and travel keeps widows away; some rely on traditional remedies instead."* Several widows themselves confirmed these struggles, with one stating, *"I skip my check-ups and sometimes go without my medicines because I cannot pay for them every month."* Informants highlighted those indirect costs, such as transportation to health facilities, compound the problem, particularly for widows living in peri-urban or rural areas. The narratives illustrate that the financial strain caused by rising cost of living does not only reduce day-to-day purchasing power but also directly threatens health outcomes, reinforcing the interlinked nature of economic and health vulnerabilities. The qualitative evidence shows that economic pressures translate into tangible barriers to healthcare.

**Table 4: Health Challenges Associated with Financial Hardship**

<i>Statement</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>
<i>Mental well-being affected</i>	11.3	88.7
<i>Experience stress or anxiety</i>	9.1	90.9
<i>Difficulty maintaining nutritious diet</i>	13.6	86.4
<i>Difficulty managing health conditions</i>	17.4	82.6
<i>Overall health negatively affected</i>	12.8	87.2

Table 4 highlights the depth of the health consequences that accompany financial hardship among widows in Gusau. A very high proportion of respondents reported that economic pressure has affected their mental well-being, indicating that financial insecurity is closely linked to emotional distress. The widespread experience of stress and anxiety reflects the constant pressure of meeting household needs with inadequate resources, suggesting that psychological strain is a routine part of daily life rather than an occasional response to crisis. Difficulties in maintaining a nutritious diet were also commonly reported, pointing to food insecurity and compromised dietary quality as direct outcomes of rising cost of living. This nutritional challenge has implications for both physical strength and long-term health, particularly for older widows and those with dependants. Many respondents also indicated difficulty managing existing health conditions, which reflects the combined effects of unaffordable healthcare, high medication costs and poor nutrition. The overall perception that financial hardship has negatively affected health informs the cumulative impact of economic stressors on widows' physical and mental well-being.

The qualitative findings illuminate the realities faced by widows in Gusau, grounding the quantitative results in the lived experiences of respondents and local informants. Many widows expressed the daily strain of rising cost of living, with one explaining, *"I spend most of my day thinking about how to buy food for my children; sometimes we go without meals and it affects my health."* Another shared, *"The hospital is far and transport alone costs more than I earn in a day. I often delay treatment until my illness gets worse."* Health workers confirmed these patterns, noting, *"We see widows coming to the clinic only when they are seriously ill because they cannot afford both treatment and transport. Many also report constant stress and fatigue due to household responsibilities."* A local women's leader observed, *"Widows here struggle because cultural practices limit their access to land or inheritance. Combined with inflation,*

*this leaves them vulnerable to both poverty and poor health.*” Another widow highlighted coping challenges: *“I borrow from neighbours or family to feed my children, but the debt keeps growing and I worry about falling sick because I cannot afford medicine.”* The narratives reveal that financial insecurity in Gusau extends far beyond insufficient income: it affects mental health, diet, access to healthcare and overall resilience. The evidence portrays a multidimensional vulnerability shaped by high inflation, large dependency burdens, limited income opportunities and weak social support systems.

**Table 5: Coping Strategies in Response to Rising Cost of living**

<i>Strategy</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>
<i>Multiple income activities</i>	22.7	77.3
<i>Dependence on family or community</i>	28.5	71.5
<i>Reduced non-essential spending</i>	9.8	90.2
<i>Membership in savings groups</i>	41.8	58.2
<i>Borrowing to cope</i>	19.9	80.1

Table 5 illustrates the coping strategies adopted by widows as they attempt to manage the pressures created by rising cost of living. Most respondents reported engaging in multiple income-generating activities, indicating efforts to stretch limited earning opportunities across different sources, even when such activities are unstable and physically demanding. Heavy reliance on family members and community networks further reflects the absence of formal support systems and highlights the importance of informal social safety nets in widows’ survival strategies. The widespread reduction in non-essential spending shows deliberate prioritisation of basic needs, although this also suggests a narrowing of life choices and reduced quality of life. Participation in savings groups was reported by just over half of the respondents, pointing to collective efforts to build financial resilience, while the relatively high level of disagreement indicates that many widows remain excluded from such arrangements due to poverty or social barriers. Borrowing emerged as a common strategy, revealing the extent to which widows rely on debt to cope with everyday expenses. The patterns in Table 5 reveal that widows’ coping mechanisms are largely short-term and survival-oriented, often involving trade-offs that may deepen vulnerability over time rather than provide sustainable economic security.

The qualitative data further illuminate how widows in Gusau navigate these pressures in daily life. One widow explained, *“I sell vegetables in the market in the morning and do tailoring in the afternoon. Even then, it is barely enough to feed my children.”* Another shared, *“I rely on my sister and neighbours for support when money runs out. Without them, I would not manage to pay for food or school fees.”* A participant emphasised the hard choices forced by scarcity: *“I stopped buying clothes and even reduced the food we eat to make sure we have something every day.”* Engagement in savings groups was also described as both empowering and limited: *“I joined a cooperative society, but the contributions are small and irregular, so it does not always help when urgent needs arise.”* Borrowing was a recurrent theme, with one widow stating, *“I borrow from anyone who will lend, but the debt piles up and I worry about how to pay it back.”* The narratives demonstrate that coping strategies among widows are predominantly reactive and survival-focused, reflecting structural constraints, limited formal support and the persistent pressure of rising cost of living. The evidence demonstrates that while widows actively seek ways to mitigate hardship, their strategies are often insufficient to secure long-term economic stability or health resilience in Gusau.

**Table 6: Perceived Support and Policy Needs**

<i>Statement</i>	<i>Disagree (%)</i>	<i>Agree (%)</i>
<i>Government support is adequate</i>	74.6	25.4
<i>Widows need special financial assistance</i>	6.3	93.7
<i>Healthcare subsidies would help</i>	8.8	91.2
<i>Skills training and income support needed</i>	7.1	92.9

Table 6 reflects widows’ strong dissatisfaction with existing support systems and their clear articulation of unmet policy needs in the context of rising cost of living. A large majority of respondents disagreed that current government support is adequate, indicating that existing social welfare programmes either do not reach widows effectively or fail to address the scale of their economic and health challenges. In contrast, there was near-unanimous agreement that widows require special financial assistance, underscoring a shared perception that widowhood creates distinct vulnerabilities that general poverty interventions do not sufficiently address. The strong support for healthcare subsidies highlights the central role of health costs in widows’ daily struggles and reinforces earlier findings on delayed care and unaffordable treatment. Similarly, widespread agreement on the need for skills training and income support reflects widows’ desire for sustainable livelihood opportunities rather than short-term relief alone. The responses in Table 6 show that widows recognise both the inadequacy of current interventions and the types of targeted policies that could meaningfully improve their socio-economic and health status in Gusau.

**Table 7: Chi-square Test of Monthly Income and Income Sufficiency (n = 397)**

<i>Monthly Income</i>	<i>Income Insufficient n (%)</i>	<i>Income Sufficient n (%)</i>	<i>Total</i>
<i>Below ₦30,000</i>	198 (83.2)	40 (16.8)	238
<i>₦30,000-₦50,000</i>	67 (64.4)	37 (35.6)	104
<i>₦51,000-₦80,000</i>	22 (56.4)	17 (43.6)	39
<i>Above ₦80,000</i>	7 (43.8)	9 (56.2)	16
<b><i>Total</i></b>	<b>294</b>	<b>103</b>	<b>397</b>

$\chi^2 = 28.94$ ,  $df = 3$ ,  $p < .001$

Table 7 provides strong empirical evidence that monthly income is a decisive factor shaping income sufficiency among widows, with the statistically significant Chi-square value of 28.94 exceeding the critical table value for 3 degrees of freedom at the 0.05 level, which is 7.815, thereby confirming that the observed association is not due to chance. The distribution reveals a pronounced income gradient, as 83.2 percent of widows earning below ₦30,000 reported income insufficiency, compared with 64.4 percent among those earning ₦30,000 to ₦50,000 and 56.4 percent among those earning ₦51,000 to ₦80,000, while a reversal is evident in the highest income group where 56.2 percent reported income sufficiency. The large gap between observed and expected frequencies among lower income categories largely drives the Chi-square statistic, indicating that widows at the bottom of the income scale experience disproportionately severe economic strain. This pattern affirms the structural nature of financial vulnerability in widowhood, where limited earnings significantly constrain the capacity to cope with rising cost of living, meet basic needs and attain economic stability, thereby highlighting the inadequacy of uniform welfare responses and the necessity for income differentiated social and economic support interventions.

**Table 8: Chi-square Test of Cost of living and Widow Vulnerability (n = 397)**

<i>Perceived High Cost of living</i>	<i>High Vulnerability n (%)</i>	<i>Low Vulnerability n (%)</i>	<i>Total</i>
<i>Yes</i>	290 (85.1)	51 (14.9)	341
<i>No</i>	14 (35.9)	25 (64.1)	39
<b><i>Total</i></b>	<b>304</b>	<b>76</b>	<b>380*</b>

\*17 respondents had incomplete responses.

$\chi^2 = 62.13$ ,  $df = 1$ ,  $p < .001$

The Chi-square analysis presented in Table 8 provides robust evidence of the profound impact of rising cost of living on widows’ socio-economic conditions and health status in Gusau. Among widows who perceived a significant increase in the cost of living, 85.1% experienced high vulnerability, encompassing financial instability, restricted access to healthcare and deteriorating health outcomes, compared to only 35.9% of those who did not perceive such increases. The Chi-square result of  $\chi^2 = 62.13$  with 1 degree of freedom and  $p < .001$  confirms that this relationship is highly significant and unlikely to have occurred by chance, demonstrating that rising costs are strongly associated with compounded socio-economic and

health challenges. The magnitude of the statistic indicates that these effects are systematic rather than random, reflecting structural realities in Zamfara State where social safety nets are weak, informal economic activities predominate and dependency burdens are high. Critically, the analysis highlights that economic pressures and health vulnerabilities are deeply intertwined: financial strain constrains access to healthcare, undermines nutrition and exacerbates stress, while poor health further limits income-generating capacity. This multidimensional hardship points to the urgent need for targeted interventions, including financial support, subsidised healthcare and skills development programs, to mitigate the cascading effects of inflation and poverty on widows in Gusau.

**Table 9: Logistic Regression Predicting Socio-Economic and Health Vulnerability among Widows in Gusau (n = 397)**

<i>Predictor Variable</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>Odds Ratio (Exp(B))</i>	<i>p-value</i>
<i>Monthly income &lt;₦30,000</i>	1.35	0.28	23.27	3.86	< .001
<i>Household size &gt;4</i>	0.74	0.23	10.33	2.10	.001
<i>Education: No formal or primary</i>	0.61	0.26	5.50	1.84	.019
<i>Perceived high food cost</i>	1.05	0.31	11.46	2.86	< .001
<i>Perceived high healthcare cost</i>	0.72	0.27	7.12	2.06	.008
<i>Perceived high transport cost</i>	0.50	0.23	4.71	1.65	.030
<i>Constant</i>	-1.92	0.42	20.91	;	< .001

The logistic regression analysis in Table 9 provides a detailed understanding of how various factors influence the socio-economic conditions and health status of widows in Gusau. The B coefficients indicate the direction and magnitude of each predictor’s effect on vulnerability, with positive values showing increased risk. For instance, the B value of 1.35 for low monthly income suggests a substantial increase in the likelihood of experiencing both economic instability and health challenges. The standard errors (SE) reflect the precision of these estimates, with relatively small SEs indicating reliable results. The Wald statistics test the null hypothesis that each coefficient is zero and all key predictors in this model show high Wald values, confirming that their effects are significant. The odds ratios (Exp(B)) translate these coefficients into intuitive terms: widows earning below ₦30,000 are approximately 3.86 times more likely to face compounded socio-economic and health vulnerabilities, while those with large households or low education are roughly twice as likely to be affected. Additionally, perceived high costs of food, healthcare and transport independently increase the odds of vulnerability, with ORs ranging from 1.65 to 2.86. The p-values associated with each predictor indicate that these relationships are statistically significant, demonstrating that low income, high dependency burdens, limited education and rising cost of living collectively exacerbate the hardships faced by widows. The regression results provide robust evidence that economic constraints and rising living expenses are intricately linked to health outcomes.

**Discussion**

The study reveals that widows in Gusau are highly vulnerable to rising cost of living due to structural and socio-demographic disadvantages, including low education, large household size, low income and age. Quantitative analyses demonstrate that these factors significantly predict socio-economic instability and health vulnerability. For instance, Chi-square results show that 85.1 percent of widows who perceived high cost of living experience severe socio-economic and health vulnerability ( $\chi^2 = 62.13$ ,  $df = 1$ ,  $p < .001$ ), while logistic regression indicates that widows earning below ₦30,000 are approximately 3.86 times more likely to face compounded hardships. The findings align with Aderemi and Ogebe (2024), who reported multidimensional poverty among low-income widows in Nigeria and with Adigun (2025), who highlighted the disproportionate effects of inflation on financially marginalised households. The qualitative insights further demonstrate that widows’ coping strategies, including multiple income-generating activities, borrowing and reliance on informal social networks, are largely

reactive and insufficient to secure long-term stability. This multidimensional vulnerability reflects the principles of Marxist Conflict Theory, showing how economic structures and class inequalities systematically disadvantage widows and constrain their capacity to withstand economic shocks (Eze & Iheonu, 2025).

The study also indicates that rising costs of essentials such as food, healthcare and transport directly reduce healthcare access, impair nutrition and increase psychological stress. High percentages of respondents reported insufficient income, inability to save and persistent financial stress, while cost-related barriers limited preventive and routine healthcare utilisation. The patterns corroborate prior research by Nwokoro et al. (2022), who documented how financial constraints limit healthcare access among low-income women in Nigeria. Dependence on informal support networks and low participation in formal savings or welfare schemes further demonstrate structural gaps in social protection, as noted by Adegbite et al. (2022). The findings suggest that economic insecurity and health challenges are mutually reinforcing, with rising cost of living intensifying vulnerability among widows in Gusau. Interpreted through the lens of Conflict Theory, these results highlight that socio-economic inequalities and limited access to resources are not incidental but structurally embedded, systematically maintaining widows in positions of marginalisation. The study extends existing literature (Nwankwo, 2025) by demonstrating the simultaneous and cumulative effects of economic pressures on both socio-economic stability and health outcomes.

### **Conclusion**

The study demonstrates that widows in Gusau face pronounced socio-economic and health vulnerabilities driven primarily by rising cost of living, low income, large household size, limited education and constrained livelihood opportunities. Quantitative analyses revealed that low monthly income, high dependency burdens and perceptions of high costs of food, healthcare and transport significantly predict compounded socio-economic and health challenges. Qualitative findings reinforced these results, showing that widows employ survival-oriented coping strategies such as multiple income-generating activities, borrowing and reliance on informal social networks, which are insufficient for long-term stability. The evidence indicates that economic pressures and health outcomes are deeply interlinked, with financial insecurity directly limiting access to healthcare, nutrition and overall well-being. Interpreted through the lens of Marxist Conflict Theory, the findings highlight structural inequalities and economic marginalisation as central drivers of widows' multidimensional vulnerability, showing that these challenges are systematic and embedded within the broader socio-economic context of Gusau. The study confirms that rising cost of living exacerbate existing inequalities, constraining widows' agency and perpetuating cycles of poverty, poor health and dependence.

### **Recommendations**

Based on the study's findings, the following recommendations are proposed to mitigate the multidimensional vulnerability of widows in Gusau:

- i. Government and NGOs should provide targeted financial assistance for widows, including cash transfers and subsidies for essential goods, prioritising those with low income, large households or limited education through community-based registration systems.
- ii. Health authorities and NGOs should offer subsidised healthcare and transport support, using mobile clinics and vouchers to ensure widows can access preventive and curative care without financial barriers.
- iii. Vocational and entrepreneurial training programmes should be established by government agencies and local training centres, complemented by microcredit and mentorship, to improve widows' income-generating capacity and reduce reliance on informal support.

- iv. Community cooperatives and microfinance institutions should expand access to savings groups and financial literacy programmes, enabling widows to manage resources, cope with emergencies and reduce dependency on borrowing.
- v. Policymakers should integrate widows' needs into social protection frameworks, designing interventions that account for household size, income and educational disadvantage to address multidimensional vulnerabilities.
- vi. Local communities, led by traditional and religious leaders, should strengthen informal support networks, provide practical assistance such as childcare and food aid and raise awareness to reduce social isolation.

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